

After Disaster: A Crisis Support Team at Work

Author(s): Glenys Hayes, Trena Goodwin and Becky Miars

Source: *The American Journal of Nursing*, Feb., 1990, Vol. 90, No. 2 (Feb., 1990), pp. 61-64

Published by: Lippincott Williams & Wilkins

Stable URL: <https://www.jstor.org/stable/3426307>

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AFTER DISASTER

A Crisis Support Team at Work

By Glenys Hayes/Trena Goodwin/Becky Miars

Ring-g-g. Barely awake, I reached for the phone that Sunday morning back in May 1988. "Trena? It's Glenys Hayes. We've got a disaster on our hands. A school bus crash. At least 12 children are dead and many more are injured. Can you go?"

A school bus crash kills 24 children.

This team of nurse volunteers helps piece together the families' shattered lives.

Minutes earlier, Glenys had received a similar call from the Cincinnati Red

Glenys Hayes, RN, MSN, a volunteer coordinator for the Cincinnati Red Cross Crisis Support Nurse Team (CSNT), is a psychiatric staff nurse at University of Cincinnati (OH) Hospital. Trena Goodwin, RN, MSN, is a licensed professional clinical counselor, volunteer training coordinator for the CSNT, an adjunct assistant professor of psychiatry at the University of Cincinnati College of Medicine and a clinical specialist at the Central Psychiatric Clinic, Cincinnati. Becky Miars, RN, BSN, is director of the Deaconess Home Health Care Program in Cincinnati and chairs the Cincinnati Red Cross nursing and health committee.

Cross. We were asked to be part of a crisis-intervention team at the crash scene—about 55 miles away near Carrollton, Kentucky.

Glenys told me to report to the National Guard Armory in Carrollton, where a temporary morgue had been set up—and where I'd find Barb Hamond and Becky Miars, both experienced disaster nurses and members of the Red Cross Crisis Support Nursing Team (CSNT).

I dressed quickly, grabbed my Red Cross badge, and headed for Carrollton. On the way, I heard the news report on the radio. A church youth group from Kentucky was returning from an outing at an amusement park just north of Cincinnati. About 11 PM, a pickup truck hit the bus head-on, causing the bus to burst into flames. I tried to steel myself for what I'd find in Carrollton.

I arrived at the armory and met with the rest of the team to plan our work. We were told that 24 children and three adults had died and that many of the survivors had been taken to area hospitals. Since none of the bodies had yet been identi-

fied, we could not tell the families when they arrived whether their children were among the dead.

While Becky met the first family to arrive on the scene, I attended to the rescue workers in the morgue. Several were showing signs of exhaustion; one was crying. I suggested to their supervisor that they break for rest and food away from the scene. As I talked with the workers and with some of the church youth group's officials, I continued to plan how we could best help the families involved.

Meanwhile, Barb was arranging a reception area for the families. We needed a private area away from media and onlookers for the families and for the Red Cross staff. We also needed several motel rooms and additional phone lines. A nearby Holiday Inn and other local businesses provided everything we needed.

The loss of so many children had stunned the community; many felt a deep need to help in any way possible. All those who assisted with the disaster relief operation, especially those from the Kentucky State Police and the Ken-

tucky Coroner's Office, did so with compassion and strength.

As we talked with each family, we felt a part of their pain. Parents asked, "Why?" and "How can we go on?" and "Can we see our child?" Some were hopeful that their children would be found alive. Others asked about making funeral arrangements.

Some of the families had been waiting all night long at the children's church for the ill-fated bus to return. Most of them were exhausted and had eaten nothing. They were beginning to feel the physical effects of their emotional strain. Some seemed to be in a state of shock; we provided them a place to lie down and blankets to keep

