

**Too Much,
Too Ugly,
Too Fast!**

**HOW FAITH COMMUNITIES CAN RESPOND
IN CRISIS AND DISASTERS**

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危機

The Chinese character for crisis
is the character for danger
plus the character for opportunity.

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Stress and Trauma

CAUSES OF STRESS

Not feeling in control.

Not knowing what is going to happen – the fear of the unknown.

People exist in a normal state balance that can be upset by stress.

Stress reactions can build up until the normal balance is lost and one thinks/feels that the unbalanced state is normal.

TRAUMA

A startling experience that has a lasting effect on the victim's mental/emotional life.

Trauma is the highest stress people can have.

Trauma makes them feel totally out of control, confused about what to do and scared of what will happen to them immediately and in the future.

Trauma can throw people so far off balance that it is difficult for them to get control of their lives.

Trauma can be:

- quick = caused by a sudden, arbitrary, often random event or planned event. The trauma is only one event, but aftermath can go on for days, months, or years.
- on-going = occurs over and over again or continues on and on – each time pushing the person toward or even over the edge.
- caused by natural disaster = earthquake, tornado, hurricane, flood
- caused by humans = bombing, abuse, molestation, murder, bio-chemical

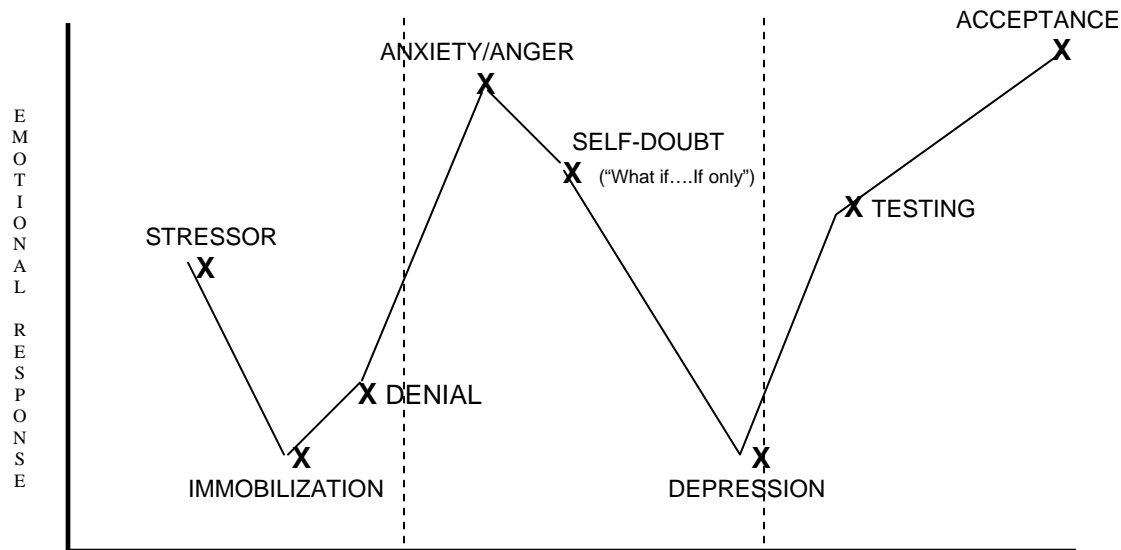
Everyone will react to trauma or crisis

- some of the common reactions to trauma are fear, anger anxiety, withdrawal, and numbness.
- all reactions are normal, meaning they are common, predictable, have happened before.
- it is a situation that is abnormal, not the reactions.
- not all the normal reactions are healthy. Unhealthy reactions must be worked with appropriately.
- Vulnerability is the primary reaction but it can be covered over by anger or anxiety.

HEALTHY/POSITIVE

NEGATIVE/UNHEALTHY





Primary Trauma

First hand, personal exposure to the traumatic event(s).

Secondary Trauma

Develop from being around victims of trauma and disaster.

The friend, family member, or helper can pick up the pain and problems of the victim and start to experience these reactions as their own.

GUILT

Survival Guilt – Manipulate the situation so survivor comes out all right.

Survivor Guilt – Came out all right just by luck, not by own actions.

Guilt when Guilty – Did do something that caused the trauma or disaster

RECOVERY

How a victim reacts to and recovers from a trauma or disaster depends on how he/she was before the trauma. If a victim has a good support system (family, friends, religious faith), good coping skills, and a positive attitude, he/she will usually recover and become a survivor.

How to help a victim of trauma or disaster (Based on the model from NOVA)

SS = Safety and security

People need to feel safe before they will talk. They need to know they will not be judged, teased, put down, or told what to do, think, or feel.

VV = Ventilate and Validate

They need to tell their story over and over and have someone listen and validate their feelings, thoughts, and reactions as understandable and normal.

PP = Predict and Prepare

Help them to look and figure out what to do to help them learn from the trauma and become stronger and better and/or get the help they need during hard time.

WHAT IS CRISIS INTERVENTION?

Crisis intervention aims to help victims of crisis absorb what has occurred, understand how they are reacting, and decide what they need to do next.

It is not psychotherapy.

