2008 Great Earthquake

Mass Trauma Intervention


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Impacts of the earthquakes reach many levels

- Individual
- Family
- Community
- Regional
- National
- International
Stressful events can become Traumatic when

1) Massive nature of devastation/loss
2) Devastation of resources for individuals and/or communities (loss of attachment, economics, etc.)
3) Loss of territory or safety of territory
4) Effects on personal sense of meaning justice or order
Immediate & Mid-term Intervention

Reactions to traumatic events and losses

- Can be normal (majority of people)
  - Post-trauma reactions (not as severe & prolonged as Post-traumatic stress disorder, PTSD)
  - Everyone affected will experience momentary and temporary stress reactions, which may occur occasionally or even years later
  - Grieving over losses
  - Most people are more likely to need support and provision of resources to ease the transition to normalcy
Reactions to traumatic events and losses can be pathological or abnormal (smaller number of people):

- Acute Stress Disorder
- Anxiety Disorders (esp. Post-Traumatic Stress Disorder, PTSD)
- Depressive Disorders
- Phobias (irrational, intense & persistent fears of certain things, people, or activities)
- Sleep Disturbances
- Somatoform Disorders (acute physical symptoms due to psychological stresses)
- Traumatic Grief, and others
Immediate & Mid-term Intervention

Five Intervention Principles

1. **Promote Sense of Safety**
2. **Promote Calmness**
3. **Promote Sense of Self- and Collective Efficacy**
4. **Promote Connectedness**
5. **Promote Hope**
Immediate & Mid-Term Intervention
Five Principles of Intervention

1. **Promote Sense of Safety**
   - Two aspects to safety
     - Real or actual state/circumstances of safety
     - Individual or Personal sense of safety
   - Promoting safety will help reduce physiological and mental aspects of post-traumatic stress reactions.
1. Promote Sense of Safety

On the Individual Level

- Helping individuals to connect harmless images, people, and things to dangerous stimuli associated with the original traumatic event, and to re-link them with safety
  - E.g., the bridge that collapsed was threatening, but all bridges are not
  - E.g., that night was unsafe, but all nights are not unsafe.
Immediate & Mid-Term Intervention
Five Principles of Intervention

1. **Promote Sense of Safety**
   - **On the Individual Level**
     - Reality reminders (balanced perspectives)
     - Teaching individuals to differential safe and unsafe contexts and environments
     - Developing cognitive skills, coping skills, and ‘grounding’ techniques
       - E.g., learning about how natural/unnatural disasters occur, how to be prepared, and to reconnect with the ‘normality’ of life
Immediate & Mid-Term Intervention
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1. Promote Sense of Safety

- On a Public Wellness Level
  A. Positive social support: survival resources and giving accurate and comprehensive information (when information is lacking, fear sets in and distresses increase)
  B. Information through media and the use of media by public officials
    - Keep portrayals of disaster in balance: the good & bad news, tragedies and triumphs in traumatic events (balancing reality)
    - Keep the public informed of governmental and private interventions.
Immediate & Mid-Term Intervention
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1. Promote Sense of Safety

C. When complete information about mass trauma is lacking, people tend to share rumors and “horror stories”

- The ‘pressure-cooker’ effect (increases psychological distress)
- Support-providers may be most vulnerable to this additional over-exposure. Especially, if they are sought after for information, and are personally distressed by such discussions
- Effects are best handled by ceasation of rumors through accurate information sharing and greater evidence of social support especially by recognized sources of authority
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2. Promote Calming

- Initial heightened levels of anxiety, state of arousal, even numbness (psychological insulation) are not causes for alarm
  - Most people will show such symptoms, but most will also return to more manageable levels of emotionality soon thereafter

- Promoting a sense of calming can lessen the likelihood of developing panic attacks, dissociation, PTSD, agitation, depression, or somatic problems
2. Promote Calming

- **More-Direct approaches**
  - **Therapeutic Grounding**: used to remind individuals that they are no longer in the danger situation
  - **Deep Breathing** (avoids hyperventilating and counters anxious emotions)
    - Has been effectively used in telephone-interventions
  - **Relaxing/Meditative forms of Exercise**: yoga, tai-chi, etc.
  - Use of **music or imagery** in relaxed states

