

General Trauma Information Booklet

A guide to resources and information
for emotional recovery and support

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“After all, when a stone is dropped into a pond, the water continues quivering even after the stone has sunk to the bottom.” — Arthur Golden, *Memoirs of a Geisha*

There are several emotional reactions a person who suffers a traumatic event tends to go through. These reactions can last anywhere from hours to weeks, they may come and go repeatedly and are confusing.

STAGES OF REACTION IN TRAUMA RECOVERY

Shock/Numbness

This stage usually happens first and can last a few hours or longer. This is the time when a person has a feeling of being immobile; things may not seem real or as if happening to someone else. You may have difficulty remembering how to do things or concentrating on minor tasks.

Denial is trying not to think about the trauma, or scary, angry feelings about the trauma. Sometimes people try to ignore the fact that the trauma ever happened, and “force” themselves to act normal.

Impact

This stage follows the shock stage and can last for a few days or even weeks. The first sign is usually a sense of anxiety or nervousness which cannot be identified, but you may feel uptight, jittery, or scared. Anger can also occur. Anger may be toward the person who caused the trauma, people who were there and didn't help, the police, or friends who don't seem to understand. Intense anger or rage and thoughts of revenge are common.

Frequently, people begin to second guess their behavior during the trauma. They may think, “what if I had done this or that?”, and “what if” and “if only”. These feelings tend to add confusion to what really happened and may lead to feelings of guilt, helplessness, anger, and sadness. Self-doubts can lead to feelings of depression. Depression can be feeling like you are no good, you did a bad thing, are worthless, or guilty. Sudden crying spells, feeling helpless, and sleeping problems may occur.

Some people feel like they are on a roller coaster and go from feeling very angry to feeling very sad and depressed in a matter of minutes.

Resolution

This stage may last from weeks to months. An important step is recognizing and acknowledging you probably did the right thing during the trauma and all the responsibility for the trauma is not yours. You can learn it is normal human behavior to be frightened, angry, and sad when you experience trauma; and it is okay to have those feelings. Talking about your feelings and stopping the self-blaming thoughts are very helpful in accepting and growing from the unfortunate event.

WHAT DO I DO NOW?

You will always remember the trauma. Sometimes people or things you may see, hear, smell, or taste may remind you of the trauma and trigger a flood of the feelings described above. Talk about these feelings with friends, family, or others who were present during the trauma.

Talking and dealing with feelings directly will help them pass and help you feel you have more control and less confused. Stress after trauma is common. If you have a medical condition and it appears to be getting worse, consider contacting your family physician for assistance.

A CHILDREN’S RESPONSE TO TRAUMA

WHAT DOES TRAUMA LOOK LIKE FOR CHILDREN?

Children’s reactions to trauma may look different based on age, for example, but the result of the victimization or trauma changes the child’s view of their world which is usually safe and predictable. The child will also sense the crisis response and reactions of their parents or caregivers. (NOVA 2009)

Common Reactions

- **Fear and Anxiety**
Fear of this happening again, anxious attachment to caregiver, being left alone, change in routines may seem threatening, loss of security and safety, strong fear to strangers.
- **Regressive Behaviors**
May regress to previous development stage, acting younger than their age, regress in physical independence, sleep and bedtime disturbances, nightmares are common, might also include bedwetting, thumb sucking and controlling their own behaviors.
- **Physical Reactions**
Stomach aches, headaches, nausea, dizziness, radical changes in behavior, anger, changes in appetite or other physical reactions to feelings of vulnerability and guilt.
- **“Trigger” Responses**
These are from the impact of what they saw, heard, felt, smelled and experienced. When children are exposed to something similar or associated with the trauma or event, that reminder may cause them to experience anxiety and possibly a physical response.

TRAUMA REACTIONS BASED ON AGE

Birth – 2 years

- It is unlikely that the child will have any memory of the trauma, but it is possible.
- May mimic the behavior of those around them.
- High anxiety can manifest:
 - Crying
 - Biting
 - Throwing objects
 - Thumb Sucking
 - Agitated Behavior

2 years – 6 years: Preschool age

- Children may not have the same level of denial; they can take in the trauma more swiftly.
- May become quiet, withdrawn and still.
- Noticeably have short but repeated “sadness spans”
- May “play” and reenact the traumatic event.
- Regression in physical independence (things they used to do on their own) such as using the bathroom, feeding and dressing themselves.
- Anxious attachment behaviors displayed toward caretakers.
- Trouble sleeping, nightmares are common or not wanting to go to sleep.
- Any change in the daily routine may be seen as threatening.
- Does not understand the trauma and its possible permanency.

