Resiliency Techniques for Responding to Mass Tragedies, Community Trauma, and Violence

May 21, 2013
Oak Creek, Wisconsin

Siddharth Ashvin Shah, M.D., M.P.H.
Founder and Medical Director
drshah@greenleaf-is.com
www.greenleaf-is.com
Introductions

- Name
- Title & Role
- One word you associate with Resiliency
Nina escaped from a mass shooting that began at 1400 hours and ended 18 minutes later with a SWAT team siege of the premises. It is close to 1630, and it is your job to offer assistance to Nina, who was within a few feet of a deceased victim.

She has been questioned by local PD and special agents. She has been kept apart from other survivors, and she has not spoken to anyone else.
When you approach, Nina is sitting in a slumped posture with her hands in her lap. One hand is caressing the other hand.

As you draw closer, you can see dried streaks of tears on her face, and you can hear her erratic breathing.
Neurobiology of Stress and Trauma

Subcortical “Under the Hood”
F/F/F Where Trauma lives

Cortex
Conscious Awareness & Responses

Brainstem
Neurobiology of Stress and Trauma

Stressor
(perceived by 5 senses)

Amygdala - fear/aversion

Conscious response to threat

Brainstem

Neurotransmitters
Lessons Learned from Neurobiology

1. Stress is not intangible; there are electrochemical pathways that drive reactions.

2. In order to “survive,” brain prioritizes subcortical habits.

3. Resiliency skills → Enhanced subcortical habits
   – Self-regulation
   – Protection against injury
Trauma Informed Care

- Notion that traumatic reactions change the perceptions, behaviors and receptivity of people whom you are trying to reach

- Every part of service delivery is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual.

U.S. Substance Abuse & Mental Health Services Administration, 2013
Trauma getting in the way of contact

1. Hyperarousal
   – Insomnia
   – Irritability
   – Hypervigilance
   – Difficulty concentrating

2. Freeze & Collapse States
   – Stiffened or slack muscles
   – Altered sense of time & space
   – Dampened emotion
Trauma getting in the way of contact

3. Avoidance
   - Self-Isolation – markedly diminished interest or participation in significant activities.
   - When with people, feeling of detachment or estrangement.
   - Restricted range of affect – unable to demonstrate loving/joyful/distressed feelings.
   - Inability to recall an important aspect of the trauma.
Being Trauma-Informed

- *Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.*

U.S. Substance Abuse & Mental Health Services Administration, 2013
Deciding which reaction to have

- Individual does NOT have choice among fight, flight, freeze, collapse.
- No shame in any of these.
- Response is caused by the limbic system’s rapid evaluation of a situation and one’s resources. This evaluation is often distorted due to necessary rapidity.
Trauma Informed Interventions recognize the following:

- **The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery**

- **The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors**

U.S. Substance Abuse & Mental Health Services Administration, 2013
Elements of Recovery

1. Regain a sense of mastery and control.
2. Return to age-appropriate roles and activities.
3. Develop new-normal routine.
Factors Influencing Quality of Recovery

- Availability of family and other social supports
- Primary language and comprehension
- Previous experiences with social services or government programs
- Location of services / availability of transportation
- Willingness to access services
What is a Community Trauma?

Event that...

1. Causes terror
2. Leads to substantial losses
What is a Community Trauma? (cont)

- Threatens physical and/or psychological safety and disrupts the functioning of the community.
- Overwhelms the social and/or political fabric and resources of communities.
Chronic Effects of Community Trauma

- Loss of trust
- Anger, hurt feelings, irritability, and conflict
- Insecurity in present and inability to plan for future
- Complicated grief
- Diminished productivity
- Substance abuse burden
- Societal health problems
- Lifestyle changes
Responding to Community Trauma

- Affected people may not see themselves as in need of mental health services (self reliance at all costs)
- Survivors reject help: “I don’t deserve help” or “others need it more than I do”
- Mental health stigma may be a barrier
- Support systems may pull together in early period, but they frequently fade out before recovery
Responding to Community Trauma (cont)

- Stress and grief are normal reactions
- Many emotional reactions come from abnormal/excessive disruptions to daily routine (problems of living)
- Services need to be practical as well as psychological
- Talking with a person in crisis does not always mean talking about the trauma
Responding to Community Trauma (cont)

- People will have varying psychological and emotional reactions

- By finding occasional normalcy and respite, people pace themselves when dealing with grief, pain, sorrow and loss
Responding to Community Trauma (cont)

- Coping interventions must match the phase (or time frame) of the trauma

- Tailor services to the community and cultural norms
Vocabulary

- **Critical Incident** – an experience that is beyond a person’s usual experience; overwhelms coping, lack of control, triggers sense of vulnerability

- **Emotional shock** – frozen state of impairment where a person can’t take adaptive actions

- **Grounding Techniques** – establish a person’s focus in the here & now; mitigate dissociation (due to hyperarousal or numbing)
Grounding Techniques

Press your palms together, notice the feeling in your hands. Do this for me: rub your hands together.

Nina, cross your arms in front of your chest and grasp your upper arms with your hands like this. [Demonstrate].

I want you to do something…name 4 things you see right now. [Repeat them as you hear the person say them].
### Five C’s of Stress First Aid

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Cover</strong></td>
<td>Get to safety – maintain perimeter to keep out problematic sights/sounds/physical danger. Grounding for shock.</td>
</tr>
<tr>
<td><strong>2. Calm</strong></td>
<td>Reduce agitation, demonstrate calming techniques (walking/breathing) to bring heart rate and arousal down.</td>
</tr>
<tr>
<td><strong>3. Connect</strong></td>
<td>Facilitate meaningful social support. Be a supportive listener if person wants to talk about the event.</td>
</tr>
<tr>
<td><strong>4. Confidence</strong></td>
<td><em>[with passage of time]</em> Reassure. Instill confidence in dealing with any possible difficulties. “I’m here to help.”</td>
</tr>
<tr>
<td><strong>5. Coordinate Care</strong></td>
<td>Facilitate appropriate level of care. Help re-establish rhythms (sleep, eating, relaxing). Monitor for difficulties.</td>
</tr>
</tbody>
</table>

---

**Greenleaf Integrative Strategies**

Resiliency in Work & Society
## Trauma Informed Advocacy

### Actions
- Identify self verbally & in writing
- Identify your role, what you aren’t
- Give control, give choices
- Offer material assistance
- Don’t talk down or infantilize
- Don’t judge reactions.

### For my organization
- Share this class with colleagues
- Assess needs & capacities
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________

### What I will do:

<table>
<thead>
<tr>
<th>Steps:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hello. .....</td>
</tr>
<tr>
<td>Communicate: “You can choose to answer or not”</td>
</tr>
<tr>
<td>Be prepared to be surprised.</td>
</tr>
</tbody>
</table>

### Greenleaf Integrative Strategies
Resiliency in Work & Society
Role Play

• Pair up
• One individual will play “Nina”
• The other individual will approach with three pre-determined steps intended to comfort and/or provide self-determination to Nina
• You will have two minutes to play this out
• You will then debrief on how you experienced each role
• We will then switch roles and repeat
If you have any questions about this training, please contact:

Dr. Siddharth Ashvin Shah, MD, MPH  
President and Medical Director  
Greenleaf Integrative Strategies  
[www.greenleaf-is.com](http://www.greenleaf-is.com)  
[drshah@greenleaf-is.com](mailto:drshah@greenleaf-is.com)  
202-670-7790