TRAINING PSYCHIATRIC NURSE VOLUNTEERS

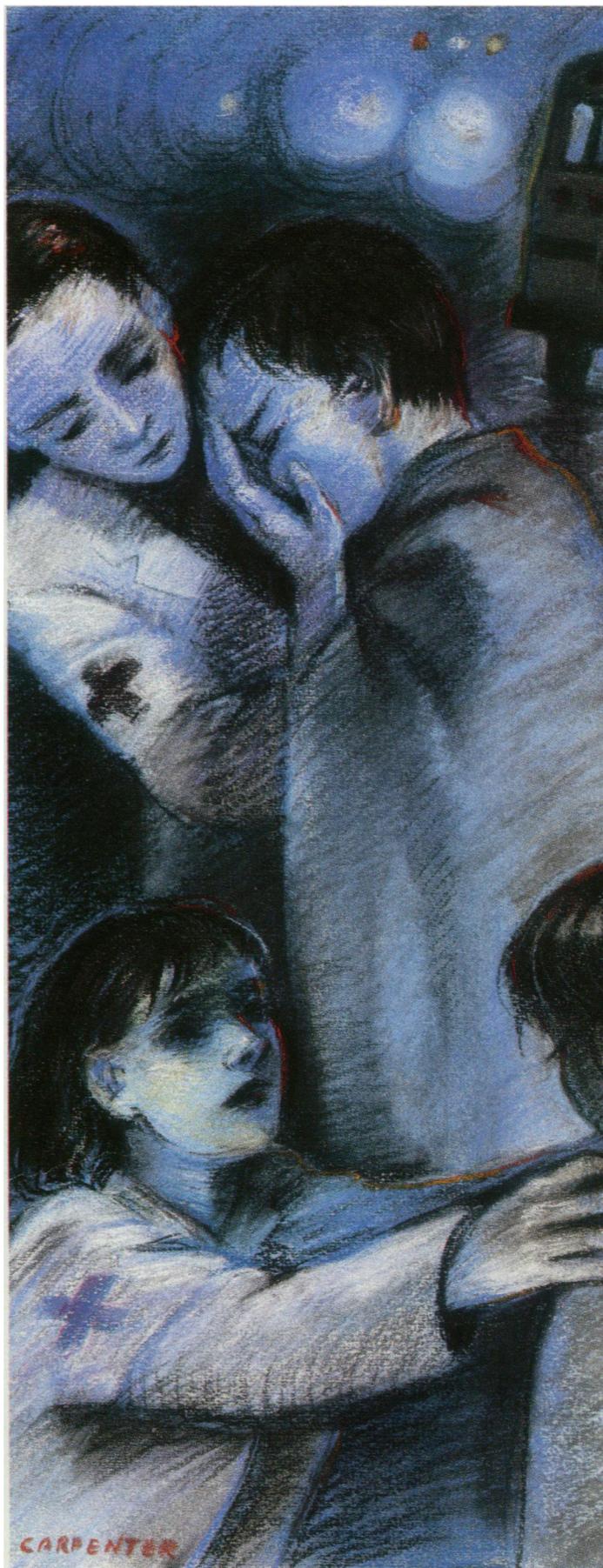
P sychiatric nurses who volunteer their services to the Cincinnati Red Cross become well versed in crisis intervention strategies. The Red Cross CSNT training sessions focus on the psychological reactions of disaster victims and their families, the needs of special groups such as the severely mentally disabled, rescue-worker stress, disaster injuries, and debriefing.

Nursing process is effective in crises: one assesses needs and plans to meet them. Nurses, who find ready acceptance by victims and families, can watch for physical effects, the exacerbation of existing health problems, and for signs that the person is succumbing to the emotional trauma.

At disaster sites, inexperienced crisis nurses are paired with seasoned colleagues who provide on-site supervision and support. The Red Cross also stages disaster drills periodically to help prepare crisis-support nurses to respond to emergencies.

Because the CSNT is a volunteer group, close monitoring of the training process is essential; poorly prepared volunteers would not only be counterproductive at the scene, they'd soon feel overwhelmed and perhaps leave the volunteer service.

NANCY CARPENTER





Some of the families had been waiting all night long for the ill-fated bus to return. We provided them a place to lie down and keep warm.

them warm.

They needed privacy, a place where they were sheltered from questions of curious onlookers and the media. We comforted the families of missing children, helped them fill out missing-person forms, and generally provided a safe, nurturing environment similar to the one suggested by William James Black, Jr., which he called the “libidinal cocoon.”¹

Most of the parents expressed some degree of denial. They needed to hear

¹ Black, J. W. Jr. The libidinal cocoon: a nurturing retreat for the families of plane crash victims. *Hosp. Community Psychiatry* 38:1322–1326, Dec. 1987.

the details of the accident to help them comprehend its reality. We asked them to tell us what their children looked like and what they were wearing—anything that might help the disaster workers locate them. As is the case with most disasters, we found it incredible to see so many lives altered forever.

Helping the victims

The Carrollton bus crash was just one of the many disasters the Cincinnati Red Cross Crisis Support Nurse Team has attended over the past two years. Most often, the nurses help the victims themselves, either at the scene or in the days that follow, when they need to

be linked with the appropriate community services. A few recent incidents best illustrate what the CSNT does.

A CSNT volunteer went to the scene of an apartment fire where a single mother had lost two of her three children. The nurse stayed with the distraught mother, who, by the way, had a history of suicide attempts, to help her through the initial stages of shock and grief.

The woman vacillated between overwhelming grief and unresponsiveness. Her grief was compounded by feelings of guilt over not responding faster to her children’s cries. It seems she’d thought that, as was

often the case, the children were bickering. At times, she imagined that her children were still alive and that she had to get home to get her five-year-old ready for his graduation from kindergarten, scheduled to take place later that same morning.