- Recommended for those with severe agitation and ‘racing’ emotions or extreme numbing reactions
2. Promote Calming

- Less-Direct approaches
  - “Normalization” of stress reactions
    - When individuals interpret their own reactions as “I’m going crazy,” “there’s something wrong with me,” I must be weak.” These statements are likely to increase anxiety
    - Normalizing message: “You are not sick or crazy. You are going through a crisis, and you are reacting in a normal way to an abnormal situation”
  - Generating Positive Emotions through activities that gives genuine joy, humor, interest, love, contentment
    - News can produces a negative effect
  - Provide training & structure for solution-focused coping
    - Building a sense of ability and support hope
2. Promote Calming

Counter-Productive approaches

- **Drugs**
  - Certain drugs can produce calming effects but the long-term benefits are limited, even detrimental
  - E.g., benzodiazepines can produce immediate calming effects but has been shown to increase the likelihood of PTSD

- **Alcohol**
  - While provide some ‘soothing’ effects, it can be use to ‘self-medicate’ and lead to potential misuse and other alcohol-related behaviors

- **Lying or Giving Misinformation** to calm a population
  - Ultimately undermines credibility and is counter-productive

- These leads to eventual distress and decrease the sense of mastery and control
2. Promote Calming

- Large-Scale approaches
  - Community Outreach to educate local communities about post-disaster reactions (psychoeducation)
    - Help individuals and communities see their reactions as understandable and expected (e.g., sleep problems, startled- or over-reactions, new fears, sense of dread, etc.)
    - “Normalizing” and validating expectable and intense emotional states and promoting survivors’ capacities to tolerate and regulate them are important goals
  - Television, radio, internet educational programs
  - Interactive websites (blogs, online counseling, Q&A)
3. Promote sense of Self- & Collective-efficacy

**Efficacy**: the ability to produce a desired effect

- **Self-efficacy**: an individual’s belief that his/her actions are likely to lead to generally positive outcomes (esp. in trauma-related events)
  - Through self-regulation of thought, emotions, and behavior

- **Collective efficacy**: the sense that one belongs to a group that is likely to experience positive outcomes
3. Promote sense of Self- & Collective-efficacy

Two Aspects to self- and collective efficacy

i. A belief in the skills and abilities to accomplish must be reinforced by ongoing successful action

- For instance, soldiers, emergency service workers, and help-providers must learn self- and collective-efficacy as well as belief in their leaders, themselves, and their group as a unit.

- Through coordinated successes, leaders and citizens are empowered
3. Promote sense of Self- & Collective-efficacy

Two Aspects to self- and collective efficacy

ii. Encouraging efficacy without providing resources is counter-productive and demoralizing

- Those who lose the most personal, social, & economic resources are the most devastated by mass trauma
- Those who are able to sustain their resources have the best ability to recover

Mass trauma diminishes a personal and the collective sense of efficacy
3. Promote sense of Self- & Collective-efficacy

When working with children and adolescents

- Give guided-tasks towards self-efficacies, teaching about the efficacy of others (e.g., protective figures), and social agencies in response to possible dangers.

- Teaching children emotional regulation skills when faced by trauma reminders (e.g., images of disasters on TV) and enhancing problem-solving skills in regard to post-disaster difficulties are especially important interventions that have been shown to be effective.
3. Promote sense of Self- & Collective-efficacy

Because disasters and situations of mass trauma may undermine certain already fragile economies, efforts to return things to “normal” may be doom to failure, unless public mental health programs collaborate with local and national development initiatives (i.e., the processes of change leading to better living conditions and more secure livelihood) to help local populations enhance their survival capacities and increase their resiliency and quality of life.
4. Promote Connectedness

Social support and sustained attachments to loved ones and social groups is centrally important in minimizing stress and trauma reactions.

- Those experiencing loneliness and become emotionally distant from those around them are at risk for the onsets of PTSD.

