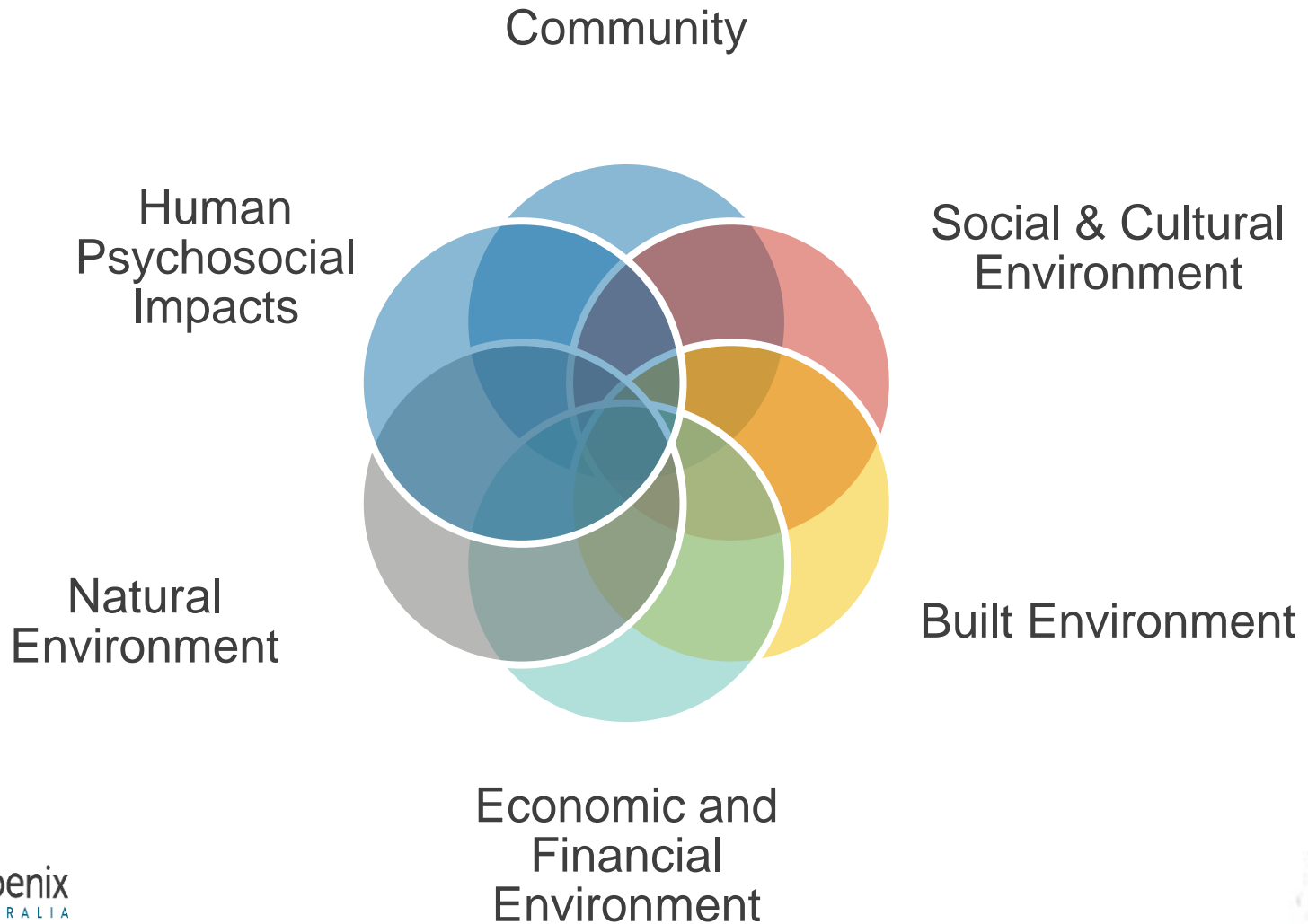


Applying a trauma-informed approach to disaster

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Alexandra Howard
Director, Disaster and Public Health Emergencies
1 August 2024

Multi-faceted impacts of disaster



Common short-term reactions

Mental:

difficulty concentrating, confusion, disorientation, worry, intrusive thoughts and images

