



Traumatic Events Resources

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Coping with a Traumatic Event

Most people have experienced traumatic and stressful events in their lives. These times are marked by a sense of horror, helplessness, serious injury or the threat of serious injury or death. Traumatic events affect survivors, rescue workers and the friends and relatives of victims. They may also have an impact on people who have seen the event either firsthand or on television.

What are common responses to tragedy?

Emotional responses to a traumatic events vary. People may exhibit feelings of fear, grief and depression. Physical and behavioral responses include nausea, dizziness and changes in appetite and sleep pattern, as well as withdrawal from daily activities. Responses to trauma can last for weeks to months before people start to feel normal again.

Most people report feeling better within three months after a traumatic event. If the problems become worse or last longer than one month after the event, the person may be suffering from post-traumatic stress disorder.

What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is an intense physical and emotional response to thoughts and reminders of the event that lasts for many weeks or months after the traumatic event. The symptoms of PTSD fall into three broad types: reliving, avoidance and increased arousal.

- Symptoms of reliving include flashbacks, nightmares and extreme emotional and physical reactions to reminders of the event. Emotional reactions can include feeling guilty, extreme fear of harm and the numbing of emotions. Physical reactions can include uncontrollable shaking, chills, heart palpitations and tension headaches.
- Symptoms of avoidance include staying away from activities, places, thoughts or feelings related to the trauma or feeling estranged from others.
- Symptoms of increased arousal include being overly alert or easily startled, difficulty sleeping, irritability, outbursts of anger and lack of concentration.

Other symptoms linked with PTSD include panic attacks, depression, suicidal thoughts and feelings, drug abuse, feelings of being isolated and not being able to complete daily tasks.

Ways to Cope with Tragedy

There are many things you can do to cope with traumatic events:

- Understand that your symptoms may be normal, especially right after the trauma.
- Keep to your usual routine.
- Take the time to resolve day-to-day conflicts so they do not add to your stress.
- Do not shy away from situations, people and places that remind you of the trauma.
- Find ways to relax and be kind to yourself.
- Turn to family, friends and clergy for support. Talk about your experiences and feelings with them.
- Participate in leisure and recreational activities.
- Recognize that you cannot control everything.
- Recognize the need for trained help, and call a local mental health center.

There are also things you can do to help your child:

- Let your child know that it is okay to feel upset when something bad or scary happens.
- Encourage your child to express feelings and thoughts, without making judgments.
- Return to daily routines.

When should you contact a doctor about PTSD?

About half of those with PTSD recover within three months without treatment. Sometimes symptoms do not go away or they last for more than three months. This may happen because of the severity of the event, direct exposure to the traumatic event, seriousness of the threat to life, the number of times an event happened, a history of past trauma, and psychological problems before the event.

You may need to consider seeking professional help if your symptoms affect your relationship with your family and friends, or affect your job. If you suspect that you or someone you know has PTSD, talk with a health care provider or call your local mental health clinic.

Resources

- SAMHSA's National Mental Health Information Center: www.samhsa.gov
- National Institute of Mental Health: www.nimh.nih.gov
- The American Academy of Experts in Traumatic Stress: www.aets.org
- Anxiety and Depression Association of America: www.adaa.org
- American Psychiatric Association: www.psych.org
- Freedom From Fear: www.freedomfromfear.org

Contact us anytime for confidential assistance.

When Tragedy Strikes at Work

Imagine that you, as a manager or supervisor, are busy with your many daily responsibilities when tragedy strikes. Initially, your responses will probably be almost automatic. You will notify the proper authorities and take whatever steps are necessary to preserve life and safety.

After the paramedics and the investigators leave, the hard questions begin for you as a manager. As you would expect, there are no easy answers, and each situation presents its own set of challenges. However, there are some general guidelines to help you in most situations.

Stay Firmly In Charge

Let all employees know that you are concerned and doing all you can to help them. You represent the organization to your employees, and your caring presence can mean a great deal in helping them feel supported. You do not have to say anything profound; just be there, do your best to manage, and let your employees know you are concerned about them. Be visible to your subordinates, and take time to ask them how they are doing. Try to keep investigations and other official business from pulling you out of your work area for long periods of time.

Ask for Support From Higher Management

Relief from deadlines and practical help, such as a temporary employee to lighten your burden of administrative work, can make it easier for you to focus on helping your employees and your organization return to normal functioning.

