



PSYCHOLOGICAL FIRST AID FOR BUILDING RESILIENCE

Lynn M. Grattan, Ph.D.
Professor of Neurology, Psychiatry, Epidemiology and Public Health
University of Maryland School of Medicine

WHY HERE? WHY NOW?

FIRST RESPONDERS

- Service capacity
- Build your resources to help others
- Prevent hurricane related traumatic stress reactions.
- Encourage resilience

HURRICANE IRMA



WHAT IS TRAUMA?

- ❖ Events or experiences that are *shocking* and *overwhelming*, typically involving threat to the physical, emotional, or psychological safety and well-being of the individual victim(s), loved ones, friends or others.
- ❖ Military combat, acts of terror, motor vehicle and other accidents, *natural* or human caused *disasters*, sexual and emotional abuse, and many other causes.
- ❖ The occurrence is usually sudden and unexpected.
- ❖ The impact/duration of the stressors may be short term or long term.

SYMPTOMS OF TRAUMATIC STRESS

- 1. Recurrent, involuntary, intrusive recollections of the event**
- 2. Avoidance of stimuli associated with the trauma**
- 3. Negative alterations in cognition or moods; numbing (or both) associated with the event**
- 4. Heightened arousal and reactivity to the event including heightened sensitivity to potential threat**



**MANY OF THESE REACTIONS
ARE NORMAL**

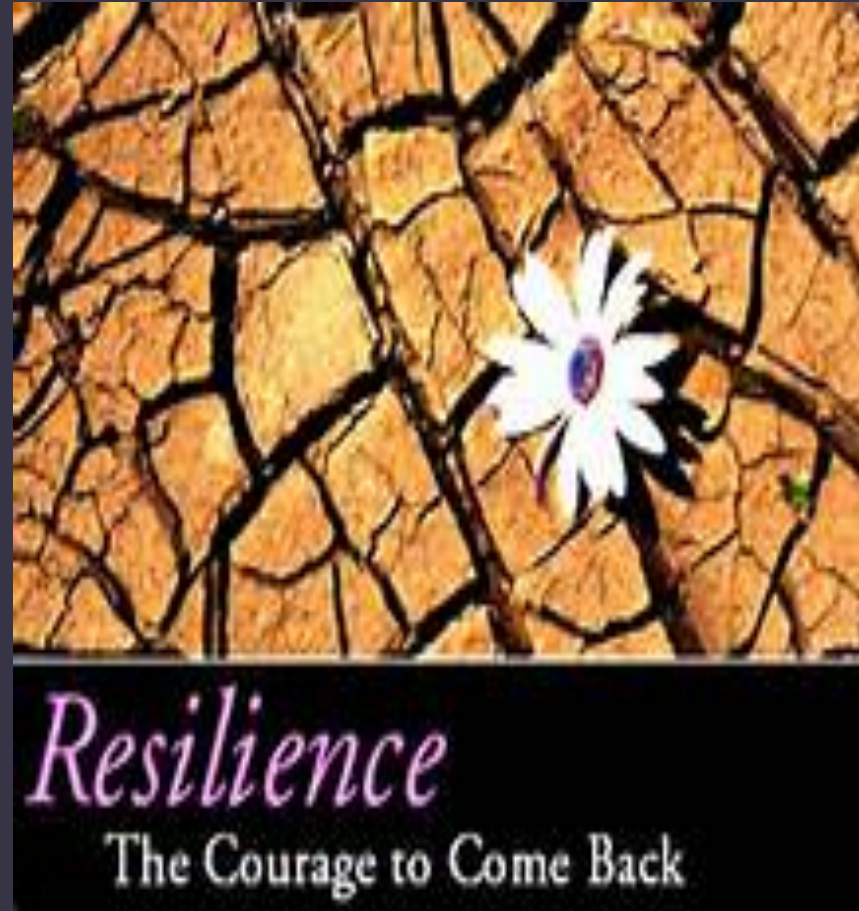


**STOP THE MAINTENANCE AND PERSISTENCE OF
STRESS SYMPTOMS**

BUILD RESILIENCE

What is Resilience?

- The qualities that enable an individual to thrive despite adversity
- Protective against the development of long term mental health problems
- Power for recovery

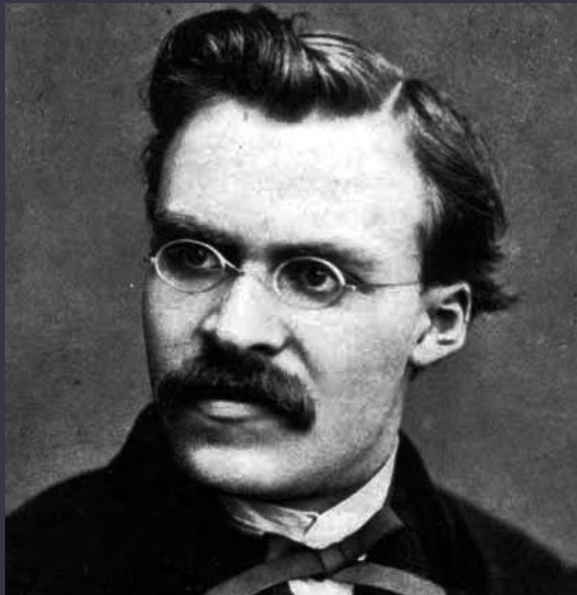


Resilience

The Courage to Come Back

**“Our greatest glory is not in never falling,
but in rising every time we fall”**

(Confucius)



