

Symptoms of Psychological and Emotional Distress in the Aftermath of Disaster

☐ Symptoms Among Adults:

- Irritability (easy to reach agitation during normal social interactions, crankiness)
- Anxiety (catastrophizing about possible outcomes from the disaster, fixation on the disaster, fear, worry)
- Depression (low affect, depressed mood, disconnection from others in social network)
- Survivor Guilt (embarrassment, shame regarding the loss of loved one)
- Caregiver Stress (burnout, fatigue when providing on-going support to family members)
- Change in Eating & Sleeping Habits (not eating or eating too much, trouble falling asleep or sleeping during normal waking hours after sleeping all night)

☐ Symptoms Among Children:

- Developmental Recidivism (bedwetting, clinging, baby talk)
- Acting Out Behaviors (defiant behaviors, talking back, pouting)
- Withdrawal Symptoms (minimal social interactions, unusual shyness)
- Irritability (startle effect, crankiness)
- Anxiety (fear, worry)
- Depression (uncharacteristic sadness, chronic fatigue, lack of enjoyment when engaged in usual activities)
- Change in Eating & Sleeping Habits (not eating or eating too much, trouble falling asleep or sleeping during normal waking hours after sleeping all night)

☐ Notes:

- ☐ Trauma that is experienced intergenerationally despite the absence direct exposure to a traditional traumatic stimulus (Davidson & Mellor, 2000; Nagata, 1990)
- ☐ Symptoms may include depression, anxiety, suicidal ideation and behavior, substance abuse, and violence (Duran, Duran, Yellow Horse Brave Heart & Yellow Horse-Davis, 1998; Felsen, 1998; Raphael, Swan & Martinek, 1998; Simons & Johnson, 1998)
- ☐ **Transgenerational Factors** (Walsh, 2002)
 - Intergenerational factors may be identified that hinder or help resilience

- Incorporation of individual and family factors (Waller, 2001)
 - Stressors may come from an individual experience, family stressors and the environment, transgenerational trauma
 - Individual and family defined stressors or risk factors
 - Risk factors (traumatic events) not limited by the *DSM-IV-TR* definition of trauma
 - Understanding of oppression is necessary to understanding resilience (Waller, 2001)
 - Individual and family defined strengths & protective factors (Walsh, 2002)
 - Culturally-based coping mechanisms
 - Individuals and families define healthy functioning
- **Resilience**
- “Resilience is the ability to ‘bounce back’ after significant adversity and risk”
(Echterling, Presbury & McKee, 2005, p. 10)
- Offers explanation for differential outcomes
- Mental health professionals can use resilience to focus on strengths of an individual or group and promote healthy functioning despite adversity