Do Not “Keep a Stiff Upper Lip”

Let people know, in whatever way is natural for you, that you are feeling fear, grief, shock, anger or whatever your natural reaction to the situation may be. This shows your employees you care about them. Since you also can function rationally in spite of your strong feelings, they know they can do the same.

Obtain Information for Your Employees

Do not be afraid to say, “I do not know.” Particularly in the first few hours after a tragedy, information will be scarce and much in demand. If you can be an advocate in obtaining it, you will show your employees you care and help lessen anxiety.

Ask for Support from your Employee Assistance Program

The EAP is available to offer professional counseling to those who wish it, and to provide debriefings to groups affected by trauma. Encourage your employees to take advantage of the EAP as a way of preserving health, not as a sign of sickness.

Encourage Employees to Talk About Their Painful Experiences

This is hard to do, but eases healing as people express their painful thoughts and feelings in a safe environment, and come to realize that their reactions are normal and shared by others. You may want to have a mental health professional come in to facilitate a special meeting for this purpose, or the members of your group may prefer to discuss the situation among themselves.

Do not be afraid to participate, and to set a positive example by discussing your own feelings openly. Your example says more than your words.

Build on the Strengths of the Group

Encourage employees to take care of one another through such simple measures as listening to those in distress, offering practical help, visiting the hospitalized, or going with an employee on the first visit to a feared site. The more you have done to build a cohesive work group, and to foster self-confidence in your employees, the better your staff can help one another in a crisis.

Build On Your Work Group's Prior Planning

If you have talked together about how you, as a group, would handle a hypothetical crisis, it will help prepare all employees, mentally and practically, to deal with a real one. Knowing employees' strengths and experience, having an established plan for communication in emergencies and being familiar with EAP procedures can help you "hit the ground running" when a crisis actually strikes.

Be Aware of the Healing Value of Work

Getting back to the daily routine can be a comforting experience, and most people can work productively while still dealing with grief and trauma. However, the process of getting a staff back to work is one which must be approached with great care and sensitivity. In particular, if anyone has died or been seriously injured, the process must be handled in a way that shows appropriate respect for them. This gives you a general model for management in a traumatic situation. Later chapters will deal more specifically with different types of traumas and the specific managerial challenges they present.

Resource

- The U.S. Office of Personnel Management: www.opm.gov

Supporting a Survivor of Violent Trauma

Even if you do not encounter violence directly, chances are that you know someone who has or will experience trauma. While a victim copes with the direct impact of trauma, those close to the victim also struggle in the aftermath. Friends and family often have a hard time finding the right words to comfort their loved one, and often feel helpless and distant. Read more to learn about the effects of violent crime and what you might do to help a survivor along the healing process.

The Effects of Trauma

Victims of violence often face a wide range of struggles. They often question what has happened or what they may have done to cause or prevent it. Many wonder how they will heal and why they cannot connect with their loved ones as they once did.

It is also common for survivors to feel anger or frustration as they ponder whether they will ever feel “normal” again. While every survivor’s experience is unique, violent trauma is almost always a life-changing experience that can affect everything from one’s ability to sleep to the ability to concentrate at work.

Understanding the nature and impact of trauma can be key to helping your loved one. Many survivors find themselves in unfamiliar and distressing psychological territory. It is common for them to endure intense feelings of isolation, insecurity, and fear, and their most treasured relationships often suffer as a result.

Many victims turn to alcohol or other substances in an attempt to get some relief from their emotional turmoil and suffering. All trauma survivors manage their experiences in different ways. However, substance abuse is not only ineffective in healing from trauma, but it also can present a host of additional problems that make the healing process even more difficult.

Violence is also a widely recognized catalyst for mental health concerns such as Post-Traumatic Stress Disorder (PTSD), a condition that can be caused by experiencing or observing virtually any kind of deep emotional or physical trauma. PTSD is characterized by both emotional and physical suffering; many afflicted by it find themselves unintentionally revisiting their trauma through flashbacks or nightmares. PTSD can make a survivor feel isolated, disconnected and “different” from other people, and it can even begin to affect the most routine activities of everyday life. Psychologists and counselors with experience in treating trauma survivors can be very helpful in working through PTSD.

