Responding to Disaster & Trauma:
Bridging Mental Health & Medicine

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Trauma-response Teams

- Interdisciplinary by Nature
  - Multidisciplinary representation
    - e.g., emergency physicians, psychologists, family physicians, marriage and family therapists
  - Professional and non-professional representation
    - e.g., MD, Ph.D., MA, BS, no-professional degree (lay persons)

Trauma-response Teams (con’t)

- Mobilized in-response to large- and small-scale disasters and crises
  - Man-made disasters
  - Natural disasters
- Specialized Training is Requisite
  - Medical Reserve Corps
  - Red Cross
  - International Critical Incident Stress Foundation
  - Green Cross / Traumatology Institute
  - FEMA
  - Other…

What do we see?

- “Being there” is vastly different than media portrayals – and thereby difficult to wholly convey
  - What we see (visually)
  - What we hear
  - What we feel (physically, emotionally)
  - What we taste
  - What we smell

Man-Made Disasters

- Terrorism
- School-shootings
- Gang-related violence
- Hospital crises / disasters
- Other

Natural Disasters

- Tsunamis
- Hurricanes
- Tornadoes
- Earthquakes
- Mudsides
- Avalanches
- Other
Systems Thinking in Interdisciplinary Trauma Work

- “Systems Thinking”
  - Broadly defined
- Biological Systems
- Psychological Systems
- Relational / Social Systems
- Eco-Systems

Inherent Challenges in Interdisciplinary Fieldwork

- Clinical Challenges
  - Meaning-making
  - Ambiguous loss
  - Increased appreciation for loved-ones
- Practice-Related Challenges
  - Scope of practice
  - Cross-disciplinary tensions
  - Interpersonal boundaries and dual-relationships
  - Compassion fatigue

Clinical Challenges

- Meaning-Making
  - Answering the question, “Why did this happen?”
  - Dealing with “shattered assumptions”
- Individual Meaning-making
  - Psychological responses to disaster
- Co-created Meaning-Making
  - Alignments vs. Conflicts

Clinical Challenges, con’t

- Ambiguous Loss
  - Psychological Presence / Physical Absence
  - Psychological Absence / Physical Presence

Clinical Challenges, con’t

- Increased Appreciation for Loved-Ones
  - Survivor guilt
  - Life review

Practice-Related Challenges

- 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 psychologist assist in the drawing up of medications or vaccinations?
  - Can a marriage and family therapist assist in cleaning a wound?
Practice-Related Challenges, con’t

Scope of Practice, con’t
- The overlap(s) of roles played by trauma team members is relatively broad.
- While some situations call for a distinct skill set and training background, many of the roles assumed by trauma team members do not.
- Maintaining flexibility in your role(s) – whatever this includes – is essential to the conduct of effective fieldwork.

Cross-disciplinary Tensions, con’t
- Competitions or conflict between providers
- Especially noticeable in everyday-practice between “sibling disciplines”

Interpersonal Boundaries and Dual Relationships
- 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, refer, etc. as indicated

Compassion Fatigue
- Common themes relate to breaking-down processes in which our physical, emotional, and even spiritual resources are depleted
- Signs/Symptoms are extant across multiple systems levels
- Higher risk for ethical violations

Cross-disciplinary Tensions
- 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

Crowded living quarters
- Locker-room facilities
- Team debriefings
- Providing “care” vs. “support” for friends /colleagues
Practice-Related Challenges, con’t

- **Compassion Fatigue**, con’t
  - Deployments are generally ≤ 2 weeks
  - Sequential teams sent to a single area usually overlap by a couple of days to effectively and smoothly transition one team to another
  - While in the field, team members work for only 3-5 consecutive days – followed by 1-2 days of rest.
  - Even in the contexts of working long hours, we encourage our team members to think about, and take care of, their own health

- **Take time for yourself**
- **Consult with colleagues**
- **Think about, and take care of, your own health**
- **Be social**
- **Be intentional about your personal relationships**
- **If you are hurting, seek help**

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