

Risk Management: The **Traumatic** Aftermath

Dr. Will Marling



The **Traumatic** Aftermath

What are your processes and protocols for addressing the **traumatic** impact on **clients, staff** and **responders (including YOU)** in the aftermath of a critical incident?

Caveats

- Some of this discussion may provoke you.
- I might use 'morgue humor.'
- If you disagree, please say it. Don't wait for the evaluation (though you can say it there, too).

Trauma

“I did live in Washington for a time and learned that a lack of knowledge about a subject is no impediment to talking about it.”

Neil Armstrong

“Experiencing trauma does not make you an expert in supporting it, just in experiencing it.”

Will Marling

Goal

This training is designed to give participants tools for effective engagement of traumatized people.

Victim Relations

A deliberate and equipped engagement process that builds mutually beneficial relationships amidst organizations (and individuals) with those who may or have experienced trauma, loss and/or harm.

Objectives of this workshop

Reinforce that—

ACTION ITEMS

Trust matters:
Show benevolence and competence

Awareness is required:
Learn two diagnostic tools

Protocol is expected:
Use three mitigation techniques

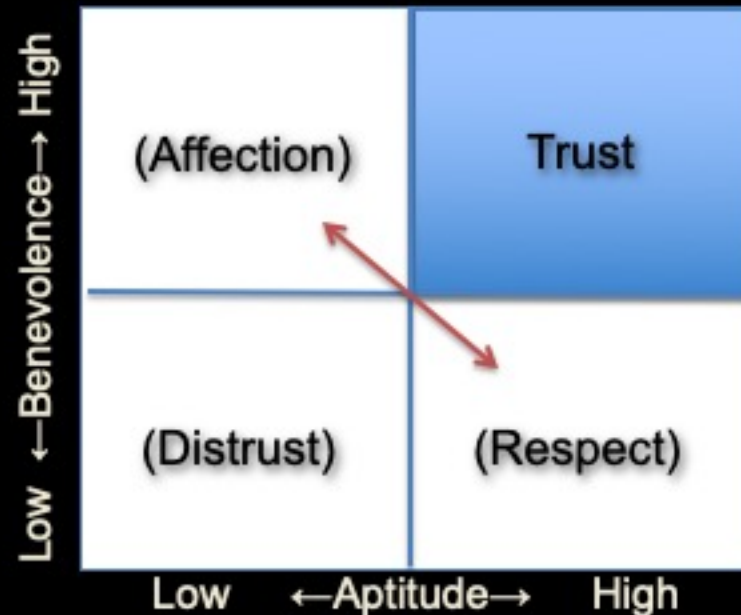
Self Care is essential:
Implement three behaviors



Trust
Awareness
Protocol
Self Care

Trust Matters: Trust, Respect and Affection

**The extent to which
I believe you care
(Benevolence)**



**The extent to which I believe you
are capable (Competence)**

Awareness is Required

Something is traumatic because it is...

Unexpected, out of control

Beyond one's capacity to respond

Could not be prevented

Awareness is Required

- Trauma for victims is commonly related to **loss** and perception of **potential loss** (e.g., near miss)
- Timely response to victims recognizes **cohesion** to an incident and/or **cohesion** to a loss
- Effective processes for victims **affirm** control *and* cohesion (where possible)

Trust

Awareness

Protocol

Self Care

Awareness is Required

Two diagnostic tools:

