

Crisis Fact Sheet: 10 Ways to Recognize Post-Traumatic Stress Disorder

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After a loss, it is normal to go through a natural grieving process. Sometimes, however, after a tragedy, such as a sudden traumatic event, feelings of loss surface several weeks or months after the tragedy occurred. This is called post-traumatic stress disorder (PTSD). Recognizing these symptoms in yourself or others is the first step toward recovery and finding appropriate treatment.

- 1) Re-experiencing the event through vivid memories or flash backs
- 2) Feeling "emotionally numb"
- 3) Feeling overwhelmed by what would normally be considered everyday situations and diminished interest in performing normal tasks or pursuing usual interests
- 4) Crying uncontrollably
- 5) Isolating oneself from family and friends and avoiding social situations
- 6) Relying increasingly on alcohol or drugs to get through the day
- 7) Feeling extremely moody, irritable, angry, suspicious or frightened
- 8) Having difficulty falling or staying asleep, sleeping too much and experiencing nightmares
- 9) Feeling guilty about surviving the event or being unable to solve the problem, change the event or prevent the disaster
- 10) Feeling fears and sense of doom about the future

Notes on Trauma

(mostly from judith herman, trauma and recovery, and warren dale - self help groups for trauma recovery) this is from memory 'cause i gave away my copy of herman these are things people need to know about trauma to heal quicker or prepare mentally or at least be aware that the process is known and trauma can be healed. in other words it's good for people to know before actions and it's good to know after actions. and it's good for people that are traumatized and it's good for people that are supporting.

Almost all of us have experienced this sort of thing in one way or another. causes of trauma: brain works different than normal under sever threat and anxiety – essentially 'scans' or 'photographs' everything going on at the time. sensory perceptions are stored in a different way in memory than under normal circumstance. later, these perceptions become 'triggers' which cause person to feel like they are back in the moment of trauma. knowing what these triggers are is crucial to countering symptoms.

Symptoms:

How do you know when you've healed? the symptoms are no longer present.

severe: catatonic (speechless), black-out (memory loss), robotic action (mindcontrol)

less severe: flashbacks (remembering when you don't expect to), sleeplessness, irritability, quick to anger, listless, anger, limiting life choices (never dating again, never walking down alleys, never going to another demo), hopelessness, purposelessness, defeatist, depression, anxiety, panic attacks, nightmares, baddreams

triage (does not include physical wounds - attend to physical wounds immediately):

1. person is communicative and can explain in proper sequence to order of events
2. person is impaired, crying, starts crying or shuts down when talking about events
3. person is disassociative (does not know the day, identity, current events)
4. person is noncommunicative or catatonic, cannot speak, glassy eyed

reasons for different reactions (extent of damage by shock):

1. depends on amount of support and quick placement into 'safe space' o creating safe spaces for people when they leave jail is vital - receive people leaving jail. this is a part of any action, do not leave it out. o note 'interviews' by media or 'interested parties' or 'supporters' can retraumatize. be very careful. think about what it's like for a rape victim to go to the hospital and be interviewed by a cop - it sucks. be gentle, warm the person, feed the person, absolutely remove reminders of 'triggers' if the person can't handle it. if the person is triggered by long hair and you've got long hair, hide it, cut it, or get away. keep the space open between the person and the door of the room you are in, do not thoughtlessly block a person's 'way out'.

2. depends on induced by person, government, state or by forces of nature (fire, flood, earthquake)
o it is difficult to 'get back' at nature so the healing process is different based on cause of the trauma

3. depends on severity of event o heard screams of torture, saw torture, and tortured are different levels of severity

4. depends on previous experience with trauma o for example, if someone has been through 'tear gas' attack before that led to injury, a new round of 'tear gas' can trigger or add to the severity of the trauma felt.

Stages:

1. shock, induced by life threatening or perception of life threat or witnessing life threat

2. compensation (anger or denial) - can last decades or moments, it will be shorter if people know what's going on. o means the person is waiting for someone to do something or something to happen to someone before 'resolution' - this may mean someone is jailed or killed, or a house is rebuilt, or 'justice is done'
o often people stay in this stage (men especially may not cry openly) and sometimes you may hear ' i can't start crying because if i start i'll never stop' which people believe but it turns out that they do stop crying.
o it is important to know that healing does not begin with anyone else than the person needing to be healed.