7 years – 12 years: School Age

- Play continues to be the primary method of expression.
- Inability to concentrate in school.
- Radical changes in behavior.
- May fantasize about the event with a “heroic” ending.
- Withdrawal of trust from adults around them.
- Physical reactions are common
 - Headaches
 - Stomach aches
 - Dizziness
 - Trouble sleeping
 - Acting out

10 years –14 years: Pre-Adolescence

- May become more childlike in attitude.
- May be very angry at the unfairness of the traumatic event.
- Often suppress thoughts, feelings and be judgmental of their own behavior.
- Assign symbolic meaning to the pre-traumatic events.
- May have a sense of meaninglessness of existence.
- Mental and emotional illnesses may manifest.

12 years –18 years

- Adolescents most resemble adult post-traumatic stress reactions.
 - Feelings of anger, shame and betrayal.
 - They are often suspicious and guarded in their reaction to others.
 - Eating and sleeping disorders may occur.
 - Depression, lack of impulse control, drug and alcohol abuse may become a problem.
 - Judgmental about their behavior and that of others.
 - Mental and emotional illnesses may manifest.
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COPING STRATEGIES FOR CHILDREN

Talk

It is important to talk to children about the trauma. They need to be allowed to vent and have those feelings validated, as adults do. Allow the child to talk as much as they need to, some children are often reluctant to initiate a conversation about the trauma. You can ask, but respect them if they don't want to talk about it. They may also want to talk about it at sporadic times. Reaffirm that you are there to help, listen and validate them. Be clear, simple and honest. Use words that are simple and factual in order to avoid confusing them or make them afraid.

Normality

Keep routines such as bedtimes, meals and activities as normal as possible. There is security in knowing what is going to happen next. Children should stay only with people they know and feel safe. Reaffirm the future to help the child rebuild trust and faith in his own future and the world.

Special Requests

Extra time should be spent with children to let them know that someone will take care of them. Rebuild and reaffirm attachments and relationships, love and care in the family is a primary need. For example, allow them to sleep with the light on. Physical closeness such as holding hands and hugs is important. There is no such thing as too much love.

"Normal" Functioning

- Shock and Denial**
- Avoidance
 - Confusion
 - Fear
 - Numbness
 - Blame

- Anger**
- Frustration
 - Anxiety
 - Irritation
 - Embarrassment
 - Shame



- Depression and Detachment**
- Overwhelmed
 - Blahs
 - Lack of Energy
 - Helplessness

Return to Meaningful Life

- Empowerment
- Security
- Self-Esteem
- Meaning

- Acceptance**
- Exploring options
 - A new plan in place

- Dialogue and Bargaining**
- Reaching out to others
 - Desire to tell one's story
 - Struggle to find meaning for what has happened

The stages of grief reflect a variety of reactions that may surface as an individual tries to make sense of how this trauma affects him or her. An important part of the healing process is allowing oneself to go through and accept all feelings that you may experience. There are traditionally five stages of grief; however, everyone experiences grief in a manner that is unique to him or her, the situation

and the relationship that was lost. There is no right or wrong way to grieve, and you may not experience the stages in order, you may not experience all of the stages, and you may experience some stages multiple times. These stages are evident in every type of loss.

Denial, Numbness and Shock

This stage serves to protect the individual from experiencing the intensity of the loss all at once. It may be useful when the grieving person takes action. Numbness is a normal reaction to an immediate loss and should not be confused with "lack of caring". As an individual slowly acknowledges the impact of the loss; denial and disbelief will diminish.

Anger

This reaction usually occurs when an individual feels helpless and powerless. Anger can stem from a feeling of abandonment through a loved one's death. An individual may be angry at a higher power, a medical provider, or toward life in general. However, anger may also mask other feelings that an individual may not be ready to express.

Bargaining

This stage may involve persistent thoughts about what could have been done to prevent the trauma. People can become preoccupied about the way things could have been better, or different. If this stage is not properly resolved, intense feelings of remorse or guilt may interfere with the healing process.

Depression stages of grief - continued

This stage of grief occurs in some people after they realize the true extent of the trauma. Signs of depression may include sleep and appetite disturbances, a lack of energy and concentration, and crying spells. A person may feel loneliness, emptiness, isolation, and self-pity.

Acceptance

In time, an individual may be able to come to terms with various feelings and accept the fact that the loss has occurred. Healing can begin once the loss becomes integrated into the individuals set of life experiences.

THINGS TO AVOID AND THINGS TO TRY

AVOID

- Excessive alcohol.
- Use of legal or illegal substances.
- Withdrawal from family, friends and coworkers.
- Staying away from work.
- Emotionally shutting down.
- Thinking you are going “crazy.”
- Have unrealistic expectations for recovery or acceptance.
- Pretending it does not bother you.
- Blaming yourself or others for the incident.
- Looking for easy ways to explain the incident.
- Minimize the impact this had on you.
- Pushing yourself to “get over it”.
- Comparing your feelings or reactions to others.

