

Overview of Trauma Response EPO Presentation Bill Coy

“The core of our work in dealing with PTS is one simple message: What you are having is a normal reaction to an abnormal situation.”

Dr. Jeffrey Mitchell

Trauma is any event outside the usual realm of human experience that is markedly distressing (e.g., evokes reactions of intense fear, helplessness, horror, etc.) Such traumatic stressors usually involve the perceived threat to one’s physical integrity or to the physical integrity of someone in close proximity.

Critical Incident stress is an acute emotional, cognitive, and physical reaction that results from an exposure to a powerful, negative, terrifying, threatening, or grotesque stimulus, or to an overwhelming demand of circumstance.

Crisis intervention is a temporary, active, and supportive entry into the life situation of an individual or a group during a period of extreme distress.

Goals of crisis intervention include normalization of reactions and the facilitation of normal recovery processes, providing information and resources to aid in recovery and resilience, and to help identify those individuals who may need more significant professional assistance and help facilitate that connection.

It is critically important not to pathologize our response. Again, what we are having is a normal reaction to an abnormal situation. In the last few years, the “D” was dropped from PTSD. We no longer think of it as a “Disorder” but think of it as a syndrome, so in more recent literature it is referred to as PTSS- Post Traumatic Stress Syndrome- or simply PTS- Post Traumatic Stress.

The Department of Veteran Affairs and the National Center for PTS has the following set of recommendations for immediate action for disaster-affected individuals:

*In the immediate aftermath of a disaster or mass violence event, most affected individuals will experience some **stress reactions**. The intensity of their reactions is dependent upon **risk and resilience factors** including proximity to the event, the severity of initial reactions to it, and several demographic characteristics.*

1. **Promoting a sense of psychological safety.**

This includes actions such as bringing people to a safe place, getting survivors who are overwhelmed to focus on their present surroundings, and providing for basic needs and comfort (e.g., food, shelter, clothing, sleep). It could also include protecting individuals’ personal space to the extent possible, addressing immediate physical health problems or injuries, and providing accurate information about recovery efforts and any ongoing threats.

2. **Promoting calming.**

Promotion of calming includes measures to reduce stress reactions that might interfere with needs like sleep, eating, and decision making. This can be accomplished by offering emotional support, helping people solve immediate problems, and giving information about relief efforts. Affected individuals can be taught breathing methods and other calming actions that reduce tension, anxiety, or despondency. If necessary, they can be provided with appropriate medications. Creating opportunities to grieve through memorials or other means can also be a way to promote calming.

3. **Promoting a sense of self- and community-efficacy.**

After disaster or mass violence, people's belief in their ability to manage distressing events can be fostered by a number of means. Providing them with resources that can be used to help reverse the loss cycle, reminding them of their efficacy, and engaging in simple problem solving to help them address challenges caused by the event are all helpful measures. Responders can offer consultation and training to local providers and community leaders to help them more effectively implement community-based interventions. It is also important to support those providers who may be overwhelmed or who were themselves affected by the disaster.

4. **Promoting connectedness.**

This can be done by helping affected individuals identify and link with loved ones, friends, coworkers, and mentors. Responders and relief workers can also provide a sense of connection by helping affected individuals in proximity to one another at shelters become more connected, as well as by offering unobtrusive "ordinary" social contact, such as small talk about current events, silent companionship, and the judicious use of humor.

5. **Instilling hope.**

Identifying, amplifying, and concentrating on building strengths, as well as supporting rebuilding of local activities or communities all help to create a sense of hope among survivors. These measures allow individuals to resume their daily activities and prevent ongoing resource loss cycles.

The Principles of Crisis Intervention (from the ICISF- International Critical Incident Stress Foundation)

- Simple- People respond to simple, not complex issues, during a crisis.
- Brief- short contacts from a few minutes up to an hour-
- Pragmatic- Suggestions must be practical if they are to work.
- Immediate- A crisis reaction demands rapid intervention.

Signs and Symptoms of critical incident stress

Physical	Cognitive	Emotional	Behavioral
<ul style="list-style-type: none"> • Fatigue • Chills • Unusual Thirst • Chest Pains • Headaches • Dizziness • Soreness 	<ul style="list-style-type: none"> • Uncertainty • Confusion • Nightmares • Disorientation • Compromised decision making • Self-doubt • Fixation with the event • Apathy • Sense of Danger 	<ul style="list-style-type: none"> • Grief • Fear • Guilt • Intense anger • Apprehension • Irritability • Chronic anxiety 	<ul style="list-style-type: none"> • Inability to rest • Withdrawal • Antisocial behavior • Increased alcohol consumption • Loss/increase of appetite • Hyper-mania • Exaggerated startle reaction

Coping Mechanisms: What you can do and encourage others to do.

Remember- simple, brief, pragmatic and immediate:

- Within the first 24 to 48 hours.... period of strenuous physical exercise alternated with period of relaxation will alleviate some of the physical reactions to a stressful situation.
- Structure your time to keep busy.
- Remind yourself, “What I am having is a normal reaction to an abnormal situation.”
- Talk is one of the most healing mechanisms: Share your story and your reactions
- Keep your life as normal as possible. **Do not** make any major changes.
- Writing- journal work can be a great comfort.
- Do make as many daily decisions as possible, which will give you the feeling of control over your life.
- Realize that those around you are under stress and may not act or react in a manner you would normally expect.
- Respect people’s desire to talk, or not talk about it.
- Practice and preach self-stewardship.
- Pay attention to your body- it will never lie to you.

