

Managing Stress & Promoting Workforce/Community Resilience

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AGENDA

Goal 1: Understanding operational and traumatic stress

Goal 2: Promoting workforce & community resilience by responding to stress

Goal 3: Understanding treatment options

Goal 1

Understanding Operational & Traumatic Stress

STRESS:

the physiological response to any demand for change
from the environment

- Normal condition of life
- Necessary for health and survival
- Can be positive or can be negative
- Most people deal with it daily and function well



Types of Stress

- Acute
- Cumulative/Chronic
- Traumatic



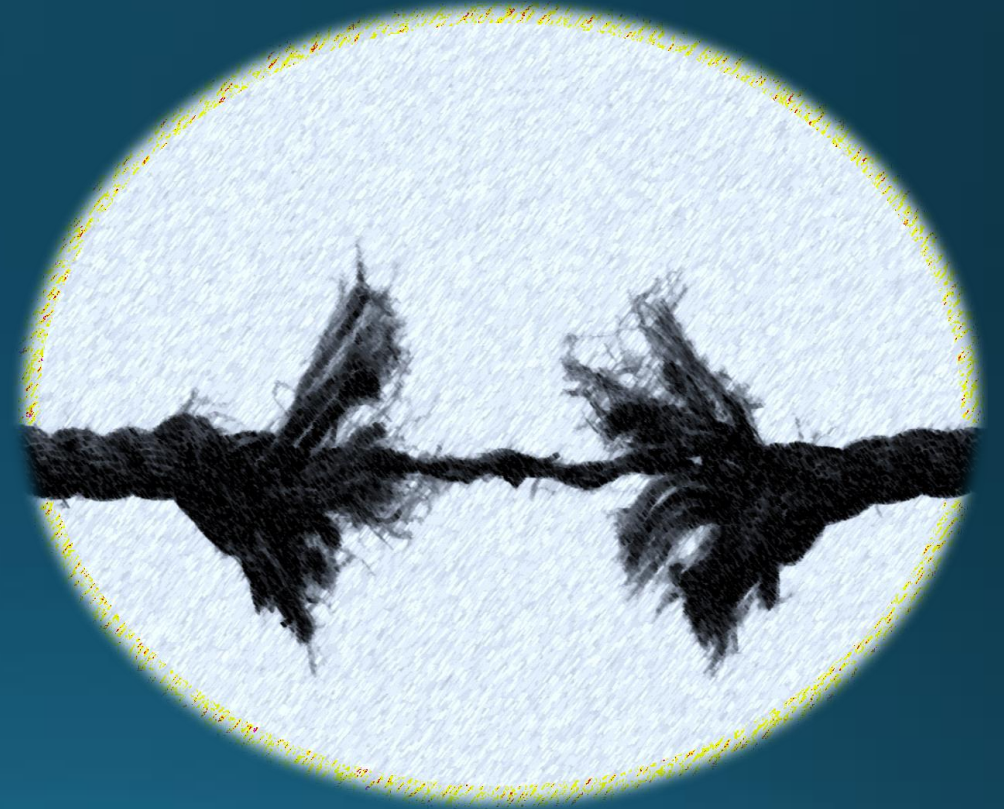
Acute Stress

- Body's response to a situation perceived as dangerous or threatening
- Fight or flight reaction as the body prepares to defend itself
- Productive – **provided there's a chance to return to baseline!**



Cumulative/Chronic Stress

- Piled up, unresolved general stress
- Pernicious and potentially destructive
- Produces negative changes in:
 - Mental and physical health
 - Performance
 - Relationships
 - Personality



Traumatic Stress

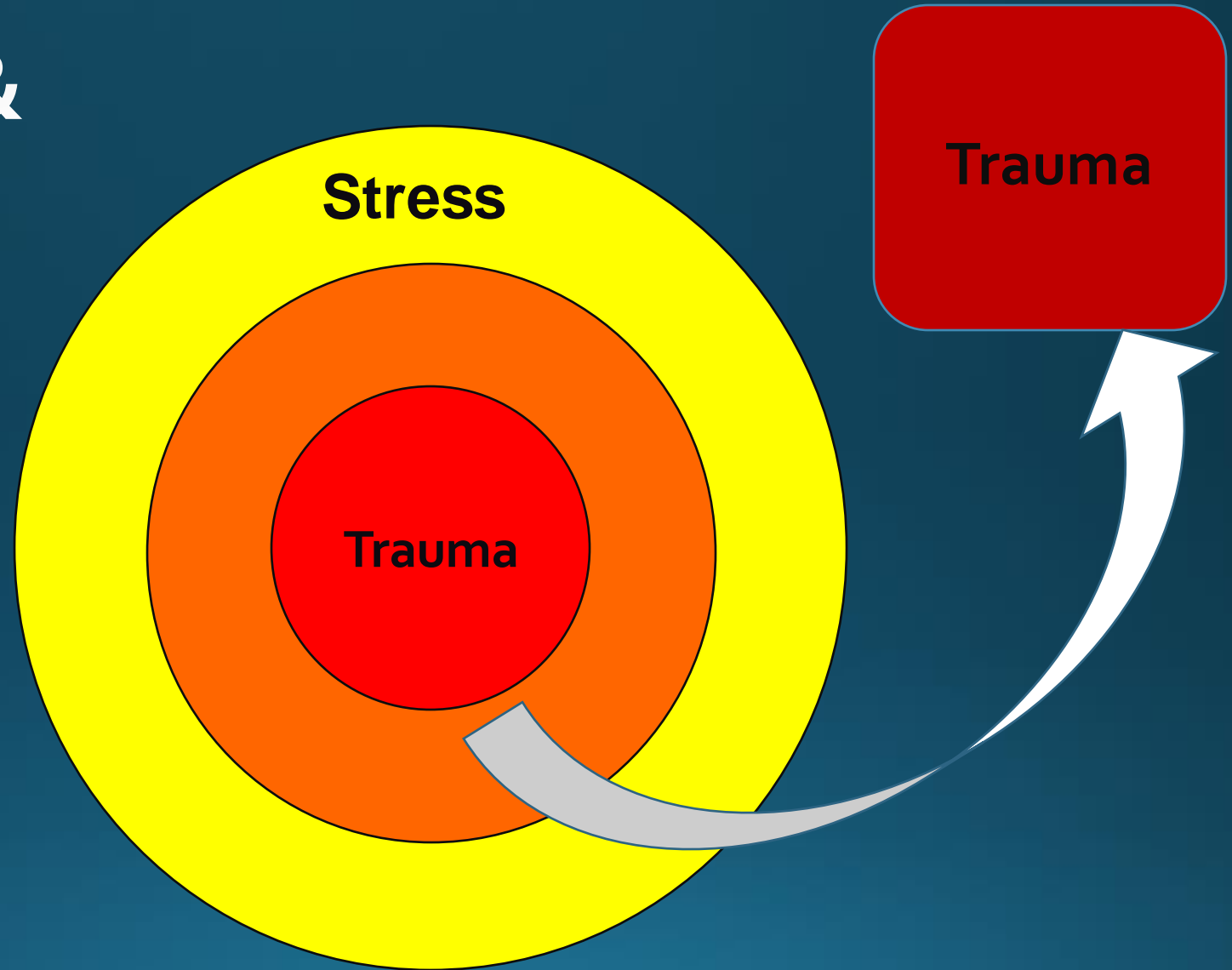
The reaction to situations that are shocking and emotionally overwhelming, often involving actual or threatened death, or serious injury (either experiencing or witnessing)



