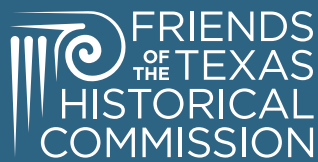


CRISIS AND TRAUMA
RESPONSE TOOLKIT
FOR CULTURAL WORKERS
2023



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INSTRUCTIONS

This toolkit is designed to be used as a whole or in-part. It contains stand-alone chapters, which can be used on an as-needed basis. The organization of the toolkit proceeds from larger topics to more specific topics.

TIPS FOR USAGE:

1. Watch the video(s) for the toolkit chapter(s)
2. Review the toolkit chapter in its entirety.
3. Use the discussion prompts to facilitate discussion with staff, community members, or others.
4. Engage in the recommended trainings or programming as desired.

Please note that this toolkit includes content that will continue to be updated.

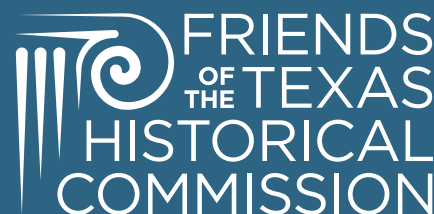
This project was made possible in part by the Institute of Museum and Library Services, Grant #CAGML-247929-OMLS-20 (www.imls.gov).

The views, findings, conclusions or recommendations expressed in this "Crisis and Trauma Response Toolkit" do not necessarily represent those of the Institute of Museum and Library Services.

As stated in the introduction, this toolkit is offered as "permanently incomplete" product and will be continually updated as new information and resources become available. The views, findings, conclusions, or recommendations shared in the video presentations are those of the presenting experts and do not necessarily represent the opinions of the Friends of the Texas Historical Commission.

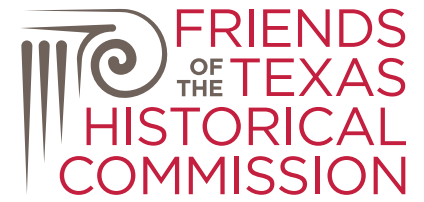
While some of the video presentations are provided by licensed therapists, the training and programming recommendations, which came out of the "lab" sessions, are presented as suggested practices to be used by cultural workers at their discretion and NOT as therapy.

FRONT COVER: Images of Caddo Mounds State Historic Site, Fulton Mansion State Historic Site, and Maggoffin Home State Historic Site.



PSYCHOLOGICAL FIRST AID

*Crisis response that focuses
on psychological care workers*



Using the image of a footprint, the “Psychological First Aid” video presentation for this chapter illustrates that the psychological “footprint” of a disaster is actually much larger than the medical “footprint”—effecting far more people and covering a greater geographical area. This aspect of disaster response is sometimes overlooked when organizations create disaster response plans. Some organizations may feel that tending to the psychological needs of individuals in the event of a crisis is overwhelming or too difficult. They may feel ill-equipped to respond, citing a lack of appropriate training or credentials. However, a complete response to a crisis includes a response to psychological needs. “Psychological First Aid” is designed to help organizations add this critical component to their crisis response plans.

The six-part video learning modules of “Psychological First Aid” includes information about the impacts of trauma, the role of emotional readjustment in coping, principles of psychological first aid, and responder self care.

This model of care is designed for those who work with the public. It integrates public/community health with individual psychology. It does not rely on direct services by mental health professionals, but rather uses skills you probably already have. The actionable steps described in these modules are consistent with research evidence on risk and resilience following trauma. They are applicable and practical in field settings, appropriate to all ages and groups.

PRESENTING ORGANIZATION

University of Minnesota Preparedness and Emergency Response Learning Center and the Minnesota Department of Health, Office of Emergency Preparedness

KEY TERMS

PSYCHOLOGICAL FIRST AID: An evidence-based approach and intervention built on the concept of human resilience to help survivors in the immediate aftermath of an event, crisis, or natural disaster. PFA can help everyone: children, adolescents, adults, elders, and families. Designed to reduce the initial stress caused by these events, PFA acknowledges the seriousness of the experience of danger and the increased feelings of vulnerability that often follow. PFA fosters long- and short-term adaptability, basic functioning, and coping skills. PFA is a humane and supportive response to a fellow human being who is suffering and may need support. PFA is an approach to helping people effected by an emergency, disaster, or traumatic event.

STRESS: A very broad term referring to the effect of anything in life to which people must adjust. For instance, anything we consider challenging causes stress, even if it is something we willingly choose to do. The key is that stress requires us to adjust our attention and behavior and makes demands upon our energy.

COMPASSION FATIGUE: The emotional residue of exposure to working with suffering, particularly those suffering from the consequences of traumatic events.

DISCUSSION GUIDE

Talk with others within your organization

Using the facilitation tips below, set aside time to engage members of your organization in discussion about creating a trauma informed workplace.

FACILITATION TIPS

Create a safe space for productive group discussions

- Create a set of agreed-upon guidelines for group discussions.
- Clearly articulate the discussion goal(s).
- Listen respectfully, without interrupting.
- Listen actively and with understanding.
(Don't just think about what you are going to say while someone else is talking.)
- Avoid criticizing.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.
- Avoid assumptions or generalizations about groups.
Do not ask individuals to speak for their (perceived) social group.
- A brief check-in and check-out is often helpful to include.
- Ensure accountability for words and their impact.
- Personal information should be kept confidential.