Emotional:

shock, numbness sadness, grief, irritability, anger, fear, guilt, shame

Behavioural:

withdrawal, avoidance of trauma reminders, conflict with others, risk taking behaviours, substance abuse

Physiological:

feeling keyed up and on edge, aches and pains, headaches, jumpiness, difficulty sleeping, fatigue

Broader impacts of trauma

Mental health conditions – PTSD, Depression, Anxiety, Substance use

Chronic feelings of shame, guilt, grief, mistrust and/or anger

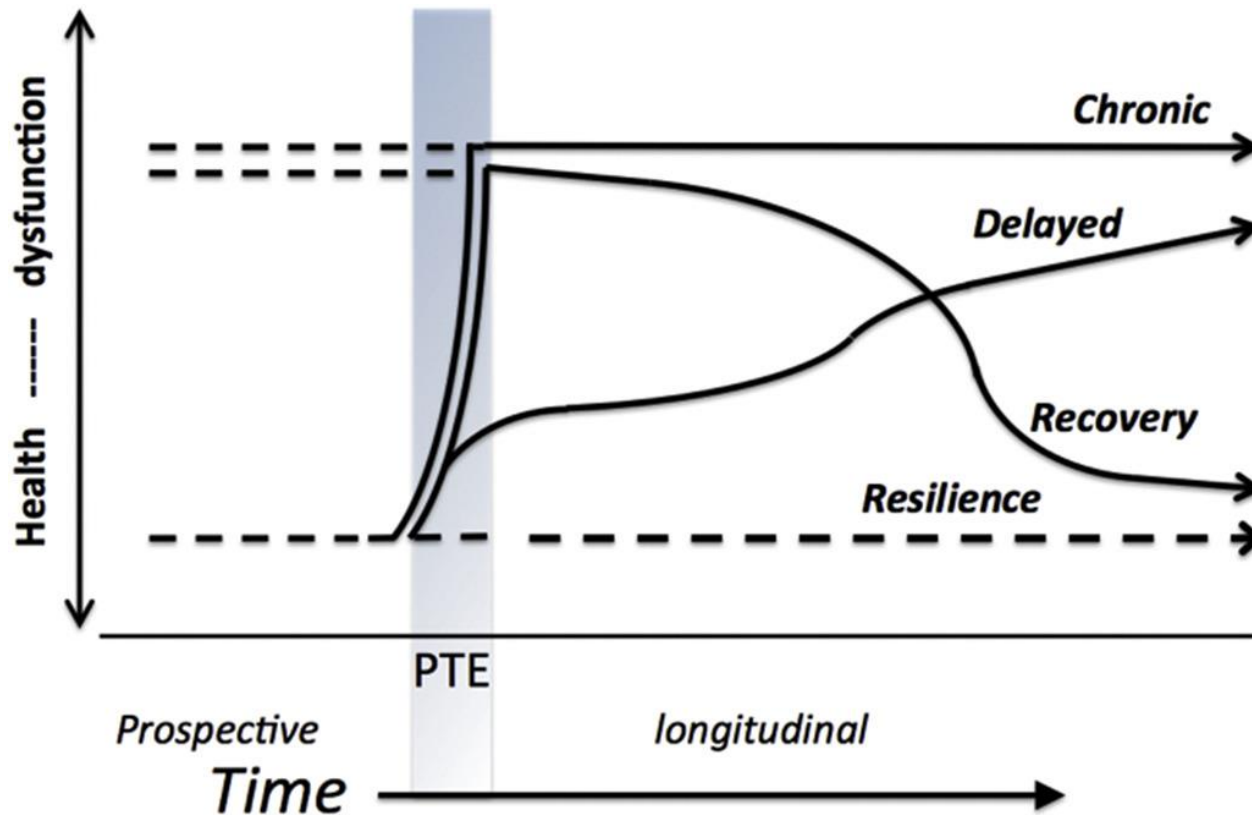
Difficulties maintaining interpersonal relationships

