Chapter 5
CRISIS REACTION

TRAUMA RECOVERY GUIDELINES

It is important to educate family members and close friends of the common reactions and signs of stress when working with someone who has experienced a traumatic event. Family/friends who are not traumatized often want to help but don't know how to help.

As a chaplain, if you give basic information about trauma reactions and self-help techniques to the family/friends, they have an opportunity to understand the emotional reactions be experienced and possibly impacting their relationship with the victim. An acknowledgement and understanding of these emotional reactions helps to shorten the recover time and prevent complications through the natural healing process.

Expected Emotional Reactions (Experienced for days/weeks/months)

- Sense that life is out of balance
- Disbelief
- Flashbacks
- Sleep disturbance
- Sadness
- Diminished sexual drive
- Minimization of the critical incident
- Anger/irritability
- Forgetfulness
- Cold-like symptoms
- Survivor guilt
- Increased substance use.
- Social withdrawal
- Emotional numbing
- Feelings of being "Out of control"
- Fears of "Going Crazy"
- Loss of feeling secure in the world
- Self doubt - as parent and provider
- Omens
- Mood swings - high and low
- Fear

Self-Help Techniques

- Don't push thoughts and memories of the event away, it is critical to talk about them.
- Don't feel embarrassed about a repetitious need to talk to people.
- Keep life in balance.
- Diet/sleep/exercise
- Balance your work with rest
- Avoid new major projects in life

- Keep a familiar routine with familiar people and surroundings.

Things to Try

Within the First 24-48 Hours

- Periods of strenuous physical exercise, alternated with relaxation will alleviate some of the physical reactions
- Structured time - keep busy
- Remind them they are normal and having normal reactions – tell them not to label themselves crazy
- Talk to people - talk is the most healing medicine
- Be aware of numbing the pain with overuse of drugs or alcohol, you don't need to complicate this with a substance abuse problem
- Reach out - people do care
- Maintain as normal a schedule as possible
- Spend time with others
- Help your co-workers as much as possible by sharing feelings and checking out how they're doing
- Give yourself permission to feel rotten and share your feelings with others
- Keep a journal, write your way through those sleepless hours
- Do things that feel good to you
- Realize those around you are under stress
- Don't make any big life changes
- Do make as many daily decisions as possible which will give you a feeling of control over your life (i.e., if someone asks you what you want to eat--answer them even if you're not sure)
- Get plenty of rest
- Recurring thoughts, dreams or flashbacks are normal - don't try to fight them - they'll decrease over time and become less painful
- Eat well-balanced and regular meals (even if you don't feel like it)

Solicit Support from Supervisor, Friends and Family

- Speak with senior Chaplaincy personnel about the possibility of conducting a Critical Incident Stress Debriefing
- Offer suggestions to Co-Workers, Supervisor, Family and Friends
  - Listen carefully, even if they have not asked for help
  - Spend time with the traumatized person
  - Reassure them they are safe
  - Help them with everyday tasks like cleaning, cooking, caring for the family, minding children, etc.
  - Give them some private time
  - Don’t take their anger or other feelings personally
  - Don’t tell them they are “lucky it wasn’t worse”. (People are not consoled by those kinds of statements.)
- Give them “permission” to let the normal healing process unfold (this takes time). If gradual reduction in symptoms does not occur, suggest/encourage them to seek further assistance.

Crisis Reaction – A Normal Response to an Abnormal Situation

All of the feelings and reactions are normal and natural, even though they may seem unusual and though some are very different from others. We are all unique individuals who respond in our own unique way. Although there are "common" reactions, each individual reaction is unique to that person. Our memories are a part of our lives and a traumatic incident cannot be erased. Everyone will move at their own pace through the stages of crisis and healing. The internal clock ticks differently for each person and each person may have other things going on in their lives which contribute to the healing process.

Below are common signs and signals of a stress reaction. This list is not intended to be used to "diagnose" individuals, rather something to refer back to in order to help someone navigate through the 'mind-fields' which can trip people up when we over analyze our situations. Don't allow people to "Monday-Morning Quarterback" by thinking about what we or others could have done differently.

Encourage the victim to take care of themselves physically (balanced diet, rest, exercise, and maintain a daily routine). Avoid the use of drugs and alcohol, including over-the-counter medications. Medications should be taken sparingly and only under the supervision of a physician. Substances may be addictive and interfere with the healing process.

Help them to talk about what happened and about their feelings. If they need more information or want to talk in the future, have them call the Chaplaincy at (916) 663-2427. An easy way to remember the number is (916) One-Chas (which stands for 1-Charles …the Chaplaincy Call Number).