3. mourning (sadness) - acknowledging loss o looks like crying, sounds like crying, is crying... essentially we honestly acknowledge what we've lost. this can be done like 'i lost me sense of safety in

the universe', 'my sense of justice', 'my sense that the universe is fair', 'my trust I humankind', 'my trust in decency', 'my faith in god', 'my dignity', 'my body safety', 'my purity', 'my trust in activists', 'my trust of myself' -- all of it, the more the better-- if you are crying your eyes out you're healing

4. reconnection - healing. studies show rape survivors and demilitarized soldiers that go on to recount their experience, help others cope, testify, etc. eventually loose symptoms. reflection on events is 'boring' rather than emotional. o having hobbies, meeting with people for mutual support, working, 'getting on with it' sort of stuff (brainstorm 'things to do besides be traumatized') - only at this stage is it truly safe for a person to confront perpetrators, or do media truth telling, or participate in other people's healing.

ok now for the trauma debrief...

Safety first-if you are not clear about your care and concern for the person, or you are in it for anything besides healing, don't bother - you will possibly do more harm than good. be centered, be healed yourself, do not do this work if you are traumatized unless you are well into reconnection and won't damage yourself.

Healers beware-you will be taking 'energy' from the person - you need to pass that through your body - do not hold onto the others person's story or emotions - do not retell stories - let them pass from your memory. when you shit, meditate on the 'bad energy' leaving your body and going into mother earth, who is generous enough and compassionate enough to take it. if you start to have bad dreams or other symptoms - get help yourself. i started dreaming about houses burning after listening to Kosavo eviction stories - that's the time to stop and heal.

So this work away from action, in a place where no further trauma possibility exists if at all possible. possibly match genders, age, language - if you are using an interpreter make sure the interpreter knows everything in this note - do not use an interpreter with an ulterior motive (some Yugoslavian mothers were demanding that their raped daughters 'tell the doctor how you were raped' etc. be very careful with interpreters)

Essentially, debriefing does two things-it gives the person an opportunity to discover their triggers and it gives the helper a chance to teach some coping skills.

Use the phrase 'back then', 'at that time', 'when it happened' over and over. You are establishing a clear division between past and now.

Ask the person to describe the event, starting with what they saw, heard, smelled, tasted, touched-all senses-notice minute details, especially sounds and smells - these are the triggers people are not aware of (the smell of coffee, the smell of cigarettes, the sound of turkish music, etc.) then ask about what sort of thoughts were going through their mind. then ask what sorts of feelings the person had. thoughts and feelings can be deep triggers, as can smell and sound and color.

if the person goes back into heavy breathing, crying, etc. back off, give them time, offer touch if they allow it (ask first), breathe.

You can say 'one way to get some control if you need it is to wiggle your toes, count things around the room, say the names of colors of things in the room, look at the ceiling because it's hard to cry when you look up'. these are immediately effective ways for people to get out of their trauma memories.

As the person tells their story make mental or written notes about what sounds like triggers even if they don't seem to think that those perceptions were important.

Only when they are done talking about the event to their satisfaction do you want to proceed.

look over the list and ask how the person feels when they see..., hear..., think about..., feel (the particular trigger).

'one thing we can remind ourselves is that today's (trigger, for example cigarette smell) is not the same as the one you smelled back at that time' (try try try not to sound patronizing like 'that was then - this is now' - which is an American idiom I believe).

another coping skill is the 'visualize a videotape recorder (vcr) with a tape of the event' - 'imagine it is across a river or a very large room' 'imagine a remote control in your hand' 'stop the tape, rewind, play the tape' 'stop the tape and press eject' 'visualize putting the tape on a shelf' 'pick a name for the tape' 'when you think of the event, think of the name of the tape and think about it on the shelf in a box'

in a group, people can share their coping tricks and share their symptoms and their successes at overcoming symptoms. groups can work well but need strong ground rules, and lots of safety to be useful.

