

Taking Care: Coping with Grief and Loss

Learning Goal:

- To promote awareness of the effects of trauma and loss and identify useful approaches to enhance the emotional well-being of shelter staff and residents.

As we have talked with people living and working on the Gulf Coast since Hurricanes Katrina, Rita, and Wilma during the hurricane season of 2005, the common theme identified across the board has been the need for psychological support to deal with grief and loss—not only for victims of the disasters, but also for the caregivers who are working to support the victims.

This need is also true for traditional homeless services. Both victims of disaster and victims of other types of homelessness have experienced great loss—loss of family and friends, loss of homes and belongs, loss of jobs, loss of personal identity. And in settings in which these individuals are served, service providers find themselves in the position of hearing the stories, taking on another's trauma, and working to help that person find healing. The caregiver is inevitably traumatized.

In some cases, victims of trauma develop Post-Traumatic Stress Disorder, and caregivers experience Secondary Traumatic Stress. In many other cases, though, while a formal diagnosis may not be in order, the effects of trauma are profound and lasting.

This part of the guide attempts to raise awareness about the effects of trauma and to provide tools to care for those who have experienced trauma directly and for those who experience the trauma vicariously.

"Let us not underestimate how hard it is to listen and to be compassionate. Compassion is hard because it requires the inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken. But ... our spontaneous response ... is to do away with suffering by fleeing from it or finding a quick cure for it. As busy, active, relevant people we want to [make] a real contribution. This means ... doing something to show that our presence makes a difference. And so we ignore our greatest gift ... our ability to be there, to listen and to enter into solidarity with those who suffer."

— *Henri Nouwen*

The Tool Kits

At the beginning of each section of this Guide, readers will find lists that outline the contents of the Tool Kits that can be found in electronic form on the CD that accompanies this Guide. While some of the tools and handouts are found both in the Guide and in the Tool Kits, most of the items listed below are only found in the Tool Kits. They are to be used to supplement the material in the Guide and to provide shelter providers with day-to-day tools for use in the shelters.

Tool Kit E: Taking Care—Coping with Grief and Loss

- E-1 CDC handout: Coping with a Traumatic Event
- E-2 “Homeless Families and Trauma”
- E-3 Self-Care Self-Assessment Tool
- E-4 “Healing Hands” February 2002: Resiliency and Renewal
- E-5 “Healing Hands” April 1999: Trauma and Homelessness
- E-6 Facts on Trauma and Homeless Children
- E-7 “For the Women of Katrina”

When the Hurricane Hits

This is difficult work. Don't forget that. To walk with people for a little while on the journey—a difficult, often painful journey. To enter into the shadows with people. To take on the suffering of others in order to lighten the load for them, even for a short time. To hope in people—to be hope for them—until they are able to rekindle hope for themselves. This is tough stuff.

Those who work with people experiencing homelessness, mental illness, addiction, HIV/Aids, and domestic violence do this every day. We walk beside people for a little while. We try to stay strong and centered so that we can be a support to people who are in crisis. We are working with people who seem to have lost everything—homes, families, job, hope.

Then, just when it seems that there is nothing more for someone to lose, another disaster strikes. New York is devastated by the events of September 11th. Homelessness recedes into the background of the social fabric, and those who were already forgotten are forgotten yet again. Hurricane Katrina passes over New Orleans. People hunker down and feel that they “dodged a bullet this time.” Then the waters start to rise. And they keep rising. People are driven from their homes. People without homes are driven to who-knows-where.

What do you do when disaster strikes people who seem to have already lost everything? How do you cope with your own sense of loss? And how do you “stay centered” so that you can help those around you?

I was 2000 miles from lower Manhattan when the planes ripped into the Twin Towers. I was at a soup kitchen in downtown Albuquerque. The otherwise bustling room was eerily quiet. The staff had wheeled a large-screen TV out, and 250 of us watched in helpless silence as the buildings crashed to the ground in a flaming cloud of smoke and debris. When I got home that night, my 2-year-old son, Atticus, wanted to play with trains on the floor. I couldn't bring myself to turn the TV on. I wanted to protect him from the constantly replayed image of the plane crashing into the building.

