Alliance Work Partners reminds you that your Assistance Program is here for you and loved ones in response to traumatic events and understand the importance of being alert and aware at home or away.

**We are available to you 24 hours a day, 7 days a week:**

1-800-343-3822  
TDD 800-448-1823  
www.awpnow.com

## Common Responses to Trauma & Coping Strategies

After a trauma, people may go through a wide range of normal responses.

Such reactions may be experienced not only by people who experienced the trauma first-hand, but by those who have witnessed or heard about the trauma, or been involved with those immediately affected. Many reactions can be triggered by persons, places, or things associated with the trauma. Some reactions may appear totally unrelated.

Here is a list of common physical and emotional reactions to trauma, as well as a list of helpful coping strategies. These are NORMAL reactions to ABNORMAL events.

### Physical Reactions
- aches and pains like headaches, backaches, stomach aches
- sudden sweating and/or heart palpitations (fluttering)
- changes in sleep patterns, appetite, interest in sex
- constipation or diarrhea
- easily startled by noises or unexpected touch
- more susceptible to colds and illnesses
- increased use of alcohol or drugs and/or overeating

### Emotional Reactions
- shock and disbelief
- fear and/or anxiety
- grief, disorientation, denial
- hyper-alertness or hypervigilance
- irritability, restlessness, outbursts of anger or rage
- emotional swings — like crying and then laughing
- worrying or ruminating — intrusive thoughts of the trauma
- nightmares
- flashbacks — feeling like the trauma is happening now
- feelings of helplessness, panic, feeling out of control
- increased need to control everyday experiences
- minimizing the experience
- attempts to avoid anything associated with trauma
- tendency to isolate oneself
- feelings of detachment
- concern over burdening others with problems
- emotional numbing or restricted range of feelings
- difficulty trusting and/or feelings of betrayal
- difficulty concentrating or remembering
- feelings of self-blame and/or survivor guilt
- shame
- diminished interest in everyday activities or depression
- unpleasant past memories resurfacing
- suicidal thoughts
- loss of a sense of order or fairness in the world; expectation of doom and fear of the future
- anger towards religion or belief system; loss of beliefs
- desire for revenge

---

**Here for you as life happens …**

Your EAP is here to help with family, work, health and legal issues. EAP Services are provided at no cost and are 100% confidential.

Contact AWP: 1-800-343-3822. TDD 800-448-1823. www.awpnow.com

Alliance Work Partners is a professional service of Workers Assistance Program, Inc. Copyright © 2015 Workers Assistance Program, Inc. Confidential and proprietary. All rights reserved.
Helpful Coping Strategies

- mobilize a support system — reach out and connect with others, especially those who may have shared the stressful event
- talk about the traumatic experience with empathic listeners
- cry
- hard exercise like jogging, aerobics, bicycling, walking
- relaxation exercise like yoga, stretching, massage
- humor
- prayer and/or meditation; listening to relaxing guided imagery; progressive deep muscle relaxation
- hot baths
- music and art
- maintain balanced diet and sleep cycle as much as possible
- avoid over-using stimulants like caffeine, sugar, or nicotine
- commitment to something personally meaningful and important every day
- hug those you love, pets included
- eat warm turkey, boiled onions, baked potatoes, cream-based soups — these are tryptophane activators, which help you feel tired but good (like after Thanksgiving dinner)
- proactive responses toward personal and community safety — organize or do something socially active
- write about your experience — in detail, just for yourself or to share with others

People are usually surprised that reactions to trauma can last longer than they expected. It may take weeks, months, and in some cases, many years to fully regain equilibrium. Many people will get through this period with the help and support of family and friends. But sometimes friends and family may push people to “get over it” before they’re ready. Let them know that such responses are not helpful for you right now, though you appreciate that they are trying to help. Many people find that individual, group, or family counseling are helpful, and in particular, EMDR (Eye Movement Desensitization and Reprocessing) is a phenomenally rapid and wonderful therapeutic method. Another superior therapeutic method is IFS (Internal Family Systems). Either way, the key word is CONNECTION — ask for help, support, understanding, and opportunities to talk.

The Chinese character for crisis is a combination of two words — danger and opportunity. People who fully engage in recovery from trauma discover unexpected benefits. As they gradually heal their wounds, survivors find that they are also developing inner strength, compassion for others, increasing self-awareness, and often the most surprising — a greater ability to experience joy and serenity than ever before.

source: Patti Levin, LICSW, PsyD

Resources

As your Employee Assistance Program, Alliance Work Partners is here for you and your household members before, during and after any event that impacts you & your family’s personal and professional lives. Remember, we are just a phone call away. 1-800-343-3822.