final note-trauma is complex and made complex by 'captivity' - longer captivity does other deeper things, captivity that requires injuring another or be killed (men forced to rape or bite off penises of their fellow captives, children forced to kill animals) break the spirit and create robotic zombies. prisoners best mentally survive by maintaining 'connection' even if it's just tapping a few times a day on bars to let others know the connection exists. the jail solidarity demand to not be separated is very important for this reason.

o relevance to prague, seattle, etc?

in comparison to rape, perpetrating mass murder, or other terrible things, street demonstration is relatively less traumatic - however trauma is very much an individual thing and people can be severely effected by imprisonment, gassing, beatings by police, betrayal, or even unexpected behavior by comrades or the state. we can mourn little things as well as big things and it's healthy and we should. spending time in the 'sad space' intentionally allows us to delve deeper into the things we need to heal - and we can gradually recover memories that may have been blacked out in order to cope at an earlier stage in life. Many people, many activists were imprisoned or held captive or felt that way through childhood and schooling. there is much to mourn and it's healthy.

that's it-i'm reluctant to write this, but it's important, and i don't feel like 'a little knowledge is a dangerous thing'. i'm committed to correcting this note if want to add something or correct something. when we as a culture can understand trauma we can see more clearly how much military training (basic training) is based on traumatizing individuals in order to gain mind control -and we can counter it. teach trauma healing!

-andrew rose

What is critical incident stress syndrome

critical incident stress syndrome (ciss) is a very real and potentially fatal dangerto search and rescue personnel. it can cause the break up of families, loss of jobs, and more. that's the bad news; the good news is that it can be treated with few complications if recognized and treated early.

ciss is the adverse psychological and/or physiological reaction to a stressful incident. search and rescue personnel are particularly susceptible to this due to the very nature of their job.

stress does have a cumulative effect on the body. someone who has been involved in numerous incidents without any lasting complications may suddenly develop the signs and symptoms of a stress reaction. another example of the cumulative effect of stress is an individual who is experiencing other stressors such as marital problems, problems with children, or a recent death of a friend or relative, and who then is called out for a sar incident. he may develop the signs and symptoms of a stress reaction in what may seem a particularly uneventful incident.

people who are unprepared for the physical and mental strain of a sar incident are particularly susceptible.

in an incident where a particularly stressful situation develops, sar people are at risk. an incident involving a mutilated or decomposing body, the death or serious injury of a fellow searcher or a politically frustrating situation may all lead to ciss.

everyone involved in a sar incident has the responsibility to be alert for the signs and symptoms of a stress reaction in him/herself and in fellow searchers. The team leader (tl) must be alert for signs of a stress reaction in his/her team members. the team debriefing is an opportune time to assess the searchers. The tl must pass any suspicions on to the tl debriefer. the person debriefing the tl must also be alert for signs and symptoms or ciss in the tl and pass that information along to the ops officer.

what it does:

it can make a grown man cry, vomit, fight for breath, even commit suicide if not treated. it is very important that this syndrome be understood and the need to deal with it be recognized. rescue workers are hidden victims of an overwhelming psychological experience - dealing with the recovery of burned, drowned, decomposed and dismembered human bodies.

if left untreated, they may have unresolved conflicts and feelings that remain long after the trauma. these side effects range from headache, fatigue, and sexual dysfunction, to terrifying dreams, hallucinations, severe withdrawal and apathy.

the syndrome affects firemen, policemen, search and rescue crews - anyone called upon to deal with death and injury in the course of duty.

it is very important to react immediately.

studies show that physical exercise is a great stress release and dissipates adrenaline which has been pumping for hours. even a brisk walk helps clear the head and give a person time to think things out.

rescue crews should be told to stay away completely from coffee and sugar for a few hours - sugar raises the blood pressure and the heart beats faster. coffee is a stimulant.

alcohol and drugs are also out. if people rely on them to unwind, they can become very dependent very fast.

a debriefing can release much of the negative reaction. debriefing is necessary because there are significant differences between normal death and violent or collective death. normal death is usually predictable, and it is surrounded in comforting regulation, dignity and decorum.

in disaster situations such primary coping methods are absent. the indignity is grotesque, the disorder is terrifying.