I was working with homeless families at the time, and I became obsessed with how the kids I knew—homeless and housed—were dealing with the 9/11, and how their parents were coping. So I found myself asking parents, “How are you talking to your kids about this tragedy?”

What I found startled me, but shouldn't have. Many of the people I knew at the time who were homeless were so consumed with their own traumatic lives that they had little energy or emotion left spend on an overwhelming tragedy 2000 miles away. It makes sense, really. It just surprised me.

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The reality was different, to be sure, for homeless individuals and homeless service providers in New York.

When Hurricane Katrina hit, Atticus and I were visiting my parents in Tuscaloosa, Alabama, where I grew up. We were four hours from the coast, but right in the storm's path. The power was knocked out, and would stay off for two days. We sat in candlelight, hoping the roof wouldn't blow off. At about 8 p.m. a thunderous crack startled us. When we woke the next morning, we realized that a javelin of a limb had pierced the roof. Other than some big limbs down in the yard and the damage to the roof, though, everything—and everyone—was fine.

That day, as we cleaned up after the storm, we got sporadic updates from friends and neighbors about the toll of the storm. New Orleans had missed the worst of it, though Biloxi was hit hard. It was a calm, strangely beautiful day—the humidity of August in the south was nowhere to be found, and the sky was a clear blue.

Then, like the morning of September 11th, the magnitude of the tragedy in New Orleans and the surrounding areas slowly unfolded before our eyes.

As the news cameras panned through the masses of people in the Superdome, and as the aerial shots revealed flooded streets that looked like Venetian canals, it became evident that tens of thousands of people found themselves without homes—just like that. I wondered, though, what happened to those who didn't have homes to begin with. Nothing to climb on top of as the waters rose. Some, surely, made it to the shelters and to the buses and to the helicopters. Some, though, surely didn't. As I opened the New York Times this morning and saw the image of a corpse in the street, I found myself wondering if maybe this person was homeless before the levees broke.

Now, as the stories have faded from the front pages, I find myself wondering how the people of New Orleans, Biloxi, Gulf Port, Mobile—those who have seemingly lost everything—keep getting up every day and going about their lives. Clearly, some are not: suicide rates are on the rise in New Orleans and other gulf communities as winter approaches and as the long-term realities of Katrina become evident. But many not only keep getting up, but also find strength to lift up those around them, helping in many ways, seen and unseen.

We all find renewal in our own ways, but I think there is a basic, inherent human desire to help one another. Even when there is meanness, even when panic breaks out on the heels of a disaster, the instinct to lift each other up wins out in the long haul. This is what drives firefighters to go up the stairs into the World Trade Center while everyone else is coming down. It's what drives a Louisiana fisherman to drive his pirogue around the waterlogged streets of New Orleans to pluck people off their roofs one at a time and take them to higher ground. And it's what drives people who choose to devote their time and energy to provide care for the poorest of the poor in our communities every day.

Jeff Olivet

Care for the Caregiver

Those who choose to work with people in crisis are often so focused on the trauma of the people they are there to serve that they do not recognize the impact of that trauma on themselves. This is equally true for paid staff and volunteers. It is true whether those caregivers are working short-term, as in the case of disaster response, or year after year, as in the case of year-round homeless services.

The tools in this section are intended to raise awareness of the signs and symptoms of stress and taking on the trauma of others give some concrete suggestions for how those in helping professions can help take care of themselves.

Common Causes of Stress in Homeless Services

Job function challenges

- Unrealistic, unclear expectations
- Too much to do and too little time to do it
- Lack of new challenges, too routine
- Lack of input about how to do your job
- Difficulty juggling work, family, other responsibilities

Job security

- Performance evaluation, salary, benefits
- Reorganization of positions, financial cutbacks, layoffs
- Change in job responsibilities or classification

Relations with supervisors and co-workers

- Poor communication or conflicts among staff
- Inadequate support from supervisor or co-workers
- Favoritism, differential treatment, or insensitivity
- Loss of staff or staff turnover