Has the power to overwhelm coping abilities

Stress, Crisis, & Trauma

The stress experienced by trauma can feel overwhelming and **outside of normal experience.**



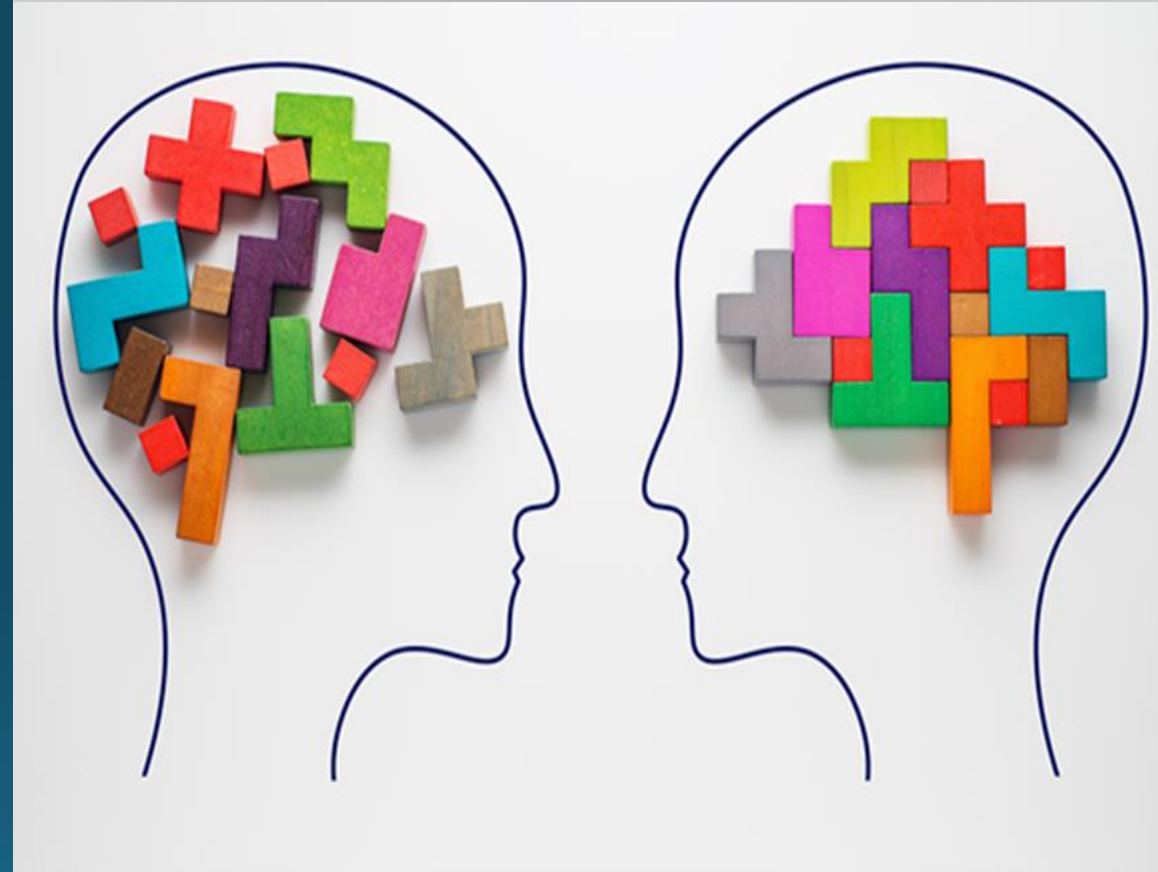
“After trauma, the world is experienced with a different nervous system. Its energy is focused on suppressing the inner chaos and avoiding new threats at the expense of living in the present.”