The nurse attempted, physically and verbally, to keep the woman oriented to reality. She tried to focus the mother’s attention on the needs of her surviving 11-year-old developmentally disabled son. She also evaluated the amount of support family members and friends could provide. She asked neighbors to arrange that the door to the burned apartment be padlocked to keep the woman and her son from entering—something their degree of denial made it seem likely they’d attempt. And finally, the nurse made living arrangements for the woman and persuaded her to agree to emergency medical and psychiatric evaluation.

After another fire at a multiple dwelling, a CSNT volunteer shepherded a 10-year-old survivor through the aftermath of losing her entire immediate family and a close friend. The nurse comforted the girl and encouraged her to talk about what had happened. Additional members of the team worked with other bereaved relatives, later helping the families contact available community resources. Since several of the

children who died in the fire had attended the same school, a CSNT volunteer discussed with the school's principal the classmates' reactions to the tragedy and how the school's staff could help them work through their grief.

Another time, at the request of a concerned Red Cross Social Services case-worker, a CSNT nurse visited a couple who, hours earlier, had lost their three-year-old and their home in a fire set by their four-year-old. The nurse found the couple distraught and unable to talk with one another. The nurse helped the

couple talk about their feelings of anger and grief individually and then to each other. The nurse also helped them plan temporary housing and convinced them to keep their surviving four-year-old child with them rather than sending him to live with other relatives as they had planned.

Besides emotional support and appropriate referral, disaster victims and relatives also need personal care. After a tragedy, some survivors needed help getting their regular prescribed medicines. Many tend to consume alcohol and coffee in dangerous quantities,

smoke cigarettes incessantly, and lose sight of their personal needs. CSNT volunteers gently remind them that mood-altering chemicals can only worsen their anxiety—and might even precipitate other problems. The nurses also help survivors with their most basic needs, reminding them to eat, to drink enough fluids, and to bathe.

During disasters that involve many people, the Red Cross is often called upon to open and maintain a shelter—for a few hours or even for a week or more. The CSNT has developed a list of supplies to have on hand at such shelters, specifically for meeting the mental-health needs that arise. Crossword puzzles, card games, drawing materials, and toys, for example, are used for diversionary, recreational, and therapeutic purposes.

Helping the helpers

Disaster workers rarely notice how stressed they become during a crisis. Ideally, any one worker should not remain on the scene for more than eight hours at a time; in reality, such is not always the case.²

Besides encouraging workers to take breaks, the CSNT volunteers move among them, offering gentle encouragement and support. The nurses, too, need to be aware of their own

levels of stress and take time out when they need to regroup.

The Red Cross encourages all disaster workers, including the nurses, to go through a debriefing process immediately after their on-site work has been completed and again when the entire disaster operation ends. Debriefing is a process that focuses on feelings. It is designed to help rescue workers recognize the impact of a disaster on themselves and on others. Depending on the magnitude of the disaster, the formal debriefing may consist of one session or of several sessions conducted over time.

The program has had gratifying results on different levels. Nursing's support for a community in a time of crisis brings out the community's own strength. Nursing also achieves greater recognition of its skills. And individually, every nurse involved in the effort has expressed an enormous personal satisfaction.

For professionals who work with those who have chronic mental health problems and whose treatment is long term, immediate, positive results aren't often seen. For the crisis support nurse, however, who comes as a stranger to grieving families, shares their sorrow, and guides them through a horrible period in their lives, immediate gratification becomes a lasting reward. □

HOW THE CRISIS TEAM GOT ITS START

The very specific emotional needs of crisis victims became painfully apparent when the Cincinnati area suffered two disasters six years apart. The first was the 1977 fire that killed 161 people at a local supper club; the second was the fire that killed 23 people on board an airplane making an emergency landing.

Later, Glenys Hayes, an RN with a master's degree in psychiatric nursing, attended a workshop on disaster health services given at the Cincinnati Chapter of the Red Cross.

Red Cross staff nurse Jean Ellsworth recognized the psychological needs of disaster victims, families and friends of the victims, and rescue workers. So, with Red Cross nursing staff, Ellsworth, and several other nurses who'd had graduate-level psychiatric training, Hayes organized a volunteer program to address those needs: the Crisis Support Nurse Team (CSNT).

The CSNT consists of a coordinator, two assistant coordinators, a telephone chairperson, a training coordinator, and several psychiatric nurses. When a tornado, flood, plane crash, fire, or any other disaster occurs, the Red Cross responds. Most often, the Red Cross asks the CSNT to respond to disasters that involve loss of life.

² Mitchell, J., and Resnick, H. L. *Emergency Response to Crisis*. Bowie, MD, Robert J. Brady Co., 1981, pp. 183-195.