*Facilitation tips based upon information from MIT's Discussion Guidelines webpage.

DISCUSSION PROMPTS

What was surprising about Psychological First Aid (PFA)?

What was intuitive?

What surprised you?

What things would an organization need to provide PFA to staff?

What would PFA look like in your workplace for events that occur there?

What would it look like for events that occur elsewhere?

What things would an organization need to provide PFA to their visitors?

How can it be addressed in programming following a traumatic event?

FROM A SURVIVOR

CALL TO ACTION

One second, two seconds, three ... nine, then ten seconds—that is the length of time it takes to transition from what most would consider “normal life” to one living with trauma. Life as we know it can change in the time it takes to read this paragraph, and that is not a lot of time! Not a lot of time to think about what is happening in the moment, much less prepare yourself. But that is my advice to you—whether an organization or an individual—think about and plan for trauma and hope it never happens.

As the manager of a public historic site that was hit by a tornado while conducting a program, learning about PFA forced me to look honestly at both me and all the activities that marked that fateful day. Being technically minded, I have always tended to look outward rather than inward. My twenty-year career in the U.S. Airforce, including ten years in Europe where we exercised and planned for Airbase recovery after attack, meant that I understood the importance of having an Emergency Action Plan for our historic site. In fact, I had updated the plan only months before the tornado. However, our plan did not include the PFA principles as I had not yet learned about them. As I started to work through the PFA material, I realized that I and many of the other onsite survivors and responders had, to varying degrees, purposefully or instinctively operated within the four principles of Psychological First Aid (PFA):

- 1) Provide Safety
- 2) Provide Calm and Comfort
- 3) Promote Connectedness and
- 4) Promote Self-empowerment.

It's clear to me now that these principles need to be a part of any Emergency Action Plan.

LOOKING BACK ON THE EVENT

The tornado hit our site around 1:30 PM while we were hosting Caddo Culture Day, an annual educational program to celebrate the archeological and cultural heritage of the Hasinai Caddo Indians. We had about eighty people onsite—five outside in our Caddo Grass House, Alabama-Coushatta (local Native American tribal members) outside packing up food stuff, and the rest in the museum. The events seem like a blur, but here are images that stay in my memory. Due to weather and road conditions, outside First Responders (game wardens, county Sheriffs, Emergency Medical technicians, Life Flight, etc.) did not reach the site for three hours, so these are the events that happened during the long wait.

Zero seconds—Our site educator, Rachel, opened the back door and asked, “Why is it so dark—it's like nighttime?” One second—Realizing that something was terribly wrong, I told Rachel to call the Alabama-Coushatta into the building IMMEDIATELY! Four Seconds—Alabama-Coushatta got inside the building, and I moved to the exhibit area to tell people to take cover. Six seconds—at the classroom door, I was spun around and pushed to the floor by the pressure of the tornado passing overhead. Papers flew everywhere, and the building started coming apart all around me. Ten seconds—the tornado passed; I got up from the floor and thought, “I am OK.”

(Continued next page)

Anthony Southern, Site Manager
at Caddo Mounds State Historic Site.



ANTHONY SOUTHERN

Tony is the site manager at Caddo Mounds State Historic Site with an M.A. in Heritage Preservation from Georgia State University, where he studied folklore, architectural preservation, and Public History. He is a 20 year Air Force veteran where he worked as an avionics technician and shop chief, a strategic planning and process improvement consultant, and instructor.

(Continued next page)

I went to open the classroom door but could not. I looked around and see that the exhibit area (a tangled mess) had been pushed up to the reception desk, and the front doors were gone. Not seeing anyone needing help, I went through the office area looking for survivors and injured. At the back door, I said a prayer, "Lord, I cannot look for my wife; please let her be safe." As I stepped through the door, I saw two people I knew, one caring for the other, where the Caddo Grass House had stood only moments before. I could see another person, John, nearby on his hands and knees. Because it was still raining, I took John to the only part of the museum still standing—the office area. I sat John in the janitors' closet and asked someone to watch him and keep him still; John's arm is hurt. I immediately left and ran 100 yards to the guest house to check for anyone needing help and assess the condition of the structure. I didn't know it then, but it was about to become our safe area and light triage center. As I returned to the museum, my wife came around the front corner of the museum entry area, bruised but safe. I said a thank you prayer, hugged her, and told her, "I cannot stay with you; I have things I need to do. Go to the office area and assist with the injured." Another person stepped up and asked, "What can I do?" I told her that the guest house was damaged but safe, and I gave her the task of telling anyone not hurt and those hurt but able to walk to go there for safety and care. I then collected all the plastic tables I could find and placed them at the museum back door for possible use as stretchers. (Note: this same person came to me three other times that day, as did many others, asking "what can I do now?" They just wanted to help where they could.)

