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—

**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 Matters:
Trust, Respect and Affection

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

The extent to which I believe you care (Benevolence)

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)
Awareness is Required

Two diagnostic tools:

Control and Cohesion
Awareness: Control [dis]Continuity

Loss of Financial Control
Loss of Physical Control
Loss of Life Control
Loss of Emotional Control
Loss of Innocence

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


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

*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!
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?
Thank you!

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