

# Traumatic Stress & Resiliency at the Unit/Team Level

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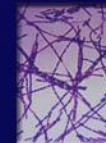
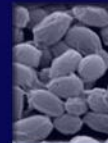
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Centers for Disease Control and Prevention

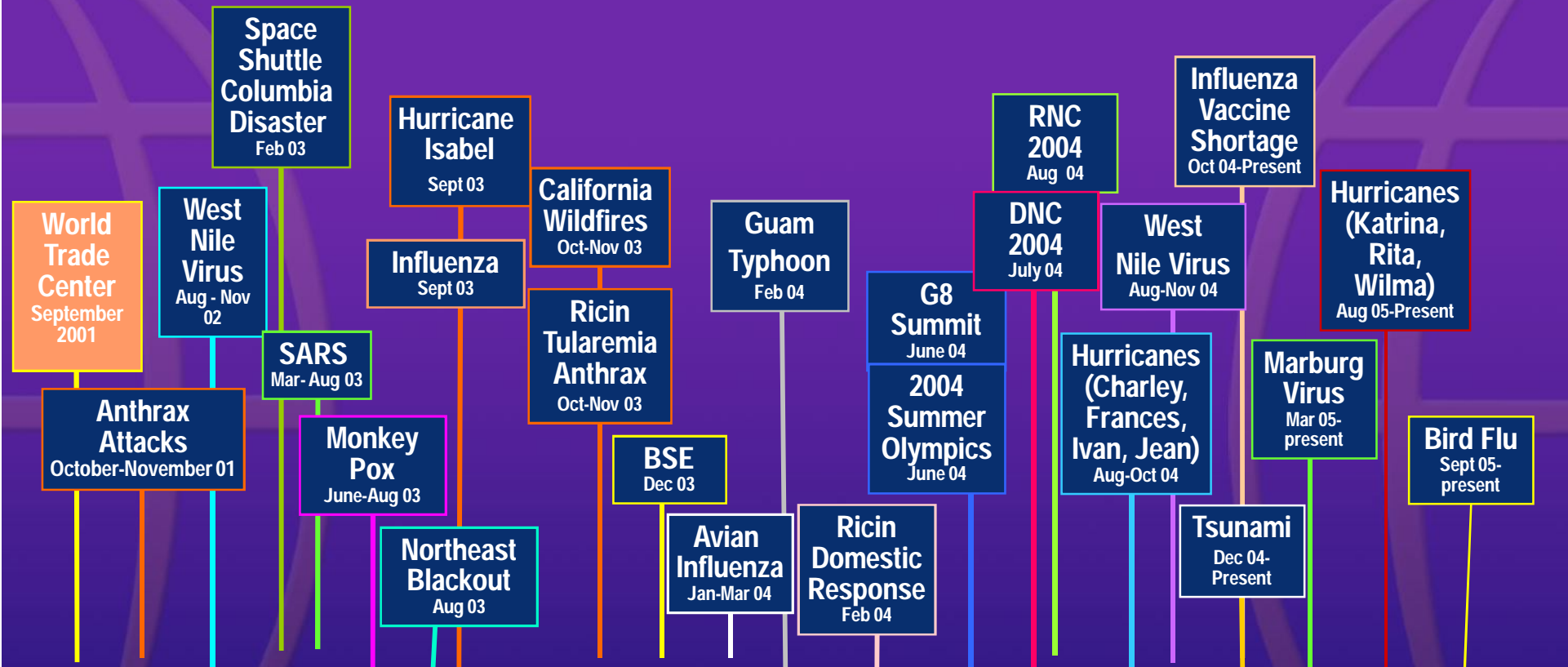
OCOO, Office of Health and Safety

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# Potential Generators of Traumatic Stress



Note: These slides are approved for public release; distribution is unlimited.



