Does God have enough hands?

Strategies for caregivers in times of fear and sorrow

Compiled and Developed by
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imagine

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Printing Suggestions
Does God Have Enough Hands is designed to be printed front and back. Please, when replicating, save paper by using both sides on recycled paper whenever possible

Does God have enough hands?

The title of this handout comes from a story told by Bill Geist of CBS news. After the 9-11 tragedy, he told his distraught 5 year old daughter that we are all in God's hands now. She thought for a moment and asked 'Does God have enough hands?" A simple but profound question, the answer may be that our hands are God's hands. The purpose of this handout is to recognize and support the people who turn up every day in the lives of people who experience disabilities. Your hands are making a difference.

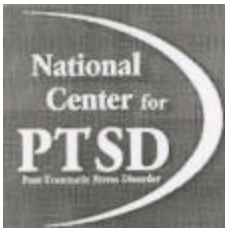
Human beings suffer.
They torture one another.
They get hurt and get hard.
No poem or play or song
can fully right a wrong
inflicted and endured.

History says, don't hope
on this side of the grave.

But then, once in a lifetime
the longed-for tidal wave of justice can rise up,
and hope and history rhyme.

So hope for a great sea-change
on the far side of revenge.
Believe that further shore
is reachable from here.
Believe in miracles
and cures and healing wells.

These words are spoken/sung by the chorus in The Cure at Troy, Seamus Heaney's version Sophocles' Phlocotetes. Thanks to John O'Brien for knowing what words would matter.



www.ncptsd.va.gov/

Survivors of Natural Disasters and Mass Violence

A National Center for PTSD Fact Sheet

By Bruce H. Young, L.C.S.W.., Julian D. Ford, Ph.D. and Patricia J. Watson, Ph.D.

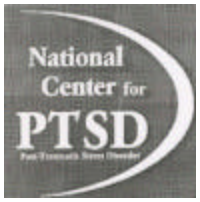
Every year, millions of people are affected by both mass violence and natural disasters, such as earthquakes, floods, hurricanes, tornados, and wildfires. Survivors face the danger of death or physical injury and the possible loss of their homes, possessions, and communities. Such stressors place survivors at risk for behavioral and emotional readjustment problems.

This fact sheet contains three questions often asked by survivors: What psychological problems might one experience as a result of surviving a disaster? What factors increase the risk of readjustment problems? What can survivors do to reduce the risk of negative psychological consequences and to best recover from disaster stress?

What psychological problems might one experience as a result of surviving a disaster?

- Emotional reactions: temporary (i.e., for several days or a couple of weeks) feelings of shock, fear, grief, anger, resentment, guilt, shame, helplessness, hopelessness, or emotional numbness (difficulty feeling love and intimacy or difficulty taking interest or pleasure in day-to-day activities)
- Cognitive reactions: confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
- Physical reactions: tension, fatigue, edginess, difficulty sleeping, bodily aches or pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
- Interpersonal reactions in relationships at school, work, in friendships, in marriage, as a parent: distrust; irritability; conflict; withdrawal; isolation; feeling rejected or abandoned; being distant, judgmental, or over-controlling.

Most disaster survivors only experience mild, normal stress reactions. Disaster experiences may even promote personal growth and strength.



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However, as many as one out of every three disaster survivors experience some or all of the following severe stress symptoms, which may lead to lasting Posttraumatic Stress Disorder (PTSD), anxiety disorders, or depression:

- Dissociation (feeling completely unreal or outside yourself, like in a dream; having "blank" periods of time you cannot remember)
- Intrusive re-experiencing (terrifying memories, nightmares, or flashbacks)
- Extreme attempts to avoid disturbing memories (such as through substance abuse)
- Extreme emotional numbing (completely unable to feel emotion, as if empty)
- Hyper-arousal (panic attacks, rage, extreme irritability, intense agitation)
- Severe anxiety (paralyzing worry, extreme helplessness, compulsions or obsessions)
- Severe depression (complete loss of hope, self-worth, motivation or purpose in life).

What factors increase the risk of adjustment problems?

Survivors are at greatest risk for severe stress symptoms and lasting readjustment problems if any of the following are either directly experienced or witnessed during or after the disaster:

- Loss of loved ones or friends
- Life threatening danger or physical harm (especially to children)
- Exposure to gruesome death, bodily injury, or dead or maimed bodies
- Loss of home, valued possessions, neighborhood, or community
- Loss of communication with or support from close relatives
- Intense emotional demands (e.g., rescue personnel and caregivers searching for possibly dying survivors or interacting with bereaved family members)
- Extreme fatigue, weather exposure, hunger, or sleep deprivation
- Extended exposure to danger, loss, emotional/physical strain
- Exposure to toxic contamination (such as gas fumes, chemical radioactivity)

Some individuals have a higher risk than typical risk for severe stress symptoms and lasting PTSD, including those with a history of:

- Exposure to other traumas (such as severe accidents, abuse, assault, combat, rescue work)

- Chronic medical illness or psychological disorders
- Chronic poverty, homelessness, unemployment, or discrimination
- Recent or subsequent major life stressors or emotional strain (such as single parenting).

