

Interview on Disaster with Tara, a provider

0:00 **Susan:** Hello, my name is Susan and I would like to welcome you back to Rising from the Ashes, Trauma Talks, a podcast series brought to by the UB School of Social Work Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency have allowed them to rise from the ashes. Trauma talks follow people who have both worked within the field of trauma, as well as those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I am joined with Tara Hughes, the American Red Cross Northeast Division disaster mental health advisor. On behalf of the institute we would like to thank you for being here today and sharing your story with us. So I am going to begin by giving you, the audience, a sense of how they came to interact with the disaster fund mental health. So can you tell us a little bit about how you came to be in this area?

1:06 **Tara:** Sure, it's actually been fourteen years. And, at the very beginning, immediately after the Oklahoma City bombing, and I did not respond to that but something was happening. I was living in Nashville, TN at the time and something happened a couple of months after that. In terms of starting to think about the people in Oklahoma and think about what's being done for them in terms of their mental health and in terms of their recovery from this, and so when something happened locally in Nashville, I was asked to respond to it and I was hooked immediately. Seeing the ability of people in the immediate aftermath of a disaster start to be able to process what has happened to them and make meaning of it that is helpful as opposed to harmful, in terms of how they think about themselves and how they interact with the world, it's an amazing thing to watch and an amazing thing to help facilitate. And so that's really what disaster mental health is. It's helping people in the immediate aftermath of an event. It could be a large disaster, it could be a personal disaster. To really start that process of wondering how do I come up with how this fits into my life and what it means about me. And if you can do that really from a resilience place, and a place of finding a way to talk about what happened so it doesn't become everything about you, but it's one of the things that forms who you are as opposed to everything that defines who you are. But that is so important, and I've seen multiple times over the past few years just how important that is and how people get to the other side and start to function again.

2:48 **Susan:** When we talk about trauma informed care within the institute, one of the things that we talk about is asking individuals and service providers to stop saying "what's wrong with this person," and moving towards saying "what has happened to this person." And there are five guiding principles of trauma informed care where safety, trust, choice, collaboration, and empowerment are tools that service providers can provide a more trauma informed practice. So to begin, can you talk a little bit about safety and what that means to folks who have experienced a disaster?

3:22 **Tara:** So the first thing that comes to mind is when going through that shift of saying what is wrong with you to what has happened to you, when you are responding to that in the immediate aftermath, that is the overwhelming question: What happened to you? So in this field it is actually fairly hard to think about what's wrong with you because it's so immediate and you're

responding to a major event that's right there. And so, in doing that you really are also looking at all five of the principles of trauma informed care from a very immediate kind of aspect. So when we think about safety we think about physical safety, emotional safety, depending on what's happened sexual safety has to be a part of that. And it's very immediate. And it's very concrete sometimes. So it is someone walking into a shelter after a hurricane has displaced them from their home, and maybe their home has fell down. And they walk in and they say, "Is this building going to withstand this hurricane?" I can't say to them yes because I am not a building inspector, I didn't build the building. But what I can say is that, what I can tell them is give them all of the information that I have, and say to them, "what I know is a building inspector looked at this building and said 'it's fine,' we can't move into a shelter until they do that, they have people looking at the weather specific to this location, and will be able to tell us if something bad is coming directly at us, that we have occupancy, that the fire marshal tells us what it is and that we can't go over that and we watch that very carefully, that we do all of these things to be as safe as possible." That really physical safety at that moment. Other things in that moment are if someone is looking at something. If their house has just burnt down. The only thing that I can do if they are unwilling to leave the scene, which often people are, but I can turn them so that their back is to the scene and I'm looking at the scene. That improves safety. And then all of that improves emotional safety in terms of really giving them a sense that they are not alone and that's one of the biggest things in the immediate aftermath because people tend to react to a disaster, and then they worry that they have reacted incorrectly. So being able to come in and say, "nope, that's absolutely the way other people are reacting," we even have very common reactions written down on pieces of paper sometimes so that we can show people and say, "nope it's on the list," and that really allows them to understand that they are not the only person, and that people have a common reaction and it normalizes it. And that creates a whole level of safety that they didn't even know they needed. So there's a lot of things that go into that kind of safety. When we talk about that, I'll continue to talk about this throughout the whole thing, but giving information is one of the most important things we can do in the aftermath of a disaster. So if you look at something like a plane crash, one of the first things that happens is that a family assistance center gets set up and apart of what happens every day in a family assistance center is that every day at least two, if not three family briefings. Where everybody who directly knows what is happening, so the fire chief, the police chief, the FBI if they are involved, law enforcement if they are involved, the medical examiner, the national transportation safety board; whoever it is who is doing investigations, who is coming up with information, on a routine basis we give that to families. That information gives this sort of strange sense of, you know, "my family member may not have been safe, but with this information I know what happened," and that can create a level of safety.