What You Can Do to Help

Since each individual’s experience is unique, there is no one-size-fits-all remedy for victimized loved ones. For those who care about a person who has experienced a violent trauma, finding ways to be helpful and maintaining a healthy relationship can be challenging. Use the following tips to help your loved one who has been victimized:

- Listen. Talking about the experience, when the survivor is ready, will help acknowledge and validate what has happened to him or her and can reduce stress and feelings of isolation. Let your loved one take the lead, and try not to jump in with too many comments or questions right away.
- Research. If the victim wants more information, would like to report a crime or has other questions, you can help find answers and resources.
- Reassure. As strange as it may sound, survivors often question whether an incident was their fault or what they could have done to prevent the crime against them. They may need to hear that it was not their fault and be assured that they are not alone. Support groups can be a great source of reassurance for many survivors.
- Empower. Following trauma, victims can feel as though much what happens in life is beyond their control. Aiding them in maintaining routines can be helpful, as can offering survivors options or possible solutions.
- Be patient. Every journey through the healing process is unique. Try to understand that it will take time, and do what you can to be supportive. The healing process has no pre-determined timeline.
- Ask. Your loved one may need help with any number of things or have questions on many different topics. Even a favor as mundane as running a few errands or taking the dog for a walk can be a big help, so consider lending a hand.

Resources

- The Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Office for Victims of Crime: www.ojp.usdoj.gov/ovc

Helping Children Cope With Violence and Disasters

Natural disasters like hurricanes and earthquakes, along with violent acts including shootings and terrorist actions, have two consequences. First, they physically harm property and people, often resulting in deaths. Secondly, they cause trauma in survivors of these events. Trauma is hurt or harm to a person's body or mind. Children are very sensitive to upsetting events, and often struggle to make sense of trauma. They may have emotional reactions, or they may hurt deeply. Children also often have a difficult time recovering from frightening experiences.

Parents and family members play important roles in helping children who experience violence or disaster cope with the trauma caused by the event. They should help protect children from further trauma, and find appropriate medical care and counseling. They can also help young people avoid or overcome emotional problems that can result from trauma.

What is trauma?

There are two types of trauma—physical and mental. Physical trauma includes the body's response to serious injury and threat.

Mental trauma includes frightening thoughts and painful feelings. They are the mind's response to serious injury. Mental trauma can produce strong feelings. It can also produce extreme behaviors such as intense fear or helplessness, withdrawal or detachment, lack of concentration, irritability, sleep disturbance, aggression, hyper vigilance (intensely watching for more distressing events) or flashbacks (sensing that the event is reoccurring). Fear could also be a response, including the fear that a loved one will be hurt or killed.

It is believed that more direct exposures to traumatic events causes greater harm. For instance, in a school shooting an injured student will probably be more severely affected emotionally than a student who was in another part of the building. However, second-hand exposure to violence can also be traumatic. This includes seeing or hearing about violence through news stories or newspaper photographs.

Helping Young Trauma Survivors

Helping children affected by tragedy begins at the scene of the event. Most children recover within a few weeks, although some will need help for longer periods of time. Grief (a deep emotional response to loss) may take months or years to resolve. Grief may be re-experienced or worsened by news reports or the event's anniversary.

Some children may need help from a mental health professional, while others may turn to religious leaders, community leaders, teachers, other adults and friends for assistance.

The first step in helping those affected by trauma is to identify the children who need assistance. The following may be signs that a child has been affected by trauma or a violent act:

- The child refuses to go places that remind them of the event
- The child seems emotionally numb
- The child shows little reaction to the event
- The child starts to behave dangerously or erratically

To help children cope with trauma, adults should:

- Attend to children
- Listen to what children say
- Accept/do not argue about their feelings
- Help them cope with the reality of their experiences
- Reduce effects of other potential sources of stress in their life
- Monitor the healing process over time
- Immediately address severe reactions to the experience
- Attend to sudden changes in behaviors, speech, language use and emotions
- Remind children that adults love and support them

How Parents and Family Can Help

After violence or a disaster parents and family should:

- Identify and address their personal feelings
- Explain to children what happened
- Let children know you love them, the event was not their fault, you will take care of them (but only if you can; be honest) and it is okay for them to feel upset
- Allow children to cry and feel sadness
- Let children talk about feelings
- Let them write about feelings
- Let them draw pictures

Parents and other adults should not:

- Expect children to be brave or tough
- Make children discuss the event before they are ready
- Get angry if children show strong emotions
- Get upset if children begin bed-wetting, acting out or thumb-sucking
- Make promises they cannot keep

If children have trouble sleeping give them extra attention, let them sleep with a light on or let them sleep in your room (for a short time).