**“That which does not kill us can only
make us stronger”**

(Nietzsche)



**THE THEORY
OUTPACES THE
SCIENCE**



WHAT WE DO KNOW

BEHAVIORAL REACTIVITY AND ADJUSTMENT

Normal and Expected Reactions

- ❖ After hurricane disaster, there is an increase in distress in community members and *Early Responders*.
- ❖ Managing practical concerns are the most significant stressors: shelter, food, water, power, finances, health, farms, livestock, citrus groves, work.
- ❖ 25% to 40% “Disaster Syndrome”
- ❖ 30% Symptoms of Anxiety, Depression one month post-hurricane.
- ❖ 11% to 40% Symptoms of Anxiety, Depression six months to 27 months.
- ❖ Delayed onset of symptoms is common
- ❖ First Responders: High risk for Burnout.

TROUBLESOME

Need Self Care

- Sleep difficulty*
- Tired all of the time
- Decreased frustration tolerance
- Hyper arousal*
- Difficulty concentrating
- Loss of interest
- Increase in smoking
- Occupational burnout as a result of prolonged period of stress (personal and workplace).

Medical Assistance

- Sig. increase in alcohol use
- Increase in domestic violence
- Suicidal thoughts, plans, attempts
- Homicidal intent
- Panic attacks





COPING

1. PROBLEM FOCUSED COPING

Strategies to directly remove or reduce the cause of the stressors

- Information seeking
- Obtaining practical assistance (housing, food, water, money.....)
- Connecting with others to enlist help (family, friends, coworkers, supervisor)
- Outline a Plan
- Evaluate pros and cons
- Time management
- Maintain Focus

2. EMOTION FOCUSED COPING

Strategies to reduce the negative emotional responses (fear, anxiety, sadness) when the stressor is beyond the person's control

- Venting, sharing thoughts feelings with another person, connectedness
- Prayer for guidance and strength, hope, calming
- Journaling (gratitude diary)
- Personal reflection (flower, thorn, bud)
- Meditation; Taking a Moment (mindfulness)
- Cognitive reappraisal (look at things a different way)
- Medication
- Eating (comfort food)

3. DISENGAGEMENT

Focuses on avoidance of negative emotions

- **Distraction: keep yourself busy to take your mind off of the situation**
- **Suppressing negative thoughts or emotions**
- **Alcohol**
- **Illicit drug use**
- **Social isolation**

RESILIENCE/RECOVERY

Facilitate Recovery

- ❖ Social support/connectedness
- ❖ Confidence in one's ability to manage this stressor based upon based experiences
- ❖ Problem focused coping
- ❖ Adaptability
- ❖ Optimism/hope

Barriers to Recovery

- ❖ Stressors are persistent and overwhelm the capacity of the individual to respond over time.
- ❖ Disengagement coping
- ❖ Alcohol/Drug Abuse
- ❖ Negative rumination
- ❖ Cognitive rigidity



DO'S & DON'TS

For You: Do

- **Make contact with others, share stories**
- **Engage in positive distracting activities (sports, hobbies, reading)**
- **Get adequate rest, eat healthy meals**
- **Try to maintain a normal schedule**
- **Schedule pleasant activities**
- **Focus on something practical you can do now to manage the situation**
- **Exercise in moderation**
- **Use relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)**

For You: What doesn't help

- Wait until you are so stressed and exhausted that you cannot benefit from talking with someone else
- Use alcohol or non-prescription drugs to cope
- Engage in violence or conflict
- Overeat or fail to eat
- Blaming others, anger, bitterness
- Working too much
- Extreme withdrawal from family, friends, co-workers
- Doing risky things (driving recklessly, substance abuses, not adequate precautions)
- Excessive TV or computer games

WORKING WITH OTHERS....Do

- Listen to their experience
- Help them to establish a sense of safety
- Help with practical concerns
- Help them establish a sense of connection with yourself and others
- Encourage them to face stresses one at a time, one day at a time and respect their way of coping
- Be a calming presence
- Help establish a sense of hope, optimism via “baby steps.” Remind them they have risen before.

TAKING CARE OF OTHERS...Don't

- ❖ Ask them if they are ok (instead: how are things going?)
- ❖ Tell them they will be ok (instead: express belief that everyone is capable of recovery, most people are resilient and can bounce back)
- ❖ Make false promises or tell them things will return to “normal.”
(Instead: there will be a “new normal.”)
- ❖ Minimize their distress (show compassion, empathy)

A Very Special
"Thank You!"