(It does not seek to change long-standing traits or behavioral problems.)

It is an educational tool used:

To strengthen the individual's sagging defenses and marshal their pre-existing habit patterns so they can meet the temporary but overwhelming stress of the current situation. – *Kendall Johnson, School Crisis Management*

To help resolve immediate crisis and help restore the victim to a sense of normalcy or level of functioning equal to or higher than prior to the crisis. – *National Organization for Victim Assistance*

OBJECTIVES

1. Provide immediate relief from pain.
2. Provide time for problem solving.
3. Regain old coping skills and/or develop new ones.
4. Mobilize whatever resources are necessary and available to meet the crisis.
5. Return to functioning and regain feelings of self worth.
6. Assess the person's ability to function and refer the person to further assistance if necessary.

HOW TO HELP VICTIMS OF DISASTER AND TRAUMA

When people go through a disaster or trauma, their whole life is impacted. They will never be the same, but they can be stronger and better. As they recover from the disaster or trauma, they need effective support and help as they try to find a “new normal” – a new way of living that will eventually feel right and productive.

As a minister, you can give them the support they need as they move from victim to survivor.

The following outline can be a guide as you talk and listen to people after a crisis. It can be used with one person or a group of people. It is adapted from the process used by the National Organization for Victim Assistance (NOVA).

Make sure everyone knows the limits of confidentiality. If you are standing with them looking at their destroyed house, or in the hospital, or mortuary, be aware that other people could hear.

If you are in an office or enclosed room with a group, be sure to talk about confidentiality. You cannot control what people share outside a room, but encourage them to respect personal information and feelings are shared.

SS = Safety and Security

People need to feel safe before they can talk. Even if there is still some physical danger, they need to know they are safe with you and you will not judge them, make fun of them, or try to change their feelings.

Victims need to feel safe and secure before they can regain a better level of balance and comfort and move on to become survivors.

VV = Ventilate and Validate

Victims need to tell their story over and over. When they are getting better, their story will change some each time they tell it and show they are getting emotional control of their reactions.

Validate the legitimacy of their feelings and reactions. Assure them that even though they are not acting and thinking like they usually do, their reactions are understandable considering what they have been through.

Let them know that questioning God and why this has happened is all right.

Encourage them to feel the pain and “...walk through the valley of the shadow...” and that you and God are with them each step.

If any of their behaviors or thoughts are a danger to themselves or others, be sure to get them appropriate help.

PP = Predict and Prepare

Help them look into the future, see what their options are, the consequences of each and support them decide what to do. Help them be realistic and help them find appropriate resources.

Keep pointing out how they have learned from this disaster or trauma, have new coping skills and are stronger and better and moving towards a “new normal”

**CONTINUE TO TAKE CARE OF YOURSELF SO YOU CAN BE
AN EFFECTIVE MINISTER OF GOD TO THOSE YOU CARE ABOUT.**

CRISIS INTERVENTION IS NOT GRIEF COUNSELING

Crisis intervention is done immediately after a crisis has happened. Grief counseling is done after the immediate aftermath of a crisis has lessened and the victims are feeling the pain and hurt of the losses they have experienced because of the crisis.

Crisis intervention goals are to help victims take in what has occurred, understand their own reactions, decide what to do next and begin to normalize their lives.

Crisis intervention is "...to help resolve the immediate crisis and help restore the victim to a sense of normalcy or level of functioning equal to or higher than prior to the crisis."
– *National Organization for Victim Assistance*

Crisis intervention is not psychotherapy or grief counseling.

Crisis intervention seeks to provide immediate relief from the pain of the tragedy or disaster so they can function well enough to get through the immediate aftermath. Grief counseling seeks to help the victim experience the pain and come to terms with their losses.

The stages of crisis reactions are:

The crisis
Immobilization
Denial
Anger/Anxiety
Self-Doubt
Depression
Testing
Acceptance

Note: These stages may not happen in this order and stages may be repeated.

All of these stages are common reactions to a crisis or in grief. If the reaction significantly interferes with normal functioning, a referral to mental health counseling may be appropriate, especially with depression.

The stages of grief are:

Denial
Anger
Depression
Acceptance

People who experience a crisis and people who experience grief have both experienced loss. They need support, acceptance, and understanding as they move from being victims to being survivors. Their lives will never be the same, but they can learn coping skills and become stronger and better as they move to create the "new normal" of their lives.

STAGES OF GRIEF

What are the stages?

Shock and Denial.

Shock is the natural anesthesia of the human emotional system. When the pain is too great, your system temporarily “blows out.” You may feel so numb that you act as though nothing had happened.

Emotions erupt.

Your emotions break out with wrenching sobs, gentle tears, or deep sighs as you suddenly become aware of your painful loss.

Anger.

At some point you’ll probably feel angry. Angry at God. Angry at the “unfairness” of your loss. Even anger at who or what you have lost for deserting you.

Illness.

Don’t be surprised if physical illness follows a loss experience. Your body may respond to the loss by temporarily breaking down.

Panic.

While you’re grieving, you won’t always feel like your “old self.” You may panic and wonder if you’re losing your mind. Fortunately, this panic soon diminishes if you don’t fight it.