TRY

- Maintain a good diet and exercise.
- Take time for activities.
- Expect that you will be bothered by unusual feelings that may not be “like” you.
- Spend time with family and friends. It’s ok to talk to people you trust.
- Remind yourself that post-traumatic effects are completely normal.
- Learn as much as possible about “Critical Incident Stress.”
- Get extra help if necessary (your advocate will have a list of suggested therapists or community organizations.)
- Take one step at a time; be patient with yourself and others.
- Be aware of how you think—and think about the incident realistically.
- Allow yourself time to recover from the shock.

BEHAVIORAL, PSYCHOLOGICAL AND PHYSICAL REACTIONS TO TRAUMA

Everyone experiences and reacts differently to a traumatic event; always remember that whatever YOU are feeling is normal. During the next month or so you may experience many reactions to the type of experience you had.

Behavioral Reactions

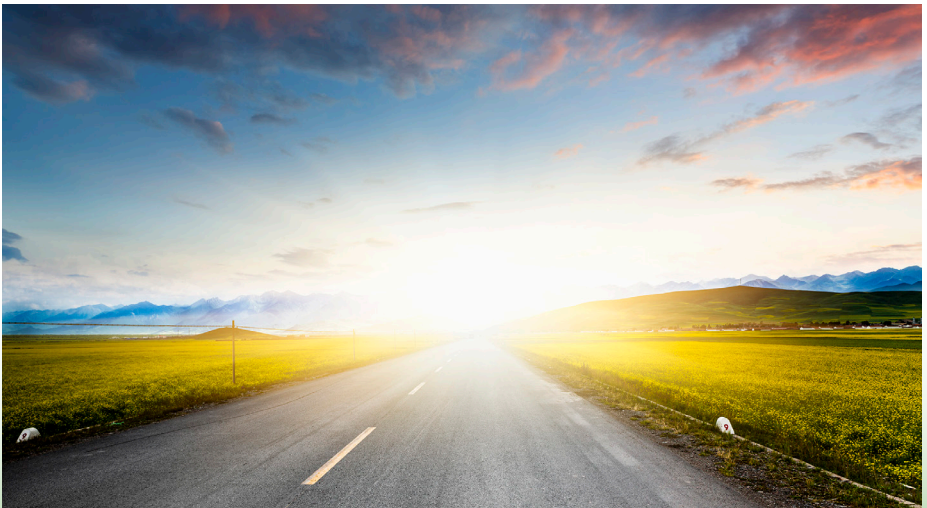
- Hyperactivity
- Difficulty Concentrating
- Inability to attach importance to anything other than the event
- Flashbacks
- Not enough activity
- Nightmares
- Startled reaction
- Memory disturbance

Psychological Reactions

- Fear
- Guilt
- Emotional sensitivity
- Anger
- Anxiety
- Depression
- Feelings of helplessness
- Amnesia of the event

Physical Reactions

- Fatigue
- Insomnia
- Exhaustion
- Health problems
 - Changes in appetite
 - Headaches
 - Digestive problems



THINGS TO HELP WITH COPING

There has been a lot of information about feelings and reactions in this booklet. Here are some suggestions to consider as you are working through your grief. Although there is not a lot that others can do to help you experience fewer uncomfortable or intrusive thoughts or feelings, here are some suggestions that may be beneficial to you.

- You are normal and you are having a normal reaction to an abnormal event. Do not label yourself as “crazy”.
- Within the first 24-48 hours, periods of strenuous physical exercise alternated with relaxation will alleviate some of the physical reactions.
- Structure your time — keep busy.
- Allow time to experience thoughts and feelings openly to yourself and others.
- Talk to someone—sounds simple, but it does help.
- Be cautious not to numb the pain with the use of drugs or alcohol, as this can lead to a very destructive path.
- Keep your life as normal as possible.
- Give yourself permission to feel and express the feelings that you are experiencing. Sharing with others, including support groups, can be very helpful. Acknowledge and accept both positive and negative feelings.
- Do things that make you feel good; jogging, yoga, walking, dancing, crafts, etc. Remember, crying is okay and it provides a physical and emotional release.
- The nutrition almanac recommends supplementing your diet with vitamins C, B2, B6, Calcium and Magnesium.
- Realize that those around you are also under stress if they were also victimized or have experienced a trauma.
- If you find it hard to talk to others, write your feelings in a journal.
- Seek professional help if feelings become overwhelming.

IMPORTANT AND HELPFUL PHONE NUMBERS

Thornton/ Northglenn Victim Services		720-977-5172
Thornton Police Department	(NON-EMERGENCY)	720-977-5150
Northglenn Police Department	(NON-EMERGENCY)	303-450-8892
24-hour Colorado Crisis Line		1-844-493-TALK (8255) Text 'TALK' to 38255 ColoradoCrisisServices.com
Community Reach Center		303-853-3500
Adams County Human Services		303-227-2800
Center for Trauma and Resilience	(English) (Spanish)	303-894-8000 303-718-8289 traumahealth.org
Safe Horizon		1-800-621-HOPE SafeHorizon.org





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720-977-5172