Key Points:

The Brain-Body Connection Is Real

When we experience a real or perceived threat, our brain's alarm system gets triggered. This alarm system involves a region of the brain called the amygdala, which Dr. Van der Kolk refers to as the brain's smoke detector.

Simultaneously, our frontal lobes, which Dr. Van der Kolk refers to as the "watchtower," offer a view of the scene from above. In many cases, they can help us respond to a false alarm and turn off the brain's smoke detector. With PTSD (post-traumatic stress disorder), however, the balance between the amygdala and the frontal lobes shifts radically, which makes it much harder for the brain to recognize that the alarm is likely unwarranted.

Trauma Causes Physical Symptoms

Being trapped in a prolonged state of emotional reactivity might change the way our body functions. According to *The Body Keeps the Score*, when we are chronically angry or scared, constant muscle tension might lead to spasms, back pain, migraine headaches, fibromyalgia (widespread musculoskeletal pain), and other forms of chronic pain.

As a remedy, Dr. Van der Kolk mentions that learning to observe and tolerate our physical reactions by practicing mindfulness can calm down our nervous system, making us less likely to be thrown into fight-or-flight mode.

Practicing mindfulness means striving to be present and involved in whatever we are doing at the time. Some of the examples of mindfulness practice described in the book are yoga and meditation.

The Mind Is Not Tending to The Present Moment

Being traumatized is not simply a problem of being stuck in the past; it is also a problem of not being fully present in the here and now.

According to *The Body Keeps the Score*, as long as we don't resolve the trauma, the stress hormones that the body secretes to protect itself from danger keep circulating, and the defensive movements and emotional responses that belong to the past traumatic event keep getting replayed in the present.

We Have the Power to Regulate Our Physiology

If our brain activity has been impacted by trauma, our brainwaves are likely less coordinated than they should be. However, dysregulated brainwave patterns are not irreparable: they can be rewired and transformed thanks to a process called neuroplasticity.

Positive Relationships Are Fundamental to Our Well-Being

As Dr. Van der Kolk states in *The Body Keeps the Score*, our attachment bonds are our greatest protection against threats. Nothing soothes our fear like a soothing voice or a solid hug from a trusted person.

For instance, children who experience a traumatic event and are not immediately soothed by their parents or receive other forms of emotional support may suffer the effects of said trauma long-term.

Indeed, traumatized human beings recover in the context of relationships: with families, loved ones, Alcoholics Anonymous meetings, veterans' organizations, religious communities, or professional therapists.

The purpose of these relationships is to foster the bravery to accept, face, and process the reality of what has happened while also offering physical and psychological protection, especially safety from feeling shamed, admonished, or judged.

Key Quotes-

“For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present.”

“Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”

“Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past.”

Post Traumatic Stress / Psychological First Aid Resources

The Department of Veteran Affairs provides resources for helping survivors: Ealy Interventions Following Disaster and Mass Violence. Including Immediate Actions for Disaster Affected Individuals- and Psychological First Aid.

https://www.ptsd.va.gov/professional/treat/type/disaster_earlyintervention_tx.asp

SAMHSA- the Substance Abuse and Mental Health Services Administration created this inventory of Disaster Behavioral Health Interventions. The inventory outlines early interventions (first 4 weeks)- Intermediate Interventions (6 months- 1 year) and Long-Term interventions (1 year or later).

<https://www.samhsa.gov/sites/default/files/dtac-disaster-behavioral-health-interventions-inventory.pdf>

The International Critical Incident Stress Foundation is the primary provider of training in CIS.

<https://icisf.org/a-primer-on-critical-incident-stress-management-cism/>

The CDC provides guidelines on coping skills and selfcare.

<https://emergency.cdc.gov/coping/selfcare.asp>

The National Child Traumatic Stress Network has great resources on Psychological First Aid:

<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

Here are several excellent psychological first aid courses that can be taken on-line:

Psychological First Aid (PFA) and ***Skills for Psychological Recovery (SPR)*** are promising practices for disaster behavioral health response and recovery. Both PFA and SPR were developed by the National Center for PTSD and the National Child Traumatic Stress Network, as well as other individuals involved in coordinating and participating in disaster response and recovery.

PFA and SPR intervention strategies are intended for use with children, adolescents, parents and caretakers, families, and adults who are survivors or witnesses exposed to disaster or terrorism. PFA and SPR can also be provided to first responders and other disaster relief workers.

While grounded in the same foundations of disaster response and recovery, there are several differences between PFA and SPR.

<https://learn.nctsn.org/course/index.php?categoryid=11>

The course from the "grandfather" of psychological first aid, George Everly at Johns Hopkins

<https://www.coursera.org/learn/psychological-first-aid>

There is also an incredible local resource from the Ohana Center for Excellence.

<https://aanhpi-ohana.org/resources/hawaii-wildfire-resources/>

Healing 2.0: Life After Loss

Hidden Brain

You've probably heard that people who lose a loved one may go through what are known as the "five stages" of grief: denial, anger, bargaining, depression, and acceptance. But many people find that their grief doesn't follow this model at all. In the latest installment of our Healing 2.0 series, we revisit our 2022 conversation with resilience researcher Lucy Hone. Lucy shares the techniques she learned to cope after a devastating loss in her own life.

Listen on Apple Podcasts: <https://podcasts.apple.com/us/podcast/hidden-brain/id1028908750?i=1000634686482>