# Marburg Hemorrhagic Fever in Angola & tsunami response at Wat Yan Yao in Thailand.



**Note: The ideas and opinions expressed in this presentation are those of the presenter and they do not necessarily reflect the position of CDC or DHHS.**



**Flooded New Orleans cemetery.  
How might some team members respond to this?**



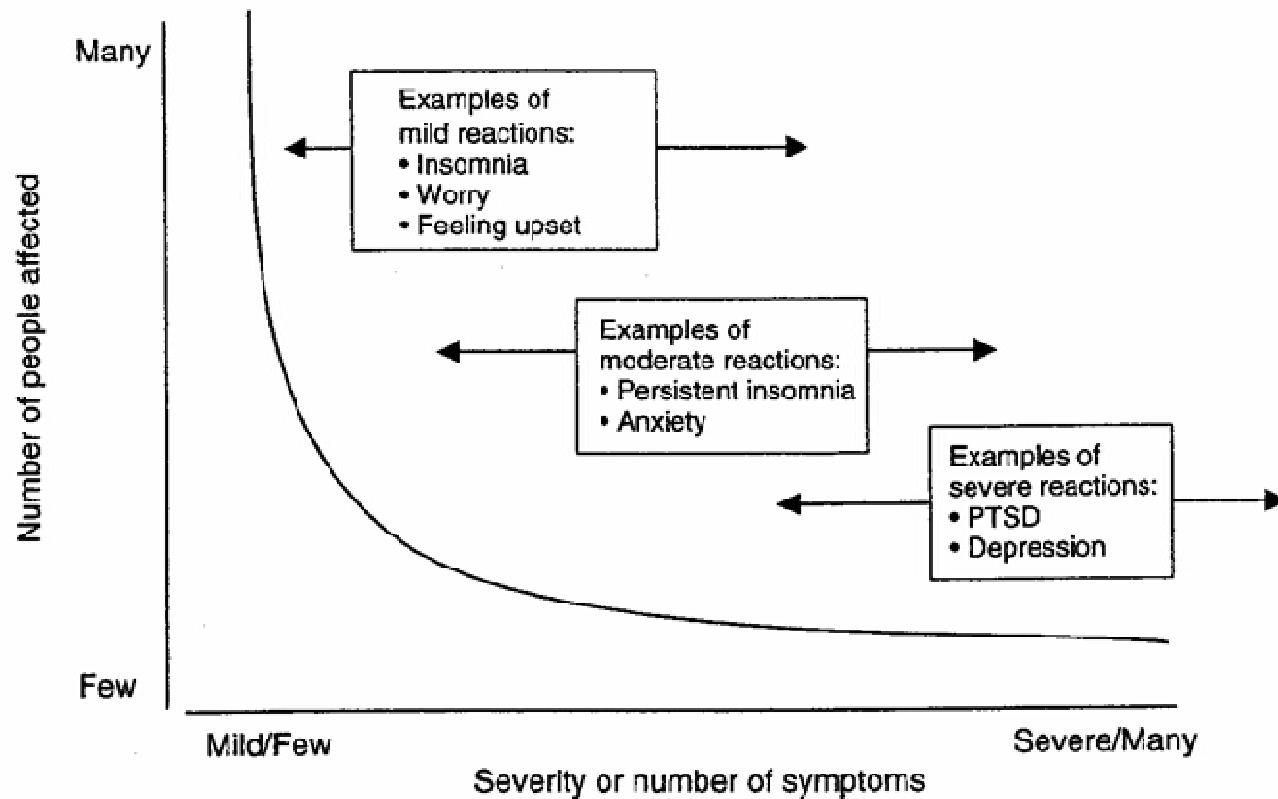


# Wildfires raging in southern California. How does this impact communities? Response teams?