For additional resources, please see the attached PDFs:
1. Helping Children & Adolescents Cope with Violence & Disasters: **What Parents Can Do**
2. How Do People Respond **During** Traumatic Exposure?
3. Helpful Information During & After a Traumatic Event
4. The 10 Stages of Acute Traumatic Stress Management (ATSM)
Each year, children experience violence and disaster and face other traumas. Young people are injured, they see others harmed by violence, they suffer sexual abuse, and they lose loved ones or witness other tragic and shocking events. Parents and caregivers can help children overcome these experiences and start the process of recovery.
What is trauma?

“Trauma” is often thought of as physical injuries. Psychological trauma is an emotionally painful, shocking, stressful, and sometimes life-threatening experience. It may or may not involve physical injuries, and can result from witnessing distressing events. Examples include a natural disaster, physical or sexual abuse, and terrorism.

Disasters such as hurricanes, earthquakes, and floods can claim lives, destroy homes or whole communities, and cause serious physical and psychological injuries. Trauma can also be caused by acts of violence. The September 11, 2001 terrorist attack is one example. Mass shootings in schools or communities and physical or sexual assault are other examples. Traumatic events threaten our sense of safety.

Reactions (responses) to trauma can be immediate or delayed. Reactions to trauma differ in severity and cover a wide range of behaviors and responses. Children with existing mental health problems, past traumatic experiences, and/or limited family and social supports may be more reactive to trauma. Frequently experienced responses among children after trauma are loss of trust and a fear of the event happening again.

It's important to remember:

- Children's reactions to trauma are strongly influenced by adults' responses to trauma.
- People from different cultures may have their own ways of reacting to trauma.
Commonly experienced responses to trauma among children:

Children age 5 and under may react in a number of ways including:
- Showing signs of fear
- Clinging to parent or caregiver
- Crying or screaming
- Whimpering or trembling
- Moving aimlessly
- Becoming immobile
- Returning to behaviors common to being younger
- Thumbsucking
- Bedwetting
- Being afraid of the dark.

Children age 6 to 11 may react by:
- Isolating themselves
- Becoming quiet around friends, family, and teachers
- Having nightmares or other sleep problems
- Refusing to go to bed
- Becoming irritable or disruptive
- Having outbursts of anger
- Starting fights
- Being unable to concentrate
- Refusing to go to school
- Complaining of physical problems
- Developing unfounded fears
- Becoming depressed
- Expressing guilt over what happened
- Feeling numb emotionally
- Doing poorly with school and homework
- Losing interest in fun activities.
Adolescents age 12 to 17 may react by:

- Having flashbacks to the event (flashbacks are the mind reliving the event)
- Having nightmares or other sleep problems
- Avoiding reminders of the event
- Using or abusing drugs, alcohol, or tobacco
- Being disruptive, disrespectful, or behaving destructively
- Having physical complaints
- Feeling isolated or confused
- Being depressed
- Being angry
- Losing interest in fun activities
- Having suicidal thoughts.

Adolescents may feel guilty. They may feel guilt for not preventing injury or deaths. They also may have thoughts of revenge.

What can parents do to help?

After violence or disaster, parents and family members should identify and address their own feelings — this will allow them to help others. Explain to children what happened and let them know:

- You love them
- The event was not their fault
- You will do your best to take care of them
- It's okay for them to feel upset.

**Do:**

- Allow children to cry
- Allow sadness
- Let children talk about feelings
- Let them write about feelings
- Let them draw pictures about the event or their feelings.
How can I help young children who experienced trauma?

Helping children can start immediately, even at the scene of the event. Most children recover within a few weeks of a traumatic experience, while some may need help longer. Grief, a deep emotional response to loss, may take months to resolve. Children may experience grief over the loss of a loved one, teacher, friend, or pet. 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. Some people may seek other kinds of help from community leaders. Identify children who need support and help them obtain it.

Examples of problematic behaviors could be:

- Refusing to go to places that remind them of the event
- Emotional numbness

Don’t:

- 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 they begin bedwetting, acting out, or thumbsucking.

