

Acknowledging Crisis, Trauma and Tragedy

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Workshop Outline

- Define crisis and trauma
- Identify predictable reactions to stress
- Brain functioning that explains reactions
- Working with children with trauma experience
- Phases of crisis and recovery
- Self care / Stress Inoculation

Continuum of Stress

Stress

Although pushed, coping mechanisms still work

Crisis

Point where coping mechanisms are no longer working... what do we do?

Trauma

Coping mechanisms are overwhelmed

What is "traumatic?"

- Exposure to direct life threat
- Injury to self or others—extent of physical pain
- Witnessing of mutilating injury or grotesque death (especially of family/friend)
- Perpetrating violent acts against others
- **Hearing unanswered screams for help/cries of distress**
- Smelling noxious odors
- **Being trapped or without assistance**
- **Proximity of violent threat**

- Unexpectedness and duration of experience
- Extent of violent force and the use of a weapon
- Number and nature of threats
- Witnessing atrocities
- **Relationship to the assailant or other victims**
- Use of physical coercion
- Violation of physical integrity of the child
- Degree of brutality and malevolence

Reactions to Stress

Children's reactions in 4 domains:

- Cognitive
- Behavioral
- Emotional
- Physical

Children's reactions often mirror those of their caregivers— pay close attention to the coping abilities of involved adults.

Cognitive

- Trouble concentrating
- Preoccupation with the event
- Recurring dreams or nightmares
- Questioning spiritual beliefs (in older children or if seen in caregiver)
- Inability to process the significance of the event
- Decrease in academic performance

Physical

- Exacerbation of medical problems
- Headaches
- Fatigue
- Physical complaints with no physical cause

Emotional

- Depression or sadness
- Irritability, anger, resentfulness
- Despair, hopelessness, feelings of guilt
- Phobias, health concerns
- Anxiety or fearfulness (Separation Anxiety)
- Constricted affect
- Pessimistic expectations of the future
- Self-doubt

Behavioral

- | | |
|----------------------------------|--|
| • Isolation/social withdrawal | • Changes in appetite |
| • Increased conflict with family | • Repeatedly talking about the event/repetitive play |
| • Sleep disturbances | • School refusal |
| • Avoiding reminders | • Exaggerated startle response |
| • Crying easily | • Hypervigilance |
| • Conduct disturbances | |

PTSD defined

- The person has been exposed to a traumatic event in which both of the following were present:
 - A. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - B. The person's response involved intense fear, helplessness, or horror.

PTSD in children

1. Reexperiencing
2. Avoidance/numbing
3. Hyperarousal

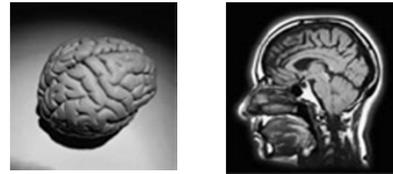
Type I Trauma

- Sudden
- Single event / experience

Type II Trauma

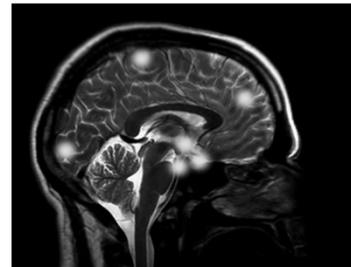
- Prolonged
- Routine
- "The Norm"
 - Complex PTSD
 - Developmental Trauma Disorder

The Human Brain



Brain Functioning

- Plasticity—ability of brain to adapt to environment
 - ▣ Brain has "use-dependent" organization
- Once organized, brain become less plastic
 - Impacts higher functioning levels of brain less
 - Cortex maintains some level of plasticity throughout life



Brain Structures

- Amygdala (threat assessment and emotion)
- Hypothalamus (SNS)
- Hippocampus
- Cortisol—released by Adrenal Gland
- Cortex / Pre-frontal Cortex

Response To Trauma

- Activation of the Sympathetic Nervous System
 - Fight, Flight or Freeze
- Altered Brain Functioning
 - Cortical Inhibition
 - Structural Changes