7:24 **Susan:** I think that as people are coming and building trust with folks that are feeling so shaken and you know their world has been turned upside-down sometimes, literally. That building that trust would be really challenging. How do you do that in that scenario?

7:41 **Tara:** So, it's really interesting because when I was going through school I never thought, you know the first time you hear about Maslow's Hierarchy of Needs you think, "ehh that's common sense, no one is going to need that!" Well that's exactly what we use. And it starts with when someone walks through the door and making sure they have a place to sit, making sure they have water. Water is one of the most important things a person can intake at the point because a

disaster is going to really dehydrate them and their brains aren't really going to work well and so we can keep them hydrated. So it's the little things like you have enough seats for your family. Sometimes when they ask a question and I don't know the answer, which happens all of the time, the most important thing for me to do is say, "I don't know." And, let's say that I can find it out, then I am going to find it out and come right back and tell them. So trust gets built in these very concrete ways in the aftermath of a disaster. It's about safety, it's about food, it's about water. It's about connection with families. If people aren't physically hear, let's call somebody and keep trying until we get somebody. So that trust is built on those very concrete things and absolutely doing what you say you're going to do. If I say I am going to go and get information, and I find I can't get that information, or that I'm not going to have it for another two hours, not waiting those two hours, but immediately coming back and saying, "they told me it's going to take two hours to get that information. I am going to set an alarm on my phone and I'm going to check in two hours and then I am going to come back." In addition to that, when someone tells you something, whatever they may be thinking, and their brains aren't functioning in a sort of normal quote on quote way, but when they tell you something and you listen to that, not respond necessarily, you can't respond and can't fix it, but you are just there with them and listen to them, that is going to create a whole lot of trust. Because I can tell you, and I've seen it happen, even family members arrive and they don't want to hear the details. It's scary to hear the details, it's about pain and people don't like pain. So being able to sit with the pain and not try to change it but just sit with it creates trust. Really basic level of trust that happens. And it's based off very concrete Maslow's Hierarchy of Needs and based on being there with somebody and not trying to run away from the pain and not trying to fix it.

10:35 **Susan:** So I am curious about how you've got folks who are really in a lot of pain and they've got stress reactions and one of the other principles is collaboration. And so how do you collaborate with folks when they are in that state? Do you take small steps and kind of build up? What's the process?

10:55 **Tara:** That's a great question. And so what we do in those moments is something called an "enhanced psychological first aid." So a psychological first aid is something anyone can do, and in some ways being a good human, you want to help them connect with social supports. When you do enhanced psychological first aid, there is really this sense of someone that they normally aren't. So you may have somebody who is a high powered executive and something happens in a traumatic way and now he or she is very un-functional and can't make a decision, "Do I want water or do I want tea? I don't know." So we do start very, very slowly. It's all about collaboration though, and problem solving. There's a lot of things that need to get done. In the Boston Marathon bombing, anyone in a certain radius of the bombing was not allowed to take their bags with them, so if spectators were there and had a bag with them, they weren't allowed to take it with them. It became evidence. So it will always be in some warehouse with the FBI. So, one of the big things that we had was a lot of people without ID. So very quickly one of the things we realized in our family assistance center was that we needed registered motor services to come. Normally we've all had the experience with the DMV where you go and stand in line and this was phenomenal. We called them and they came and took pictures, processed, and gave new IDs all right there. Even if people weren't MA residences, they made a specific ID that they were able to put together and give it to that person so they could get on an airplane and go home, or go across a border and go back to Canada, or those kinds of things. So understanding what needs to

happen and being creative and solving those problems together. Who do you need and what kind of help do you need? In one particular plane crash there was a family who just lost a daughter, and she was a homosexual and the parents had not been understanding. When her very long-term partner showed up, there was a lot of friction because they felt like she was just a friend not a partner. So the sister came to me and said, “What are we going to do here?” So in a very collaborative way we figured out how to separate them and still give them all information so that the family members who really wanted to be in both places could do that. The parents and the long-term significant other didn’t come into contact and it took a long time because the parents were getting upset that their kids were walking away and “talking to somebody who doesn’t matter,” and we were really trying to help them sort through that. So collaboration and problem solving can’t be pulled apart because it’s all happening at the same time.