Van der Kolk, 2015

Traumatic Memories

The essence of trauma is that the overwhelming experience is split off and fragmented from other memories:

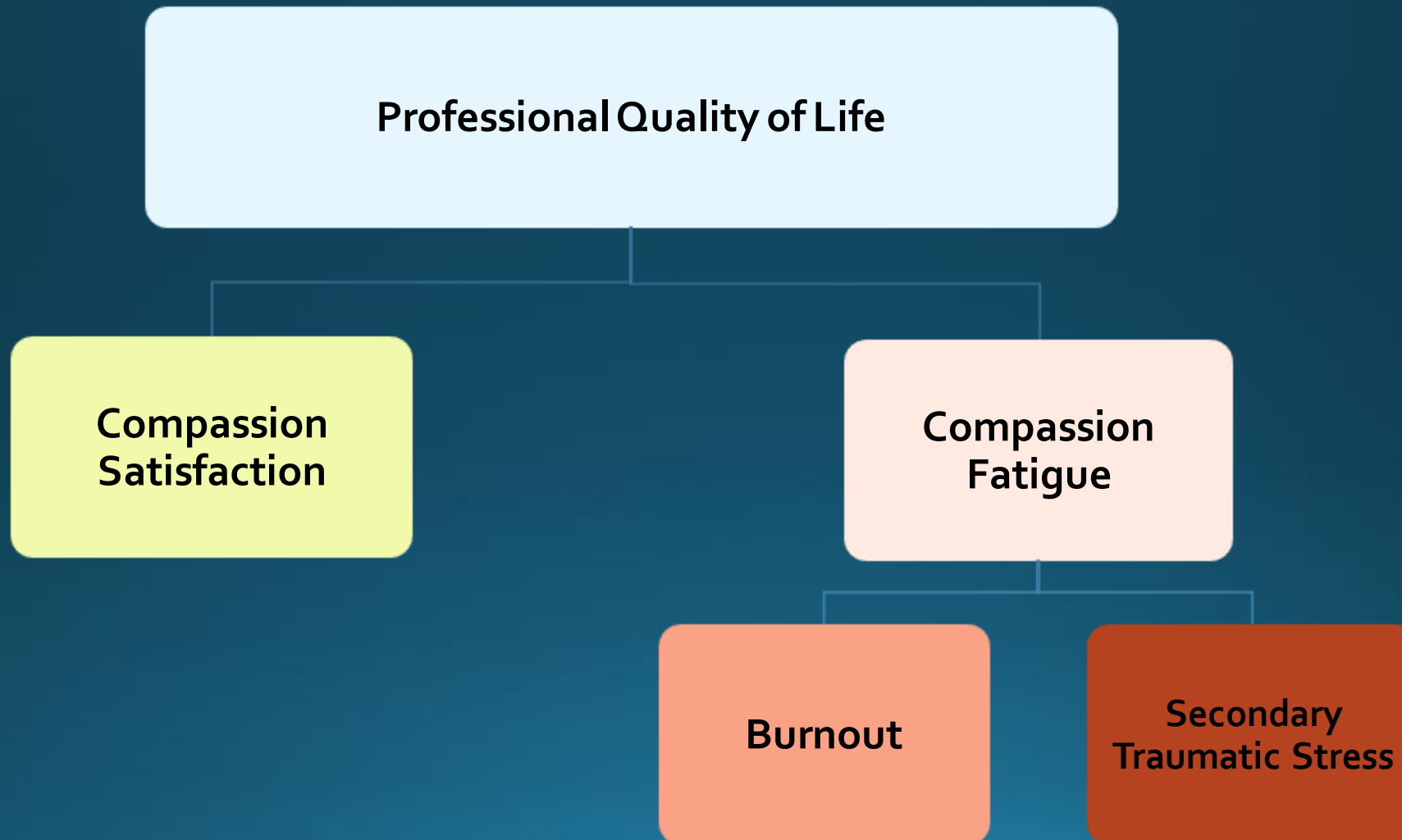
- Emotions, sounds, images, thoughts and physical sensations related to the trauma take on a life of their own.
- These sensory fragments of memory intrude into the present, where they are literally relived.



Indirect Trauma Exposure

- Occupational hazard of the work you do
- Caused by interacting with others who are directly exposed to stress and trauma
- Mirror neurons wire us for this experience
- Results:
 - Burnout
 - Compassion fatigue
 - Vicarious trauma / secondary traumatic stress

Professional Quality of Life (proqol.org)



Acute & Traumatic Stress & the Brain



The Emotional Brain (The Smoke Alarm)

Monitors danger: the warning system of the brain

- Develops first; heavily shaped by early experiences
- Arbiter of what is, or is not, important for survival purposes
- Makes quick decisions, but is not fine-tuned – highly prone to false alarms!

The Rational Brain (The Watch Tower)

Focused on understanding and thinking about the world around us

- Responsible for the interpretation of all our experiences
- Regulates executive functions:
 - Planning and decision making
 - Sequencing and predicting consequences of our actions
 - Keeps us from acting on all our impulses
- Slower than the emotive more fine-tuned



The Smoke Alarm & The Watchtower

- First, the emotional brain (the smoke alarm) detects a potential threat (i.e., a stressor)
- Next, the rational brain (the watchtower) examines the potential threat, decides on a plan of action, and activates that plan
- Then, the emotional brain (the smoke alarm) returns to baseline and continues monitoring

(Van der Kolk, 2015)



In Daily Life:

Managing stress relies on a healthy balance between the emotional and rational parts of the brain.



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In Times of Extreme or Traumatic Stress:

- ➔ The smoke alarm is constantly going off, suggesting danger – it gets stuck in the 'on' position.
- ➔ The brain becomes out of balance; the watchtower is overwhelmed by the smoke alarm.
- ➔ All the brain's attention gets focused on trying to shut off the smoke alarm, at the expense of other brain functions.



Reactions to Stress & Trauma



Stress & Trauma Reactions...

... are *understandable, expected* reactions to abnormal circumstances.

... are not necessarily a sign of pathology (symptoms are not disorders).

... can be immediate or delayed; the connection to the traumatic event may or may not be obvious.

... change over time. For most people, distress will lessen and their usual ways of coping will return.