Cortical Inhibition

- Memory difficulties—especially new info
- Difficulty processing information
- Difficulty with reading, writing, speaking
- Numbness, non-responsiveness to sensory stimuli
- Overactive startle response
- Hyperactivity; kinetic energy
- Clumsy

Permanent changes

Large Amygdala/hypothalamus

- Difficulty discriminating proper amount of emotional reactivity needed—better to err on side of surviving
- Over-stimulation of Sympathetic NS
 - Use-dependent organization leads brain to react to fear and not listen to cortex

*****Result: Hypervigilance**

Focus on nonverbal cues to the exclusion of all else

Permanent changes

Small hippocampus

- Reduced ability to combine facts and emotion
- Emotional significance of event not communicated to cortex

Permanent changes

Smaller/Underfunctioning prefrontal cortex

- decision making remains difficult
- increase levels of aggressive behavior, impulsivity and capacity to display violence
- the earlier it happens, the more magnified the problem

In School

- Isolation from all adults
- Concerns remain internal—survival
 - Vacillates between withdrawal and attention seeking

In School

- Disruptive
- Lagging behind in work/learning
 - Difficulty processing new info
- Little-to-no homework completed
- Bullying/victims of bullying
- Lack of social competence
 - Sensitivity to rejection

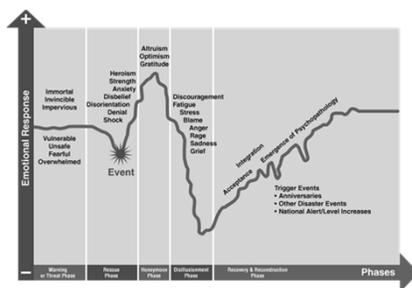
What to look for...

- Lack of self control
- Lack on concentration
- Memory issues
- School refusal
- Dissociation
- Gang involvement

What you *may* see

- Physical education
 - Cardiovascular arousal mimics Fight or Flight response
 - Can actually trigger a trauma response

Phases of Crisis



What can we do?

- assist in crucial decisions faced by students and families
- help reduce the overall arousal level to restore calm
- “Ministry of Presence”
 - Can't fix it
 - Won't run away
- Expect vacillation between thinking of event and just wanting to be a kid

Psychological First Aid

System of care that focuses on meeting elemental needs before attempting education, insight or higher level thinking

Think: Maslow's Hierarchy of Needs

PFA

Make a Connection

- Acknowledge the event, loss, pain
- Respect supportive family and friends

Help Student/Child Be as Safe as possible

- Realistic reassurances
- May need to actively help with feeling regulation

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PFA

Be Kind, Calm, and Compassionate

- Don't underestimate the importance of being a visible supportive presence: Your willingness to simply be with and be unable to change anything is unbelievably important
- Remaining calm in chaotic circumstances can be grounding for people managing crisis and trauma

PFA

Listen

- **IF** student wants to talk about what happened
 - Emotional
 - Cognitive
- Students may need to talk about the crisis, telling stories and making connections to what is happening in school
- Students (all ages) may feel that they are to blame for many aspects of the event / trauma
 - Realistic reassurances
- Don't debate the student's feelings; be supportive as he or she moves through the painful process of accepting the reality of what has happened

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PFA

Meet People's Basic Needs

- Encourage rest and food and water
- Encourage medical attention if warranted

Give Realistic Reassurances

- Don't try to minimize the event with expressions such as:
 - It was God's/Allah's will
 - He/she is in a better place now (if someone died)
 - You'll be alright
 - This too shall pass
 - It could have been worse
- These may be well-meant but they diminish and discount the client's pain, perhaps to protect yourself

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PFA

Give Accurate and Timely Information

- People desperately want and need information in order to make sense of what is now a more chaotic world
 - Many want to know all of the details of the event, whether it was accidental or caused by malfeasance or malevolence
 - Respect any wishes to NOT hear details about what has happened
- Don't ignore rumors or they'll take on a life of their own – fight bad information with good

Normalize Common Stress Reactions

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PFA

Encourage Good Coping

- Active or problem-focused coping is often beneficial if there's work to do
- If there are no tasks to accomplish, a more emotional coping style may be more suitable

Help People Connect

- Bear in mind that not all relationships are supportive, so when you encourage students to connect with their natural support system, try to be sure these contacts won't increase stress

Make a Referral if needed

End the Conversation—be deliberate

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Stress Inoculation

Why wait to take care of yourself?