# Impact of Stress

## Severity of Psychological Reaction After A Traumatic Event

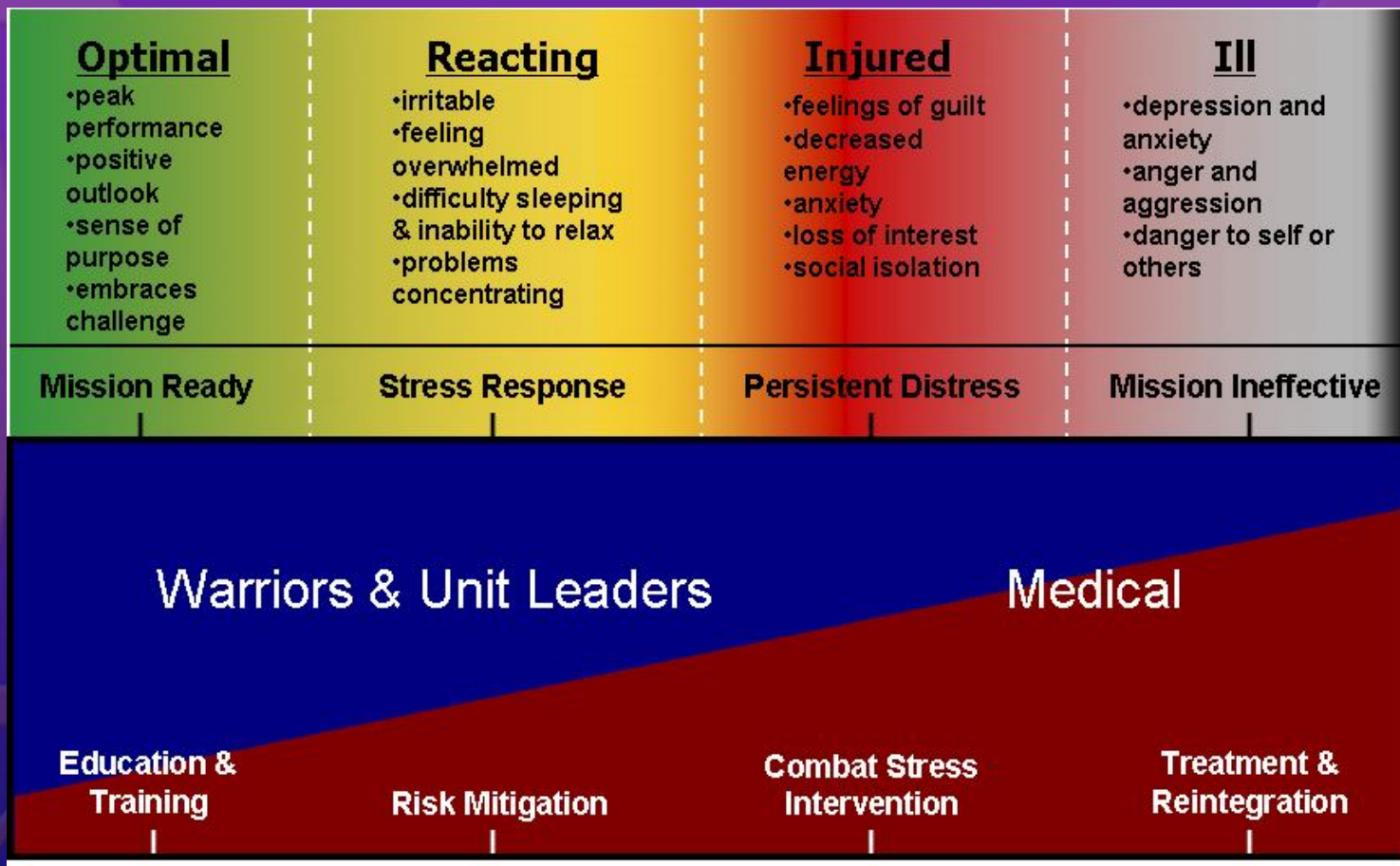


# One Definition of Resiliency

**“the ability to recover quickly from illness, change or misfortune; buoyancy.”**

American Heritage College Dictionary

# Resilience Continuum



**RECOVERY**



# Org. is Changing Approach

## Then:

- Small groups of seasoned staff infrequently sent to field
- Emergency response was smaller part of CDC mission