... can include symptoms in multiple real emotional, cognitive, behavioral and phy



Extreme Stress Reactions

Emotional

- Fear/Anxiety
- Sadness/grief/loss
- Guilt/shame
- Anger
- Two extremes:
 - Feeling too much /overwhelmed
 - Feeling too little/numbing
- Dysregulation

Cognitive

Initial symptoms stem from prefrontal cortex hijack: Executive Function problems with:

- Memory
- Concentration/focus
- Learning
- Planning/sequencing
- Racing thoughts

Later symptoms stem from searching for an explanation

Behavioral/Physical

- Behaviors to manage emotions
 - Avoidance behaviors
 - Re-experiencing
 - Irritability/agitation
 - Interpersonal difficulties
 - Somatization
-
- Fatigue
 - Impaired immune system
 - Disruptions in any body system
 - Hyperarousal and sleep

***Decreased Window of Tolerance for Dealing with Incoming Stress**



Other Common Reactions to Stress and Trauma

- **Guilt** - sense one may have harmed someone or violated an important code
 - Guilt due to absence: I should have been there to help
 - Performance guilt: I could have done more to help others
 - Survivor guilt: Why did I live when others didn't?
"I did something wrong / didn't do something I should have."
- **Shame** - damage to one's sense of personal worth, sense that the self is defective
"I am bad / evil / worthless."

Due to shame or guilt, self-judgments often involve misappraisals or distortions, overestimating what one could have accomplished or underestimating how much one actually did.



Range of Reactions

- While these responses do make sense, they can be intense and distressing for those experiencing them
- Usually over time these reactions will fade away for most people, becoming less frequent and less intense
- However, some people don't experience this recovery, or their early symptoms are so strong that they really need professional mental health support.



Ripple Effects of Stress and Trauma

- Acute or chronic exposure, whatever the source, causes emotional pain as well as physical health problems for all involved:
 - Direct survivors
 - Their friends and families
 - Community members
 - Responders



Goal 2:
**Promoting resilience by responding
to stress**



Resilience:

Being able to stay in, or quickly return to, a place of physiological, emotional, and mental balance after being disrupted.



Adapted fr



Responding vs. Reacting

Responding = Green Zone

- Emotional and rational brain are in balance
- Body is in its resting state
- Restoring & refueling
- Acting from a sense of perceived safety and stability

Reacting = Red Zone

- Brain is in “fight or flight” mode
- Body’s immune, cardiovascular, hormonal, and digestive systems are disturbed
- Acting from a sense of perceived deficit and disturbance

Adapted from



Resilience:

Being able to stay in, or quickly return to, a place of physiological, emotional, and mental balance after being disrupted.



It's maintaining the ability to

respond vs. react

to difficult situations.

Adapted from Har



Pathways for Building Professional Resilience



We develop psychological resources by having *sustained* and *repeated* experiences of them that are turned into durable changes in your brain.

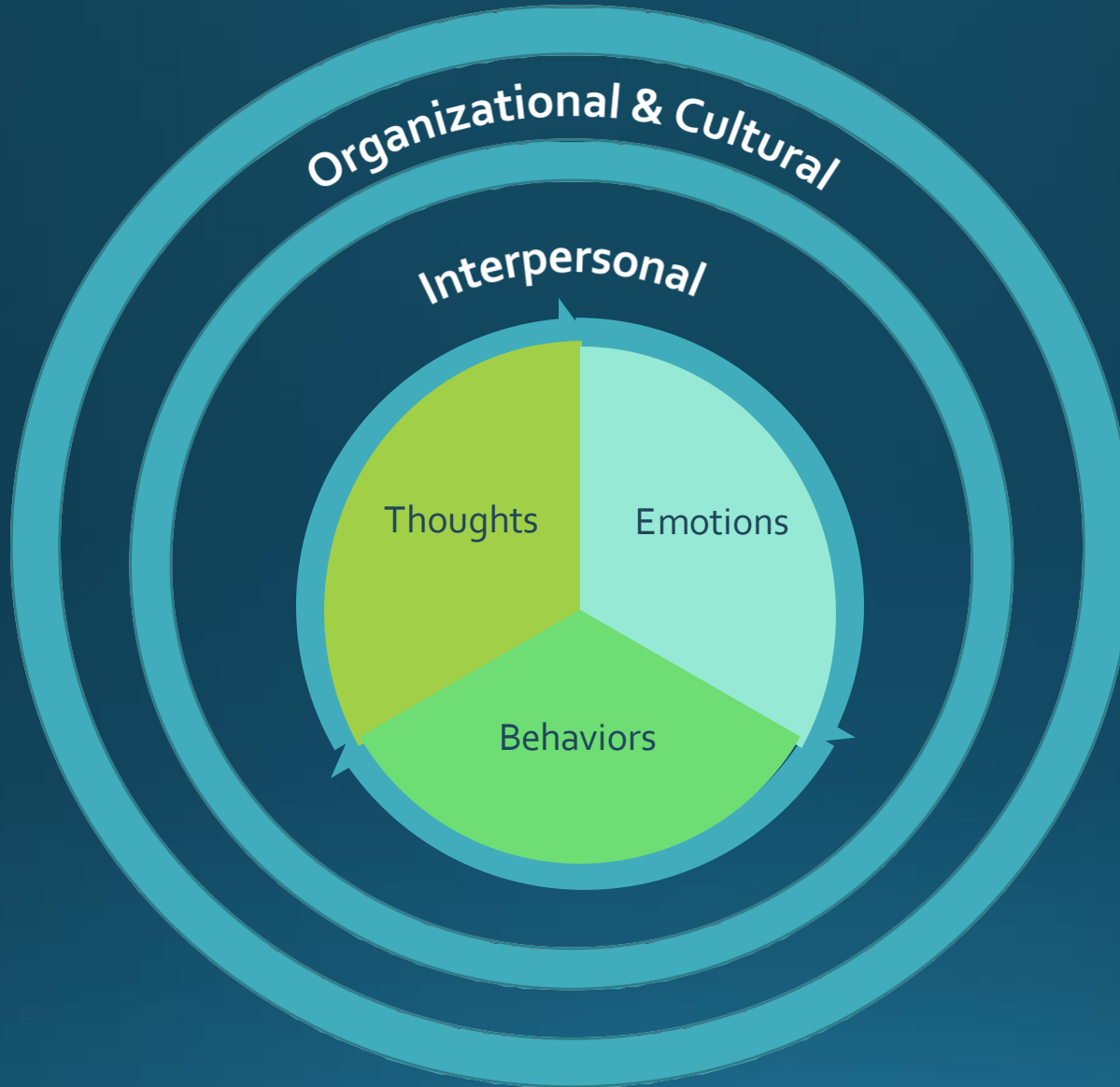


Rehearsal Leads to Rewiring

- Preparing & rehearsing are the keys to success
- In times of stress, it is a lot easier to activate a pre-existing strategy than to develop one on the fly
- “Cells that fire together, wire together”