Guilt.

In order to endure your pain, you take personal responsibility for the loss. Feeling guilty often seems more bearable than having no culprit.

Depression and Loneliness.

You may find yourself withdrawing from others who “don’t understand.” Feelings of isolation, hurt, and sadness may escalate into depression.

Re-entry difficulties.

You may resist letting go of your attachment to the past and have trouble moving on in life. Loyalty to a memory may delay your return to normal activities.

Hope.

Against all odds, somehow hope always sneaks through the cracks, takes root and begins to grow again.

Taken from Kicking Your Stress Habits. Donald A. Tubesina. pp 76-77.

Ministry Leadership Issues When Disasters or Crisis Occur

Clergy

- Are used to being in charge and being the strength of the congregation/faith community.
- Are used to asking the questions and/or knowing the answers

However, in a crisis or disaster, the clergy may

- Not know what to do, what to ask, or what the answers are.
- Be personally impacted and not have the strength to be a leader.

Congregation needs its clergy to

- Be strong, be the anchor, be the leader.
- Have the answers and be confident.
- Continue to do the daily, routine tasks and activities while also meeting the needs of the victims.
- Meet the needs of all members, even when the needs are totally different from each other. (We need to continue to focus on and discuss the tragedy vs. It is over and we need to move on.)

However, in a crisis or disaster, the clergy may

- Feel lost, confused, anxious, and angry and not want to be the leader. ("Take this cup from me.")
- Have more questions than answers and not know what to say or do.
- Not have the energy or time to do routine tasks as well as minister to victims.
- Find it impossible to make everyone happy or feel heard and become discouraged or frustrated.

Other issues for clergy

- Intrusion by and seductiveness of the media.
- Conflict and disagreements within the faith community.
- Taking care of their families.
- Taking care of themselves.

Ways clergy can help and support

- Have support group meetings with other clergy.
- Respite leave
- Get extra help for daily, routine tasks (volunteers, retired clergy, people from church not impacted by the disaster.)
- Have training on crisis response, the emotional effects of tragedy, disaster preparedness.
- Set up crisis response and disaster preparedness plan for the church.
- Know community resources and set up relationships with them. (Fire, police, paramedics, mortuaries, hospitals, mental health centers, etc.)
- Have ideas and suggestions for prayers, services, liturgies, Bible studies, and newsletter and bulletin articles and announcements for various types of crisis.
- Prepare and plan for anniversaries, similar catastrophic events, and other possible triggers.
- Have a lay group prepared to support the church staff physically and emotionally.

Remember – You are a minister of God; You are not God!

Faith Communities' Role in Crisis Response

1. BUILDING SPACE
 - a. Large meeting space for community groups
 - b. Space for small group meetings
 - c. Kitchen to prepare food
 - d. Day or overnight shelter facilities
2. RESOURCES TO SUPPORT THE RESPONSE
 - a. Ability to collect food, household items, linens, clothing, etc.
 - b. Members with needed skills – first aid, CPR, CISD training, cooking for large groups, counseling, etc.
 - c. Contacts to get food, shelter, and support for victims and responders.
3. RELIGIOUS SERVICES
 - a. Healing services
 - b. Memorial & Funeral Services
 - c. Safe place for members and community
4. PROBLEMS
 - a. Lack of cooperation between faith groups
 - b. Differences in beliefs and practices
 - c. Competition for recognition by media

Responding to Victims/Survivors About Spiritual Issues

1. Use reflective listening and active listening techniques when working with victims/survivors.
2. Be honest, with compassion, and do not assume you know what they will say or believe.
3. If you do not feel comfortable discussing spiritual/religious issues, listen quietly and refer them to someone who can help them appropriately.
4. Do not try to explain or give answers to spiritual questions.
5. Do not argue with their beliefs or try to persuade them to believe as you do.
6. Do not respond with platitudes or clichés to victims/survivors. “It will be okay.” “It is God’s will.” “They are in a better place.”
7. Let them tell you what their religious/spiritual beliefs are. Do not assume anything.
8. Help them use their spiritual/religious beliefs to cope.
9. They may need reassurance that it is “normal” to ask questions about God and/or their religious beliefs. However, some faiths do tell their members not to question God.
10. Allow expressions of anger toward God or others – in healthy, non-destructive ways.
11. Do affirm their search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them.
12. Do affirm the wrongness, evil, and/or injustice of what has happened, especially if the trauma was caused by humans.
13. Give them the materials that can help them in their search for meaning or their search for spiritual answers.
14. Emphasize that everyone has to find their own answers and way of understanding in traumatic events.

Thoughts When Working with Victims

When people go through a disaster or trauma, their whole life is impacted. They will never be the same, but they can be stronger and better as they learn from their experience.

As they recover from the disaster or trauma, they need effective support and help as they work to find a “new normal” – a new way of living that will eventually feel right and productive.

Victims/survivors may show anger and anxiety to cover up their feelings of fear and vulnerability. Do not take their anger personally – they are just scared of being hurt again.

Healing and forgiveness are processes, not events. They take time.

Victims can and do make choices as they recover. They can be an active participant in their recovery and not just let things happen to them.