## Now:

- CDC implementing major **culture shift** (expanded mission)
- CDC more engaged in response (WHO, FEMA, DHS)
- More CDC staff involved in emergency response
- During Katrina response +/- 51% inexperienced
- Increased # of participants = increased # at risk

**Conclusion:** CDC can do even more to protect workers

# RRT Plan to Address Changes

**“OHS’ Responder Resiliency Team searches for and collaborates with internal & external subject matter experts, practitioners and research partners to identify effective ideas and evidence-informed processes and best practices that it can share with internal stake holders to spearhead CDC’s initiatives to create and sustain a culture of preparedness to safeguard the health, safety and resiliency of its dedicated workforce that prepares for and responds to diverse public health emergencies.”**

# Stress Basics

## Definition of Stress:

**“A perceived inadequacy of resources necessary to meet the demands of a specific situation.”**

**Dr. Ken Matheny, GSU**

- **Normal**
- **Necessary**
- **Productive & destructive** (“Eustress” Hans Selye)
- **Acute and delayed**
- **Cumulative**
- **Identifiable**
- **Manageable** (some is preventable)



# Individual Responses

## Physiological Signs of Stress

Fatigue

Nausea

Fine motor tremors

Tics

Paresthesia (numbness, tingling)

Profuse Sweating

Dizziness

GI Upset

Heart Palpitations

Choking or  
smothering  
sensation

# Individual Responses

## Behavioral & Emotional Signs of Stress

Anxiety

Grief

Irritability

Feeling overwhelmed

Anticipation of harm  
to self or others

Insomnia

Gait change

Hyper-vigilance

Crying easily

Gallows humor

Ritualistic  
behavior

# Individual Responses

## Cognitive Signs of Stress

Memory loss

Anomia

Decision making difficulties

Confusing trivial with major issues

Concentration problems/distractibility

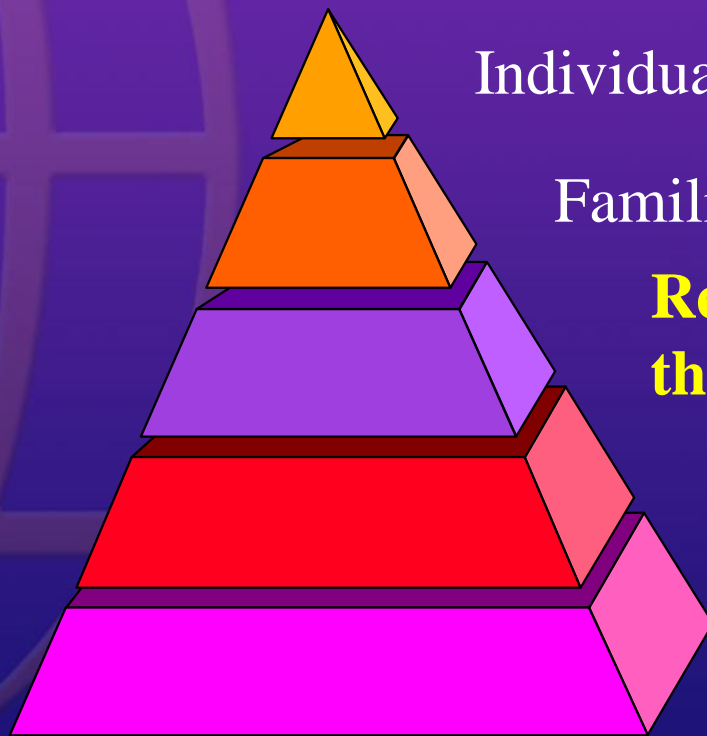
Reduced attention span

Calculation difficulties



# Who is Affected?

## The Impact Pyramid



Individual victims

Families and social networks

**Rescue workers, soldiers,  
their families & social networks**

Vulnerable populations  
and impacted businesses

Ordinary people and their  
communities

# Other Definitions of Resilience

- “In **physics & math**: the speed with which a material or system returns to equilibrium after displacement.
- In **ecology**: the persistence of relationships within a system; ability to absorb change & persist.
- In **psychology**: the process of successful adaptation despite challenging circumstances.
- In **sociology**: the ability of social units (communities, cities) to withstand external shocks to their infrastructure.”