Pathways to Building Resilience



Behavior-Based Resilience Strategies

Goals:

- Complete the stress response cycle
- Communicate to the brain that the threat is over
- Return body and mind to the green zone



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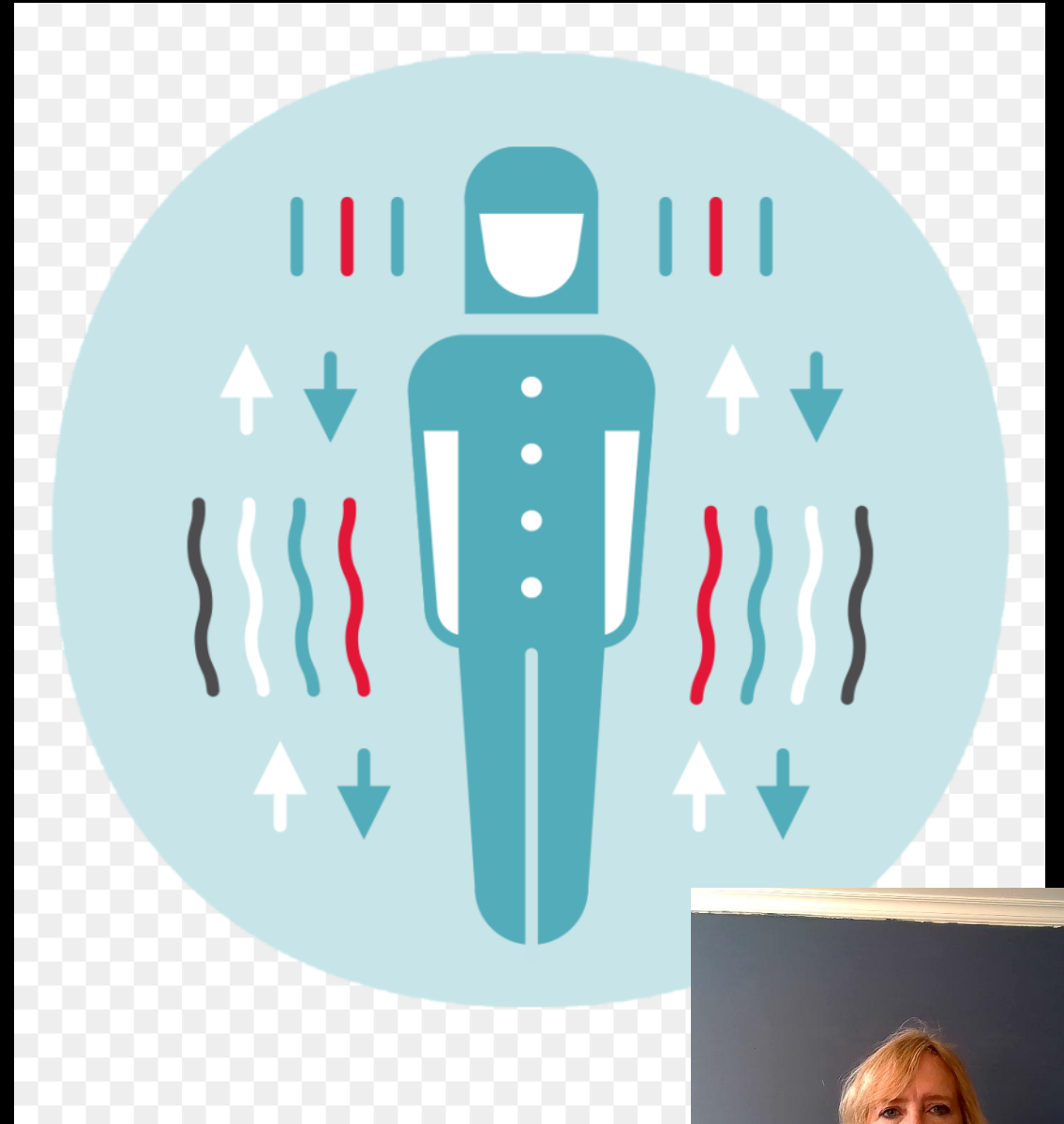
Strategies:

- Physical activity
 - Exercise
 - Breathing
 - Laughing / crying
 - Positive social interaction
 - Creative expression
- Progressive Muscle Relaxation



“It might be naïve to say that we think with our muscles, but it would be inaccurate to say that we think without them.”

E. Jacobson as cited in McGuigan, 1978, p. iii



Emotion-Based Resilience Strategies

Goals:

- Strengthen brain's ability to stay in balance
 - Mental muscle
 - Habit formation
- Improve emotion regulation
- Regulate attention to allow us to hold our focus
- Noticing (and accepting) your reactions gives you more control over them



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Strategies:

- Mindfulness
- Meditation
- Relaxation/Breathing
- Yoga



Cognition-Based Resilience Strategies

Goals:

- Use active practices to reduce or prevent unnecessary activation of the “fight or flight” response
- Combat the brain’s negativity bias



The Brain's Negativity Bias

- Scans for bad news
- Focuses tightly on it, losing sight of the big picture
- Overreacts to perceived threat or problem
- Fast-tracks the experience into memory
- Becomes sensitized, creating a vicious cycle



“Our brains are Velcro for bad experiences and Teflon for good ones.” -Hanson



Cognition-Based Resilience Strategies

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Strategies:

- ‘Self-Talk’
 - What is the chatter in your head?
 - Is it full of self-criticism, resentments, etc.?
 - Can you replace these negative cognitions with more neutral/realistic/helpful thoughts?
- Gratitude/reflection
- Stress Inoculation



Name it to Tame It

How are you viewing each stressor?