Forgiveness cannot be forced or demanded. It is a choice each makes, as they are ready.

Do not assume their beliefs about religion, life, death, afterlife, or sin are the same as yours. Listen to them and do not try to impose your beliefs on them. Do not revictimize them.

“What Victims Want to Say to Clergy”

The following is a compilation of comments made by victims following crises. Think about what expectations you may have of caregivers assisting *you* as a victim following a crisis, and how similar your reactions would be to these.

1. *Don't explain*

As deeply as I cry out, “Why?” I know there is no rational explanation. My “Why” is more a longing for God to hold me in His arms and give me some comfort that it is a question I want answered. I don't want you to try to give me answers. What has happened is absurd. It surely is not as God intended life to be. It doesn't make sense. God didn't cause it. The devil didn't cause it. It could not have been God's will.

Therefore, let us together try to explain the cause of the tragedy as factually and honestly as possible. I want God and you, as my pastor, as companions who will stand with me in my longings not as sources of explanation.

2. *Don't take away my reality*

My pain seems unbearable to me and yet, in light of what has happened, it feels right that I should be in pain. I know it is uncomfortable for you. I know you want to take it away. But you can't so please don't try. The pain is a sign to me of how much I have loved and how much I have lost. If I have doubts, if I am angry, understand that these are normal reactions to a very abnormal situation. I will not always be like this, but I am now. These are my feelings. Please respect them.

3. *Help me deal with forgiveness and integrity*

Understand that if my faith is important to me, I will struggle with the issue of forgiveness. I will remember all the times I've been told that I must forgive. And yet, something deep within me resists forgiving someone who has not even said, “I'm sorry.”

I wonder if I am the appropriate one to forgive the person who harmed or injured someone I love. I don't feel obligated to forgive; I don't even feel that I have the right to forgive in these circumstances. But yet I feel uncomfortable in my resistance to forgive.

I am also troubled by the difference between forgiving and forgetting. I desperately want my loved one who has been killed or injured to be remembered. I resist anything that threatens the memory of one who has died. Therefore, even if I do decide at some point that I can honestly and with integrity offer forgiveness, please don't ask me to forget what happened. It is impossible to forget and to me, it is very undesirable as well. Even Jesus said, “Remember me,” when He was dying on the cross. Understand that forgiveness is far more than just saying three words, “I forgive you.” If I say the words, they must be true. I must speak them from the depths of my very soul with absolute integrity.

Don't push me to say the words just to satisfy you. I can only say them if I come to really mean them.

4. *Stay close.*

Just as a one-year old child learns to walk with someone close by to steady him when he stumbles, stay close enough so I can reach out and steady myself on you when I need to. Understand my need to grieve, my need to withdraw, my need to agonize, but remind me that you're there to lean on when I want to share my pain.

5. *Remember me for a long time.*

This loss will always be part of me. I'll need to talk about it for years to come. Most people will be tired of hearing about it after a period of time. Be the person who will invite me to share my feelings about this after others have moved on to other concerns. If my loved one has died, mention his or her name from time to time and let us remember together.

6. *Don't be frightened by my anger.*

Anger isn't nice to be around. But it's part of what I'm feeling now, and I need to be honest about it. I won't hurt myself or anybody else. I know my anger doesn't threaten God. People got angry in the Bible. Even God got angry at certain things. The one to worry about is the one who has experienced violence but hasn't become angry.

7. *Listen to my doubt.*

You stand for faith, and I want you to, but listen to my doubt so you can hear the pain it is expressing. Like anger, doubt is not pleasant to be around, so people will want to talk me out of it. But for right now, let me express the questions, which are measured by the depth of the loss I feel. If I cannot doubt, my faith will have no meaning. It is only as I move through doubt that a more meaningful faith will develop.

8. *Be patient*

My progress will not be steady. I'll slip back just when everyone thinks I'm doing so well. Be one to whom, on occasion, I can reveal my weakness and regression. Let me be weak around you and not always strong. I'll make it, but it will take much longer than most people think. I'll need your patience.

9. *Remind me this isn't all there is to life.*

My pain and my questions consume me. I can think and feel nothing else. Remind me there is more to life than my understanding and my feelings. Speak the word "God" not to dull my pain but to affirm life. I don't want God as an aspirin but as a companion who shares my journey. Stay beside me and remind me of that Eternal Presence which can penetrate my grief.

Footnote: What Victims Say to Clergy, A Collections of Feelings Expressed by Victims, author unknown.

Understanding Caregiver Vulnerability

Stress comes from:

Not knowing what will happen

Not feeling in control of the situation

TRAUMA IS THE HIGHEST KIND OF STRESS

THE THREE LEVELS OF VULNERABILITY TO TRAUMA

Primary Traumatization

The direct effects of the victim's exposure to traumatic events.

Secondary Traumatization

The effects of experiencing the traumatization of others with whom one has a relationship and for whom he/she feels responsible such as friends and family.

Vicarious Traumatization

The transformation of a caregiver's inner self as a result of his/her empathic engagement with traumatized clients in helping relationship.