Try to keep normal routines for activities like going to sleep, eating dinner, watching TV, reading books, exercising and playing games. If you cannot keep old routines try to make new ones together.

Help children feel in control. Ways to do this include letting them choose meals, pick out their own clothes and letting them make decisions for themselves whenever possible.

How Children May React to Trauma

Children's reactions to trauma can occur immediately after the event or appear much later. Reactions can differ in severity and cover a range of behaviors. People from different cultures may have their own ways of reacting. One common response is loss of trust. Another is fear of the traumatic event occurring again. Some children are more vulnerable to trauma's effects. Children with existing mental health problems or who have experienced other traumatic events may be more affected than others.

Children under five years of age may react in a number of ways to traumatic events:

- Facial expressions of fear
- Clinging to parent or caregiver
- Crying or screaming
- Whimpering or trembling
- Moving aimlessly
- Becoming immobile
- Returning to behaviors common to being younger like thumb-sucking, bed-wetting and being afraid of the dark

Children between six and 11 have a range of reactions to trauma. They may:

- Isolate themselves from friends and family
- Become quiet around friends, family and teachers
- Have nightmares or other sleep problems
- Become irritable or disruptive
- Have outbursts of anger
- Start fights
- Be unable to concentrate
- Refuse to go to school

- Complain of unfounded physical problems
- Develop unfounded fears
- Become depressed
- Become filled with guilt
- Feel emotionally numb
- Do poorly with school and homework

Children between 12 and 17 have various reactions to trauma, including:

- Flashbacks to the traumatic event (flashbacks are the mind reliving the event)
- Avoiding reminders of the event
- Drug, alcohol and tobacco use and abuse
- Antisocial behaviors including being disruptive, disrespectful and destructive
- Physical complaints
- Nightmares or other sleep problems
- Isolation or confusion
- Depression
- Suicidal thoughts
- Adolescents may feel guilty about the event for not preventing injury or deaths. They may also have thoughts of revenge.

Contacting a Mental Health Professional

Some children will experience prolonged problems after a traumatic event. These may include grief, depression, anxiety and posttraumatic stress disorder (PTSD). Many trauma survivors will need counseling from a mental health professional to help them deal with their problems.

You should contact a mental health professional if, after a month in a safe environment, children are not able to perform normal routines or they start to develop new symptoms. Also, some symptoms may require immediate attention. Contact a mental health professional if these symptoms occur:

- Flashbacks
- Racing heart and sweating
- Being easily startled
- Being emotionally numb
- Being very sad or depressed
- Thoughts or actions concerning suicide or the death of others

Resources

- American Psychological Association: www.apa.org
- Mental Health America: www.nmha.org/
- American Academy of Child & Adolescent Psychiatry: www.aacap.org/
- National Child Traumatic Stress Network: www.nctsn.org
- Association for Traumatic Stress Specialists: www.atss.info/
- American Institute of Stress: www.stress.org/
- National Center for PTSD: www.ptsd.va.gov/index.asp
- African American Post Traumatic Stress Disorder Association: www.aaptsdassn.org/
- Anxiety and Depression Association of America (ADAA): www.adaa.org
- American Red Cross: www.redcross.org
- Federal Emergency Management Agency (FEMA): www.fema.gov
- Centers for Disease Control and Prevention: www.emergency.cdc.gov/mentalhealth/
- The National Institute of Mental Health (NIMH), one of the National Institutes of Health: www.nimh.nih.gov.

Responding to a Crisis at a School

Violence can happen at any time, anywhere. Effective and safe schools are well prepared for any potential crisis or violent act.

Crisis response is an important component of a violence prevention and response plan. Two components that should be addressed in that plan are intervening during a crisis to ensure safety and responding in the aftermath of tragedy.

In addition to establishing a contingency plan, effective schools provide adequate preparation for their core violence prevention and response team. The team not only plans what to do when violence strikes, but it also ensures that staff and students know how to behave. Students and staff feel secure because there is a well-conceived plan and everyone understands what to do or whom to ask for instructions.