- Fostering connections as quickly as possible and assisting people in maintaining that contact is critical to recovery.
  - E.g., children living with war-exposed families fare better than those who live with non-war-exposed foster families.
4. **Promote Connectedness**

Social support via psychoeducation & skills-building

- Enhancing knowledge of specific types of social support
  - E.g., emotional closeness, social connection, feeling needed, reassurance of self-worth, reliable alliance, advice, physical assistance, and material support
- Identifying potential sources of such support
- Learning how to appropriately recruit support
4. Promote Connectedness

Difficulties and complexities to Social Support

- Initial periods after trauma are usually characterized by a high degree of support, but support systems can quickly deteriorate under the pressure of overuse and the need of individuals (including supporters) to get on with their own lives.
  - The nature of social support may need to adjust to the changing context of a community
  - Provision of counseling support should remain consistent
  - Quality of social support should remain positive (e.g., avoid minimizing problems or needs, unrealistic expectations of recovery, invalidating messages of sufferers)
4. **Promote Connectedness**

- Temporary sites (e.g., tent-cities) should be treated as villages rather than camps. Villages have village councils, committees, places of social gatherings and meetings, soccer fields, etc.

- Citizens of the villages, rather than outsiders, should fill the social roles and do so within their natural cultural traditions and practices.
5. Instilling Hope

Because mass trauma is usually an experience people are not trained for or experienced with, it outstrips their learned coping repertoires.

Without knowledge about how to cope, it is natural that hope is one of the first victims.
5. Instilling Hope

Mass trauma is often accompanied by

- A “shattered worldview”
- The vision of a shortened future
- Catastrophizing (seeing worst-case scenarios; e.g., “I’ll never have a home again,” “I’ll never feel safe”)

All of these undermine hope and lead to reactions of despair, futility, and hopeless resignation—that feeling that ‘all is lost.’

Those who remain optimistic are likely to have more favorable outcomes and can retain a reasonable hope for the future.
5. Instilling Hope

Hope is internally experienced, but it becomes evident in the real circumstances of life in which people find themselves.

What is amazing about the human spirit is that many people who have been down for a long time often do retain a sense of optimism, self-efficacy, and belief in both strong others (someone who will always be there or a benevolent government) and a God who will intervene on their behalf.
5. Instilling Hope

For hope to be secured after a mass trauma, it is critical to provide services to individuals that help them get their lives back in place:
- E.g., housing, employment, relocation, replacing household goods, etc.

Professional helpers can develop advocacy programs to aid victims to work through complex social processes sometimes involved when getting help.

By joining with individuals, rather than just doing for them, self-efficacy can be raised in the process, so will a sense of hope.
5. Instilling Hope

**Exercises**
- Forward-looking (short, long, eternal) exercises
- Guided conversations or self-dialogues to renew motivation for learning and future planning
- Genuine, positive, and balanced (realistic) communications from Care-givers
- Envisioning a realistic, yet challenging, even difficult outcome may actually reduce people’s distresses
- Challenging irrational beliefs (decatastrophizing) or self-labeling
5. Instilling Hope

- Group meetings or community interventions may have more impact than individual meetings
  - Many of the problems are shared by hundreds or thousands of people
- The media, schools, community leaders, churches can enhance hope by helping people focus on more accurate risk assessment, positive goals, building strengths that they have as individuals and communities, and helping them tell their stories.
  - Community projects such as helping one another clean up, rebuild, making home visits, organizing blood drives, and involving members who might feel overwhelmed by the magnitude of the problem
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Five Principles of Intervention

- These 5 principles are core elements of interventions
- They are helpful in the process of setting policy and designing intervention strategies
- They are applicable to all levels of intervention, from those focusing on the individual to those who are broadly community based
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- The 5 principles include actions that go well beyond the typical work of counseling.
- Counselors working in mass trauma situations must assist in collaborating with national and community leaders, other professionals, and family members.
- Comprehensive helping includes meeting physical, material, safety, as well as psychological needs.
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- Helpers should remain modest about the effectiveness of the interventions, personal capabilities & limitations, especially if the mass trauma is extraordinary

- Helpers should understand the needs as expressed and preferred by the ones needing help
  - No single approach can work in every situation
  - Prioritize needs and resources

- Helping should function on many levels and be adaptive to the changing conditions (including improving conditions)
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- In combination: individual counseling, group or community counseling or workshops, media sources (e.g., newspaper, TV, radio), telephone-counseling, and internet-base interventions will provide the most comprehensive approach to helping.

- Anyone with any particular skills can serve to meet the needs of many.
  - Collaboration and coordination are keys to helpers’ success in mass trauma situations.
End

Immediate & Mid-Term Intervention
Five Principles of Intervention