COMPASSION FATIGUE

Happens when helpers/caregivers become emotionally drained because of hearing about all of the pain and trauma of their clients. The helpers still care and want to help, but they do not have the emotional energy to do so.

Taking time off, getting professional help and nurturing self can usually help them return to being healthy, helpful caregivers.

BURNOUT

Happens when helpers/caregivers become extremely dissatisfied with their work and become cynical, depressed, emotionally exhausted, irritable with supporters, and even impaired.

Burnout requires professional help and discontinuing being a caregiver until the cynicism and impairment are gone.

Questions to ask yourself

1. What causes high stress in your professional life?
2. How do you manage your stress and how effective is it?
3. What crisis and traumas have happened in your life?
4. How did you react to and recover from these crises and traumas?
5. What are the "triggers" that cause high stress or strong reactions for you?
6. What are your "triggers" or vulnerable areas (kinds of problems or types of problems) that could cause you problems in your work with clients?
7. What can you do to keep yourself healthy as a person and as a caregiver?
8. What are you doing consistently to take care of yourself as a person and as a caregiver?

Survival Strategies for Caregivers

Do Unto Self as You Tell Others to do Unto Themselves

Self Awareness and Self Care

1. Know your own “triggers” and vulnerable areas and learn to defuse them or avoid them.
2. Resolve your own personal issues and continue to monitor your own reactions to other’s pain.
3. Be human and allow yourself to grieve when bad things happen to others.
4. Develop realistic expectations about the rewards as well as limitations of being a helper.
5. Set and follow appropriate limits and boundaries for yourself and tell them to others.

Ask For and Accept Help for Other Professionals

1. Find opportunities to acknowledge, express, and work through your experience in a supportive environment.
2. Seek assistance from other colleagues and caregivers who have worked in the trauma field and have remained healthy and hopeful.
3. Delegate responsibilities and get help from others for routine work, when appropriate.
4. Develop a healthy support system to protect you from compassion fatigue and emotional exhaustion.
5. Remember that most victims of trauma do grow and learn from their experiences and so can their helpers.

Live a Healthy Balanced Life

1. Set and keep healthy boundaries for work. Ask yourself, “Will the world fall apart if I step away from my work for a day, or a week? Do I really have that much power?”
2. Think about the idea that if you never say “no,” what is your “yes” worth?
3. Find professional activities that provide opportunities for growth and renewal.
4. Have a life beyond your professional work that nurtures you personally.
5. Eat nutritious food, exercise, meditate, and take care of your whole self.
6. Remember to laugh, enjoy life, have healthy personal relationships, and breathe deeply.

**Take good care of yourself, so you will be a healthy caregiver
for those who need your help.**

HELPING CHILDREN COPE WITH TRAUMA AND DISASTERS

After a disaster, children of all ages may be afraid it will occur again. If there is a death, they may be afraid that someone else may die or leave them alone.

Be calm and ready to listen when you talk with children. If you are in crisis, you cannot be effective.

Encourage children to tell you their feelings and fears.

Listen to them and do not try to change their feelings or say they should not feel that way.

Let them know that they are safe with you and you will not judge them or make fun of them or tease them about what they tell you.

Tell them you love them and care about them. Hug them if it is appropriate.

Be honest about what has happened. Tell them the facts you know in words they can understand.

Children may act differently or regress back to earlier behaviors. Assure them that they are safe and that you will take care of them.

Help them return to a normal routine as soon as possible, but be flexible in your expectations.

Have family time everyday.

Spend extra time with each child, if possible.

Review family safety procedures, if there was a natural disaster and show the children how they are prepared if another emergency happens.

Be sure all adults in the children's lives know what has happened. (teachers, babysitters, daycare providers, friends, neighbors)

Take good care of yourself, so you can be there for your children.

Praise your children when they do well, but continue to encourage them to tell you about their fears, confusion, frustrations, and feelings.

HELPING CHILDREN COPE WITH DISASTERS AND TRAUMA

SUGGESTIONS FOR PARENTS

When a disaster hits a family, the parents and children are impacted. It is important that parents be there for their children, or find another caring adult to be with the child, so that the child does not feel abandoned.

Children's fears are real to them. Respond to all these fears as genuine and assure them that you love them and will continue to take care of them.

Do not try to talk your children out of their feelings or thoughts. Assure them these reactions are understandable and that you want to hear all they have to say.

Hold and hug your children and tell them you love them.

Listen to your children, to their fears, their feelings. Have them tell you what they think happened and then explain the facts that you know. Continue listening to and talking with them.

Maintain your routine as much as possible and encourage your children to do activities they enjoy.

If there is damage, let the children help clean up and rebuild so they will feel more in control.

Children react to disasters and trauma differently at different ages. Use words, ideas and activities they can understand but do not expect them to have the same thoughts and feelings as adults.

Young children may draw pictures of the disaster or reenact the disaster in their play. This is the way they try to understand what happened because they do not have the words to express their fears and confusion. Have them explain to you what they have drawn or what they are playing to help them feel more in control and less confused.

Middle school children will sometimes act like a younger child and sometimes like an adult. Do not expect them to be consistent and/or be able to explain why they act like they do.