rescuers must suppress their feelings and concentrate on the task. this delays their psychological reaction. after a disaster ends and normal routine starts, there is often an intense period when repressed feelings start to surface. it is important for workers to talk to their "buddies" to vent their feelings.

rescuers are brave, heroic people and because of this they are sometimes reluctant to seek help. it's the john wayne syndrome - movies have glamorized their careers, made them seem superhuman.

critical stress debriefings have been part of certain federal response agencies for years now. information meetings take place as soon as crews return from a significant mission. they are debriefed within 72 hours. one-to-one sessions are provided if the individuals require it.

organizations that really care for their personnel are moving in this direction.

in the rescue business it is often the good people that burn out. the ones that are most devoted, most caring. rescuers are unusual in that they must constantly fight natural instinct. they must face very dangerous situations over and over again and move right into them. they put their lives on the line for all kinds of reasons - the public rarely hears about it.

time to heal is vital. during the second world war many troops were sent back home on transport ships. they debriefed themselves by talking to each other. By the time the soldiers got home they were reasonably stable. but in vietnam it was very different. many military personnel were flown home in a matter of hours. The shock was terrible. some still carry the emotional scars.

sometimes a whole community can be traumatized, as in the case of the mount washington (v.i.) bus crash which killed two claremont (victoria) high school students.

what you can do right away is arrange for an on-call counselor in your community.

conducting a mini debriefing

critical incident stress is the emotional, behavioural and physiological reaction to an emergency worker when confronted with acute trauma. specifically, when there is unexpected mission failure, excessive human suffering or unusual sights or sounds (eg. grotesque victims), or when there is a threat to the life of the worker, emergency personnel can experience a traumatic stress response. critical incident stress (c.i.s.) has the potential to affect one's ability to function either at the scene of an incident or later.

the most effective way to minimize the negative effect of c.i.s. is through a c.i.s. debriefing facilitated by a trained mental health professional. however, there may be times when there is no professional debriefer available or when the incident is of a minor nature and unit chiefs or managers may wish to provide some form of debriefing service. in these situations you may wish to conduct a mini debriefing.

if you find yourself in situation where you feel a mini-debriefing is necessary, here are some guidelines to consider.

1. not everyone can conduct mini-debriefings. those best suited have good interpersonal skills, know from experience that c.i.s. is real and a normal reaction to acute trauma, are comfortable with the expression of emotion in themselves and others and are trusted by those they plan to assist. knowledge of crisis intervention, grief and loss is a definite plus.

2. you must be seen as an ally to the crew you plan to debrief. sometimes even the warmest supervisor cannot lead a debriefing due to the attitude some may have towards management or an existing climate between groups and management. it is recommended that debriefers be at the peer level. if there is no one else, simply put your cards on the table right away. inform the group (or individual, if that is the case) that your role here is as a supportive friend, not as a boss. if you feel your position would get in the way of a debriefing, get someone else to lead the process.
3. make the rules clear. this is to be a debriefing, not a critique. the purpose of the session is to share your feelings about a difficult call, not to criticize others. also make sure participants agree that the proceedings will be confidential.
4. pick a time and a place that is comfortable and where there will be no interruptions. the debriefing should be a continuous process with no one else wandering in and out.
5. do not assume how participants are feeling. explain why you have initiated the debriefing and your knowledge about c.i.s. then simply invite participants to individually respond to how the call has impacted them. listen and watch for signs of emotional vulnerability. if there is none, fine, you have done your job. if there is, let it flow and the group will establish its own emotional level. remember, the expression of extreme emotion is a healthy, normal process that emergency workers have learned to suppress.
6. don't force the group process, but do get each individual to contribute at least once. one suggestion is to follow the traditional debriefing steps and have participants discuss what they actually said and heard at the scene. if individuals have been traumatized, it normally shows through their tone of voice. when this happens, let them express themselves. affirm that what they are experiencing is normal given the circumstances.
7. stop criticism of others.
a critique can come later, but if individuals start complaining about others behaviour, stop it by saying something like: "bob, we will be doing a critique later this week. the purpose of this session is to share our feelings about the call. Tell us how you felt during the call when things started going wrong." being criticized by others before you are debriefed can be more traumatic than the incident itself.
8. do not permit tough, insensitive comments or any gallows humor. this will quickly put an end to the expression of personal feelings.
9. watch for the non-participant especially the one who is visibly shaken. Touch base with him/her later in private to make sure he/she is not simply reluctant to talk in a group setting.
10. if the mini-debriefing becomes emotional, do not stop until all the grief and pain is out. you may go through the entire group without any expression of feelings and finally the last person shares some emotional pain. make sure you allow time to go around the group again allowing others to do the same.
11. end the session with some form of "where do we go from here?" question. after an emotional session there is a need for a transition. talking about action plans gives time for individuals to internalize what has happened and get ready to return home or to work.
12. finally, after the session is over, you should contact a trained debriefer and debrief yourself. doing this will release any pent-up stress and build your confidence about further debriefings. remember, the worst thing you can do when others have experienced c.i.s., is to criticize them before they are emotionally debriefed. the second worst thing you can do is not to facilitate some form of psychological debriefing.