Other tips:

- 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 example, reading bedtime stories, eating dinner together, watching TV together, reading books, exercising, or playing games. If you can’t keep normal routines, make new ones together.
- Help children feel in control when possible by letting them choose meals, pick out clothes, or make some decisions for themselves.
• Behaving dangerously
• Unexplained anger/rage
• Sleep problems including nightmares.

**Adult helpers should:**

**Pay attention to children**
- Listen to them
- Accept/do not argue about their feelings
- Help them cope with the reality of their experiences.

**Reduce effects of other stressors, such as**
- Frequent moving or changes in place of residence
- Long periods away from family and friends
- Pressures to perform well in school
- Transportation problems
- Fighting within the family
- Being hungry.

**Monitor healing**
- It takes time
- Do not ignore severe reactions
- Pay attention to sudden changes in behaviors, speech, language use, or strong emotions.

**Remind children that adults**
- Love them
- Support them
- Will be with them when possible.

Parents and caregivers should also limit viewing of repetitive news reports about traumatic events. Young children may not understand that news coverage is about one event and not multiple similar events.

**Help for all people in the first days and weeks**

There are steps adults can take following a disaster that can help them cope, making it easier for them to provide better care for children. These include creating safe conditions, remaining calm and friendly, and connecting with others. Being sensitive to people under stress and respecting their decisions is important.
When possible, help people:

- Get food
- Get a safe place to live
- Get help from a doctor or nurse if hurt
- Contact loved ones or friends
- Keep children with parents or relatives
- Understand what happened
- Understand what is being done
- Know where to get help.

Don’t:

- Force people to tell their stories
- Probe for personal details
- Say things like “everything will be OK” or “at least you survived”
- Say what you think people should feel or how people should have acted
- Say people suffered because they deserved it
- Be negative about available help
- Make promises that you can’t keep such as “you will go home soon.”

More about trauma and stress

Some children will have prolonged mental health problems after a traumatic event. These may include grief, depression, anxiety, and post-traumatic stress disorder (PTSD). Some trauma survivors get better with some support. Others may need prolonged care from a mental health professional. If after a month in a safe environment children are not able to perform normal routines or new behavioral or emotional problems develop, then contact a health professional.
Factors influencing how someone may respond include:

- Being directly involved in the trauma, especially as a victim
- Severe and/or prolonged exposure to the event
- Personal history of prior trauma
- Family or personal history of mental illness and severe behavioral problems
- Limited social support; lack of caring family and friends
- Ongoing life stressors such as moving to a new home or new school, divorce, job change, or financial troubles.

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 to end one's life.

**Trauma resources**

Access to disaster help and resources:
Website: [http://www.disasterassistance.gov](http://www.disasterassistance.gov)

Centers for Disease Control and Prevention
Website: [http://emergency.cdc.gov/mentalhealth](http://emergency.cdc.gov/mentalhealth)

Federal Emergency Management Agency
Phone: 1-800-480-2520
Website: [http://www.fema.gov/kids](http://www.fema.gov/kids)

National Center for PTSD
Website: [http://www.ptsd.va.gov](http://www.ptsd.va.gov)

The National Child Traumatic Stress Network
Website: [http://www.nctsn.org](http://www.nctsn.org)

Substance Abuse and Mental Health Services Administration
Disaster Distress Helpline
Phone: 1-800-985-5990
Website: [http://www.disasterdistress.samhsa.gov](http://www.disasterdistress.samhsa.gov)
If you or someone you know is in crisis or thinking of suicide, get help quickly.

- Call your doctor.
- Call 911 for emergency services or go to the nearest emergency room.
- Call the toll-free 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889).

Where can I find more information?

To learn more about trauma among children, visit:

MedlinePlus (the National Library of Medicine): http://medlineplus.gov
(En Español: http://medlineplus.gov/spanish)

For information on clinical trials, visit:

ClinicalTrials.gov: http://www.clinicaltrials.gov

For more information on conditions that affect mental health, resources, and research, go to MentalHealth.gov at http://www.mentalhealth.gov, the NIMH website at http://www.nimh.nih.gov, or contact us at:

National Institute of Mental Health
Office of Science Policy, Planning, and Communications
Science Writing, Press, and Dissemination Branch
6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or 1-866-615-NIMH (6464) toll-free
TTY: 301-443-8431 or 1-866-415-8051 toll-free
Fax: 301-443-4279
Email: nimhinfo@nih.gov
Website: http://www.nimh.nih.gov
How Do People Respond During Traumatic Exposure?