Control and Cohesion

Trust
Awareness
Protocol
Self Care

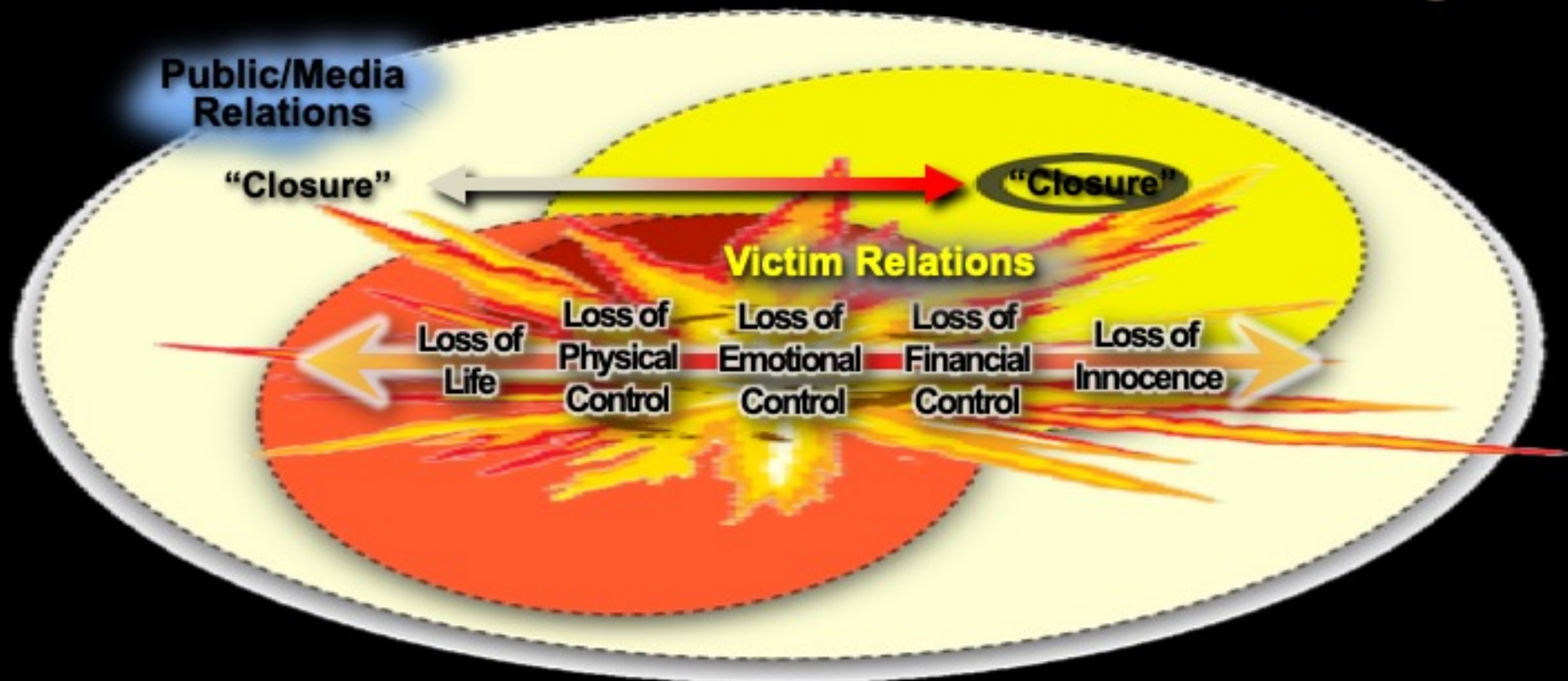
Awareness: Control [dis]Continuity



Key: We cannot fully discern for others the impact of their particular loss(es).

Trust
Awareness
Protocol
Self Care

Awareness: Cohesion Grouping



Key: ALL responders are in at least one Cohesion Group.

Protocol is Expected

Three mitigation techniques:

Promote **Safety** and **Security***

Facilitate **Ventilation** and **Validation***

Provide **Prediction** and **Preparation***

Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence

Stevan E. Hobfoll, Patricia Watson, Carl C. Bell, Richard A. Bryant, Melissa J. Brymer, Matthew J. Friedman, Merle Friedman, Berthold P.R. Gersons, Joop T.V.M de Jong, Christopher M. Layne, Shira Maguen, Yuval Neria, Ann E. Norwood, Robert S. Pynoos, Dori Reissman, Josef I. Ruzek, Arich Y. Shalev, Zahava Solomon, Alan M. Steinberg, and Robert J. Ursano

Five Essential Elements: 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) hope.