Difficulties maintaining employment

Increased risk-taking behaviours

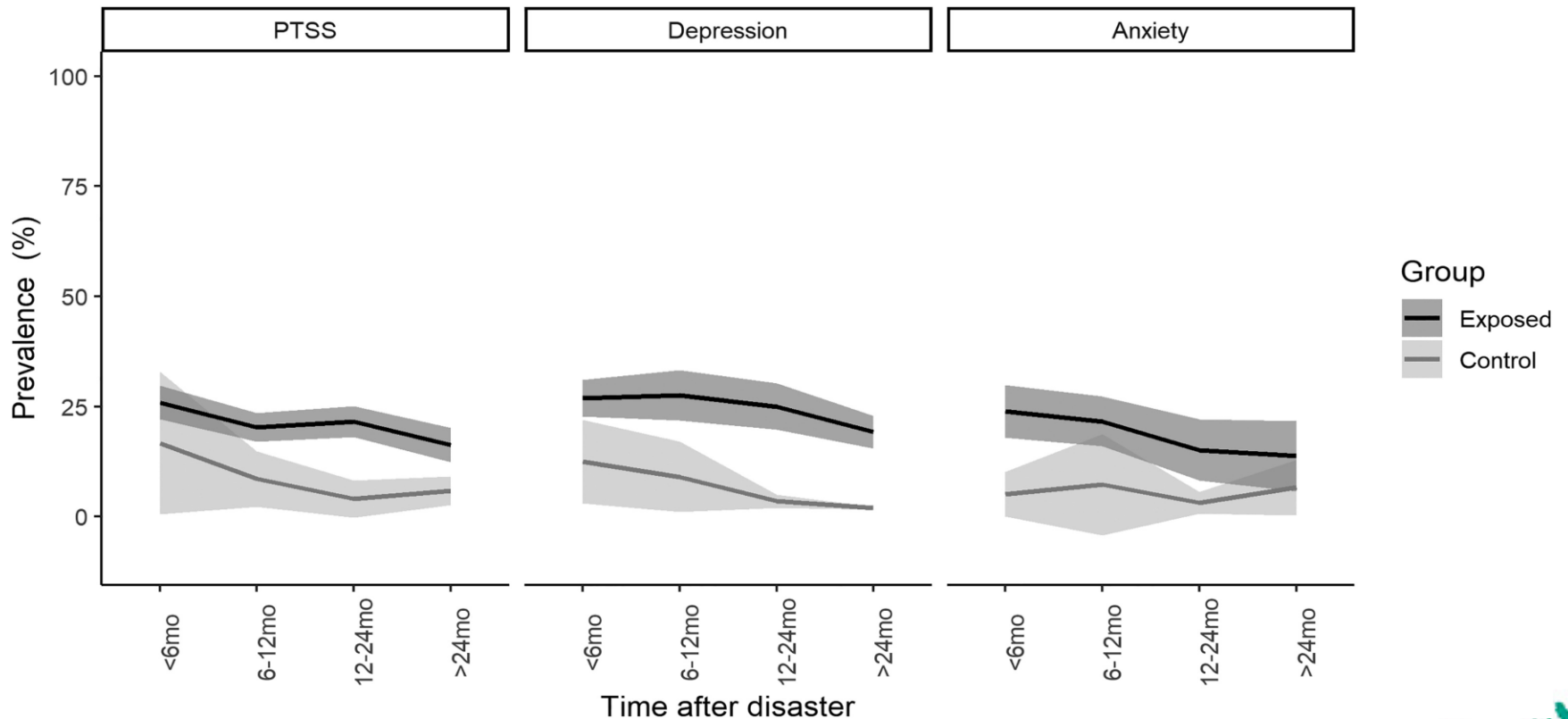
Exacerbating social disadvantage

Long-term trajectories after trauma



Potential for post-traumatic growth alongside all trajectories

Long-term symptom trajectories following disaster



What does this mean for multiple events?

