

Responding to Trauma: Bridging Family Mental Health and Medicine



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Introduction

- Trauma teams are Interdisciplinary by Nature
 - Marriage and Family Therapists; Psychologists; Social Workers; Emergency Physicians; Family Physicians
 - Professional and non-Professional representation
 - PhD; MS; MA; MD; LICSW; no-professional degree (lay persons)
 - Teams are mobilized in response to both small- and large-scale disasters
 - Teams are mobilized in response to both man-made and natural disasters
 - Man-made disasters
 - terrorist attacks; school shootings; suicides; train and motor vehicle accidents; industrial chemical spills
 - Natural disasters
 - hurricanes; fires; tornadoes; tsunamis; pandemic flu
 - Care delivered across 1:1, family, and group formats

Training

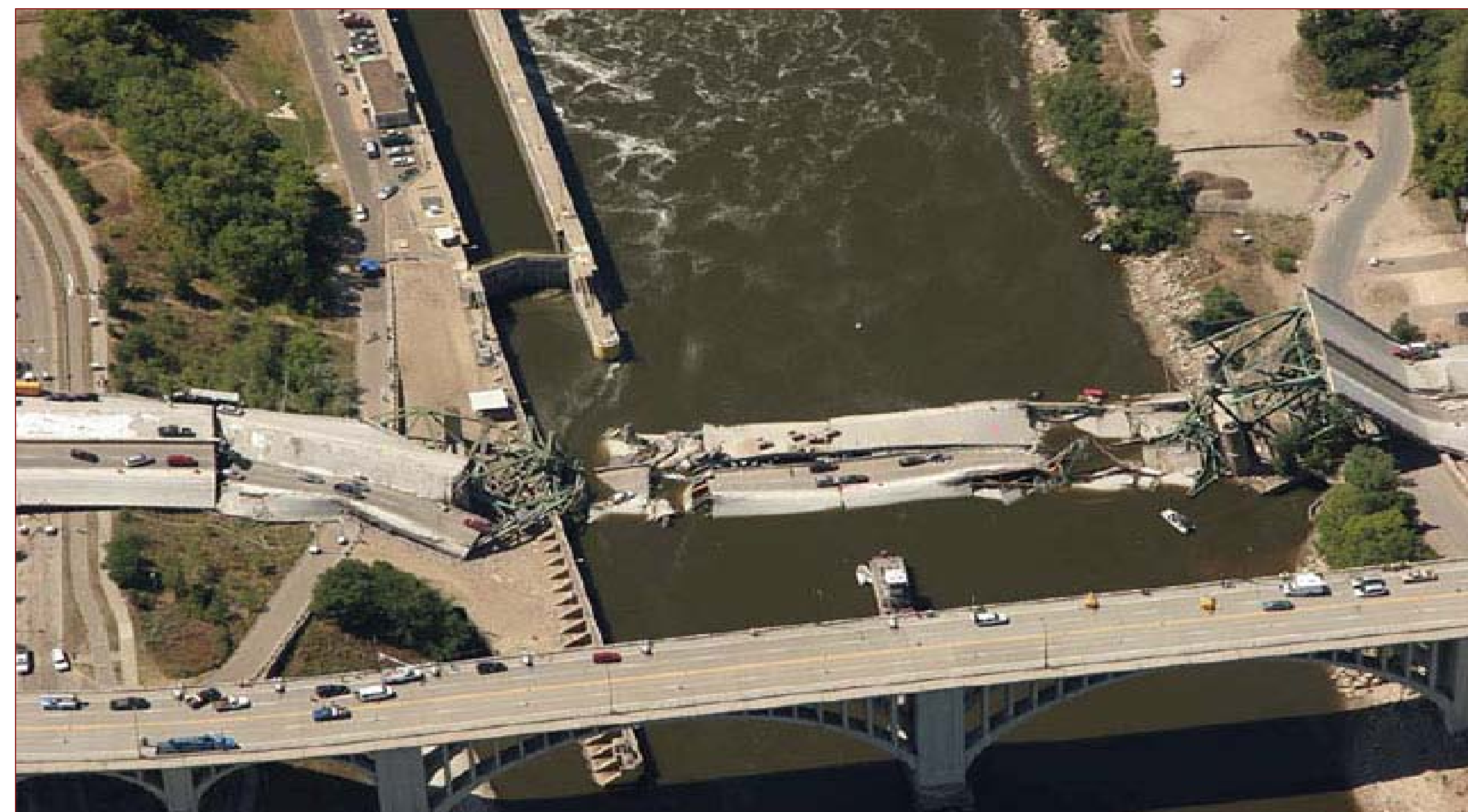
- Beyond baseline clinical competencies, specialized training is requisite
- Organizations providing trauma training and team placement:
 - Red Cross; Green Cross; Federal Emergency Management Agency (FEMA); International Critical Incident Stress Foundation (ICISF); Medical Reserve Corps (MRC); and local state and county emergency organizations
- Examples of training include:
 - Psychological First Aid; Incident Command; National Response Plan(s); Suicide Prevention, Intervention, and Postvention; Critical Incident Stress Management; Individual and Group Crisis Response