Expectations of how things “should” be

- Clients will want to make changes that you want them to make
- Patients will be grateful
- The agencies we work in will function as a supportive community of helpers
- Workers from other organizations will be cooperative since everybody basically is trying to reach the same goals
- People who work in social services will be above the petty jealousies and gossip that occur in non-service oriented organizations
- You will be appreciated by your supervisors and co-workers
- You will be given sufficient guidance, training and structure to do your job
- Your work will be satisfying most of the time

The risk of caring

- Cost of being empathic, caring, understanding (note that root meaning of word *care* is “to lament, grieve with”)
- Reality of secondary traumatic stress, vicarious trauma, compassion fatigue

Signs and Symptoms of Secondary Traumatic Stress

Do you experience any of the following as a result of your work?

- Social withdrawal
- Low energy, fatigue
- Feelings of being easily overwhelmed
- Pessimistic or cynical outlook on life
- Intrusive work-related thoughts or dreams
- Difficulty keeping appropriate relationship boundaries
- Difficulty setting limits, saying “no”
- Depressed mood
- Lack of motivation
- Increased worry and anxiety
- Emotional numbness
- Feelings that no one understands (or would be able to)
- Loss of interest in sexual activity
- Vague physical aches, pain
- Making poor judgments and decisions
- Feelings of loss of control
- Increased sense of danger or not feeling safe
- Finding your mind wandering at work
- Difficulty making decisions
- Sense of disconnection from loved ones
- Increased feelings of suspiciousness
- Feeling “adrift” spiritually
- Accident-proneness
- Involvement in “risky” activities (e.g. drugs, alcohol, sexual behaviors)
- Increased irritability, agitation
- Feeling “on edge” much of the time
- Feelings of despair
- Wanting to escape, “run away from it all”
- Increased “sick days” from work
- Violating ethical standards
- Reduced work productivity, doing the “bare minimum”
- Decrease in respect for others, increase in blaming
- Increase in obsessive thoughts and/or compulsive behaviors
- Decreased interest in “self-care”

*Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff,
Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.*

Self-Assessment Tool: Self-Care

How often do you do the following? (Rate, using the scale below):

- 5 = Frequently
- 4 = Sometimes
- 3 = Rarely
- 2 = Never
- 1 = It never even occurred to me

Physical Self Care

- Eat regularly (e.g. breakfast & lunch)
- Eat healthfully
- Exercise, or go to the gym
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Take time to be sexual
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips, or mini-vacations
- Get away from stressful technology such as pagers, faxes, telephones, e-mail
- Other:

Psychological Self Care

- Make time for self-reflection
- Go to see a psychotherapist or counselor for yourself
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Notice your inner experience - your dreams, thoughts, imagery, feelings
- Let others know different aspects of you
- Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Spend time outdoors
- Other:

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Emotional Self Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books, review favorite movies
- Identify and seek out comforting activities, objects, people, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

Spiritual Self Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, to not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Have awe-full experiences
- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other:

Workplace/Professional Self Care

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your caseload so no one day is "too much!"
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs
- Have a peer support group
- Other:

*Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff,
Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.*

Finding Resiliency and Renewal in Our Work

“In the event that oxygen masks may be needed, place the mask over your own face before assisting others.”

Individuals involved in reaching out to people experiencing homelessness work under demanding circumstances, bear witness to tremendous human suffering, and wrestle with a multitude of agonizing and thorny issues on a daily basis. At the same time, we have the privilege of becoming partners in extraordinary relationships, marveling at the resiliency of the human spirit, and laying claim to small but significant victories. Such is the nature of this work that it can drain and inspire us all at once.

Despite the rewards inherent in the work, it inevitably exacts a personal toll. By listening to others’ stories and providing a sense of deep caring, we walk a difficult path. Yet we do so willingly, knowing that first we must “enter into” another’s suffering before we can offer hope and healing. It is interesting to note that the word *care* finds its roots in the Gothic “kara” which means “lament, mourning, to express sorrow.”