Dr. Fran Norris, Dartmouth Med School (& NCDMHR)

# Community Resilience

- Community resilience is a **process** linking a network of adaptive capacities to adaptation after a disturbance or adversity.
- **Adaptation** is manifest in population wellness, defined as high and non-disparate levels of mental and behavioral health, functioning, and quality of life.

Dr. Fran Norris, Dartmouth Med School (& NCDMHR)



# Community Resilience cont'd

- Community resilience emerges from adaptive capacities which are resources with one or more dynamic attributes:
  - **Robustness**, the ability to withstand stress without suffering degradation
  - **Redundancy**, the extent to which elements are substitutable in the event of disruption or degradation
  - **Rapidity**, the speed with which the resource can be accessed and used (mobilized)

# 4 Sets of Adaptive Capacities

## 1. Information & Communication

- Narratives (that give shared experience meaning/purpose)
- Responsible Media
- Skills and infrastructure
- Trusted sources of information

## 2. Community Competence

- Community Action
- Problem solving skills
- Flexibility and creativity
- Collective efficacy empowerment

Dr. Fran Norris, Dartmouth Med School (& NCDMHR)

# 4 Sets of Adaptive Capacities

## 3. Social Capital

- Received support (enacted); Perceived support (expected)
- Social embeddedness; ongoing participation
- Organizational linkages
- Sense of community; Attachment to place

## 4. Economic Development

- Fairness of risk & vulnerability to hazards
- Level & diversity of resources
- Equity of resource distribution

Dr. Fran Norris, Dartmouth Med School (& NCDMHR)



# Primary Traumatic Stress

**Direct exposure to, or witnessing of, extreme events and one is overwhelmed by the trauma.**

(Figley, 1992 at the 1<sup>st</sup> ISTSS Conference)

NCPTSD

The ISTSS says that **Traumatic Stress** is a function of experiencing or witnessing “Traumatic events [that] are shocking and emotionally overwhelming.” They say it is “natural for people who experience or witness them to have...intense fear, horror, numbness...anxiety, terror, shock and upset.” These reactions can range from relatively mild to severe and debilitating. They can be generated by one-time occurrences (house fire, violent crime) or ongoing situations (war, domestic violence, child abuse.) [http://www.istss.org/resources/what\\_is\\_traumatic\\_stress.cfm](http://www.istss.org/resources/what_is_traumatic_stress.cfm)

# Secondary Traumatic Stress

**Direct exposure to extreme events  
directly experienced by another and  
one is overwhelmed by the trauma.**

(Figley & Kleber, 1995)

NCPTSD

# Vicarious Traumatization

The phenomena of transmission of traumatic stress by bearing witness to the stories of traumatic events.

(McCann & Pearlman, 1990)

VT is considered a natural and inevitable response to spending significant time working with, or studying, trauma survivors...

The transformative effect upon the provider of working with survivors of traumatic events. A process through which the provider's inner experience is **negatively transformed** through empathic engagement with the client's trauma material.

(Pearlman & Saakvitne, 1995)

NCPTSD

# Compassion Fatigue (CF)

Is the Cumulative Build Up Over Time Of:

- **Primary Stress** (direct trauma experience of provider)  
*PLUS*
- **Secondary Stress** (direct witnessing of other's trauma)  
*PLUS*
- **Vicarious Traumatization** (hearing other's trauma stories)  
*CAN EQUAL*
- **Compassion Fatigue**

NCPTSD



# Compassion Fatigue (CF)

Sufferers can exhibit symptoms such as overall decrease in experiences of pleasure, constant stress and anxiety, and a pervasive negative attitude. This can lead to detrimental effects, both professionally and personally, including a decrease in productivity, the inability to focus, and the development of new feelings of incompetence and self doubt.

