

**Commentary on “Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence”  
by Hobfoll, Watson et al.**

**Making Trauma Intervention Principles  
Public Policy**

John A. Fairbank and Ellen T. Gerrity

The development of strong and relevant public policies has been recognized as a cornerstone of public health, defined as “the process of mobilizing and engaging local, state, national, and international resources to assure the conditions in which people can be healthy” (Bryant, 2002; Detels, McEwen, Beaglehole, & Tanaka, 2002). The international panel of disaster mental health experts (Hobfoll, Watson, et al., 2007) who reviewed and synthesized the scientific evidence in “Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention” provides a set of five principles to inform and promote early disaster and terrorism mental health interventions and policy. This approach is consistent with a broad process of reform of mental health services occurring in many nations that emphasizes mental health promotion, early detection of mental disorders with early treatment interventions, cultural relevance, and family and community involvement (Herrman, Saxena, & Moodie, 2005; New Freedom Commission on Mental Health, 2003; Mental Health America (MHA), 2005).

Hobfoll, Watson and colleagues

(2007) describe what is known about interventions that address aspects of each of the five principal elements, demonstrating that there has been substantial growth in scientific information about psychological trauma and treatments with different populations and types of trauma. As such, this paper makes an important contribution, gathering essential information about what can be done to promote safety, foster calming, enhance self-and-community efficacy, maintain connectedness, and instill hope. It will serve as a valuable resource for the trauma field that incorporates many of the scientific advances of recent years. But it is not enough.

While the synthesis of scientific facts and clinical experience is critically important, we have a responsibility to share this information with those whose lives intersect with survivors of trauma and who make decisions that affect their well-being. It is especially important to share our knowledge with those who shape policies to prepare communities and societies for traumatic events, whether it is a sudden terrorist attack, tsunami, hurricane, typhoon or tropical cyclone, school shooting, rape, torture, or other kind of trau-

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matic event that intersects with public policy. Knowing what we know, it is critically important for scientists and clinicians, including intervention developers, to step forward by contributing to the policy of preparedness and response.

Scientific research, as shown in this paper, has informed us about what can be done to respond to natural and man-made disasters and mass casualty events. But we are not ready, as a field, to ensure that what we know is part of all debates on how to prevent, prepare for, and respond to traumatic events, so that the harm done by such events can be lessened, even prevented in the future. It is not enough to be reactive, responding as service providers or media experts, hoping that such contributions, as essential as they are, will be recognized and improve national policies. Traumatic stress experts should be a voice at the table when policymakers convene to talk about community-level and national response to mass trauma events, bringing their expertise to the discussion, not just once, but routinely and actively.

Trauma experts who base their interventions on scientific evidence must be ready, perhaps more than other fields, to be activists. In one very basic way, to have shaped one's life's work around traumatic stress research is to be an activist, for this field establishes, at the outset, that external events, perhaps preventable external events, have a psychological and biological impact on the health of human beings. Once that fact is recognized, then we may be called upon to answer questions about how external events can be prevented or how human beings should be supported in the aftermath of traumatic events. Trauma experts may be asked challenging questions, such as "Why were we not ready for this, and why are we still not doing what needs to be done for survivors of natural and man-made disasters?" These questions are not the usual questions posed to scientists, but they are being posed now to trauma experts, along with the more typical questions, "What interventions work?" and "How much will it cost to bring these interventions to those in need?"

Unfortunately, sound disaster research

alone is unlikely to influence public policy unless special efforts are made to inform policymakers about the implications of the research findings for their constituents. For the clinical and research community dedicated to developing effective interventions for survivors of mass trauma, it would seem that several ways of presenting this knowledge are available, including public relations, media, marketing, and perhaps most importantly, political-strategic approaches to making a case to policymakers. Regarding the latter approach, we should talk to those who make policy decisions about how to be better prepared to cope with terrorist attacks and other traumatic events. To do so, we will have to learn the language of policymakers, their priorities, and their interests, just as with any professional relationship, but it is a necessary step that will move us forward. And we come to the relationship with much to offer.

