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[To Heal and Carry On](#)

How to Refer a Loved One for Counseling After a Disaster

Flood survivors are regular people acting normally in an abnormal situation.

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"It's been intense here. People have been rescued from rooftops, trees, just about anywhere. The flood came so quickly. People have lost everything. There is devastation all around and people are hurting," shared Baton Rouge, Louisiana clinical psychologist, Andrew Yarborough, Psy.D., of [The Well Clinic](#).

According to [recent reports](#), the Louisiana flood is the worst natural disaster to strike the United States since Superstorm Sandy.

Many flood survivors will bounce back after the flood with support of their loved ones and community. However, some will struggle more than others and may need to be referred to a professional mental health professional for care.

Following are some basic guidelines for when, where, and how to refer someone you care about for mental health services.

What's "normal"?

A private practice I use to work at had a sign in the waiting room that read, "Normal...a setting on a washing machine." The director of the [counseling](#) center had placed it front and center to remind clients and providers that there is no one "right" way to respond to distress.

Be mindful that survivors are normal people acting normally in an abnormal situation. It is common for disaster survivors to experience emotional (e.g., feeling sad, [anxious](#), irritable), cognitive (e.g., [memory](#) problems, confusion, slowness of thinking), behavioral (e.g., change in activity, difficulty communicating, inability to rest), physical (e.g., increased blood pressure, upset stomach, change in [appetite](#)), and [spiritual stress](#) (e.g., questions faith, [anger](#) at God, lack of meaning).

Survivors are more likely to become impaired when they experience multiple stress reactions simultaneously and intensely.

The good news is that for a lot of people these common stress reactions to disasters have limited long-term effects. Humans are very [resilient](#) creatures with abilities to cope and transform for positive outcomes. But, when our natural resources are strained too far, having the help of a professional perspective can be invaluable.

When to refer

It is important that you recognize when a disaster survivor may need additional follow-up services from a licensed mental health professional.

If your loved one's stress symptoms seem really intense, don't seem to go away with time, start to interfere with everyday life, or appear much later (further removed from the event) than you expect, you should start to be concerned. Look for signs of serious symptoms like extreme emotional reactions, impulsive or risky behaviors, and self-medicating with drugs or [alcohol](#) as well. These sorts of behaviors are all "red flags" indicating professional support may be needed.

Moreover, listen for signals that your loved one might be contemplating harm to self or someone else. Be alert to survivors talking or hinting about [self-harm](#) or harming others. Make sure you are not ignoring a potential cry for help. You have an obligation to refer a loved one who may be considering self-harm or harming someone else.

Don't be afraid to ask questions about harm

It should also be noted that it is against current [suicide](#) intervention best practices to either minimize or deflect such feelings of self-harm. Instead [empathy](#) and active listening are essential until response can be made by a trained suicide interventionist.

Some people [fear](#) that asking if someone is thinking about harming oneself or someone else is more likely to make something bad happen. This simply is not true. In fact most people who are experiencing significant distress report that they felt relieved when directly asked.

Here are a few sample questions that can be helpful getting a better read on where your loved one is emotionally: Have you thought about hurting yourself or someone else? Do you have a plan for hurting yourself or someone else? Do you have the means (e.g., capability or resources) for hurting yourself or someone else?

Keep in mind you are not trying to do a formal assessment, nor are you assigning a diagnosis—leave that up to the pros. The goal here is instead to try and understand the experience of what your loved one is going through in order to determine if a referral is warranted.

How to refer

It's important to let your loved one know that you care for them as you make the referral.

As best as you can, try and protect the person's privacy when you prepare to tell them that you think they could benefit from professional help.

Share with them a few specific reasons why you think they might need to talk to a licensed mental health professional. Be concrete, and focus on some specific behaviors you or others have observed. The goal is not to confront your loved one. Instead emphatically and compassionately let them know your concern for their well-being.

Most people will appreciate your concern and won't take offense. However, that's not always the case. Be patient with your loved one and give space for the person to respond. If your loved one seems like they will be safe without

immediate additional services, you might give them a little bit of space and try again after they've had a chance to reflect on your suggestion.

If there is the possibility that your loved one might be an immediate danger to self or others you need to make a referral right away independent of their consent. That is, you need to proactively get in touch with a licensed mental health professional, proper authorities (e.g., police), or call 911. More resources on when and how to refer are available at apa.org or counseling.org.

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