

### **SCOPE OF NEED**

Sociologists recognize the impact of a traumatic event on society. Giralamo (1993) believes that “a disaster creates a discontinuity in the social structure, and the social aspects of the disaster situation should be considered as more important than the physical event and its components.” Quaranteli (1978, 1984) and Drabek (1986) emphasize that the “concept of threat and damage to the whole community system implies potentially important consequences, and may govern intervention strategy and its impact at all system levels – individual, group, organization, community, and society - because these levels are interlinked (p.106).

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emergency service, volunteer employee emergency responders provide these services infrequently, or on rare occasions. As a result, they do not have well-developed occupational support networks. The professional responder relies upon his or her coworkers for group support in mitigating emergency response stress as a matter of routine, while the volunteer responder must develop group support as the stressful work begins.

Professional and volunteer emergency responders also differ in degree of certainty about areas of responsibility during emergency response operations. Professional responders experience less role confusion because of formal training activities and on-the-job experience. Volunteer responders, on the other hand, are far

in emergency work. Volunteer responders, therefore, are more likely to experience stress as a result of task and role ambiguity (Dyregrov et al., 1996).

The effect of these conditions upon corporate emergency response capability indicates the need for a *Crisis Support Team*. The duration of stand-alone emergency response for up to three days necessitates a careful pre-incident analysis of psychological

of volunteer employee emergency responders.

The development of effective crisis intervention and

self-structure. Lifton suggests that the effects of cognitive disorganization and psychic numbing are experienced by the survivor as a severance of the mind from its own forms, and are disintegrating to the self...the essence of the formative-symbolizing process is virtually suspended" (p.19). That severance results in a sense of failed enactment and survivor guilt.

Viewed from an epidemiological perspective, the primary effect of a devastating, shattering, cataclysmic event is one of helplessness, in keeping with Freud's original concept of trauma as productive of overwhelming affects and the development of automatic anxiety. Krystal (1978) compares the subjective experience of overwhelming anxiety in this state to that of an infant left alone, unprepared to survive. Although acute anxiety seems to disappear as development progresses, it is not eradicated, but remains as a potential response under the surface, even in psychologically healthy adults. In the face of overwhelming disasters, even the strongest people are likely to experience disorganizing panic. This intense anxiety retains its earlier developmental tendency to be expressed in the form of a massive somatic discharge. Adult catastrophic trauma produces a state like the undifferentiated

(CERT), American Red Cross, Medical Reserve Corps, and other disaster relief organizations.

Psychological First Aid (PFA) seeks to reduce distress and attend to basic needs following a potentially traumatic event by providing simple interventions such as comfort, information, support, and practical assistance. There are eight core components

1. Initiating contact and engaging with an affected person in a non-intrusive, compassionate and helpful manner;
2. Ensuring immediate and ongoing safety, and providing both physical and emotional comfort;
3. Stabilizing survivors who are overwhelmed and distraught by providing reassurance and containment;
4. Gathering information in order to determine immediate priority needs and concerns, and to tailor subsequent PFA interventions;
5. Providing practical assistance in helping the survivor address immediate needs and concerns;
6. Connecting the survivor with social supports by helping to structure opportunities for brief or ongoing contacts with primary support persons and/or community helping services;
7. Providing information on coping, including education about stress reactions and coping (often in a written format);
8. Linking the survivor with appropriate services and providing information about services that may be needed in the future.

The primary goal of PFA is to enhance an individual's natural resilience and coping ability in the aftermath of trauma.

### **SUPPORT STRUCTURES FOR EARLIEST INTERVENTION IN PERITRAUMATIC PROCESSES**

Beginning in 1995, the authors forecast the promise of improved acceptance of psychosocial supports, such as PFA, by corporations affected by disaster, following the January 1994 Northridge, California earthquake. To adequately, yet realistically address the need, using critical thinking and effective strategic planning, they identify core aspects of humans' inclinations and vulnerabilities within emergency milieu:

- *Evolutionarily-determined emergency behavior*, as a subset of attachment schema, mandates that humans will work to

## Transition Out of the Affected Area

A-Ask fact-based questions to assess awareness of surroundings;



3. Meet with the disrupted responder privately. Suggest to responder that her functioning has diminished, and that a break away from normal duties is necessary in order to return to full potential as rapidly as possible. If the responder resists this,

which have been noted. In communicating these facts, be

the responder that his employee Emergency Response Team Leader has temporarily directed the responder to take a break rather than to return to normal response duties.

Sequence of “relief assignments” to provide for the disrupted responder include the following:

Short break away from the immediate sights and sounds of the response work. If possible, the CSR should accompany the disrupted responder during part of this 15 to 30-minute break. If a private room is not available for the break, a little-used corridor, or

1. ASK what is happening with the individual now. What is the work like at this point? What will help right now?
2. LISTEN TO AND REASSURE the responder that his feelings are normal under the circumstances. Offer supportive comments. Try to provide for the responder’s stated needs.
3. SUGGEST STRESS MANAGEMENT strategies that might seem appropriate, such as deep breathing, progressive relaxation, gentle muscle stretching exercises, or (positive) ‘self-talk.’ ... Food and beverage should be suggested if the worker has not eaten for a while.
4. LET THE WORKER REST. After chatting with the responder, the CSR should allow him some “breathing room” for 15 to 20 minutes. When checking back on the responder, the ... CSR and the responder can determine if the responder is ready to return to normal response duties. If the responder can do so, tell the employee Emergency Response Team Leader that the responder is ready for emergency response work.

A. Assignment to a task away from the immediate sights and sounds of the emergency response work, if feasible for the employee Emergency Response Team Leader. Advise the Team Leader that if the responder’s concentration or verbalization further diminishes, she should be escorted to the Resource Center as soon as feasible for further assessment and intervention.

1. Occasionally, a responder may be so distressed and disrupted by emergency response work that he should be released from further work altogether; if so, make sure the responder is escorted to the Resource Center for support and assistance in leaving the premises.

A. In addition, CSRs learn an Action Plan for Problem Solving Obstacles to assist employee emergency response team leaders in



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