14:36 **Susan:** It sounds like you really have to be creative to meet the needs of all the folks involved.

14:47 **Tara:** Very much so, and that creativity goes to help other people see their own creativity and solve their own problems. And empowerment is one of the other components and even if it’s a small way, we need to empower people. Again, a plane crash happened in the middle of the night and the family realized that the dad’s car was in the middle of the airport parking lot and they didn’t have the key, he had the key. They got so focused on how to get the car. They didn’t at this point have official confirmation yet, so we used the directive enhanced psychological first aid to see what else they needed to do. We made a list of everything that needed to happen, and they continued mentioning the car so at 4AM we called a 24/7 locksmith and sent a volunteer over to identify the car, had the police with them, broke into the car and brought the car back to the family assistance center and finally the family could move to other things. So that empowerment is sometimes based on what needs to be focused on in the moment and work on that together as best as we can, and then we are going to move on. It’s amazing how much a locksmith has to do after an event like that!

16:25 **Susan:** It sounds like all of these principles are really intertwined into your whole response during the disaster. I know enough about disaster mental health to know that helping folks to get back on the road and take their own actions for the recovering process is huge. What are some of the things you do to get folks to take responsibility for their own recovery?

16:56 **Tara:** First thing we do is redefine what success is. So if success is getting on the phone and calling mom, then that’s success, even if you are a high powered executive making 700 important calls a day, sometimes it’s the little things that really define success here. It’s redefining what that looks like. Making a list and picking what we need to do, but knowing eventually you have to put the list away and just sit and talk to people here. Redefining is the biggest thing because immediately after something has happened, sometimes picking PB&J over a tuna fish sandwich is all you can choose. So we normalize that difference, it’s temporary, but we need to look at what you’re really able to do right now. Again we go back to information. I will often talk to people about the neurobiology of the brain in a simplified way and say it’s normal to feel like it’s tough to make a decision right now. Those parts of your brain aren’t active in fight or flight — so empowering them to really see that this is temporary, common, and expected. I wouldn’t expect you to make twenty decisions right now. So really the information is

helping to any choices that are being made when redefining what success is. One time a mom came up to me and said she really couldn't decide whether her children would eat PB&J or tuna fish, and she was crying. I asked her how old her kids were, thinking she would say two and three, but they were fourteen and fifteen. I said, I get it, I know this is a really hard decision, what would you think if we let them decide? And she looked at me like "ohhh yeahhh. Okay!" So choice becomes something that you almost have to collaborate to get to the choice. And part of that collaboration is let's redefine what the choice is. Let's redefine what needs to happen and then we can do this together.

20:00 **Susan:** So it sounds like you do a lot of being present and gentle guiding.

20:08 **Tara:** Absolutely. It's something that not everyone can do. It's something that I, as a responder, have to table my own stuff. It can't in any-way shape or form be about me, it has to be about them. I'm not saying people are selfish and can't do that, but sometimes there are so many factors making that hard for some people to do. If you've had your own personal death in the first year, I am very weary of putting you in the family assistance services because you will be thinking about your own experiences and not the people right in front of you going through them now. If you have a trauma history yourself, it can work really for you and against you. So if you were to come to me and say, "I'm ready to do this," part of the conversation that we are going to have is what are the components of your trauma that is similar to this experience happening now. If there are a lot of them, I may ask you to do something else like being a little bit further away from that, because when we look at our ability to collaborate and problem solve for somebody else, it has to totally be about them. So after the New Town Shooting in Connecticut, the Sandy Hook elementary students, we had the privilege to go be with the families when the President came to meet with them. It's a very stressful thing to meet the President. There were only six of us who were able to go in there, and I was the one who had to pick those six. A woman from the local area was upset that I didn't pick her, she kept saying this was her area she grew up in and these were her people and that she was born for this. Her need came very much out of her own position. The more she talked, the less likely I was to put her there. You need to manage your components because whether it's a tornado that just ripped through somebody's home or someone died or whatever it may be, to those people experiencing this, at that moment, this is what life is all about. You need to be able to walk in, put everything on a back burner and say, "right now my life is about your life." It's a really hard thing to do, and it's dangerous if I don't make those judgement calls, or if someone in my position who doesn't make those calls ahead of time and say nope, that's not a good place for you to be around, because not only is it difficult in those moments, but your own personal self-care becomes almost impossible afterwards. Now you have submerged yourself in a trauma that has possibly triggered your own, and causes a difficult demobilization position for a first responder. When I think about Sandy Hook, it's incredibly difficult to be with families who just lost six year olds. And details of that shooting the families know a great deal, and still no more than the public knows, and that's the way it should be. But some of the details are very hard to hear and very hard to process and coming up with a way to only be 100% focused on them is the only way this is going to work.

