

Getting Help

If you feel you need additional information, you may find this list of resources to be helpful.

SAMHSA Resources

Information Clearinghouses

SAMHSA's Health Information Network (SHIN)
P.O.Box 2345
Rockville, MD 20847-2345
Email: SHIN@samhsa.hhs.gov
(877) SAMHSA-7 or (877) 726-4727
(800) 487-4889 (TTY)
(240) 221-4292 (FAX)
www.samhsa.gov/shin

Disaster Technical Assistance Center (DTAC)
www.mentalhealth.samhsa.gov/dtac

Treatment Locators

Mental Health Services Locator
(800) 789-2647 (English and Español)
(866) 889-2647 (TDD)
www.mentalhealth.samhsa.gov/databases

Substance Abuse Treatment Facility Locator
(800) 662-HELP (4357) (Toll-Free, 24-Hour English and Español Treatment Referral Service)
(800) 487-4889 (TDD)
www.findtreatment.samhsa.gov

Hotlines

National Suicide Prevention Lifeline
(800) 273-TALK (8255)
(800) 799-4889 (TDD)
SuicidePreventionLifeline.org

Other Federal Resources

Centers for Disease Control and Prevention—Mental Health
www.bt.cdc.gov/mentalhealth/

National Center for Post-Traumatic Stress Disorder (PTSD)
www.ptsd.va.gov/



NMH05-0220

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Returning Home After Disaster Relief Work

A Post-Deployment Guide for Families of Emergency and Disaster Response Workers



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov





Increasing attention is being paid to the challenges that recovery workers face as they perform their work and then return to their families and pre-deployment duties. As a family member of an emergency or disaster response worker, you have faced your own challenges in keeping your family functioning while a loved one is away. This brochure contains useful information to help you reunite with a deployed family member.

Returning Home

Reunions following deployment are usually eagerly anticipated by all. However, they are sometimes more complicated than we may think. When welcoming a loved one who is returning from disaster relief work, keep the following in mind:

- Homecoming is more than an event; it is a process of reconnection for your family and loved one.
- Though coming home represents a return to safety, security, and return to “normal,” the routines at home are markedly different than life in a disaster zone.
- In your loved one’s absence, you and your family members have assumed many roles and functions that may have to now be renegotiated. Be patient during this period and recognize that many things do not return, at least immediately, to what they previously were like.
- Go slowly. Your returning loved one, you, and your family need time—time together if possible—before exposure to the demands of the larger community, friends, extended family, and coworkers.

Adjusting to Life at Home

In the disaster environment, it is common to talk about things that may be upsetting to people not directly involved (e.g., dead bodies, graphic images). Extreme care should be taken by returning family members (monitored by loved ones) to ensure that relating experiences does not unnecessarily upset or traumatize others. This is especially important in discussing the experience with, or in the presence of, children.

- Celebrating a homecoming is important and should reflect your own family’s style, preferences, and traditions.
- Talking about disaster experiences is a personal and delicate subject. Many people prefer to share such experiences with a coworker or friend. Some may want to talk at length about their experience. Sometimes the need/desire to talk about experiences will vacillate a great deal. Let your returning loved one take the lead. Listening rather than asking questions is the guiding rule.

- Keeping your social calendar fairly free and flexible for the first weeks after the homecoming is wise. Respect the need for time alone and time with especially important people such as spouses. Explain to those who may feel slighted that this is a normal requirement of returning personnel.
- Your loved one may need time to adjust to the local time zone, as well as environmental changes such as continuous noise or interruption.
- Your children’s reactions may not be what you or the returning loved one may have expected or desired. Very often children will act shy at first. Older children may feel and act angry because of their parent’s absence. Be patient and understanding concerning reactions and give them time to get reacquainted.
- Be flexible with reasonable expectations. It is normal to experience some disappointment or let down when homecomings are not what you had hoped. The reality of homecoming and reunion seldom match one’s fantasies and preconceived scenarios.

First Things First...

Before most recovery workers are ready to return to normal work and family duties, it is important to meet some basic needs that are often neglected during disaster deployment. These include the following:

- Maintaining a healthy diet, routine exercise, and adequate rest/sleep
- Spending time with family and friends
- Paying attention to health concerns
- Meeting neglected daily personal tasks (e.g., pay bills, mow lawn, shop for groceries)
- Reflecting upon what the experience has meant personally and professionally
- Getting involved in personal and family preparedness.

Signs of Stress

Following is a list that you may find helpful in identifying signs of stress in your family or returning loved one, including:

- Anxiety, fear
- Grief, guilt, self-doubt, sadness
- Irritability, anger, resentment, increased conflicts with friends/family
- Increased use of alcohol or other drugs
- Feeling overwhelmed, hopeless, despair, depressed
- Anticipation of harm to self or others; isolation or social withdrawal
- Insomnia
- Gait change
- Hyper-vigilance; startle reactions
- Crying easily
- Gallows/morbid humor
- Ritualistic behavior
- Memory loss, anomia (i.e., difficulty naming objects or people)
- Calculation difficulties; decisionmaking difficulties

- Confusion in general and/or confusing trivial with major issues
- Concentration problems/distractibility
- Reduced attention span and/or preoccupation with disaster
- Recurring dreams or nightmares
- Fatigue
- Nausea
- Fine motor tremors
- Tics or muscle twitches
- Paresthesia (e.g., numbness and tingling in extremities)
- Profuse sweating
- Dizziness
- Stomach or gastrointestinal upset
- Heart Palpitations/fluttering
- Choking or smothering sensation
- Intrusive thoughts
- Relationship problems
- Job/school-related problems
- Decreased libido/sexual interest
- Appetite change
- Overly critical, blaming
- Decreased immune response.

Possible Redeployment

Leaving home once again and returning to the site of a disaster or other location is stressful for everybody. It is a sad time, and it is natural to feel sad, even to cry. You have drawn close once again and begun to establish routines. Your loved one may psychologically and/or emotionally distance himself/herself in preparation for leaving. Try to understand if this happens.

At the time of departure, it is important that you let your loved one know how proud you are of their sacrifice, and their commitment to their job and country. Expressing pride while saying goodbye is positive, and will strengthen you, your children and other family members, and the departing family member.

When to Seek Help

Remember, pre- or post-deployment stress is a normal reaction to abnormal situations like disasters. If you or a deployed family member experiences the following signs of persistent or severe stress, seek help from a licensed mental health professional.



- Disorientation (e.g., dazed, memory loss, unable to give date/time or recall recent events)
- Depression (e.g., pervasive feeling of hopelessness and despair, withdrawal from others)
- Anxiety (e.g., constantly on edge, restless, obsessive fear of another disaster)
- Acute psychiatric symptoms (e.g., hearing voices, seeing visions, delusional thinking)
- Inability to care for self (e.g., not eating, bathing, changing clothing, or handling daily life)
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse, or elder abuse