

# Resistance, Resilience & Recovery

Michael J. Kaminsky, M.D., MBA, George Everly, Ph.D.,  
Alan Langlieb, M.D., Lee McCabe, Ph.D.

Johns Hopkins University School of Medicine

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## The Johns Hopkins Perspectives on Disaster Psychiatry

	DISEASE	DIMENSIONS	BEHAVIOR	LIFE STORY
	What a person "has"	"Who a person is"	"What a person does"	"What a person encounters"
"RRR" Concepts	Hypotheses	Hypotheses	Hypotheses	Hypotheses
<b>RESISTANCE</b>	A person may have somatically-based pathological conditions that compromise his/her immunity to stressors	A person may have certain intellectual or personality traits that affect (+ or -) his/her immunity to stressors	A person may have drives, habits, learned behaviors, etc that affect (+ or -) his/her immunity to stressors	A person may have life encounters and resulting assumptive systems that can affect (+ or -) his/her immunity to stressors
<b>RESILIENCE</b>	A person's capacity to rebound from stressors, traumatic incidents, etc may be impaired by acute and chronic illness and disease (eg, via immuno-suppression)	A person's intelligence, problem-solving ability, extraversion, optimism, etc can position him/her to "spring back" from a stressor faster than a person without such traits	A person's learned responses to external stressors, ie, one's repertoire of active coping skills, in part, determine one's resilience to such stressors	A person's psychosocial history (eg, in the contexts of family, school, and job settings) and the resulting assumptions about the value of interpersonal relationships as a personal resource are critical elements of resilience
<b>RECOVERY</b>	A person's recovery from a disaster may be facilitated or impeded by the absence (or existence) of a physical or mental illness/disease process	A person's recovery from a disaster may be facilitated (or impeded) by certain intellectual and personality traits	A person's recovery from a disaster may be facilitated (or impeded) by previously learned behavioral tendencies, coping skills, etc	A person's recovery from a disaster may be facilitated (or impeded) by prior life encounters, by the availability (or absence) of close interpersonal relationships, and by his/her sense of self-efficacy
<b>Key focus for recovery</b>	An identifiable abnormality of structure or function	Vulnerability due to intellectual sub-normality, unstable introversion, and affective/temperamental traits, etc	Maladaptive goal-directed and/or learned behavior; return to functioning	Psychological distress, anxiety, demoralization, negative beliefs about self-efficacy
<b>Key intervention for recovery</b>	Cure by way of appropriate medical treatment	Guidance and support	Increase, decrease, or extinguish problem behavior	Recapitulation, rescripting, re-framing, reconstruction, etc

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## The Johns Hopkins Perspectives on Disaster Psychiatry—Resistance Hypotheses

Disease	A person may have somatically-based pathological conditions that compromise his/her immunity to stressors.
Dimensions	A person may have certain intellectual or personality traits that affect (positively or negatively) his/her immunity to stressors.
Behavior	A person may have drives, habits, learned behaviors, etc that affect (positively or negatively) his/her immunity to stressors.
Life Story	A person may have life encounters, and resulting assumptive systems, that can affect (positively or negatively) his/her immunity to stressors.

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## Resistance—Assessment

1. Assess vulnerabilities, knowledge, beliefs and preparation of individuals
2. Assess quality of group cohesion/social support/organizational management
3. Assess availability of credible leadership

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## The Johns Hopkins Perspectives on Disaster Psychiatry—Resilience Hypotheses

<b>Disease</b>	A person's capacity to rebound from stressors, traumatic incidents, etc may be impaired by acute and chronic illness and disease (eg, via immuno-suppression).
<b>Dimensions</b>	A person's intelligence, problem-solving ability, extraversion, optimism, etc can position him/her to "spring back" from a stressor faster than a person without such traits.
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## Enhance Resilience—Intervention

- Acute Post-incident, Post Deployment
- Provide information about event,
- Provide information about normal behavioral reactions
- Emphasize social support
- Teach personal stress management, foster "self-efficacy" (Bandura, 1997)
- Address "relationship" issues
- Return to normal routines: diet, exercise
- "Debriefings" or similar organization-based crisis interventions should be considered. Cathartic ventilation should be voluntary!
- Utilize a phase sensitive disaster mental health system (Raphael, 1986; Everly & Mitchell, 1999)...

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## Enhance Resilience—Intervention

An essential element of fostering cohesion and support can be effective group communications. Communications should be designed to provide five essential elements:

1. information (and rumor deterrence),
2. reassurance,
3. direction,
4. motivation, and
5. a sense of connectedness.

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## Enhance Resilience—Intervention Foster Self-Efficacy

"People's beliefs in their efficacy... influence the courses of action people choose to pursue, how much effort they put forth in given endeavors, how long they will persevere in the face of obstacles and failures, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding, how much stress and depression they experience in coping with taxing environmental demands, and the level of accomplishments they realize" (Bandura, 1997, p.3).

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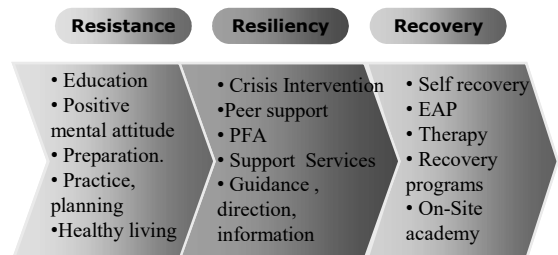
## The Johns Hopkins Perspectives on Disaster Psychiatry—Recovery Hypotheses

<b>Disease</b>	A person's recovery from a disaster may be facilitated or impeded by the absence (or existence) of a physical or mental illness/disease process.
<b>Dimensions</b>	A person's recovery from a disaster may be facilitated (or impeded) by certain intellectual and personality traits.
<b>Behavior</b>	A person's recovery from a disaster may be facilitated (or impeded) by previously learned behavioral tendencies, coping skills, etc.
<b>Life Story</b>	A person's recovery from a disaster may be facilitated (or impeded) by prior life encounters, by the availability (or absence) of close interpersonal relationships, and by his/her sense of self efficacy.