if you ever find yourself in a situation where the emergency workers around you may be in emotional pain, i urge you to take action. if it means doing your first mini-debriefing, "go for it". remember, all you can be is yourself and all you can do is your best. if your colleagues know you are sincere in your intentions, they will support you in what you are attempting to do.

suggested post critical incident "do's and don'ts"

source: lawrence h. bergmann, ph.d. post trauma resources 803-765-0700

depending on the critical incident and post-trauma consequences, these are examples of coping skills which may assist recovery.

don't

do

drink alcohol excessively
 expect the incident to bother you
 withdraw from family, friends and co-workers
 take time for leisure activities
 use legal or illegal substances
 to numb post-trauma consequences
 maintain a good diet and exercise
 automatically stay away from work
 remind yourself that post-trauma
 consequences are normal
 use off-duty time for training
 immediately after the incident
 learn as much as possible
 about critical incident stress
 look for easy answers to explain
 the reasons for the incident
 spend time with family,
 friends and co-workers
 think you are "crazy"
 get extra help, if necessary
 have unrealistic
 expectations for recovery

factors influencing the individual reaction

1. magnitude of the disaster
2. the duration of the exposure
3. the degree of personal danger
4. the individual's personality and emotional stability
5. the coping mechanisms developed from past experiences
6. the role of the worker
7. the frequency of similar experiences
8. the individual's expectations
9. the individual's training in ciss
10. a recent tragedy in the individual's life
11. the support and understanding of fellow-workers
12. the support and understanding of management
13. ostracism by co-workers, family, or the general public

14. media interference
15. personal acquaintance with the victim(s)

reactions of ciss

physical reactions
 emotional reactions
 gastro-intestinal problems, or nausea
 anxiety
 increased breathing,
 heartbeat of blood pressure
 guilt
 muscle tremors
 denial--repression
 of feelings
 exhaustion alternating with
 "carbonated" feeling (adrenaline
 overproduction--mood
 swings from giddiness
 to dangerous)despair
 anger
 temporary hearing loss
 loss of self-worth
 and self-confidence
 temporary impaired vision
 grief
 sleep disturbances (insomnia, nightmares)
 fear
 eating problems
 helplessness
 sexual problems
 depression

cognitive reactions

- disorientation
- impaired thought processes
- reduced judgement and memory
- comprehension problems
- inability to concentrate
- loss of skills
- amnesia
- inability to distinguish between trivial and important matters

things to do to help you through

- immediately following the activity stage, do vigorous exercises for a short
 • period of time.
- deal with feelings now or they'll deal with you later.
- talk it out with each other and with friends and family.
- help each other.
- remember it's ok to have feelings.
- remember the symptoms will subside.
- if your progress is not to your satisfaction - seek help.
- take pride in what you have accomplished.

- exercise to reduce stress.
- relax by deep muscle relaxation technique
- relax by deep breathing exercises
- relax by yoga
- eat regularly and well (vitamin b supplement may be required).
- have fun - laugh.
- make short-term plans to keep you busy and interested.
- do not use drugs, alcohol, coffee or too much sugar