Teenagers may want to be with their friends after they are sure their family is all right. Let them spend time with friends, but encourage them to talk with you too.

Children of all ages may go back to behaviors they did when they were younger, such as sleeping with the light on; sucking their thumb; nightmares, crying, sleeping or eating more than usual. They may also want to watch television, or videos or play computer games all the time. Let them do these for a few weeks, but keep encouraging them to share what they are thinking and feeling.

Some children do not do as well in school as they did because it is harder to concentrate and learn. Other children work even harder to prove they are in control. Understand their behaviors and encourage them to do well, but tell them they do not have to be perfect.

Do not expect your children to take care of your fears. For instance, do not keep them at home because you are afraid to be separated from them.

Have a special family time each day where you share your lives and enjoy being together. Dinner can be a valuable time together.

CHILDREN'S AGE RELATED REACTIONS TO TRAUMA

Watch for behaviors that are unusual for that child, especially changes that they have never shown before. If their behaviors are unhealthy or could hurt themselves or others, seek professional help.

Children of all ages may regress and go back to behaviors of younger children that they had outgrown. This is common and normal. They are going back to a time in their life where they felt comfortable and knew what to expect. They should progress back to more mature behavior within a few months.

The following reactions and behaviors are common and predictable in children and teens. Be patient and caring as you talk with the child about what they are doing. They should stop the negative behavior when they feel safe and secure.

AGES 1-6

Changes in sleep habits (night terrors, fears of being alone, or going to sleep, wanting a light on)

Crying or tantrums or irritability

Wetting pants or bedwetting or loss of bowel control

Changes in eating habits or food preferences

Fear of people, new places or experiences, animals

Speech problems, not talking, talking all the time, or saying the same things over and over

Thumb sucking, wanting their "security blanket" or toy

Stomachaches, headaches, or other complaints

More active or less active than before

Re-enacting the event over and over

Excessive clinging and fear of being separated from parents

Fear that the trauma will happen again

Wanting to watch TV and videos all of the time

Wishing to go to heaven or be with the deceased person, if there was a death

AGES 7-11

May have any of the reactions of 1-6. Behaviors or reactions that are those of younger children should be monitored.

Disobedience and defiance or fighting

Difficulty concentrating and learning and remembering

Poor school performance

Vision and hearing problems

Refusal to go to school or after school activities

Avoiding talking about the event or hearing others discuss the event.

Blaming self or taking responsibility for the event

Clumsiness or accidents

Spending hours on the computer, especially playing games

Being very good and upset when not perfect

AGES 12-18

May have any of the reactions of 1-6 and 7-11. Behaviors that are those of younger children should be monitored.

Withdrawal from family and/or friends

Finding new friends that are different from old friends

Risk-taking and dangerous behaviors

Substance abuse, especially alcohol

Aggressive and/or violent behaviors

Violent or revenge fantasies

Self-destructive behaviors

Stealing or other criminal behaviors

Sexual acting out

Feelings of hopelessness and helplessness

Running away

Irresponsible behaviors

Anger or anxiety

Hesitation to tell parents of their fears and feelings

Wanting to take care of parents

Concern for other victims and their families and needs

Concentrating on schoolwork and not having fun

Overly sensitive to criticism and/or being different from others

HELPING TEENAGERS COPE WITH TRAUMA

SUGGESTIONS FOR ADULTS WHO WORK WITH TEENS

Listen and Give Support

Explain what has happened and answer their questions honestly and truthfully. Listen to their words and also to their feelings. Watch their body language. Encourage the teen to express their feelings and reactions so you can help them deal with all that is going on inside them in a safe place. Be patient and supportive and assure them that their reactions are understandable, common, and normal. Do not rush their process. Do not be judgmental or punitive. Teens need to feel safe with you, especially when they are feeling scared and hurt. Remember that anyone who goes through a trauma feels scared and vulnerable and needs to feel emotionally safe. Do not tell the teens how they should feel or react. Listen and support them as they share. Tell them you love them and what you appreciate about them. Teens need positive support after trauma even more than usual.

Be Understanding and Accepting

Concentration and memory are often impaired after trauma and teens may need help getting work done. Understand that teens often want to be with their friends and not their families. Know that teens may exhibit childish, immature behaviors, regress back to earlier stages of development and then act very mature and adult. They are both a child and adult after trauma. Remember that everyone recovers differently from trauma and that teens may seem to be fine at first and then needs help later.

Encourage and Be Involved

Help them get back into a routine as soon as possible, even if they cannot do all they use to do. Sometimes teens talk better and share more when they are doing activities such as walking, driving, games, sports, hobbies, or other similar activities. This is especially true for boys. Suggest that they can express their reactions and feelings through writing journals, art, music, drama, dance, or other expressive media. Give them appropriate responsibilities and duties and expect that they will fulfill them. Support them when they do and help them get on track if they don't. Encourage them to get involved with positive activities with other teens, especially activities that they enjoyed before the trauma.

Be Aware and Concerned

Watch for changes in their behavior (ex. A usually outgoing teen becomes withdrawn or a well-behaved teen starts acting out.) This may call for deeper discussions or professional intervention if it continues for months after the trauma.