Caring can become burdensome causing us to experience signs and symptoms of what the literature variously calls compassion fatigue, secondary traumatic stress, or vicarious traumatization. This impact is compounded by the frustrations of trying to provide help in the face of multiple barriers to care, including inadequate resources and structural supports for homeless people such as housing, health care, and incomes. To feel weighed down by these circumstances is not unusual or pathological. It is in fact a quite normal response.

The “treatment of choice” for diminishing the negative impact of this stress is to seek resiliency and renewal through the practice of healthy self-care. Self-care is most effective when approached with forethought, not as afterthought. In the same manner that we provide care for others, we must care for ourselves by first acknowledging and assessing the realities of our condition, creating a realistic plan of care, and acting upon it. While many individuals practice self-care in creative and effective ways, we sometimes lose our sense of balance, and fail to provide the necessary care for ourselves with the same resoluteness that we offer care to others.

To better understand what self-care is, here are three things it is **not**:

1) Self-care is not an “emergency response plan” to be activated when stress becomes overwhelming. Instead, healthy self-care is an intentional way of living by which our values, attitudes, and actions are integrated into our day-to-day routines. The need for “emergency care” should be an exception to usual practice.

2) Self-care is not about acting selfishly (“It’s all about me!”). Instead, healthy self-care is about being a worthy steward of the self – body, mind and spirit – with which we’ve been entrusted. It is foolhardy to think we can be providers of care to others without being the recipients of proper nurture and sustenance ourselves.

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3) Self-care is not about doing more, or adding more tasks to an already overflowing “to do” list. Instead, healthy self-care is as much about “letting go” as it is about taking action. It has to do with taking time to be a human *being* as well as a human *doing*. It is about letting go of frenzied schedules and meaningless pursuits. It is also about letting go of detrimental attitudes and behaviors.

Self-care has been conceptualized in three related domains – awareness, balance, and connection – by various writers. It may be useful to reflect on the status of your own self-care in these realms.

AWARENESS

Self-care begins in stillness. By quieting our busy lives and entering into a space of solitude, we can develop an awareness of our own true needs, and then act accordingly. This is the contemplative way of the desert, rather than the constant activity of the city. Thomas Merton suggests that the busyness of our lives can be a form of “violence” that robs us of inner wisdom. Too often we act first without true understanding and then wonder why we feel more burdened, and not relieved. Parker Palmer in *Let Your Life Speak* suggests reflection on the following question: “Is the life I am living the same as the life that wants to live in me?”

BALANCE

Self-care is a balancing act. It includes balancing action and mindfulness. Balance guides decisions about embracing or relinquishing certain activities, behaviors, or attitudes. It also informs the degree to which we give attention to the physical, emotional, psychological, spiritual, and social aspects of our being or, in other words, how much time we spend working, playing, and resting. Recently I heard it suggested that a helpful prescription for balanced daily living includes eight hours of work, eight hours of play, and eight hours of rest!

CONNECTION

Healthy self-care cannot be practiced solely within oneself. It involves being connected in meaningful ways with others and to something larger. We are decidedly interdependent and social beings. We grow and thrive through our connections that occur in friendships, family, social groups, nature, recreational activities, spiritual practices, therapy, and myriad other ways. Often times, our most renewing connections can be found right in our midst in the workplace, with co-workers and with the individuals to whom we provide care.

There is no standard formula for self-care. Each of our “self-care plans” will be unique and will change over time. We must listen well to our own bodies, hearts and minds, as well as to the counsel of trusted friends, as we seek resiliency and renewal in our lives and work.

Fasten your seatbelts and enjoy the ride!

Ken Kraybill

Caring for Your Self, Your Soul, Your Sanity

Self Care (Mind)

To be self “centered” (mindfulness)
Being in charge of your choices, attitudes, and successes
Awareness of the process; strive for progress, not perfection
Self care is a life skill
Interpretation of events is individual and changeable

Healthy Lifestyle (Body)

Sleep, rest and down time help us restore and refresh ourselves
Food is fuel, a way to express our creativity and nurturance
Exercise to move, to feel powerful, to connect with self/others
Body work, breath work, meditation (silence)

Spiritual Care (Spirit)

Imagine slowing down enough to hear your heart speak
Match your values to your actions
Celebrate and savor good moments
Cultivate healthy relationships, find/be a mentor
Let yourself play creatively every day
Practice financial intelligence

Stress and Work (Warning Signs!)