Stress Inoculation

- Prepare in advance for the realities:
 - Acknowledge that the stress exists and will impact you
 - Help regulate your expectations of the event and of yourself
 - Help predict the intensity of emotions and interpersonal interactions you're likely to experience
 - Let you practice or mentally prepare

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Stress Inoculation

- Stress is a normal and necessary reaction to events that threaten to overwhelm a person's coping mechanisms
- Stress can be:
 - Productive or destructive
 - Acute or delayed
 - Cumulative
 - Identifiable
 - Manageable
 - Goal when dealing with sudden traumatic death is to **manage stress** – not to get rid of it

Stress Inoculation

Stress Inoculation is a process that introduces potential stressors to a person via discussion, thoughts or controlled exercises prior to exposure to actual stressors.

Components:

- Identify potential stressors
- Appraisal of stressors
- Identify personal coping strategies
 - Problem-focused
 - Emotion-focused
- Identify organizational coping strategies

Stress Inoculation

1. Identify Potential Stressors

Four categories of stressors impact teachers/school personnel differently:

- **Environmental:** Personal exposure to events
- **Organizational:** Long shifts; excessive work load, uncomfortable living arrangements; ineffective management; chaotic chain of command
- **Personal:** Reminders of one's own past trauma; cultural differences; little to no personal space
- **Political:** Difficult working relationships; unfamiliar practices

Stress Inoculation

2. Appraisal of Stressors

People experiencing stress make a subjective evaluation balancing stressful situation with their ability to meet the demands of the situation. Behavior is dependent on which of three appraisals is made:

- that harm or loss has already occurred
 - that the situation is threatening
 - that the situation is a challenge
- Reactions when dealing with stress will be most influenced by whether the person assesses the situation as a **threat** or a **challenge**.

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Stress Inoculation

2. Appraisal of Stressors cont'd

- If situation is appraised as a **challenge**:
 - The person mobilizes the psychological resources at his or her disposal
 - Coping skills used are likely to be varied and potentially new to the individual
 - Person is able to break the situation into manageable pieces
 - Person can create or follow a plan for helping others
- The person confronting a perceived challenge is likely to think things like "I can do this" or "Where do I start?"

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Stress Inoculation

2. Appraisal of Stressors cont'd

- If situation is appraised as a **threat**:
 - Available coping mechanisms can become overwhelmed, and anxiety and stress can continue to build
 - The individual may limit his or her coping skills to one or two that may be minimally effective in dealing with the stress.
 - Person may become paralyzed in terms of thinking and be unable to organize, prioritize, or develop a plan of action
- The person confronting a perceived threat is likely to think things like "This is awful!" or "I can't do this"

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Stress Inoculation

3. Personal Coping Strategies

If someone appraises a situation and finds that aspects of the event can be changed or resolved, then a **problem-focused coping strategy** is undertaken involving:

- Breaking problems into manageable parts
- Problem-solving
- Brainstorming
- Symptom management
- Skill development

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Stress Inoculation

3. Personal Coping Strategies cont'd

If little or nothing can be changed about the event or the response, then **emotion-focused strategies** will be most helpful. Elements include:

- Relaxation
- Distress tolerance
- Emotion regulation
- Anger management
- Distraction skills

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Stress Inoculation

4. Organizational Coping Strategies

Stress may also be combated by making small changes within the structure of the organization to impact how work and stress are perceived including:

- Ensuring that supervision focuses on preparing for expected stressors
- Providing realistic forewarning to help predict what might be seen, heard, or smelled, and to give time to think about how to respond to these stimuli
- Dividing tasks into Mission Critical and Non-Mission Critical reduces burnout by allowing prioritization and minimizes the risk of becoming overwhelmed

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There can be no keener revelation of
a society's soul than the way in which
it treats its children.

Nelson Mandela