



Using Trauma-Informed Care to Guide Emergency Preparedness and Response

July 9, 2018 by Amy Wolkin, DrPH, Vulnerable Population Officer, Office of Public Health Preparedness and Response, CDC; and Anita Everett, MD, Chief Medical Officer, SAMSHA



Exposure to a traumatic event or set of circumstances can negatively affect a person's mental, physical, social, emotional or spiritual well-being for a long time after the initial incident. We know that not all individuals respond to trauma in the same way and we know that individuals with a history of trauma, especially childhood trauma, are more likely to experience psychological distress and are at increased risk for the development of Post-traumatic Stress Disorder (PTSD) with future exposure to trauma.

The chemicals in our bodies change during stressful or traumatic situations

When the body is threatened, stress hormones are released to help you survive (fight or flight response). These hormones cause our bodies to minimize non-essential tasks, including growth, reproduction, and immune function and to maximize body functions that are necessary to prepare the body to fight or flee from a stressor. Functions such as breathing, heart rate and alertness are useful for the body to survive the stress. If someone is regularly exposed to trauma, stress hormones are repeatedly released and the brain can become exposed to these powerful stress hormones that would normally be present in the body for short periods of time. Over time repeated exposure to stress may cause your body's natural stress response system to malfunction and can result in potentially unhealthy mental and physical responses to current or future stress. These responses can include irritability, emotional reactivity, intrusive thoughts about the event, emotional numbing and avoidance, loss of one's sense of safety, or diminished capacity to trust others.

Exposure to trauma can affect a person's normal coping and stress management skills. A person's mental health during an emergency may be impacted by:

- Direct exposure to the disaster, such as being evacuated or witnessing others (including family members) in life-threatening situations

- Prior experience with and exposure to trauma
- Pre-existing conditions, such as mental health conditions
- Socioeconomic factors, such as family resources available
- Family variables, for example, how parents react

Take trauma into account when responding to emergencies

When someone has experienced trauma, he or she can be re-traumatized if emergency medical service providers, healthcare professionals, and community service providers are not aware of and sensitive to the possibility of re-traumatization. Emergency responders should be aware that individuals and communities may have experienced a variety of traumas in their lives and need to consider a survivor's physical, psychological, and emotional safety and well-being after a disaster.

Trauma-informed organizations and emergency responders need to be sensitive to the potential impact that widespread trauma can have on individuals. An essential underpinning of trauma informed care and approach is the awareness that procedures and interactions can be re-traumatizing.

Training emergency responders in trauma-informed care

The CDC's [Office of Public Health Preparedness and Response](#) (OPHPR) collaborated with SAMHSA to develop a trauma-informed care training for CDC. Working with Mary Blake (SAMHSA) and the Technical Assistance Center, SAMHSA's [National Center for Trauma-Informed Care](#) (NCTIC) developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned the six principles that guide a trauma-informed approach, including:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity and it may require a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Resources:

- [Tips for Disaster Responders: Preventing and Managing Stress](#) (SAMHSA)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [Responders: Tips for Taking Care of Yourself](#) (CDC)

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Emergency responders are vulnerable to trauma during or after a disaster the same as survivors. Hazardous work conditions, being away from family, and exposure to human suffering can cause new and intensify existing feelings of stress, anxiety, grief, and worry in responders.

For 16 years, the Division of State and Local Readiness (DSLRL) has worked with state, local, and territorial health departments to prepare communities to respond to and recover from emergencies, including their impact on responders.

DSLRL maintains a set of national standards used by public health departments to guide their preparedness planning. The Public Health Preparedness Capabilities, among other things, encourage [Public Health Emergency Preparedness \(PHEP\)](#) recipients to identify routine and incident-specific mental and behavioral health risks to responders, to coordinate support services, and to monitor responders' post-disaster health.

Public health plays a crucial role in the emergency response and recovery of survivors and responders. Through training and strategic planning, states and locals are creating resilient communities.

General, natural disasters, response

emergency responders, mental health, psychological trauma, public health, trauma, trauma-informed care

8 comments on “Using Trauma-Informed Care to Guide Emergency Preparedness and Response”

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A new approach which allows the victim to be better understood. Which, in turns, leads to better treatment options. Almost a custom approach to victim care and disaster response.

Hello! Can this training be made available to jurisdictions. I saw the infographic but would like to learn more.

Thanks,
Elizabeth Billingsley RN BSN
OKC-County Health Department
Emergency Preparedness and Response Department

Thanks for your comment. I have forwarded your question and contact information to the appropriate subject matter expert(s) for an answer.

Hi – excited to hear more about this initiative.

I echo Elizabeth’s request for access to this training and/or other resources that might be available for training at the local level. Appreciate the consideration.

Cheers,
Resham

Preparedness, Public Health – Seattle & King County

Currently working on our site specific emergency response plans for a large social service agency in down town Portland. It would be great to get some insight on how we can begin to integrate a trauma-informed approach into our emergency operations. is there any way to get access to the curriculum of this training, or at least some good references to research.

Is this Trauma-informed training resource still available? Have there been any updates or indications for it’s use in the COVID-19 Pandemic?

I kindly request access to the training and available resources.

Warmly,
Jonnie Williams, PsyD
Evolve Equity

We are also interested in getting this training, and in becoming T-t-T so that we can push it out to all of our local public health and healthcare coalition members.

Thanks for any assistance that you can provide!
Nancy Carlson, Disaster Behavioral Health Program Coordinator
MN Department of Health

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