Irritability, negative attitude, gossip, small acts of sabotage
Avoidance, procrastination, “sick” days, fatigue
Anger, anxiety, depression, self-criticism, hypersensitivity
Health problems, sleep difficulties
Drinking, smoking, eating more than you know you should

Strategies for Self Care at Work

Take a break
Practice mindfulness everywhere
Talk it out, be direct and assertive
See a professional (crisis = dangerous “opportunity” for growth)
Remember your choices and your values

Lisa Cunningham Roberts

Mindfulness and Self-care for Shelter Providers

“We have been called to heal the wounds
To unite what has fallen apart
And to bring home
Those who have lost their way.”
--*Francis of Assisi*

Some modest proposals ...

- When you awaken, express gratitude for the new day ... for having a home ... for your health ... friendships ... your work ... for the clients you serve
- Eat a nourishing breakfast
- Offer a gift of hospitality to those you meet throughout the day by “creating a free and friendly space” for them (Henri Nouwen)
- Consider that caring for others is also a way of caring for yourself
- When caught up in a stressful situation ask yourself, “What is the most important thing right now?”
- Practice new ways of seeing – “you can look at a scar and see hurt, or you can look at a scar and see healing.” (Sheri Reynolds)
- Offer yourself to others in your “emptiness” as well as your “fullness”
- Try drinking water or fruit juice instead of carbonated beverages. Monitor your intake of alcohol, caffeine, salt, and sugar.
- Talk out loud (preferably with someone else!) about your daily experiences
- Express appreciation for the work of “support staff” in your organization – receptionists, janitors, data entry, administrators
- Reflect on the root meaning of the word *care* – “to lament, to grieve, to experience sorrow, to cry out with”
- Create a personal mission statement related to your work
- Identify the ways in which your work both depletes and feeds you
- Imagine yourself a biographer when writing chart notes, recording some part of another person’s story
- Before you pick up that ringing phone or dial to make a call ... take a deep, renewing breath
- Choose things that inspire you – art, flowers, fresh fruit, sayings, pictures of people– to decorate your workspace (if you have one)

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- Invite students from a local massage school to come practice their skills on staff and clients in your work setting
- Start a “wit and wisdom” file
- Do one thing at a time
- Permit yourself time to be silent
- Consider that “a rose withholds its scent from no one ... a tree does not discriminate to whom it provides shade” (Anthony DeMello)
- Be forgiving
- Remember, it’s the little things that count
- Do things outside of work that nurture you. Try out new activities.
- If you feel a little too busy ...stop and take 10 conscious, deep, diaphragmatic breaths
- If you feel moderately busy ... stop and take 20 conscious, deep, diaphragmatic breaths
- If you are excessively busy and feel overwhelmed ... stop and take 30 conscious, deep, diaphragmatic breaths
- After taking deep breaths, pause when finished and feel the energy you have generated
- Create a rhythm of action and contemplation in your workday
- When you go to bed at night, express gratitude for the day you were given ... for having a home ... for your health ... friendships ... for your work ... for the clients you served

Helping Others Cope with Grief and Loss

While self-care is a critical component in staying healthy so that we can provide healing for others, it is equally important to develop sensitivity and skills in helping others deal with grief and loss. These are common themes in the lives of anyone who has been displaced by natural disaster, loss of home, loss of job, loss of family, and loss of identity.

The resources below are intended to provide some simple reminders and suggestions on working effectively with people who are grieving.