Principles Underlying Crisis Response

As with other interventions, crisis intervention planning is built on a foundation that is safe and responsive to children. Crisis planning should include:

- Training for teachers and staff in a range of skills—from dealing with escalating classroom situations to responding to a serious crisis.
- Reference to district or state procedures. Many states now have recommended crisis intervention manuals available to their local education agencies and schools.
- Involvement of community agencies, including police, fire and rescue, as well as hospital, health, social welfare and mental health services. The faith community, juvenile justice and related family support systems also have been successfully included in such team plans.
- Provision for the core team to meet regularly to identify potentially troubled or violent students and situations that may be dangerous.

Effective school communities also have made a point to find out about federal, state and local resources that are available to help during and after a crisis, and to secure their support and involvement before a crisis occurs.

Intervening During a Crisis to Ensure Safety

Weapons used in or around schools, bomb threats, explosions and fights, as well as natural disasters, accidents and suicides call for immediate, planned action and long-term, post-crisis intervention. Planning for such contingencies reduces chaos and trauma.

Thus, the crisis response part of the plan also must include contingency provisions. Such provisions may include:

- Evacuation procedures and other procedures to protect students and staff from harm. It is critical that schools identify safe areas where students and staff should go in a crisis. It also is important that schools practice having staff and students evacuate the premises in an orderly manner.
- An effective, fool-proof communication system. Individuals must have designated roles and responsibilities to prevent confusion.
- A process for securing immediate external support from law enforcement officials and other relevant community agencies.

All provisions and procedures should be monitored and reviewed regularly by the core team.

Just as staff should understand and practice fire drill procedures routinely, they should practice responding to the presence of firearms and other weapons, severe threats of violence, hostage situations and other acts of terror. School communities can provide staff and students with such practice in the following ways:

- Provide inservice training for all faculty and staff to explain the plan and exactly what to do in a crisis. Where appropriate, include community police, youth workers and other community members.
- Produce a written manual or small pamphlet or flip chart to remind teachers and staff of their duties.
- Practice responding to the imminent warning signs of violence. Make sure all adults in the building have an understanding of what they might do to prevent violence (e.g., being observant, knowing when to get help and modeling good problem solving, anger management and/or conflict resolution skills) and how they can safely support each other.

Responding in the Aftermath of a Crisis

Members of the crisis team should understand natural stress reactions. They also should be familiar with how different individuals might respond to death and loss, including developmental considerations, religious beliefs and cultural values.

Effective schools ensure a coordinated community response. Professionals both within the school district and within the greater community should be involved to assist individuals who are at risk for severe stress reactions.

Schools that have experienced tragedy have included the following provisions in their response plans:

- Help parents understand children’s reactions to violence. In the aftermath of tragedy, children may experience unrealistic fears of the future, have difficulty sleeping, become physically ill and be easily distracted—to name a few of the common symptoms.
- Help teachers and other staff deal with their reactions to the crisis. Debriefing and grief counseling is just as important for adults as it is for students.
- Help students and faculty adjust after the crisis. Provide both short- and long-term mental health counseling following a crisis.
- Help victims and family members of victims re-enter the school environment. Often, school friends need guidance in how to act. The school community should work with students and parents to design a plan that makes it easier for victims and their classmates to adjust.
- Help students and teachers address the return of a previously removed student to the school community. Whether the student is returning from a juvenile detention facility or a mental health facility, schools need to coordinate with staff from that facility to explore how to make the transition as uneventful as possible.

Crisis Procedure Checklist

A crisis plan must address many complex contingencies. There should be a step-by-step procedure to use when a crisis occurs. An example follows:

1. Assess life/safety issues immediately.
2. Provide immediate emergency medical care.
3. Call 911 and notify police/rescue first. Call the superintendent second.
4. Convene the crisis team to assess the situation and implement the crisis response procedures.
5. Evaluate available and needed resources.
6. Alert school staff to the situation.
7. Activate the crisis communication procedure and system of verification.
8. Secure all areas.
9. Implement evacuation and other procedures to protect students and staff from harm. Avoid dismissing students to unknown care.
10. Adjust the bell schedule to ensure safety during the crisis.
11. Alert persons in charge of various information systems to prevent confusion and misinformation. Notify parents.
12. Contact appropriate community agencies and the school district’s public information office, if appropriate.
13. Implement post-crisis procedures.

Resources

- United States Department of Education: www.ed.gov
- National Institutes of Health: www.nimh.nih.gov

Here when you need us.

Call:

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID:

Contact us anytime for confidential assistance.