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## RESISTANCE, RESILIENCE, RECOVERY



Create Resistance Enhance Resiliency Speed Recovery

Practical Exercise:

Develop a Personal Resistance, Resiliency, and Recovery Plan

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## Resistance

1. How can each of the following help create resistance?
  - a. Education
  - b. Positive Mental Attitude
  - c. Preparation, Practice, Planning
  - d. Healthy Living
2. How can you create resistance in the following areas?
  - a. Physically
  - b. Emotionally
  - c. Mentally
  - d. Behaviorally
  - e. Spiritually

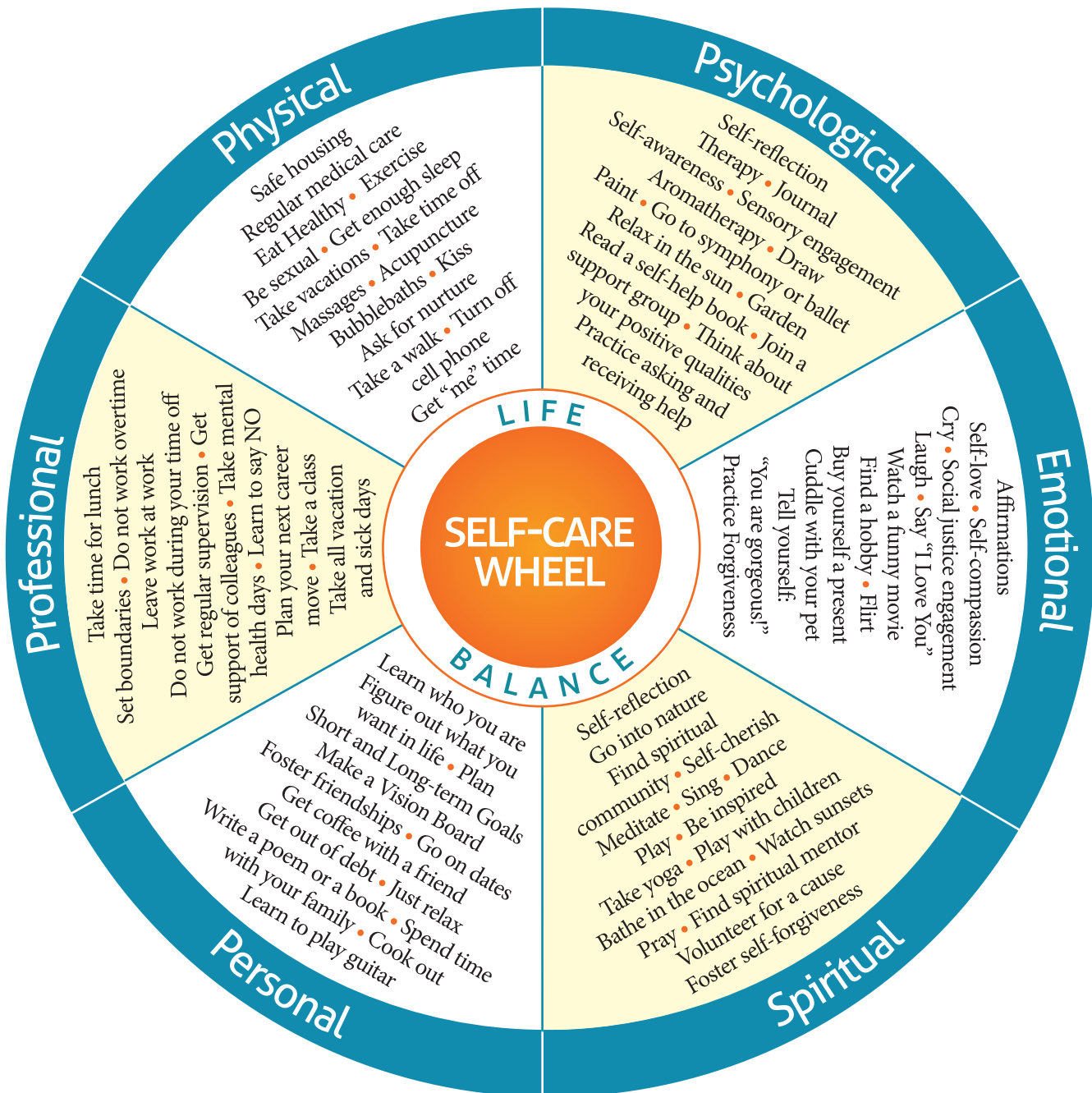
## Resilience

1. How can each of the following help create resilience?
  - a. Intelligence
  - b. Problem-solving ability
  - c. Extraversion
  - d. Optimism
2. How can you create resilience in the following areas?
  - a. Physically
  - b. Emotionally
  - c. Mentally
  - d. Behaviorally
  - e. Spiritually

### Recovery

1. How can each of the following help create recovery?
  - a. Self-Recovery
  - b. Employee Assistance Program (EAP)
  - c. Therapy
  - d. Recovery Programs
  - e. On-Site Academy
2. How can you create recovery in the following areas?
  - a. Physically
  - b. Emotionally
  - c. Mentally
  - d. Behaviorally
  - e. Spiritually

# SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

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