24:16 **Susan:** So that actually leads me to my next question about vicarious trauma. I know we have a lot of providers who listen to the podcast, and when you are in the moment, what do you suggest to do with self-care. You talk about it coming out with a leadership position, but when

you're that person as a provider?

24:39 **Tara:** I think it's the little things. It's the very small things you can do minute to minute to take care of yourself if you remember to do in the moment. Things like make sure you're drinking enough water. I have had many friends who have had to be hospitalized for dehydration while they were deployed. It happens really quickly, too. This sounds really silly, but make sure you have comfortable shoes on. Because you are moving and you're flying and you can't be thinking about blisters, my feet are cold, or my feet hurt, or any of that. Sometimes when we are pulled out of things and have to go immediately we don't have a choice about good footwear, but think about it. Having someone right in the area because you aren't, and shouldn't, be doing this alone. So having someone in the area that you can go up to and look at and breathe very deeply and they may put their hand on your shoulder or make sure you have a bottle of water, but make sure you have somebody else right there in that moment. And when things are really tough, it's okay to cry. I had this great experience after Katrina where this family came, they were actually Haitian, and the dad was a professor at Two Lane and he brought his family — most well behaved children on the planet, I had three of my own at the time — came in from very difficult circumstances. Put himself through school, got a PhD, really worked his tail off to get this job. They had a small apartment that they were living in, and they were really hoping to move into a home. And, Katrina happened. So sitting with them, nobody... they all got out ok. But everything that they had built was gone. Their apartment was on the first floor. They were really looking for a home at that point so it was like they were like "we are almost out of here!" And then this happens, and now they have nothing. This was one of the hardest moments I've had, sitting with this family. Because this man had done SO much work to get where he was. I cried, first of all, with them. And that's okay to do with them. We need to be able to show our own emotions because that actually allows people to see that we are human and we are reacting and it's not odd that they are reacting. When I walked away from that, I needed somebody. I needed to go outside, and some of the words I used at that moment in time I can't put on a podcast, but I was with a friend and she was well able to hear those— but, you know, that kind of thing was gut wrenching. And so it doesn't need to be a death, but really looking at loss and understanding it, but also knowing it will impact you. Being human in my own responses as long as whoever I am sitting with doesn't think they have to take care of me. Keep that under control. But I also need someone to just look at and say, "Damn, that was really hard." And that's really important. In terms of self-care afterwards, being really good to yourself and understanding it's going to take sometimes weeks, sometimes months — when I got home from Katrina, it was a good 6 months before I felt normal again. When I come home from mass-casualties events, it takes weeks and months to be back and feel like I am able to fully engage here. And feel like my brain isn't somewhere else. I did Sandy Hook which was back in December and in April was the Boston bombing and I did both of those, and actually something in between where there was a death involved. It took about a year after that for me to really feel like I could engage. I need to allow that and know there is nothing wrong with me for why that took so long. There was a lot going on there and lots of death with children and politics and all sorts of things that were going on in those responses. So being able to deal with that and be okay and find people you can talk with. When you get home it's really interesting because when home is not directly impacted, we move on. We work out of a 24 hour news cycle so we move onto the next big thing. And being in that situation where my head is still stuck in this event and then I am struggling to live in reality, so having a lot of friends across the country in the Red Cross to call and say, alright this is hard and

having that here. But also having people at home know that you are trying to move on and are working on it, is really important.

29:51 **Susan:** Thanks for sharing your stories with us. Thank you for that, it's really valuable. On behalf of the Institute on Trauma and Trauma Informed Care, I'd like to thank you for taking time to speak with me today, and share your witness of strength and resiliency. It's been a pleasure.

30:07 **Tara:** Thank you, it's been a pleasure for me too.