Reprinted from Comprehensive Acute Traumatic Stress Management™
by Mark D. Lerner, Ph.D. and Raymond D. Shelton, Ph.D.
© The American Academy of Experts in Traumatic Stress, Inc.

The following emotional, cognitive, behavioral, physiological and spiritual reactions are often experienced by people during a traumatic event. It is important to recognize that these reactions do not necessarily represent an unhealthy or maladaptive response. Rather, they may be viewed as normal responses to an abnormal event. When these reactions are experienced in the future (i.e., weeks, months or even years after the event), are joined by other symptoms (e.g., recurrent distressing dreams, “flashbacks,” avoidance behaviors, etc.), and interfere with social, occupational or other important areas of functioning, a psychiatric disorder may be in evidence. These individuals should pursue help with a mental health professional.

**Emotional Responses** during a traumatic event may include shock, in which the individual may present a highly anxious, active response or perhaps a seemingly stunned, emotionally-numb response. He may describe feeling as though he is “in a fog.” He may exhibit denial, in which there is an inability to acknowledge the impact of the situation or perhaps, that the situation has occurred. He may evidence dissociation, in which he may seem dazed and apathetic, and he may express feelings of unreality. Other frequently observed acute emotional responses may include panic, fear, intense feelings of aloneness, hopelessness, helplessness, emptiness, uncertainty, horror, terror, anger, hostility, irritability, depression, grief and feelings of guilt.

**Cognitive Responses** to traumatic exposure are often reflected in impaired concentration, confusion, disorientation, difficulty in making a decision, a short attention span, suggestibility, vulnerability, forgetfulness, self-blame, blaming others, lowered self-efficacy, thoughts of losing control, hypervigilance, and perseverative thoughts of the traumatic event. For example, upon extrication of a survivor from an automobile accident, he may cognitively still “be in” the automobile “playing the tape” of the accident over and over in his mind.
Behavioral Responses in the face of a traumatic event may include withdrawal, “spacing-out,” non-communication, changes in speech patterns, regressive behaviors, erratic movements, impulsivity, a reluctance to abandon property, seemingly aimless walking, pacing, an inability to sit still, an exaggerated startle response and antisocial behaviors.

Physiological Responses may include rapid heart beat, elevated blood pressure, difficulty breathing*, shock symptoms*, chest pains*, cardiac palpitations*, muscle tension and pains, fatigue, fainting, flushed face, pale appearance, chills, cold clammy skin, increased sweating, thirst, dizziness, vertigo, hyperventilation, headaches, grinding of teeth, twitches and gastrointestinal upset.

*Require immediate medical evaluation

Spiritual Responses to a traumatic incident often include anger and a distance from God. There may be a withdrawal from attending religious services. Sometimes the opposite of these reactions is experienced with a sudden turn toward God and uncharacteristic involvement in religious community activity. Additional reactions may include faith practice (e.g., prayers, scriptures, hymns, worship, communion), as empty and without meaning. There is often a belief that God is powerless, doesn’t care or has failed to protect creating a questioning of one’s basic beliefs. There is often anger at clergy.
Helpful Information During and After a Traumatic Event

Reprinted from Comprehensive Acute Traumatic Stress Management™
by Mark D. Lerner, Ph.D. and Raymond D. Shelton, Ph.D.
©The American Academy of Experts in Traumatic Stress, Inc.

Immediate Traumatic Incident Stress Management:

- Avoid the use of alcohol and caffeine. Alcohol is a depressant and as such will intensify the negative reactions experienced following the incident. Caffeine will increase anxiety and negatively impact the ability to sleep.

- Drink plenty of fluids such as water or juice. Avoid consuming large quantities of soda that contains caffeine.

- Use quick relaxation techniques to regain control of emotions. Take a slow deep breath by inhaling through the nose, holding the breath for 3 seconds and exhaling through the mouth. Upon exhalation the words “relax,” “let go,” “I can handle this” may be spoken. Repeat the process a second time. Utilize this technique when you become aware of negative reactions or thoughts beginning to occur.

- Become physically comfortable. While the incident may not be under control, you can take back small pieces of control by taking simple action steps. Wash your face, hands, replace wet clothing, and step outside for a breath of fresh air and a change of scene. These simple acts will bring a small level of control to an out of control situation. Repeat them as often as necessary throughout the incident engagement.