# **Burnout**

**A state of physical, emotional, mental exhaustion caused by long term involvement in emotionally demanding situations.**

(Pines & Aronson, 1988)

NCPTSD

# Burnout/CF Risk Factors

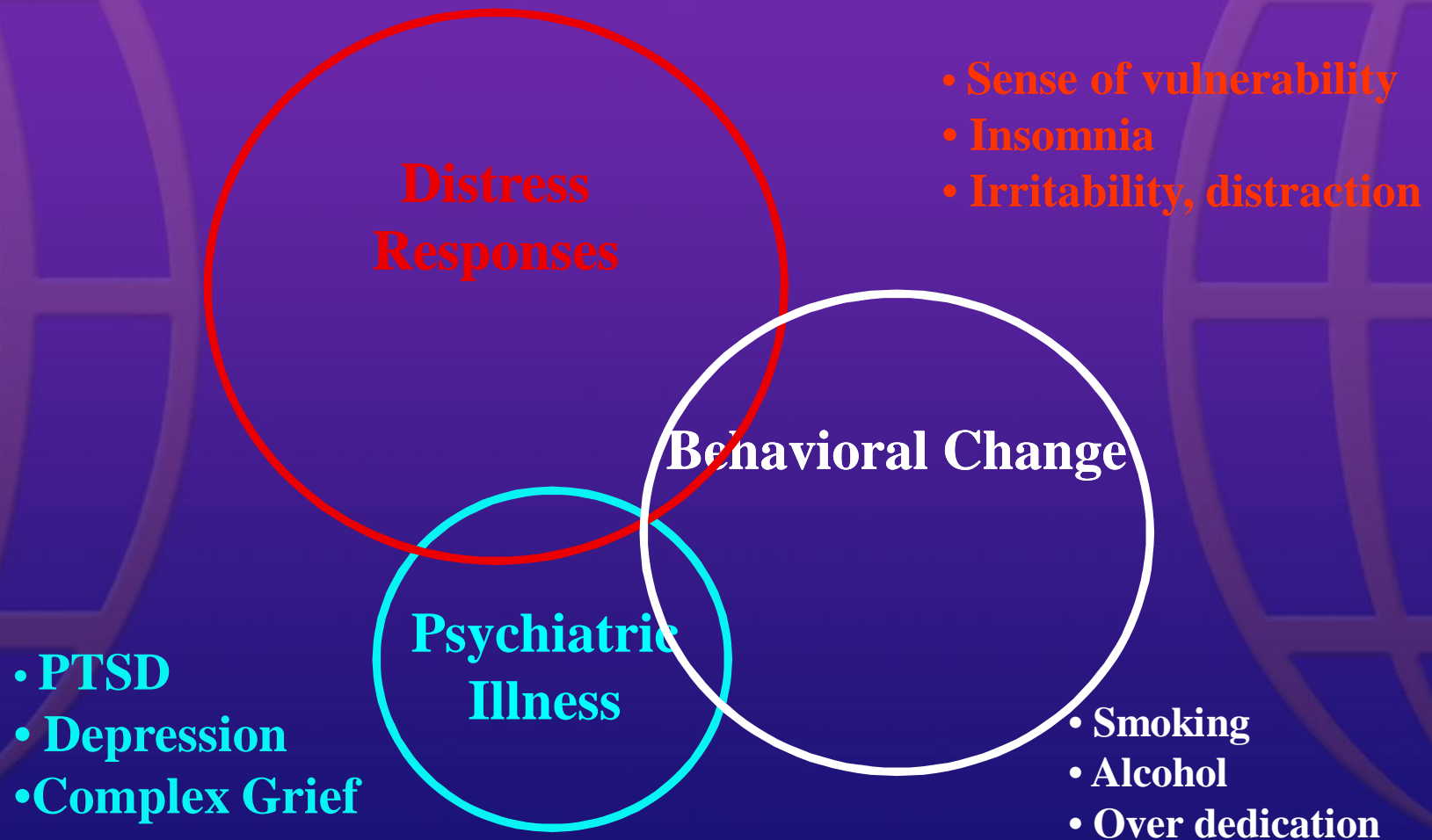
- Professional isolation
- Exposure (duration, intensity, proximity, severity)
- Emotional/physical drain of continuous empathy
- Ambiguous success; Erosion of idealism
- Lack of expected rewards
- Helpers may also be survivors
- “Unresolved trauma” from the past
- Continuous vulnerability
- Victim comparisons to family members (children)

