

# Closing the Gap: Operationalising Resilience

**Robert Fagan** explores the concept of operationalising resilience, which helps first responders to be ready for the impact and surge of an event

**T**he genesis of this article comes from over 20 years of deployment observation and training with multiple countries for global humanitarian assistance and disaster relief operations, in addition to community response and recovery at the local, state, and federal levels in the United States.

No matter what type of operation one is engaged, in it quickly becomes readily apparent that all those involved are also attempting to mitigate the effects of acute stress and trauma they – and others – are experiencing while assisting those in crisis to cope effectively with adversity.

The author's humble beginnings in this area were

fraught with mistakes and inadequate knowledge as to exactly what to do after delivering the necessary material requirements assigned to our organisations. The missing pieces were very much psychological and tied to individual and community resilience but, in the beginning, these considerations were left to professional mental health and social workers and were completely separate from the average response and recovery practitioner.

Fortunately, over the course of the last two decades, we have progressed greatly through the use of Critical Incident Stress Management (CISM) and Psychological First-Aid (PFA) in helping first-responders and the communities we serve. While attending a conference on

*Operationalising resilience requires prior preparation on the part of the first responder in order to be ready for the impact and surge of an event*

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Never attempt  
to think through  
complicated response  
tasks by yourself



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promoting emotional and mental wellbeing organised by the US Uniformed Services University of the Health Sciences in April 2018, I was struck by how far we've progressed nationally and internationally. In particular, the general session on crisis leadership and stress, which focused on lessons learnt and how to prepare and equip leaders better resonated with me. By using CISM and PFA, laypersons are able to close the gap in psychological triage down to hours. By further honing these skills and utilising operational resilience techniques, almost anyone can help another person who has experienced trauma in the first minutes and hours of an event.

PFA has gained a wider audience over the last decade because demand after a disaster always exceeds availability in terms qualified mental health professionals. While there are several ways to break down the tenets of PFA, I'm particularly indebted to Dr George Everly of the Johns Hopkins School of Medicine for his publication of the RAPID model. Designed to promote personal and community resilience, the RAPID model consists of Reflective listening, Assessment of needs, Prioritisation, Intervention and Disposition, and should be used on injuries and trauma that are beyond those which are physical in nature. With a little bit of reflection and training, the RAPID model is readily applicable in public health settings, the workplace, the military, faith-based organisations, mass disaster venues and even more commonplace critical events.

Use of the model assumes the ability to talk to others in a safe environment to begin assistance. But, what if we're on scene and we need to close this gap in the immediate aftermath of an incident? What if you find yourself overwhelmed by destruction and trauma and have to deal with multiple walking wounded as part of your responsibilities? What do you say and do in order to get them to the point that you and others may apply PFA?

We can close this gap by operationalising resilience. Although this term was not specifically used in discussions, the following concepts were initially developed by Susan Schmitz and Claudia Der-Martirosian over time through their work with US military veterans at the Veterans Health Administration Office of Patient Care Services. Operationalising resilience requires prior preparation on the part of the first responder in order to be ready for the impact and surge of an event.

First, responders and their organisations should identify roles and expectations ahead of time. What is the mission and vision of your organisation? What is your specific duty within that framework? Once you identify your role in a crisis you can begin to plan, train and study by reviewing similar and realistic experiences from around the world of those who have gone before you. Although we train for our jobs and are assigned work tasks, we often neglect the third pillar of professionalisation: a demanding personal professional development plan. Through understanding what you might be called upon to do, you can manage reactions and write them down developing worksheets and job books for rehearsals and drills.

This may seem tedious at first, but it will help you develop the frame of mind necessary to complete your tasks during real world events and further understand what you will actually be called upon to do in a crisis. Next, once these items are a little further developed, you can run them through scenarios or personal table-top exercises you



develop for yourself to hone and develop the cybernetic step-by-step immediate response techniques necessary.

The previously mentioned steps are essential preparation to enable you to accomplish the three important tasks of operationalising resilience in the first minutes of an event. The first task is to get one's emotions under control. You may have just witnessed severe trauma and suffering, but you must be as clear headed as possible in order to help others and this can be accomplished through diaphragmatic breathing. Deep breathing in and out for a full count of five on both the inhale and exhale, up to ten times, can do wonders for clear thinking and regaining your emotions. Repeat as often as necessary.

The second task is positive self-talk. Telling yourself that you will do your best to get through this and that you will help as many people as possible while doing so, can provide a vital impetus to interrupt negative thinking.

The third and last task in operationalising resilience on the ground in the first minutes is active problem solving. This is best applied using the buddy system. We've all heard the phrase 'two heads are better than one', and this is most certainly true during a crisis and under severe stress. Never attempt to think through complicated response tasks by yourself. Various points of view, experience levels, and diversity of those involved will always add positively to the outcome and solution.

In summary, operationalising resilience techniques consist of two prior-event tasks and three response tasks. Prior to the event, first responders should identify their roles and put themselves through a demanding regimen of psychological and mental preparedness to develop the emotional, physical and intellectual acumen to respond swiftly and appropriately during a crisis. While responding, one must regain and keep emotions under control, engage in positive self-talk and practise active problem solving. Through the use of operational resilience techniques first responders can get themselves and others through the initial stages of trauma – from dazed, confused and overwhelmed, to the initial step within the chain of care, the beginning of PFA and the pipeline for mental health recovery.

*No matter what type of operation one is engaged in, all those involved will be trying to deal with the effects of acute stress and trauma, but there are techniques to mitigate these effects*

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#### Author



*During his 30-year military career, Colonel*  
**ROBERT 'ROB'**

**FAGAN**, US Army (Retired) deployed to humanitarian assistance and disaster relief operations, primarily in the Western Hemisphere. He has trained and exercised with dozens of countries, building partnership capacity and promoting interoperability for crisis response. He currently works as a global crisis management consultant in the private and public sectors