Common Signs and Signals of a Stress Reaction[1]

Physical*	Cognitive	Emotional	Behavioral
Chills	Confusion	Fear	Withdrawal
Thirst	Nightmares	Guilt	Antisocial acts
Fatigue	Uncertainty	Grief	Inability to rest
Nausea	Hyper-vigilance	Panic	Intensified pacing
Fainting	Suspiciousness	Denial	Erratic movements
Twitches	Intrusive images	Anxiety	Change in social activity
Vomiting	Blaming someone	Agitation	Change in speed patterns
Dizziness	Poor problem solving	Irritability	Loss or increase of appetite
Weakness	Poor abstract thinking	Depression	Hyper-alert to environment
Chest Pain	Poor attention/decisions	Intense anger	Increased alcohol consumption
Headaches	Poor concentration/ memory	Apprehension	Change in usual communications
Elevated BP	Disorientation of time, place, or person	Emotional shock	
Rapid heart rate	Difficulty identifying objects or people	Emotional outbursts	
Muscle tremors	Heightened or lowered alertness	Feeling overwhelmed	
Shock symptoms	Increased or decreased awareness of surroundings	Loss of emotional control	
Grinding of teeth		Inappropriate emotional response	
Visual difficulties			
Profuse sweating			
Difficulty breathing			

Any of these symptoms may indicate the need for medical evaluation.

When in doubt, contact a physician.

FAMILY

The following section on Family and Helping Children Respond to Trauma may be administered to children in the family as “First Aid”. This information can be reproduced and sent home with students or mailed to the homes of families dealing with trauma. Give children special and directed support by keeping things fairly structured and adjusting for fears, especially at bedtime.

1. Help re-establish a sense of safety by assuring that the house is locked and that the child knows the parents' whereabouts at all times. This may mean transporting to and from school for awhile.
2. Offer reassurance when traumatic reminders intrude on thinking, feeling or behavior.
3. Validate the expression of all feelings by tolerating them and not dismissing them.

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[1] Mitchell, PhD, Jeffrey T. *Critical Incident Stress Management (CISM) Group Crisis Intervention.* 4th Edition. © 2006 by the International Critical Incident Stress Foundation, Inc.

Helping Children Respond to Trauma

Response to Trauma: Preschool – 2nd Grade

- Helpless and passivity
- Generalized fear
- Cognitive confusion (e.g., do not understand that the danger is over)
- Difficulty identifying what is bothering them
- Lack of verbalizations - selective mutism, repetitive nonverbal traumatic play, unvoiced questions
- Attributing magical qualities to traumatic reminders
- Sleep disturbances (night terrors and nightmares, fear of going to sleep, fear of being alone--especially at night)
- Anxious attachment (e.g., clinging to parents)
- Regressive symptoms (thumb sucking, enuresis, regressive speech)
- Anxieties related to incomplete understanding about death; fantasies of "fixing up" the dead, expectations that a dead person will return

  First Aid
  - Provide support, rest, comfort, food, opportunity to play or draw
  - Re-establish adult protective shield
  - Give repeated, concrete clarifications
  - Provide emotional labels for common reactions
  - Help to verbalize general feelings and complaints
  - Separate what happens from physical reminders such as the place where the trauma occurred.
  - Encourage them to let their parents know
  - Provide consistent patterns (e.g., assurance of being picked up from school)
  - Tolerate regressive symptoms in a time-limited manner
  - Give explanations about the physical reality of death

Response to Trauma: 3rd – 5th Grade

- Preoccupations with their own actions during the event
- Specific fears--triggered by reminders
- Retelling and replaying of the event (traumatic play)
- Fear of being overwhelmed by their feelings (of crying, of being angry)
- Impaired concentration and learning
- Sleep disturbances (bad dreams, sleeping alone)
- Concerns about their own and others' safely
- Altered and inconsistent behavior (e.g., unusually aggressive or reckless behavior, inhibitions)
- Somatic complaints
- Hesitation to disturb parent with own anxieties
- Concern for other victims and their families
- Feeling disturbed, confused and frightened by their grief; fear of ghosts

  First Aid
  - Help to express their secretive imaginings about event--issues of responsibility and guilt
  - Help to identify and articulate traumatic reminders
  - Permit them to talk and act it out; address distortions and acknowledge normality of feelings and reactions

- Encourage expression of fear, anger, sadness, in your supportive presence
- Encourage to let teachers know when thoughts and feelings interfere with learning
- Support them in reporting dreams--fear of providing information about why we have dreams
- Help to share worries; reassure with realistic information
- Help to cope with the challenge to their own impulse control (e.g., acknowledge "It must by hard to feel so angry")
- Help identify the physical sensations they felt during the event and link when possible
- Offer to meet with children and parent(s), to help children let parents know how they are feeling
- Encourage constructive activities on and behalf of the injured or deceased
- Help to retain positive memories as they work through the more intrusive traumatic memories

Response to Trauma: 6th Grade and Up - Adolescents

- Detachment, shame and guilt.
- Self-consciousness about their fears, about sense of vulnerability--fear of being labeled abnormal
- Post traumatic acting out (e.g., drug use, delinquent behavior, sexual acting out, etc.) as effort to numb their responses to the event
- Life threatening reenactment, self destructive or accident-prone behavior
- Abrupt shifts in interpersonal relationships
- Desires and plans to take revenge
- Radical changes in life attitudes which influence identity formation
- Premature entrance into adulthood (e.g., leaving school, getting married) or reluctance to leave home

