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### **Wildfire - Impact and Recovery**

Dr. Brown is a Disaster Mental Health Specialist who has been working in this field for almost three decades. He has worked on-scene and post-incident for numerous Level 5 national level disasters including multiple wildfires in Southern California and Colorado. Most recently he consulted with the National Interagency Fire Center in the wake of multiple firefighter line of duty deaths. He is one of the most experienced mass casualty responders in the nation. Dr. Brown was also the first disaster mental health specialist to work directly on the pile of the World Trade Center in the aftermath of the attacks of September 11<sup>th</sup>.

He was very recently interviewed by Laura Strom, who is the President of the California Association of Marriage and Family Therapists. Dr. Brown has also been a member of CAMFT for over 30 years and currently serves on the CAMFT Crisis Response and Education Resource Committee.

**Q: We are currently experiencing a series of major wildfires in Northern California. Can you describe some common reactions that people may have?**

Of course. Exposure to one or a series of traumatic events such as the current wildfires, can impact how we think, feel, behave, and physically respond to something that is traumatic. Certainly, the Valley Fire, Butte Fire, and other fires in Northern California are, understandably having an impact on survivors and responders. Many of the pictures we are seeing of survivors standing where their homes used to be are truly heartbreaking.

Although each of us reacts differently, some of the more common signs of trauma are anxiety and fear. We may find ourselves having difficulty falling or staying asleep. Distressing dreams are also common. Sometimes we also now find ourselves reliving prior traumas. This has certainly been the case for those of us who survived numerous wildfires here in Southern California and, again, should be viewed as normal albeit uncomfortable emotions.

Other common signs are feeling helpless in the face of something that is so powerful. We may feel that we have lost control and that can be a bit of a shock for us. Many people describe emotions of sadness, numbness, and despair. Persistent and intrusive thoughts, feelings, and images of the event are very common.

In addition to a wide variety of emotions, we can also experience challenges with our normal thinking. This is because our senses are being bombarded and the body is producing large amounts of adrenaline. Our brains are on overdrive and this, in turn, can impact our judgment, memory, and short-term problem solving abilities. Many survivors have reported a sense of confusion right after a major disaster, as they suddenly have to begin adjusting to the new life circumstances they are in.

I think we should also emphasize here that as distressing as you may think and feel, that *you should view yourself and your loved ones as being normal people who are having normal reactions, to a very abnormal event.*

**Q. How long do these feelings tend to last?**

The answer to that is going to be unique for each person and family that is impacted. Normally, I would say in most traumatic events that our reactions, in general, are most acute in the first few moments, hours, days, and weeks.

In addition to the fire itself, people may have more acute and chronic reactions if they have also experienced other recent stressful events such as separation, divorce, family illness, new to the community, a death in the family, medical disability, or loss of a job.

Most families will recover over time. The length of the recovery process depends on how well families cope with post-fire stresses and on the amount of support and resources available through the family, school, and community. For families whose homes were lost in the fire, rebuilding may be a long process and there may be a number of additional complications dealing with third parties such as insurance companies as well as local, state, and federal relief agencies.

The process of obtaining local, state, and federal aid may also be complicated because some families had to evacuate so quickly – as in the case of what happened in Middletown - that their bank statements, mortgage statements, insurance policies, payroll stubs, and other identifying information needed to process claims. This alone can cause intense reactions many months after the fires are over.

Our responses to wildfires have some unique characteristics and particular for those who have lost a home in hilly or mountainous areas. The reason for this is that vegetation in these areas has also likely been destroyed. So once the fire season has ended, survivors then enter the wet winter months and for those who are trying to repair or rebuild, the prospect of mudslides can produce very understandable fear and, thus, impair the recovery process.

Try to imagine that you just repaired or rebuilt your burned out home and now you have to contend with rain and mudslides. These now become a potential secondary disaster. Even if they don't materialize, living with the fear of mudslides can be very stressful.

**Q: Are some groups more at risk than others?**

That's a great question. The answer is "yes". Certain groups of people are understandably at higher risk. For example: young children, families that have experienced a recent divorce, single parents, the elderly, people with pre-existing medical conditions or a prior history of mental illness.

Someone who has recently moved into the neighborhood may be especially at risk. Not speaking the primary language in your community can also leave someone feeling isolated.

**Q: Can you speak a bit more to parents who may be listening or watching right now?**

Certainly. After a major traumatic event, younger children often experience fear of strangers, fear of separation from loved ones, and nightmares.

Younger children often become clingy and that is certainly a normal response. This is why we think it is so important for families to stay intact as much as humanly possible. We also need to make sure that they understand that the fire is over and that they are now safe.

Limit the amount of time you watch news reports about the wildfire. This is particularly true for young children who tend to become even more traumatized by repeated exposure to the devastating effects of wildfires.

It can also be very helpful to find some diversions for younger children who are even more vulnerable. Try playing DVD's, board or

electronic games that they are familiar with, or read them a book that brings them comfort.