Finally, I moved around to the other side of the museum and discovered that unharmed survivors had already begun rescuing those trapped in the museum debris. We ended up with six critically injured. Three had to stay where they were and three were moved to the office area, where they were watched and comforted by fellow survivors. Without prior planning we had six individuals with varying degrees of medical training—a Caddo nurse, medical technicians, and Vietnam era medics—to care for the injured. The nurse cared for those in the guest house, and the others roamed and kept an eye on the critically hurt. Now began the long wait for outside help to arrive.

LESSONS LEARNED

Concerning the four principles of PFA, the tornado forced connectedness upon us; we are all survivors of the same tornado—a community of shared trauma. Through our past training, our professions, or just sheer instinct, all onsite responders provided, as best they could, safety and comfort. Additionally, I remember the onsite responders demonstrating a sense of urgency, but none were overly excited. The simple act of being cared for and the restrained attitude of the caregiver instilled calmness within those who were hurt as they waited for emergency medical technicians to arrive.

I know this section was primarily geared to professional responders, but I leave you with the charge to include trauma response to any plan or training program you undertake, and it should include an understanding of the Principles of Psychological First Aid. It cannot stop a trauma of this magnitude, but it can help reduce suffering and provide some comfort in the moment. As you can see in our case, it was three hours before professional responders were able to render aid.



Tornado aftermath,
Caddo Mounds State Historic Site
in Alto, Texas

TIPS FOR PROVIDING SUPPORT

Training and programming to enable organizations to provide support.

TRAINING

Training for staff can ensure they are ready to respond to the community as well as care for their own well-being in the face of a traumatic event.

RECOMMENDATION: Provide staff, especially managers, training on becoming trauma informed.

RECOMMENDATION: Have regular check-ins with staff. Make sure your messages align with your actions. Focus on listening to what each person is managing. Acknowledge their feelings and experiences. Recalibrate expectations together. Discuss resources for support.

RECOMMENDATION: Model work-life balance. Provide adequate vacation time and consider a policy that vacation time be taken.

RECOMMENDATION: Provide accommodations. Create avenues for employees/coworkers to request accommodations or resources. They should not feel guilt or shame over their needs. Have resources available.

RECOMMENDATION: Build trust and transparency. Recognize and support skills/expertise that strengthen the ability to make daily decisions.

RECOMMENDATION: Provide employee assistance programs. Work with a trauma expert to create programs. Extend employee assistance program benefits to family and household members as well.

RECOMMENDATION: Conduct formal, confidential, and tailored workplace health assessments with a goal of learning about workplace factors that may be negatively influencing employees' overall health.

RECOMMENDATION: Prepare employees for trauma in the workplace by giving them adequate tools to respond in the moment and access to necessary coping strategies after the incident. Continuity of Operations Plan (COOP) real life testing and drills give employees the tools to make decisions and later provide after action exercises on how to provide more proficiently.

RECOMMENDATION: Discuss potential traumatic events relevant to the workplace and build policies and procedures to help prevent these situations.

PROGRAMMING

Creating opportunities for communities and staff to engage in programming can take many forms. Here are a few ideas for implementing programming within your organization.

RECOMMENDATION: Prepare and keep on hand a trauma toolbox for employees. It should contain items an employee would find comforting—a blanket, snacks, water, etc. The trauma toolbox should also contain a written safety plan.

RECOMMENDATION: Listen carefully to the needs and wants of impacted employees and provide online resources the Employee Assistance Program (EAP) provides to develop appropriate, tailored responses.

RECOMMENDATION: Host information sessions with qualified speakers to address their experience of trauma. Employees can learn coping strategies when exposed to trauma and build a tool kit of resources that will be helpful to them.

RECOMMENDATION: Provide continuous and varied programming to staff to create a workplace where employees feel healthy, engaged and supported by the organization.

RECOMMENDATION: Create a list of community resources to share with staff and the community.

ADDITIONAL RESOURCES

BOOKS

Jacobs, Gerard. (2016) *Community-Based Psychological First Aid*.

ONLINE RESOURCES:

Journal of Public Health Management and Practice.
"The Development of a Model of Psychological First Aid for Non-Mental Health Trained Public Health Personnel."
https://journals.lww.com/jphmp/Fulltext/2014/09001/The_Development_of_a_Model_of_Psychological_First.5

Minnesota Department of Health.
"Psychological First Aid."
<https://www.youtube.com/watch?v=sa7WiL1xwQg>

Minnesota Department of Health.
"Psychological First Aid (PFA)."
<https://www.health.state.mn.us/communities/ep/behavioral/pfa.html>

NCTSN (The National Child Traumatic Stress Network).
"About PFA."
<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

Ready.gov.
"Listen, Protect, Connect: Family to Family, Neighbor to Neighbor."
https://www.ready.gov/sites/default/files/documents/files/LPC_Booklet.pdf

Ready.gov.
"Listen, Protect, Connect—Model and Teach."
https://www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf

University of Rochester.
"Psychological First Aid."
https://omh.ny.gov/omhweb/disaster_resources/pfa/healthcare.pdf

WHO (The World Health Organization).
"Psychological First Aid: Guide for Field Workers."
http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=28C970CE4F174BBCD2C698792B67D23F?sequence=1