Reactions to Loss

When a person experiences a great loss—whether people, property, jobs, normal routines of life, dreams of what might have been—grief is the normal reaction. Grief includes physical, emotional, intellectual, social and spiritual responses. Some normal adult reactions to loss include:

- Crying, at times uncontrollably
- Tightness in the throat and heaviness in the chest
- Increase or decrease in appetite
- Guilt over unfinished business or personal irresponsibility
- Restlessness; inability to concentrate
- Anger at self, others and God; flying off the handle at seemingly insignificant things
- Aimlessness, forgetfulness, inability to make decisions
- Difficulty sleeping
- Preoccupation with the life of the lost loved one
- Sense of a deceased loved one's presence
- Need to “tell their story” over and over
- Attempting to protect others by denying grief reactions
- Increase or decrease in communication
- Role confusion in families
- Isolation or overprotection of certain family members
- Obsessive attachment to “linking objects” that may be the only thing remaining of the lost person or place
- Sadness, depression, loss of joy
- Distancing from family and friends

Linda Olivet

Keys to Understanding and Accepting the Grieving Process

- The process of grieving is a natural outcome of experiencing a significant loss.
- Grief is a natural healing process. Trying to avoid it is counterproductive.
- The ways we have dealt with previous crises will affect current and future reactions.
- Loss of a significant attachment is a threat to all significant attachments.
- We cannot in take a major loss all at one time.
- We don't "get over" it, but we can move on.
- Facing our greatest fears can be liberating.
- Grief is a holistic process and affects all aspects of our lives.
- Men and women are likely to have different strengths and vulnerabilities in the process of grieving.
- Grief ebbs and flows. There is no predictable pattern or timeline that it follows.

Adapted from: Schneider, John M. (1994). Finding My Way: Healing and Transformation Through Loss and Grief. Colfax, WI: Seasons Press.

Some Suggestions to Help Grieving People

Be sensitive and compassionate when someone starts to talk about the loss. If you cannot talk with them at that moment, ask someone else to be with them and return later to continue the conversation yourself.

Provide a quiet, private place, if possible, when the person needs to cry, express frustrations or anger, and encourage the “telling of the story” of what has happened.

Help find a special container for “linking objects”—pictures, jewelry, household items, etc—so that they can easily be found during shelter life and afterwards.

Plan a candlelight memorial service as appropriate.

Make shelter rounds daily to check on people’s needs and changing responses.

Provide sympathy and comfort through a smile, a hug, and a listening ear.

Avoid trying to smooth over the loss with platitudes and explanations. Listen without judging the grief reactions you are seeing.

Identify ministers, counselors, and other helpers for those who might benefit from their assistance.

Listen attentively to concerns and do specific things to help such as finding relatives, getting information about the conditions at their home as soon as possible, getting information about lost loved ones, care of bodies, etc.

Assist with care of children while the adults are getting information and gathering their wits about them to convey bad news to the younger members of their families.

Be a companion with someone in grief. You do not have to be a therapist, minister, or counselor to provide help. Just “being with” someone is a great gift.

Remember to be sensitive to the loss of pets.

Acknowledge how painful loss experiences must be, but avoid sharing your own stories of loss and grief. Keep the focus on the grieving person’s story.

Linda Olivet

Recovering from the Aftermath of a Disaster: How to Cope and What Works

FOR YOURSELF

Take care of your body

Maintain a good diet, get enough sleep, stay physically active.

Share your stress and grief

Talk with others about how you are feeling about what has happened and what you face.

Recognize your limits

Don't overwork yourself. Take time for relaxation and recreation.

Prioritize your time

Write down what needs to be done and in what order.

Avoid alcohol and drugs

They will not help in the long run and will likely cause other problems.

Connect with your family and friends, and community

Don't allow yourself to become isolated. Seek out and maintain connections with your community, friends, relatives, neighbors, co-workers, and church members.

FOR YOUR FAMILY

Keep some sense of order and normalcy

Keep routines in place such as family meals, certain enjoyable activities, other family rituals.

Tend to your relationship as a couple

Take time to be alone, talk about how you are feeling, have fun together.

Talk with your children about their experience

Listen to what they have to say, let them freely express their feelings. This is a confusing and frightening time. Remember that children do not have the same level of understanding or coping that you have.

Adapted from pamphlet Recovering from the Emotional Aftermath of a Disaster:
Information for You and Your Family, *Katrina Crisis Counseling Program, Houston, TX*

Shelter Health:
Essentials of Care for People Living in Shelter