# Sources of Stress In Teams

- Role ambiguity (lack of clarity of mission or tasking)
- Poor (one-way or negative) communication
- Lack of Team Cohesion
- Discomfort with the unknown
- Comfort level with personal risk
- Backlog of accumulated stress combined with acute stress of mass casualty response
- Degree of cultural “fit”



# Traumatic Exposures and First Responders



# Pilot Project Development

- To conserve resources/build collaboration we contacted:  
**ATF, Border Patrol, USCG, DEA, EPA, FBI, NASA, DoD**
- Reviewed approaches to protecting staff in harm's way
- Identified common elements/best practices/bench marks
- Consulted SMEs at CSTS @ USUHS & VBI
- Integration w/ICS important (responder's language)
- Model similar to Army Medic (nonclinician; not surgeon, can do lots)
- Stand-alone MH approach risky (disconnected/"not us")
- Must support roles/duties of Field Team Leader
- Should harmonize with CDC's prevention focus
- Conceived of way to assess/address needs in the field

# Key Elements of DSRT Pilot

**2. Virtual Reality to  
increase preparedness &  
reduce deployment stress**

**3. Safety Basics:  
OSHA 7600  
OTI 6000**

**1. Resiliency Training.  
Psychological First Aid.  
Peer Support.  
Assessment/Triage.  
Proper Referral Protocols.**

# **PFA Key Concepts**

- 1. Contact and Engagement**
- 2. Safety and Comfort**
- 3. Stabilization (if necessary)**
- 4. Info Gathering: Current Needs & Concerns**
- 5. Practical Assistance**
- 6. Connection with Social Support**
- 7. Information on Coping Support**
- 8. Linkage with Collaborative Services**



# Elements to Help Build Resilience

- **Connectedness, commitment, shared values**
- **Participation**
- **Structure, roles, and responsibilities**
- **Support and nurturance**
- **Critical reflection and skill building**
- **Resources**
- **Communication**

**“Building Community Resilience for Children and Families”**

Produced by CDC, TDC, NCTSN by Gurwich, Pfefferbaum, Montgomery, Klomp, Reissman

# 5 Factors to Help Build Resilience

- **Safety**
- **Calming**
- **Sense of self and community efficacy**
- **Connectedness**
- **Hope**

From **Dr. Patricia Watson**, NCPTSD, Waikoloa, Hawaii, USA,  
shared on 11/13/08 at ISTSS Conference (Terror and its Aftermath) in Chicago

# 5 Factors to Help Build Resilience

The Marine Corps & Navy version is “5Cs”

- Cover
- Calm
- Connect
- Competence
- Confidence

From **Dr. Patricia Watson**, NCPTSD, Waikoloa, Hawaii, USA,  
shared on 11/13/08 at ISTSS Conference (Terror and its Aftermath) in Chicago

# 5 Factors to Help Build Resilience

**The Israeli version is “5Ss”**

- **Self** (mind/body skills)
- **Safety** (physical safety & feelings of safety)
- **Strengths** (coping skills & experience)
- **Support** (social support)
- **Significance & hope** (meaningfulness)