- **Continued exposure** to adversity, trauma and disaster **increasingly the norm** not the exception
- Cumulative exposure and associated trajectories are **complex, unstable and heterogeneous**
- Likely to be associated with increased risk of **multiple mental health & psychosocial outcomes**
- Impact is greatest on already **marginalised groups**, resulting in **cascading and intergenerational disadvantage**
- **Connectedness** is key for recovery – but can be interrupted by other events
- **Overlaying impacts**, and each new disaster / event is barrier to recovery from previous event
- **Established impact on** relationship, financial, occupational function and stability in **community and frontline health and emergency responder workforces**

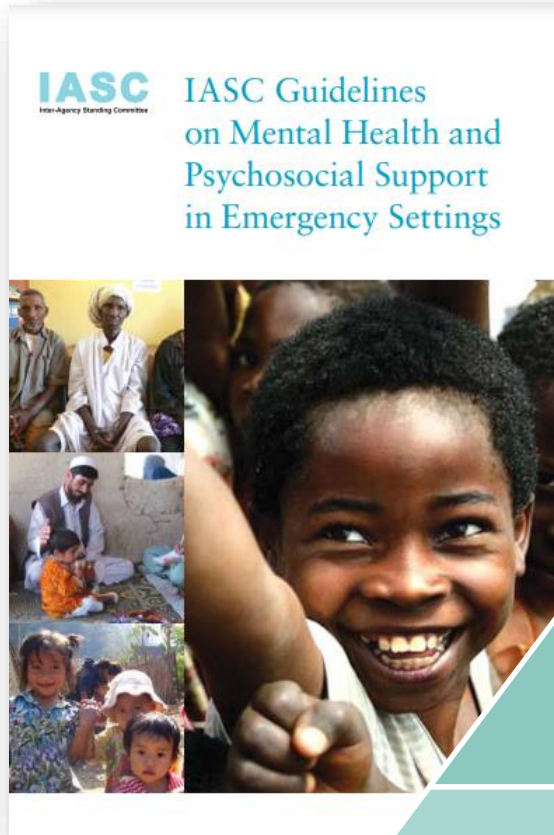
What does this mean for your role or organisation?

- **When interacting with individuals impacted by disaster?**

Aggression and irritability
Physical threats to self or others
Difficulty explaining their situation
Difficulty following instructions
Disorganisation and forgetfulness

- What about:
 - At a community level?
 - At a broader **systems/services and government level?**