Stress Management following disengagement from incident:

- Resist the desire to withdraw and isolate. Maintaining a connection with the people in your life is of the utmost importance. Maintain your support systems of family and friends. If you feel the need for some quiet time, tell those around you of this need. Ask them to give you some “space.” Do not just shut down.
• Engage in simple exercise. The stress reactions produced by the incident, coupled by the wide range of thoughts, will produce a sense of unrest. Engaging in simple exercise such as walking, biking, and swimming will assist in dissipating these reactions.

• Limit exposure to the news. We live in a media powerful world that allows us to experience events in real time. The constant exposure to the incident through media will continue to trigger negative reactions as the event unfolds over and over. Choose a news program to stay informed. Watch the program in the early evening and allow yourself time to process the information and take appropriate action steps to alleviate the stress reaction that may be created. Do not watch the news immediately prior to going to bed.

• Maintain a normal schedule. Traumatic incidents disrupt the sense of normalcy. By maintaining as normal a schedule as possible you protect some degree of a normal existence while in the midst of the incident. During this time of stress it is important to continue to do things you enjoy. Schedule time for recreational activity. Go ahead and play your golf game—but don’t worry about winning, just have fun. Make daily decisions and follow through.

• Set short range goals. Goals provide a sense of direction during a time when confusion and fear of the unknown are present. Attempt to set goals for 1 week, 2 weeks, etc. Be certain that the goal you set is realistic and manageable. By setting realistic goals you will avoid the frustration that always accompanies failed goals.

• Set limits for yourself. Avoid the urge to push on without allowing sufficient time to relax and unwind. Give yourself permission to take the “intermission.” Listen to the “wisdom” of your body. When you are tired… rest.

• Be aware of your feelings and talk about them. Keep a journal and write your thoughts. If you have difficulty sleeping, do not fight the sleeplessness. Find a quiet place and write your way through the sleepless nights. The process of talking or writing will assist you in quieting your mind thus enabling you to relax and sleep.

• During the time period immediately following a traumatic incident realize that those around you are also in varying levels of distress. Be tolerant, seek first to understand others’ reactions and allow them space.
• Resist the desire to make major life changes. Allow time for the incident to pass and recovery to occur before making major decisions.

• Eat well balanced meals.

• Remember your symptoms are normal having experienced a powerful negative event. Understand that during times of great distress “it is OK not to be OK.”

• Seek professional assistance if your symptoms persist.

Guidelines for assisting children:

• Help yourself first. Be certain you are in a good frame of mind when discussing the incident.

• Be honest and open discussing the incident in age appropriate terms.

• Encourage talk about the event.

• Children may not communicate their feelings with words. Encourage them to draw a picture.

• Acknowledge that being frightened is OK.

• Monitor and limit media exposure. Allow time for discussion following exposure to powerful media stimuli.

• Spend extra time at bedtime.

• Remain connected, tune in to their needs.

• Be tolerant during times of distress.

• Hug and cuddle with young children.
The 10 Stages of Acute Traumatic Stress Management (ATSM):  
A Brief Summary

Reprinted from *Comprehensive Acute Traumatic Stress Management™*  
by Mark D. Lerner, Ph.D. and Raymond D. Shelton, Ph.D.  
© The American Academy of Experts in Traumatic Stress, Inc.

1. Assess for Danger/Safety for Self and Others  
   • Are there factors that can compromise your safety or the safety of others?

2. Consider the Mechanism of Injury  
   • How did the event physically and perceptually impact upon the individual?

3. Evaluate the Level of Responsiveness  
   • Is individual alert and responsive? Under the influence of a substance?

4. Address Medical Needs  
   • For those who are specifically trained to manage acute medical conditions

5. Observe & Identify  
   • Who has been exposed to the event and who is evidencing signs of traumatic stress?

6. Connect with the Individual  
   • Introduce yourself, state your title and/or position. Once he is medically evaluated,  
     move the individual away from the stressor. Begin to develop rapport.

7. Ground the Individual  
   • Discuss the facts, assure safety if he is, have him “Tell his story.” Discuss behavioral  
     and physiological responses.

8. Provide Support  
   • Be empathic. Communicate a desire to understand the feelings that lie behind his words.

9. Normalize the Response  
   • Normalize, validate and educate.... “Normal person trying to cope with an abnormal event.”

10. Prepare for the Future  
    • Review the event, bring the person to the present, describe events in the future and provide  
        referrals.