From **Dr. Naomi Baum**, Israel Centre for Psychotrauma, Herzog Hospital,  
Jerusalem, Israel, shared on 11/14/08 at ISTSS Conference in Chicago



# Social Support

**“Social support is related to emotional well-being and recovery following disaster and terrorism.**

**People who are well connected to others are more likely to engage in supportive activities (both receiving and giving support) that assist with disaster recovery.”**

# Forms of Social Support

- **Emotional Support**—A listening ear, acceptance...
- **Social Connection**—Feeling like you fit in
- **Feeling Needed**—Feeling you are valued/appreciated
- **Reassurance of Self-Worth**—Have confidence built up
- **Reliable Support**—Being reassured you can rely on 'em
- **Advice and Info**—Good examples and reliable input
- **Physical Assistance**—Help performing tasks..
- **Material Assistance**—Having people give you things

# Reluctant to Seek Social Support

- Not knowing what they need
- Feeling embarrassed or weak because of needing help
- Feeling guilty about receiving some help
- Not knowing where to turn for help
- Worry they will be a burden or depress others
- Fearing they'll get so upset they'll lose control
- Doubting that support will be helpful or available
- Thinking "No one can understand what I'm going through"
- Feeling let down/betrayed by lack of help previously
- Fearing that people they ask will be angry

# 10 Ways to Build Resilience

1. Make connections (relationships)
2. Avoid seeing crises as insurmountable
3. Accept that change is part of living
4. Move toward your goals
5. Take decisive actions
6. Look for opportunities for self-discovery
7. Nurture a positive view of yourself
8. Keep things in perspective
9. Maintain a hopeful outlook
10. Take care of yourself

from APA

# Insights from Canadian VA

## Ways to nurture your mental health:

- Build your self-esteem
- Take care of your physical health
- Create positive parenting and family relationships
- Give and receive kindness and compliments
- Learn to manage stress
- Find ways to cope
- Find positive ways to express strong emotions
- Make friends
- Think about your priorities
- Get involved in your community
- Get to know yourself
- Have fun

From Canadian Military OSISS (Occupational Stress Injury Social Support)  
<http://www.vac-acc.gc.ca/clients/sub.cfm?source=health/wellness/3>



# Self Care

- **Physical** Diet, exercise, sports, sleep, relax.
- **Emotional** Family, friends, social support
- **Cognitive** Training, reading, perspective
- **Behavioral** Civic involvement, personal & family preparedness
- **Spiritual** Meditation, prayer, fellowship, volunteerism

# References

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- American Psychological Association  
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- International Society for Traumatic Stress Studies (ISTSS)  
[http://www.istss.org/resources/what\\_is\\_traumatic\\_stress.cfm](http://www.istss.org/resources/what_is_traumatic_stress.cfm)
- National Center for Disaster Mental Health Research  
<http://ncdmhr.org/>
- Research Education in Disaster Mental Health  
<http://www.redmh.org/index.html>
- Terrorism and Disaster Center, University of Oklahoma Health Sciences Center  
[http://tdc.ouhsc.edu/betty\\_pfefferbaum.htm](http://tdc.ouhsc.edu/betty_pfefferbaum.htm)
- The National Center for Post-Traumatic Stress Disorder (Dept of Veterans Affairs)  
<http://www.ncptsd.va.gov/ncmain/index.jsp>
- The National Child Traumatic Stress Network  
[http://www.nctsnet.org/nccts/nav.do?pid=hom\\_main](http://www.nctsnet.org/nccts/nav.do?pid=hom_main)
- US Dept of Health and Human Services, Substance Abuse and MH Services Admin.  
<http://www.mentalhealth.samhsa.gov/publications/allpubs/ADM90-537/Default.asp>
- Uniformed Services University of the Health Sciences  
<http://www.usuhs.mil/psy/traumaticstress/newcenter.html>
- Centers for Disease Control and Prevention, Office of Health and Safety