Teens often withdraw from everyone when they are dealing with difficult reactions. Support them but monitor their television watching, computer time and listening to music.

Watch for signs of substance abuse and abuse and help them find other ways of coping.

Statements of hopelessness and seeing no reason to keep on living by teens should be confronted in a caring, supportive discussion. Professional intervention may be needed.

Take Care of Yourself

If you feel comfortable, share your own reactions appropriately.

If you do not feel comfortable talking about the trauma, about death, or about this particular trauma, refer the teens to someone who does.

Take care of yourself so you can continue to help teens and be a healthy role model.

REMEMBER MOST VICTIMS LEARN COPING SKILLS AND GROW STRONGER
AS THEY BECOME SURVIVORS OF TRAUMA

TRAUMA RECOVERY TIPS

From America's Leading Crime Victim Assistance Organizations

No American will go untouched – whether directly or indirectly – by the devastating terrorist attacks that took place recently and which swept the hearts and minds of citizens across the nation. Many people will experience a variety of reactions to the trauma and the unforgettable images from the tragedy, including feeling numb, angry, sleepless and helpless. The following tips may help you cope with the emotions and grief.

- **Talk.** Unspeakable trauma becomes more manageable when it is verbalized. Try to find words to describe your reaction and share them with someone you trust. If you can't talk with someone, write in a journal or diary.
- **Recognize that thinking ability may be compromised.** It is natural that in these circumstances, one's ability to concentrate is limited. Employers must recognize this and accommodate.
- **Honor individual difference in trauma reaction.** Your way is not the only way. People bring their full life experiences to the events of September 11, 2001. It is not useful to tell others how to handle their own trauma. For example, telling someone he or she must be strong is useless. People are coping the best they can.
- **Recognize the value of tears.** Tears are simply a tender tribute to mourning. They are a natural reaction of men, women, and children to internal stress. They remove unhealthy stress-related toxins from the body.
- **Reach out to those more directly affected.** Call those who you know are affected, even if distantly affected. Perhaps invite them over for dinner or take them a meal. Listen exquisitely. They may say the same things over and over again. Honor these experiences by listening rather than giving advice or telling them things could have been worse.
- **Limit television and radio.** Turn it on only occasionally and then go for a walk or put on some calming music to remind yourself that most of the people in the world and in your community are good. Human goodwill and kindness illuminate the darkness even as a single candle can pierce the darkness.
- **Do something to help.** Donate blood. Send money to the American Red Cross or one of the other organizations that are helping directly. Fly an American flag or put a candle in your window to affirm your commitment that darkness will not overcome the light. Plant a tree or perennial plant to remind yourself at next year's anniversary that life prevails.
- **Utilize spiritual resources.** Attend church, synagogue, mosque or other faith community services or vigils. Be authentic with the God of your understanding.
- **Seek professional support.** Additional trauma support, counseling, and resources are available with the following organizations.

Coalition of victim assistance organizations providing this information include:

California Crime Victim Compensation Board, Colorado Organization for Victim Assistance, Joint Center on Violence and Victim Studies, Mothers Against Drunk Driving (MADD) National Office, National Association of Crime Victim Compensation Boards, National Association of VOCA Administrators, National Association of Parents of Murdered Children, National Sexual Violence Resource Center, Pennsylvania Coalition Against Rape and Tragedy Assistance Program for Survivors (TAPS).

Additional information and trauma recovery tips can be found at www.madd.org, www.ncvc.org, www.pomc.org, www.try-nova.org

AFTER IT HAPPENS: Suggested “Do’s and Don’ts” for the Trauma Survivor

These are examples of coping skills that may assist recovery

<u>Don't</u>	<u>Do</u>
Drink alcohol excessively	Expect that you will be bothered by unusual feelings that may not be “like you”
Use legal or illegal substances to numb post-traumatic effects.	Maintain a good diet and exercise
Withdraw from family, friends, and coworkers	Spend time with family, friends, and coworkers, talking about the incident
Automatically stay away from work	Take time for leisure activities
Shut off feelings	Remind yourself that post-traumatic effects are normal
Look for easy answers to explain the incident	Learn as much as possible about Critical Incident Stress
Think you are “crazy”	Get extra help, if necessary
Have unrealistic expectations for recovery	Take on step at a time, be patient with yourself and others
Blame yourself or others for the incident	Be aware of your thinking and think more realistically about the incident
Pretend that it doesn't bother you	Allow yourself time to recover from the shock
Minimize the impact the incident will have	
Be afraid to ask for help and consideration from others	
Push yourself to “get over it”	

Appendix 1.