Watson, PhD, is with the National Center for PTSD. Carl C. Bell, MD, is affiliated with the Community Mental Health Council and the Department of Psychiatry—School of Medicine and School of Public Health at the University of Illinois at Chicago. Richard A. Bryant, PhD, is Scientia Professor, School of Psychology, at the University of New South Wales in Sydney, Australia. Melissa J. Brymer, PsyD, is affiliated with the UCLA/Duke University National Center for Child Traumatic Stress, Department of Psychiatry and Biobehavioral Sciences, at the University of California, Los Angeles. Matthew J. Friedman MD, PhD, is with the National Center for PTSD, U.S. Department of Veterans Affairs, and is Professor of Psychiatry and Pharmacology at Dartmouth Medical School. Merle Friedman, PhD, is at the South African Institute of Traumatic Stress in Johannesburg, South Africa. Berthold P.R. Gersons, MD, PhD, Department of Psychiatry, Academic Medical Center, University of Amsterdam. Joop T.V.M. de Jong, MD, PhD, Professor of Mental Health and Culture at Vrije Universiteit Amsterdam. Christopher M. Layne, PhD, is

Examples of what NOT to say/do!

- 1) Sense of safety: "At least you're not dead."
- 2) Calming: "Just calm down!"
- 3) Self- and community efficacy: "Just think about the less fortunate."
- 4) Connectedness: "You've got a lot of friends."
- 5) Hope: "Things will get better."

Promote Safety and Security

Using cohesion groupings (where possible)—

Discuss/Provide Safety **needs**: Basics

Recognize Security **perceptions**: We tend to believe what we perceive.



KELLY MCGONIGAL

Perception

What about post traumatic stress?

Facilitate Ventilation & Validation

Using cohesion groupings (where possible)—

Promote permission to express **reactions** and **concerns**—appropriate facts (NOT a ‘debrief’)

*“What were/are your **reactions** to this situation?”*

Never: *“How do you feel?” or “How are you feeling?”*

Acknowledge reactions as common-nearly all are!

*“This is a **common** reaction to an uncommon situation (i.e., it is new to the person).”*

Provide Prediction & Preparation

Using cohesion groupings (where possible)—

A common question after a trauma:

What will happen next?

Inquire about the immediate **future**

Ask: “What kinds of things do you think will be helpful in the future?”

Educate on **resources** (do you have a list?)



Self Care is Essential

What is Self Care?

- Monitoring your exposure to **trauma**
- Taking action to mitigate impact of exposure

How many **trauma** Radiation Absorbed Doses
can you absorb, Risk Manager?



Essential Self Care Behaviors



Insulating Behaviors-keep out

Purifying Behaviors-take out!

Endurance Behaviors-stay out!



ENDURANCE



Self Care: **Insulating** Behaviors

Immediately *prior* to exposure

- Incremental goals (e.g., “I’ll follow my checklist.”)
- Mental rehearsal (e.g., “I’ve prepared for this.”)
- Positive Self-talk (e.g., “I **CAN** do this.”)
- Controlled breathing (e.g., “Take deep breathes.”)

***Seal Team candidate research**

Self Care: **Purifying** Behaviors

Immediately *following* exposure

- Safety: Order your little kingdom
- Security: Comforting sights, sounds & smells
- Ventilation: Acknowledge challenges
- Validation: Review the good work
- Prediction: Engage humor/express emotion
- Preparation: Transition to off-duty

Self Care: **Endurance** Behaviors

- Safety: Physical and emotional rest AND activity
- Security: Limit exposures to essential trauma only
- Ventilation: Humor, laughter and emotional expression
- Validation: Relational, spiritual & emotional connections
- Prediction: Training and education
- Preparation: Training, education & evaluation

Where's the fit?

What's your crisis management *aftermath* plan?

Trust: Benevolence and competence?

Awareness: Diagnostic tools?

Protocol Competent mitigation techniques?

Self Care: Healthy behaviors?



Team Exercise: Mangatepopo Gorge

Get into teams as directed.

Facilitator: Person whose birthday is closest to today.

Scribe: Person with the oldest car, prepares to report back.

Premise: This is your program and these are your participants.

- Watch and take notes!



ASIA

Brief



Team Exercise: Mangatepopo Gorge

Get into teams as directed.

Facilitator: Person whose birthday is closest to today.

Scribe: Person with the oldest car, prepares to report back.

- Premise: This is your program and these are your participants.
- Identify as many Cohesion Groups as possible.
- Prioritize your list of Cohesion Groups.
- Begin list of Safety/Security issues for consideration starting with #1 Cohesion Group.
- Time: 10 Minutes



Thank you!

Will Marling

will.marling@gmail.com

703-507-5082