What Fieldwork Looks Like

- Long hours
- Few creature-comforts
- Unsafe work and living conditions
- Emotionally exhausting
- Physically exhausting
- High risk(s) for burnout and compassion fatigue
- During acute phases, the disaster is not yet finished and closure of what has happened has not yet occurred

Common Psychological Presentations

- A Quest for Meaning
 - Why did this happen?
- Survivor Guilt
 - Why did I live, and s/he die?
 - Last interactions were not happy ones
- Ambiguous Loss
 - An incongruence between a loved-one's physical and psychological presence
- Search for Community and Connection
 - Strong desire to connect with others who share similar experiences
- On a Mission to Help
 - Strong desire to “do something” to help alleviate others' pain
- Life Review
 - Increased appreciation for the relationships and people in our lives
 - Things that we used to take for granted are not taken for granted anymore



Important Tenets of Fieldwork Intervention

- Listening (more) vs. talking
- PTSD is not inevitable
- Do not rush to “closure” or a “cure”
- Encourage individuals and families to take charge of their own recovery
- Use the strength community
- Reconstruct hope



Challenges & Strategies

- Challenges regarding Scope of Practice
 - Should a physician provide mental health services if there is another member on the team whose primary professional identity is that of a therapist?
 - Can a marriage and family therapist assist in cleaning a wound?
 - Can a psychologist assist in the drawing up of medications?
- Effectively handling Scope of Practice
 - Remember that the overlap of team members' roles is relatively broad
 - Some situations call for a distinct skill-set and training background; other situations do not
 - Maintaining role(s) flexibility – whatever this includes – is essential
- Challenges regarding Turf Battles
 - Cross-disciplinary tensions, competitions, or conflict
 - Especially noticeable in everyday-practice between “sibling disciplines” (e.g., MFT + Psych + SW)
- Defusing Turf Battles
 - Providers are reminded that patients do not generally care about academic/disciplinary credentials
 - Turf battles are generally less visible in fieldwork than as compared to everyday practice
- Challenges regarding Interpersonal Boundaries and Dual Relationships
 - It is oftentimes difficult to maintain appropriate professional distance
 - crowded living quarters; locker-room facilities; team debriefings; providing “care” vs. “support” for friends/colleagues
 - hierarchy: students; graduate students; professors; supervisors
- Managing Boundaries/Dual Relationships
 - Have straightforward and frank conversations with colleagues, supervisors, and students
 - Arrange team members' living quarters by professional rank and sex
 - Bathroom/shower facilities available 24/7
 - Supervisors attend to team members' psychology and remove from field as indicated
- Challenges regarding Compassion Fatigue
 - Common themes relate to breaking-down processes in which our physical, emotional, and even spiritual resources are depleted
 - Higher risk for ethical violations
 - Become more irritable and less empathic
 - Sometimes the things that make you good at what you do are also things that can lead you to over-exert yourself
 - If you continue to work when you are not okay, you have tremendous power to hurt people
- Mitigating Compassion Fatigue
 - Consult with colleagues
 - Think about, and take care of, your own health
 - Be intentional about your personal relationships
 - If you are hurting, seek help