As a **threat**

As a **challenge**

How can you **reframe it as a challenge?**

- Positive self-talk
- Remember your strengths
- Reach out for support

Is it something you can control or change?

Yes:

Try **problem-focused** coping strategies:

- Breaking problems into manageable parts
- Problem-solving
- Brainstorming
- Skill development

No:

Try **emotion-focused** coping strategies:

- Relaxation
- Distress tolerance
- Emotion regulation
- Anger management
- Distraction skills

Stress Inoculation Flowchart



Psychological First Aid



Importance of Early Intervention

- ❖ *Early interventions can mitigate need for long-term care by addressing immediate reactions to distressing event*

Distressing Event

Immediate Reactions

Potential long-term challenges

- ❖ *Traditional mental health intervenes by addressing challenges that can occur long after the threat is over*



Evidence-Based Principles of Early Intervention

Intervention and prevention efforts should include:

- Promoting sense of safety
- Promoting calm
- Promoting sense of efficacy in self and community
- Promoting connectedness
- Instilling hope

(Hob



The use of Psychological First Aid can help

Reduce
Distress

Promote
Recovery

Reduce
the need
for long
term
support



Defining Psychological First Aid

Evidence-informed and pragmatically oriented early interventions that address acute stress reactions and immediate needs for survivors and emergency responders in the period immediately following a disaster

(NIMH, 2002)



Elements of Psychological First Aid

Providing comfort

Recognizing basic needs and helping to solve problems

Validating survivors' feelings and thoughts

Connecting people with their support systems

Providing accurate and timely information

Providing education about stress reactions

Reinforcing strengths and positive coping strategies



Providing Comfort

- Disasters increase physical and emotional arousal, and anxiety is contagious
- If you can stay calm while interacting with survivors, that will often help them calm down
- It can be difficult not to take on others' emotions yourself, so be sure to keep breathing deeply
- Be attentive and fully present
 - Genuineness, unconditional pos



Recognizing Basic Needs & Helping to Solve Problems

- Disasters often create a variety of physical threats and logistical demands that can feel overwhelming
- You may be able to help people whose judgment and decision-making ability is temporarily impaired



Assisting with Problem Solving

- **People in distress are often distracted and confused due to their situation, and may struggle with decisions they could usually handle**
- **You may need to guide people towards productive choices, but still try to involve the survivor in decision-making**
- **If possible, frame questions in terms of choices rather than using open-ended language**
- **Provide accurate information to counteract rumors and uncertainty**



Validating Feelings and Thoughts

- **Surviving a disaster or tragedy is a new and confusing experience for most people**
- **You may be able to help them identify or express their feelings**
- **The fact that others suffered worse losses doesn't minimize the impact of that individual's own losses**
- **Media presence can suggest that the situation deserves public attention, but can also seem intrusive or insensitive**



Validating Feelings & Thoughts

- Empathy is the ability to understand what someone is feeling and communicate that understanding back to them
- If survivors want to describe what happened to them, be prepared to listen
- Do **NOT** push them to talk – that can be unhelpful if someone isn't ready to confront their memories



Expressing Empathy

- Empathy vs. sympathy
- These phrases express empathy and help you make sure you understand what the survivor is trying to say:
 - “I hear you saying...”
 - “It sounds like...”
 - “It seems to you...”
 - “You appear...”
- If you get it wrong, apologize and ask the survivor to clarify their point



Expressing Empathy

Types of phrases to be avoided:

- “Don’t feel bad.”
- “Don’t cry.”
- “Try not to think about it.”
- “Let’s talk about something else.”
- “I know how you feel.”
- “It’s God’s will.”
- “It could be worse.”
- “At least you still have....”
- “At least [*anything*].”

Well intended but...