Guidance for managing psychosocial impacts



Specialised services

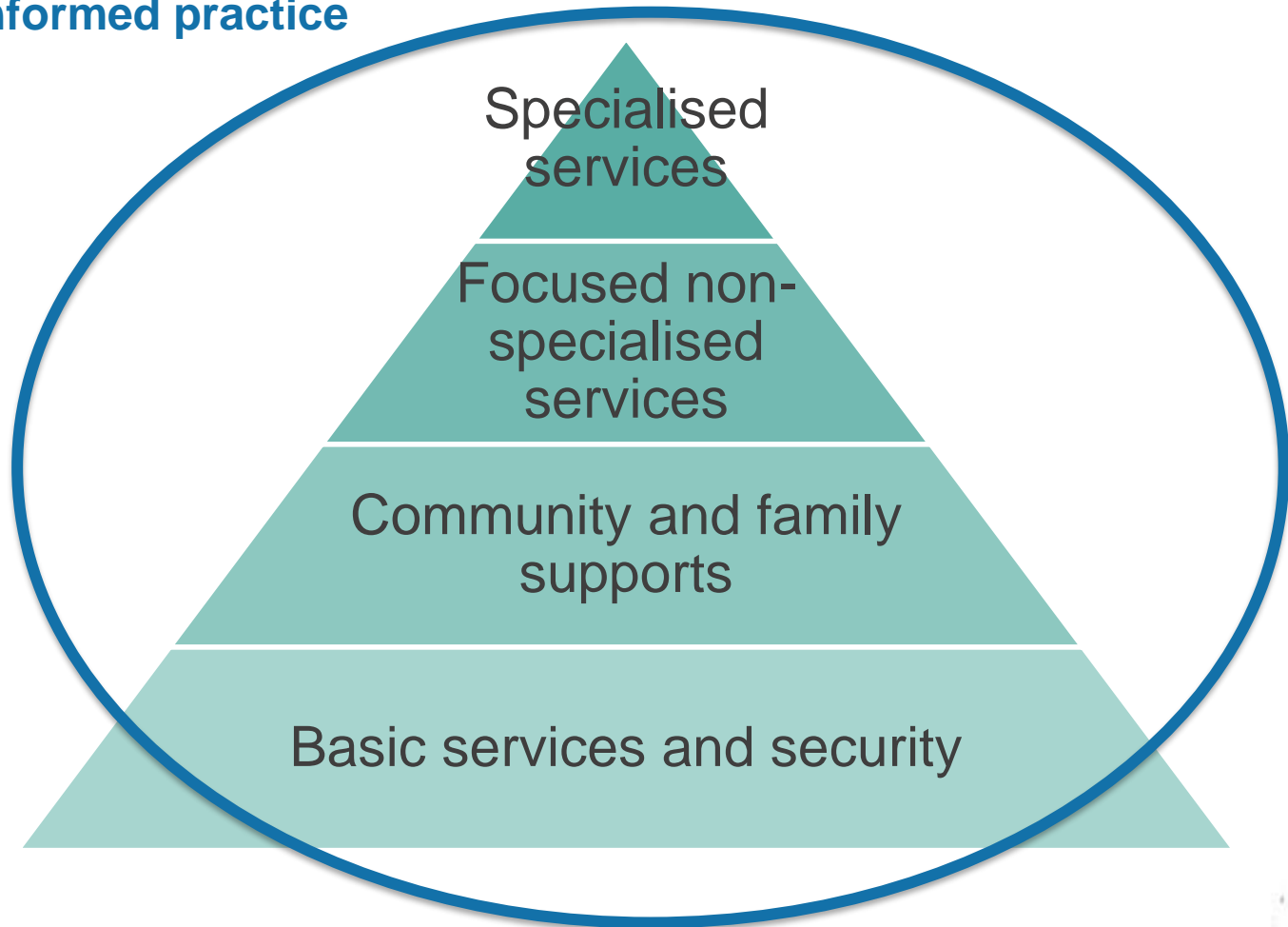
Focused non-specialised services


Community and family supports

Basic services and security

Guidance for managing psychosocial impacts

Trauma-informed practice





“Trauma-informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Hoppers, Bassuk and Oliver (2010)

Aims of trauma-informed practice



Minimise trauma-related barriers to accessing and engaging with services



Minimise potential harms from service delivery



Provide services that support hope and self-determination



Support service provider safety and wellbeing

Should be implemented
at all levels and across
all systems



- Develop mission and value statements articulating a recognition of trauma as a universal human experience
- Prioritise worker wellbeing

- Engage service users in design of services and environments, and their evaluation

- Ask not "What's wrong with this person?" but "What happened to this person?"
- Modify policies and environments so less likely to replicate aspects of traumatic experiences

- Communicate belief and expectation of recovery through policies and staff

- Assess community's strengths and resources initially and build on these

- Coordinate and collaborate with others in the region across multiple domains
- Actively link your service users with other relevant services



How can your organisation promote each of these principles through your policies, procedures and staff training, and interactions with other organisations, communities and individuals?

Summary

Continued exposure to adversity, trauma and disaster **increasingly the norm** not the exception

Understand and plan for **long 10+ year tail** of disaster impacts for some individuals, and compounding impacts and barriers related to subsequent disasters

A **trauma-informed approach** can be incorporated into all aspects of disaster and across all involved organisations, regardless of their role

Trauma-informed practice has the potential to **benefit individuals, communities and your staff wellbeing**

Review all aspects of your work against the trauma-informed principles, and **seek opportunities – big or small - to promote** these principles

Resources



Disaster Mental Health Hub

Information, resources and training for professionals who support individuals and communities experiencing the mental health impacts of disasters.



Prepare

Find out more →



Respond

Find out more →



Recover

Find out more →

Peer support resources

Peer Support Guidelines

WHO IS THIS FOR? 



[Find out more →](#)

Multi-Agency Peer Support Report

WHO IS THIS FOR? 



[Download →](#)

Peer Support Program Self-Evaluation Tool

The purpose of the tool is to aid organisations to assess their peer support program against the refined best practice guidelines. It presents the core requirements needed to meet best practice, across 11 program elements. The first 10 of these are common to most peer support programs. The final element is specific to organisations that are considering a multi-agency approach to peer support.



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MENTAL HEALTH

Alexandra Howard
Director, Disaster and Public Health Emergencies
ahowa@unimelb.edu.au

phoenixaustralia.org

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