SHORT TERM TRAUMA INTERVENTIONS

Types of Intervention/Overture	Description
1. Needs Assessment	Initial and ongoing determination of who are the victims, the degree of impact, and inventory of needs – immediate and long term
2. On Scene Support	Address safety and security needs of victims, active listening, de-escalation, ventilation, and validation. Clean up – normalize environment to the best extent possible, informal consults, whatever is needed
3. De-mobilization	Removal from the scene for a quick informational and rest session of about 30 minutes. Used mainly for emergency personnel at large scale disasters.
4. Defusing	A shortened version of debriefing, 20-45 minute three-step session provided away from the scene immediately at the conclusion of the event.
5. Crisis Intervention	Concrete strategies that are situation and person specific with short-range goals that address victims' needs for <u>safety and security</u> , <u>ventilation and validation</u> , and to <u>predict and prepare</u> for the future. Focus on defining the problem, identify feelings & reactions, and explore problem-solving resources. (ABCs of CI = A chieve contact, B oil down problem, C ope with the problem).
6. Community Meetings	Briefings or group education meetings. Purpose is to provide factual information about the event, about resources, and what to expect.
7. Decompression	Brief removal from the scene for the purpose of assessment of <i>emergency personnel</i> functioning. Five questions posed: 1. Where were you assigned today? 2. Have you been able to talk to your family today? 3. How are things going with your team? 4. How are you taking care of yourself? 5. Where do you expect to be tomorrow?
8. Debriefing	A structured 6-8-step group process of approximately 2-hour duration designed to mitigate psychological impact of a traumatic event and is generally held 3 to 4 days following the event.
9. Post Traumatic Counseling	Individual, family, or group counseling focused on the event and reactions, short and long term. Eye Movement Desensitization and Reprocessing (EMDR), Traumatic Incident Reduction (TIR) – highly focused, directive, controlled, and person centered approach, Thought Field Therapy (TFT).
10. Community Groups	Peer support groups, peer groups, educational groups, etc.

(Grid adapted from information provided by Sharon Spivey, MSW, & Sharon Fowler, M.Ed., CTS, 1997)

Appendix 2. REACTIONS TO CRISIS AND TRAUMA

A crisis is any serious interruption in the steady state of equilibrium of a person, family, or group. An emotionally significant event that acts as a turning point for better or worse. –Mitchell, PhD. and Resnick, MD. 1981.

Trauma calls into question basic human relationships. It breaches attachments of family, friendship, love, and community. It shatters the construction of the self that is formed and sustained in relation to others. It undermines the belief systems that give meaning to the human experience. It violates the victim's faith in a natural or divine order and casts the victim into a state of existential crisis. – Judith Herman, MD. Trauma and Recovery, 1992.

Victims may experience some strong reactions immediately following a crisis event. It is very common, in fact, quite *normal*, for people to experience emotional aftershocks or stress reactions when they have passed through a traumatic event. Sometimes the stress reactions appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And in some cases, weeks or months may pass before the stress reactions appear. Anniversary dates and triggering events may cause stress reactions to reoccur. The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones, the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a trauma specialist or counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was too powerful for the person to manage by himself or herself. The following are some very common signs and signals of traumatic stress reactions.

Physical	Cognitive	Emotional	Relational	Behavioral	Spiritual
"Flight, fight, freeze;" serotonin and cortisol changes	Blaming someone	Anxiety	Withdrawal from family, co-workers, colleagues	Change in speech	Questions about faith
Shock, numbness, nausea	Confusion	Guilt	Connectedness with organizations and affiliations	Withdrawal	Self-blame
Exhaustion, muscle tremors, aches	Poor Attention	Grief and traumatic grief	Withdrawal from social and faith-based affiliations	Emotional outbursts, Potential for violence	Questioning God
Twitches	Poor decisions	Denial	Isolation	Suspiciousness	Anger at God
Chest Pain	Poor concentration	Panic feelings, startle resp	Stigma, racism, sexism, media response	Loss or increase of appetite	Realization of mortality
Rapid heart rate	Memory problems	Emotional shock	Secondary injuries from friends, family, social and professional institutions contribute to additional stress	Startle response	Withdrawal from faith and religion
Headaches	Hyper vigilance	Uncertainty	Substance Abuse	Alcohol Consumption	Strengthening of faith and religion
Weakness, fatigue	Nightmares	Depression	Unemployment, underemployment	Inability to rest	Concern about hereafter
Dizziness	Intrusive Images	Apprehension	Discontinue educational goals, lack motivation to attempt	Pacing	Comfort in knowing deceased is with God
Profuse Sweating	Poor problem solving	Intense Anger	Community involvement or lack of	Change in sexual functioning	Questions about good and evil
Elevated BP	Difficulty calculating	Irritability	Political involvement	Periods of crying	Questions about forgiveness
Hair loss	Poor abstract thinking	Agitation	Institutional involvement with: Social Security, VA, criminal justice, federal agencies, FEMA, etc	Proneness to accidents	Redefining moral values and intangible priorities; Promising, bargaining, and challenging God during times of duress/trauma
Apathy	Difficulty identifying objects/people	Loss of emotional control	Homelessness (extreme reactions)	Non-specific body complaints	Concern about vengeance
Chills; Insomnia		Euphoria, Obsessive	Incarceration	Hyper-alert to env; Ritualistic behavior	Deeper connection to faith; search for meaning; relying on faith/prayer

Inspired by the International Critical Incident Stress Foundation with contributions by Neighbors Who Care, Jacqueline Garrick, CTS, Paul Hamilton, M.Div..Jayne C. CTS, 2000.