may feel dismissive or invalidating to the survivor



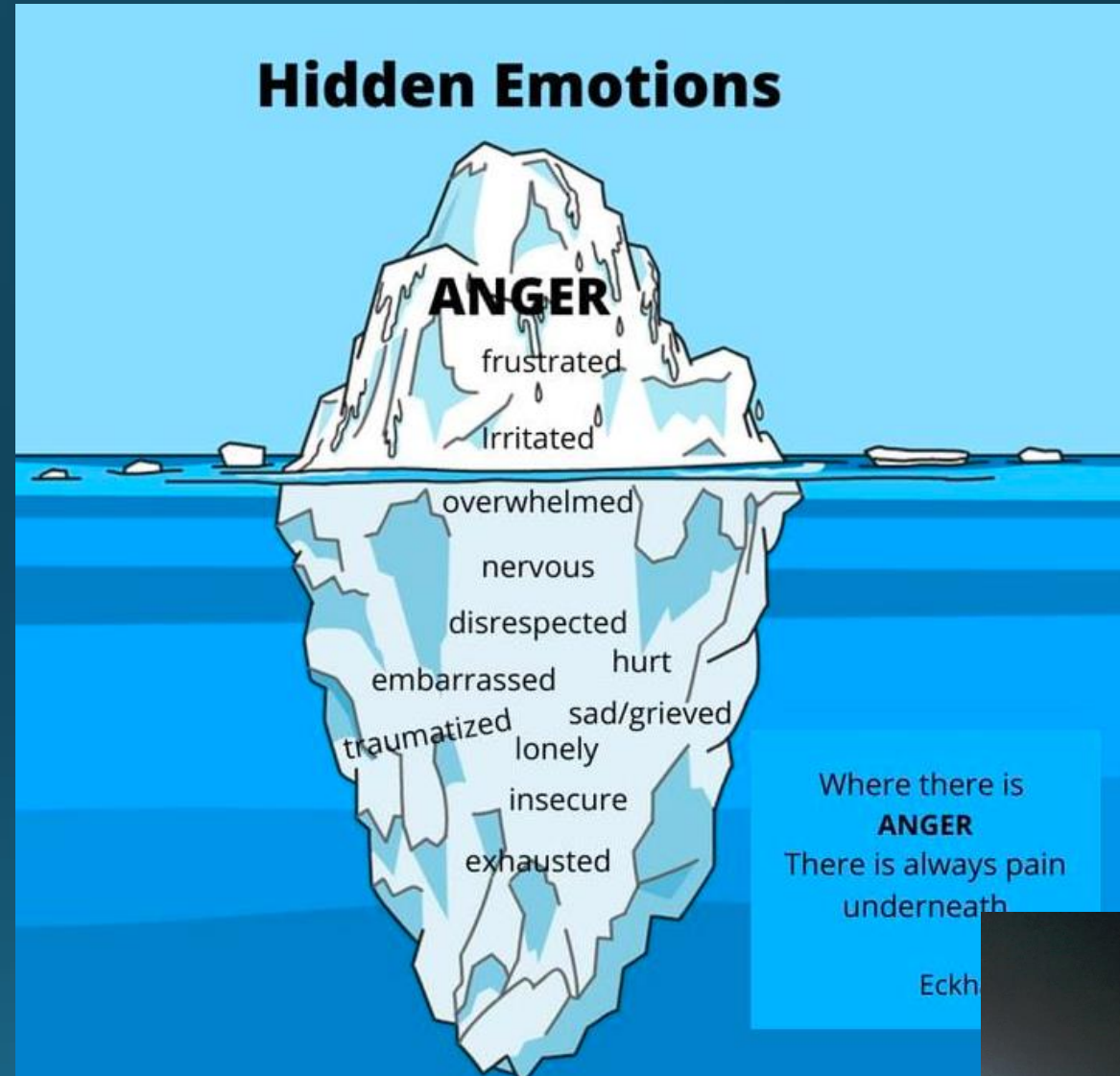
Dealing with Anger

- Some survivors express their distress and frustration by getting angry at a number of targets:
 - *Whoever they believe (accurately or not) caused the event*
 - *Authorities they feel didn't protect them or aren't adequately responding to their needs*
 - *Themselves for not following a warning*
 - *God for allowing the event to happen*



Dealing with Anger

- Anger can be a surface level emotion that's usually connected to a LOT going on under the surface
- Try to connect/empathize with the emotion underneath the anger



Connect People with Their Support Systems

**Help by Identifying
Social Supports**

- Social support can be informational, instrumental, and/or emotional
- All types can help a survivor cope with stress
- Some may resist reaching out, not wanting to be a burden



**Help by *Avoiding*
Negative Supports**



Not all relationships are supportive – they
can be sources of stress and misery



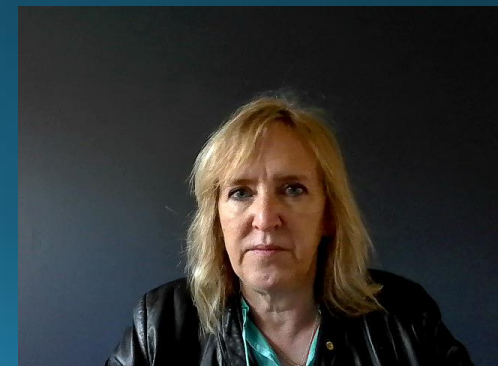
Providing Accurate and Timely Information

- Accurate information is an important antidote for the **uncertainty** and **anxiety** survivors experience after a disaster
- They'll need different kinds of information:
 - What is being done to protect us?
 - What recovery resources are available?
 - When will things return to 'normal'?



- Survivors often feel overwhelmed by their own emotional reactions to the disaster
- Education can:
 - Normalize these reactions
 - Explain why they make sense given the circumstances
 - Suggest ways to reduce and manage this stress
- This “psychoeducation” is an important element of PFA but can also be provided at any time

**Provide
Information
About Stress
Reactions**



Providing Education About Stress Reactions

- Don't force information on those who don't want it yet
- Do educate parents about stress reactions in children, who often regress developmentally and become more needy or clingy than usual
- This can increase the parent's patience and understanding that the child's demands are probably temporary



- It's important to acknowledge and support a survivor's strength, competence, courage, and power to begin to restore a sense of control
- Survivors may also need to be warned about ways of coping that make them feel better *temporarily* but may not help in the long run

Reinforce Strengths & Positive Coping Strategies



- Goal is to help survivors return to pre-disaster functioning, not fix all of their problems
- Survivors of a traumatic event should not be treated identically; individual needs and cultural differences must be respected
- Some survivors prefer the comfort and support of peers or clergy, while others work their problems out alone or only want support from family members

PFA: Some Cautions



Goal 3:

Understanding PTSD & Treatment



Importance of Early Intervention

- ❖ *Early interventions can mitigate need for long-term care by addressing immediate reactions to distressing event*