#### **Taking the "What Works?" Question Seriously**

While it is critically important to learn the language and world of policymakers, we come to that world with science and research as an inherently strong and respected basis for policy recommendations. We should not undermine that aspect of what we have to offer. An underlying premise of the Hobfoll and colleagues (2007) paper is that scientific evidence is vital to the development and delivery of effective mass trauma interventions and for informing sound policy decision-making. At the same time, they acknowledged that a major weakness of their guidelines is that "there are few clinical trials or direct examinations of the principles that we have recommended in disasters or mass violence contexts."

We agree with this concern, but perhaps subscribe to a somewhat more optimistic view of the potential for designing and implementing scientifically sound and pragmatic evaluations of mass trauma interventions to answer critical questions about effectiveness and inform policymakers. As the authors point out, randomly controlled trials are extremely challenging and unlikely in many

acute disaster environments. Nevertheless, as scientists and practitioners, it is our responsibility to adopt systematic evaluation methods (process, impact, and outcome) to contribute to ongoing improvement and sustainability of disaster mental health intervention initiatives. Should we fail to evaluate systematically, at all stages of intervention development and implementation, we run the risk of disseminating interventions that will be evaluated negatively at some future point. Our voices will be valued and accepted by policymakers because of, not in spite of, our adherence to scientific principles.

### Science, Politics, and Policy

The work of every scientist and clinician is linked to the world of policy, and there is no policy without politics. One does not have to be a grassroots activist, though there have been times in history when that is how change occurred. As citizens and as scientists, we can start by knowing the names of the representatives in our community, state, and federal government. We can establish real relationships so that whether it is a time of war or peace or a time of terrorism or calm, we can offer our expertise, materials, knowledge, data, and support. We can then be ready when a traumatic event occurs. Preparedness is a principle that we must also apply to ourselves. Learning about policies that are being debated, what politics are involved in the decisions, and inserting our knowledge and experience into the debate are critically important.

Political people, in the end, control the resources, and decisions about those resources do not happen in a vacuum. Resources for trauma survivors are needed, and each time a scientist helps a politician understand what trauma does to human beings, how a person, family, community, or nation can be better prepared to prevent the trauma, or support the survivors, that scientist has given his or her best to the world. An ongoing relationship is needed, and it is the responsibility of the scientist to make and maintain that contact.

To do so, we must learn the culture of

the politician—not the stereotype, but the real culture. The policy world is a demanding one, filled with dedicated people who work long hours, who have competing pressures, who have to make difficult decisions about issues that are equally important, and who may not yet have the background, interest, or belief in what we have to say. That is where we come in. We learn to know our representatives, their background and training, and their connection to the world of mental health and trauma. What are their most important issues? What committees do they serve on? What are their voting records? The more we know about the process, the competing interests, and the way in which issues are moving forward, the more likely our involvement can make a positive difference.

### The Policy of Advocacy

A cultural divide between researchers and politicians exists, but it does not need to. Trauma experts can walk the line between science and politics because the link between their scientific knowledge and the world where traumatic events occur is very close. Those who will affect policy are those who understand the science but also clearly understand their responsibility to get out, speak up, and form relationships with the politicians, legislators, and their staff. We are already well-versed in the unpredictability of life through our chosen field of study and work. We must also be politically vigilant and informed. We must not contribute to any polarization between science and policy, or between science and advocacy. Instead, we can be models for how this relationship can work.

Political knowledge is a prerequisite for doing what is needed for trauma survivors. We might say, “That is not my way, this is not my strength.” First, we may be surprised . . . we may find it exhilarating, a new way to speak about our field, and a new way to make a difference. But if we don’t have the expertise, we can partner with those who do and help make what we do and what we know get into the hands of those who make the decisions.

Dealing with disasters and terrorism is

not a partisan issue, it is a human reality. Traumatic events don't ask what your political views are before they strike, and caring about trauma survivors is not owned by one political party. In the end, we know from our work that the human spirit is more powerful than any political party or terrorist attack, and that is what needs to be nourished to make change happen. This is true whether we are speaking of trauma survivors, service providers, community leaders, policymakers, pol-

iticians, or even ourselves. We do that whenever we help each other do our work to prevent trauma from occurring or to help those who endure it.

Involving ourselves in policy work is a difficult task in the all-too-busy lives we lead. But there is not one of us who does not want our work to make a difference. We must recognize that we must play a part to make that happen. If it were easy, it would be done by now. And our work is far from done.

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