First Aid

- Encourage discussion of the event, feelings about it and realistic expectations of what could have been done.
- Help them understand the adult nature of these feelings--encourage peer understanding and support
- Help to understand the behavior--voice their anger over the event
- Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to imply control associated with violence
- Discuss the expectable strain on relationships with family and peers
- Elicit their actual plans of revenge--address the realistic consequences of these actions encourage constructive alternatives that lessen the traumatic sense of helplessness
- Link attitude changes to the event's impact
- Encourage postponing radical decisions in order to allow time to work through to their responses to the event and to grieve

Working with Schools

Preparation for handling deaths at school, before a trauma happens, is beneficial. Chaplains or mental health professionals can be engaged to teach small group techniques to teachers who may be quickly called upon to organize with skilled leaders if a tragedy occurs. In-Service training programs for teachers on topics related to grief and loss can help school officials maintain the psychological sanctity of the school. By making a choice to learn about grief and loss, teachers are not forced out of necessity to react to a situation but can use art, musical expression, poetry and storytelling as expressive outlets.

Profile of Someone in Crisis

- Sense of bewilderment
  ("I never felt this way before.")
- Sense of danger
  ("I feel so nervous and scared--something terrible is going to happen.")
- Sense of confusion
  ("I can't think clearly, my mind isn't working right.")
- Sense of impasse
  ("I feel stuck, nothing I do seems to help.")
- Sense of desperation
  ("I've got to do something - don't seem to know what though.")
- Sense of apathy
  ("Nothing can help me. I'm in a hopeless situation.")
- Sense of helplessness
  ("I can't manage this myself, I need help.")
- Sense of urgency
  ("I need help now.")
- Sense of discomfort
  ("I feel miserable, so restless and uncomfortable.")

WORKING WITH MENTALLY AND EMOTIONAL DISTURBED PEOPLE

How to handle a 5150.

Mental illness is becoming increasingly common and afflicts all age groups levels of society, and all ethnic groups. A police officer should be prepared to encounter disturbed persons at any time. When mental illness is dealt with in a competent, professional manner, they rarely cause trouble. However, distraught people sometimes behave in eccentric ways and tactfully handling the person could avoid confrontation that might exaggerate their behavior, draw a crowd, or require the officer to take measures that could have been avoided.

Types of Mental Disorders

Organic disorders: physical damage to the brain has been caused by such things as head injuries, alcohol, drugs, disease, or old age.
Functional disorders: brain refuses to work properly although there is no sign of actual injury.

Levels of Mental Disorders

Neuroses: affects sufferer's happiness but permits them to work and maintain ordinary social contacts. A neurotic person is usually treated on an outpatient basis. Modern methods of therapy are beneficial.

Psychoses: condition is severe enough to make the victims unfit for normal living. A psychotic person ordinarily requires treatment in a mental institution. Modern methods of therapy are beneficial.

Common Symptoms of a Mental Disorder

- Irrational behavior which does not fit the situation
- Sudden changes in behavior, such as a shift from cautious to reckless
- Severe loss of memory (amnesia)
- Unwarranted or prolonged depression
- Delusions of grandeur or persecution
- Hallucinations
- Alcoholics and narcotics users often reveal physical evidence of their condition. This includes shaky movements, a grayish complexion, liquor on the breath, sores from injection of sniffing drugs, and abnormally dilated or constricted pupils. Many addicts also carry supplies and equipment.
- The borderlines between eccentricity and mental illness are not always clear. Sufferers may show several symptoms at once, or their symptoms may vary from minute to minute. Many physical ailments create symptoms like those of mental disorders.
- When the situation is not urgent, try to learn something about the sufferers before you approach them.
- Adopt a relaxed, friendly attitude as far as this is consistent with the necessity of staying alert for any sudden changes in subjects' behavior.

Supporting the Officer Dealing with an Emotionally Disturbed Person

A backup officer is highly desirable to handle any needed communications and also to deal with relatives and onlookers. A Law Enforcement Chaplain on a ride along often takes on the role of the backup officer – being an extra set of eyes and offering support to the officer. If you can, try to have relatives or friends of subjects present when you talk with them.

- Deny any suggestion of a threat. Sit down beside sufferers when this is practical.
- Begin by asking simple questions that they can easily answer, and then offer to help. Use a calm, confident tone of voice.
- Adopt sufferers' viewpoints as far as possible. Argument almost never convinces them.
- Be careful not to let subjects get you personally involved with their problems.
- If you deceive disturbed persons, even on trivial matters, you may make them lose faith in everyone including their doctors. This can seriously retard their recovery.
- In rare cases when physical restraint becomes necessary, two officers are required. Avoid devices, such as handcuffs, that may injure sufferers if they struggle against them.
- After subjects are under control, try to get expert advice on the disposition of their case. If such advice is not available, it is usually wise to take the sufferers into custody.

- When sufferers must be held in regular detention facilities, remove anything with which they may harm themselves, place them in a separate cell, and keep them under close surveillance.
- Offenders arrested on routine charges sometimes show symptoms of mental disorder. In such cases, take special precautions for their safety.