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Immediate Reactions

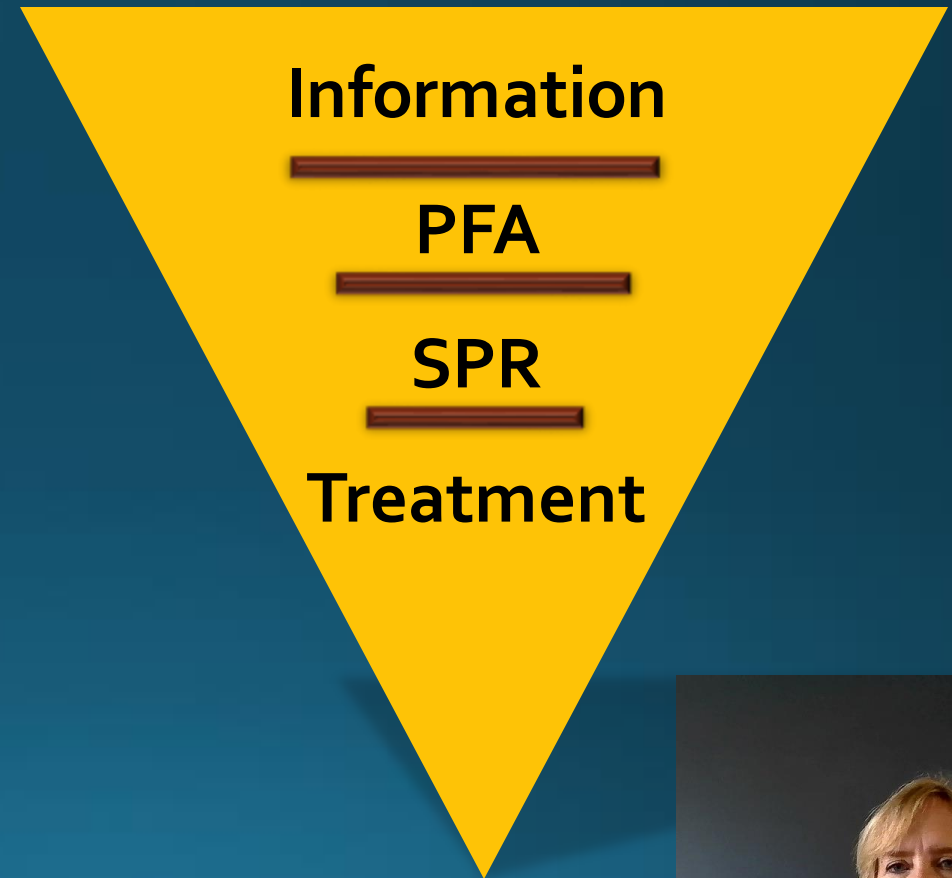
Potential long-term challenges

- ❖ *Traditional mental health intervenes by addressing challenges that can occur long after the threat is over*



A Post-Disaster Stepped Care Model

- Informational Resources/Psychoeducation
- Psychological First Aid (PFA)
- Skills for Psychological Recovery (SPR)
- Mental Health Treatment

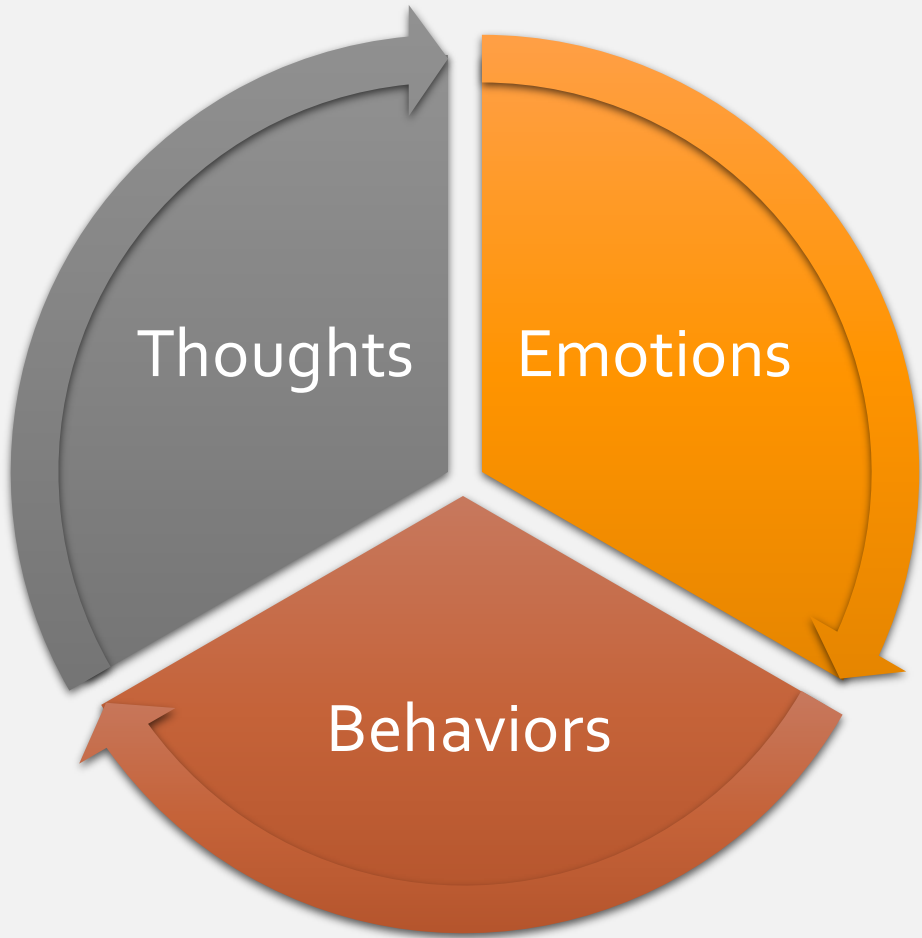




Extreme Reactions to Trauma Exposure

- Acute Stress Disorder
- Posttraumatic Stress Disorder
- Other Anxiety Disorders
- Major Depressive Disorder
- Substance Abuse





Mental Health Treatment Options “Empirically-Based Treatments”

- Emotion-Focused Approaches
- Cognitive-Focused Approaches
- Behavior-Focused Approaches
- Eye Movement Desensitization Reprocessing
- Specific Modalities Include:
 - Prolonged Exposure Therapy
 - Narrative Exposure Therapy
 - Cognitive Processing Therapy
 - Cognitive Behavioral Therapy



All empirically-based treatments have the same basic goals:

- Reduction of symptom frequency & intensity
- Promotion of healthy coping methods
- Re-integration of the traumatic experience as a normal memory
- Increase connectedness and reduce isolation

