

Needs and reactions of persons with intellectual disabilities in case of disaster and possible supportive interventions for caregivers.

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Introduction

This study focussed on intellectually disabled survivors. Due to the lack of knowledge about the special needs and posttraumatic reactions of intellectually disabled as well as missing management requirements and support structures, there is a necessity to emphasize useful information about experiences and behaviour of intellectually disabled in cases of catastrophes.

Method

A qualitative study was constructed based on the results of previous investigations and on the five essential elements of immediate and mid-term mass trauma intervention by Hobfoll and colleagues, concerning safety, calming, sense of self- and community efficacy, connectedness and hope (Hobfoll et al., 2007). The study was implemented in person. Seven participants with an intellectual disability were interviewed as well as one person with no disability. Different types of intellectual disabilities were involved, including down syndrome, mental retardation and autistic spectrum disorder. Some participants were accompanied by a caregiver. Results were evaluated by content analyses (acc. to Mayring, 2015)

Results

Our study shows that in cases of emergencies or disasters, intellectually disabled are dependent on others more than other people. Emotions and thoughts concern fear, vulnerability, and worries about others and them-

selves and so do not much differ from people with no intellectual disability. Reactions in emergency situations mostly reported by the participants are looking for help, asking questions about the happenings and getting out of the situation to get rest and to not be in the way of helpers, so these can take care of other affected persons. First-responders in emergency settings should provide a secure environment, be near to the person, and give explanations about the incident and further procedure. Also, they should have a positive attitude and transfer feelings of optimism. Touching the intellectually affected ones, for example hold the hand or put an arm around, is advocated by most participants but should be tested carefully. Personal items of the affected ones and relaxation techniques are helpful to create feelings of safety, calmness and reassurance, but even more so, confidants of the affected.

In reference to the recovery phase, meaning the time after the disaster or crisis, participants stated that emotions like sadness, burden, weakness and disorientation can arise. Also, many thoughts concerning the disaster might be repressed. A need for conversations and social closeness rises. Stressful situations or situations similar to the incident will be avoided. Professional aid can be useful for appropriate processing of the traumatic event and emotional support. However, therapeutically support depends on the patient's cognitive ability and the therapist's knowledge about the treatment of intellectually disabled persons. The feeling of being connected to others and having confidants around, as well as concentrating on hobbies and retaining the daily structure, encourages the process of re-entering routines after crises and gives feelings of calmness and safety.

Reported by some participants, preventive emergency plans in residential communities can provide a structured procedure in case of disaster. However, all participants agreed that a safety advisor in every residential community or private home is preferred. Capabilities of the safety advisor should be amongst other things to inform affected ones and relatives and explain what happened and what will happen, stay calm, know about necessary contacts and relieve the victim by taking the responsibility for the situation. Individual

emergency tool kits filled with personal items could also help to stabilize emotions after stressful situations.

Discussion

Crisis intervention management for the intellectually disabled should be enhanced by training first responders to impart knowledge about proper behaviours towards intellectually disabled and thus minimize traumatic consequences. In addition, intellectually disabled people need more devotion and inclusion into the community than others to recover from stressful incidents. An educated safety advisor in every living community containing intellectually disabled people who is able to react as efficiently as possible could therefore help to prevent possible damages in crisis scenarios. Future implementation should concentrate on examining more cases and using different methods like group surveys or discussions and interactive approach to elevate further information.

References

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