If possible, arrange to have family members and friends help in their care while you are beginning the physical and emotional process of recovery.

If your family members have been separated, make reunification a high priority. Prolonged separation can be additionally stressful for children as well as their parents.

Take the time to make sure you understand your child's reactions. Don't make any assumptions that they are "ok" just because they may not be showing any obvious signs of distress. Children are amazingly resilient but we don't want to take that for granted.

Children and adults may also be fearful about injuries to their loved ones. If the fire was intentionally set then there will likely be additional anger, blame, and fear.

Parent's reactions often set the tone for how their children may respond.

Younger children may also display what we refer to as *regressive behaviors*. An example would be of a two-year old who has just completed potty training in the last few months, may start soiling their diapers again. A young child that stopped sucking his or her thumb may start sucking their thumb again. Given time, these behaviors will typically disappear.

Older children such as pre-teens and teens may often display behavior that is similar to their parents. If the parents are relatively calm, older children will often mirror their parents. The opposite is also true. If a parent is highly tense and agitated, then it is certainly possible that their older children may reflect that as well.

I think that it should again be emphasized that all of these reactions – events such as an destructive wildfire can hold some silver linings. Such an event can serve to speed up the developmental process. This is particularly true in older children who may now find themselves working together with their parents to help begin the recovery phase. This can be very empowering for the entire family.

**Q: What can survivors do to help themselves to help them get through this traumatic event?**

Having worked in the field of disaster mental health for almost three decades, I have observed quite a number of things that individuals and families can do to enhance their recovery. Here are some of the basics:

- Make sure that you are taking care of what we call “first order needs”. This includes adequate food, hydration, clothing, and shelter. Ensuring that these needs are taken care of establishes the base of your recovery.
- If you are an evacuee and returning to where your home was after the fire is over, make sure that you go with one or more people who can offer immediate social support. You may or may not be prepared for what you are about to see in terms of whether your home has been left untouched, partially burned, or completely destroyed.
- Try alternating periods of activity with periods of rest.
- Make sure that you seek out the help of others.
- Talk about your experience with others. This can be great medicine.
- Reach out and make sure that not a single day goes by without having talked with someone.
- Avoid excessive use of stimulants such as caffeine. This can intensify unpleasant feels such as agitation, frustration, and impatience.
- Try to maintain as normal a schedule as possible.
- Give yourself permission to feel rotten.
- Try to do things that help you feel good.
- Do NOT make any major life decisions for at least 90 days such as moving away – unless it simply is no longer safe to live in your neighborhood.
- Help others.
- Don’t complicate the current problem by trying to numb the pain with alcohol and/or prescription and non-prescription drugs.
- Do NOT label yourself as crazy. Remember that you are a normal person, having normal reactions, to an abnormal event.
- If possible, try to get some physical exercise. This releases chemicals in the brain and body that produce natural mood elevators.
- Assume that you have natural resilience and that you will recover from this. Just don’t try to do it alone.

**Q: What can someone do for family members and friends?**

Here are some common things that you can do for others:

- Take the time to listen to them.
- Focus your initial efforts on fulfilling basic first order needs.
- Spend time with anyone who is particularly traumatized.
- Offer any assistance you can.

- Reassure the most vulnerable that they are safe and that you will do everything in your power to keep it that way.
- Acknowledge that they may need some privacy but do not allow them to completely withdraw. This can sometimes be a sign of psychological shock.
- Understand that your emotions and their emotions may be very strong and sometimes very unpleasant. Try to not take it personally.
- People typically don't like to hear, "*Get over it. It could have been worse.*" This is not comforting and sends the message that they are somehow "*wrong*" for having their feelings. Try letting them know that you are sorry for what there are going through and try to understand, as best you can, what the impact of the disaster has been and how you can assist one another.
- This can be a vulnerable time for everyone involved. It should also be emphasized that, given the proper support, the majority of those impacted can expect to eventually recover and will find ways to adjust to the new normal of their lives.

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#### FOR THE MEDIA

Dr. Gary Brown is a Licensed Psychotherapist. He has two areas of clinical emphasis:

As a Marriage and Family Therapist, the major part of his professional time is spent in his private practice. He enjoys working with individuals, couples, and families as they transition from early childhood, adolescence, early adulthood, adulthood, marriage, parenting, mid-life, and mature life.

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His second area of emphasis has revolved around working directly on-scene and post-incident in the field, during and in the wake of disasters for almost 30 years.

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Note: If you are representing a media organization and require a timely response, please call or text Dr. Brown on his cell (310) 991-3105 and he will typically return your call in under 60 minutes. If he is not in a session, he will often reply much quicker.

In your text please state the following:

1. Your name:
2. Name of your media outlet:
3. Your cell number including area code:
4. Nature of topic you would like him to comment on or interview about:
5. Location of the interview: e.g. telephonic, in his offices, at your station or studio.

Note: If Dr. Brown determines that he does not feel qualified to talk about a specific subject, he will endeavor to find you another professional who is.