Disaster stress may revive memories or prior trauma, and may intensify preexisting social, economic, spiritual, psychological, or medical problems.

What can survivors do to reduce the risk of negative psychological consequences and to best recover from disaster stress?

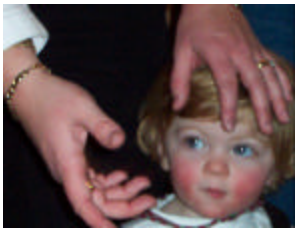
Researchers are beginning to conduct studies to answer this question. Observations by disaster mental-health specialists who assist survivors in the wake of disaster suggest that the following steps help to reduce stress symptoms and to promote post-disaster readjustments.

Protect Find a safe haven that provides shelter; food and liquids; sanitation; privacy; and chances to sit quietly, relax, and sleep at least briefly.

Direct Begin setting and working on immediate personal and family priorities to enable you and your significant others to preserve or regain a sense of hope, purpose, and self-esteem.

Connect Maintain or reestablish communication with family, peers, and counselors in order to talk about your experiences. Take advantage of opportunities to "tell your story" and to be a listener to others as they tell theirs, so that you and they can release the stress a little bit at a time.

Select Identify key resources, such as FEMA (Federal Emergency Management Agency), the Red Cross, the Salvation Army, or the local and state health departments, for clean-up, health, housing, and basic emergency assistance.



Taking each day one at a time is essential in disaster's wake. Each day a new opportunity to **FILL-UP**:

- **F**ocus **I**nwardly on what's most important to you and your family today;
- **L**ook and **L**isten to learn what you and your significant others are experiencing, so you'll remember what is important and let go of what's not;
- **U**nderstand **P**ersonally what these experiences mean to you, so that you will feel able to go on with your life and even grow personally.

*The construct "Protect, Direct, Connect, Select" was developed by Diane Myers, unpublished manuscript.

Related Fact Sheets from the National Center on Post Traumatic Stress Disorder

Survivors of Natural Disasters and Mass Violence was written by Bruce H. Young, L.C.S.W., Julian D. Ford, Ph.D. and Patricia J Watson, Ph.D. for the National Center on Post Traumatic Stress Disorder. The Center (www.ncptsd.va.gov/) offers very helpful information, including the following:

Coping with PTSD and Recommended Lifestyle Changes for PTSD Patients by Joe Ruzek, Ph.D. Provides information for PTSD survivors on positive techniques for dealing with PTSD

http://www.ncptsd.va.gov/facts/treatment/fs_coping.html

Psychological First Aid Manual by the National Center on Post-Traumatic Stress Disorder. The field operations guide is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning.

http://www.ncptsd.org/pfa/PFA.html

Protect

Direct

Connect

Select

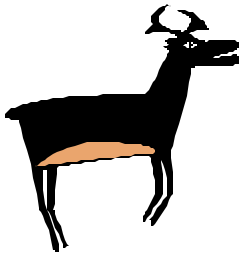
Brief Tips About Self-Care for Caregivers

Common reactions to traumatic events like Hurricane Katrina include feeling afraid, sad, horrified, helpless, angry, overwhelmed, confused, distracted, emotionally numb, or disoriented. People may also be bothered by nightmares or upsetting thoughts and images that come to mind. Young children may be upset, distracted, or feel out of sorts. These are normal reactions to very stressful events. With the help of family, friends, and colleagues, most people eventually feel better as time goes on.

What can people do to cope?

- Spend time with other people. Coping with stressful events is easier when people support each other.
- If it helps, talk about how you are feeling. Be willing to listen to others who need to talk about how they feel.
- Get back to your everyday routines. Familiar habits can be very comforting.
- Take time to grieve and cry if you need to. To feel better in the long run, you need to let these feelings out instead of pushing them away or hiding them.
- Ask for support and help from your family, friends, church, or other community resources. Join or develop support groups.
- Set small goals to tackle big problems. Take one thing at a time instead of trying to do everything at once.
- Eat healthy food and take time to walk, stretch, exercise, and relax, even for a few minutes at a time.
- Make sure you get enough rest and sleep. People often need more sleep than usual when they get very stressed.
- Do something that just feels good to you like taking a warm bath, taking a walk, sitting in the sun, or petting your cat or dog.
- If you are trying to do too much, try to cut back by putting off or giving up a few things that are not absolutely necessary.
- Find something positive you can do. Give blood. Donate money to respond to the tragedy.
- Get away from the stress of the event sometimes. Turn off the TV news reports and distract yourself by doing something you enjoy.

Taken directly from the National Center for Post Traumatic Stress Disorder publication, *Brief Tips about Self-Care and Self-Help Following Disasters.* Available online: www.ncptsd.va.gov/.
Additional tips available on page 10.



Brief Tips for Helping People Who Experience Disabilities after a Traumatic Event

People who experience developmental disabilities may react to traumatic events like anyone else (see list on previous page). But some may react in extreme ways because of previous traumatic events, an inability to communicate with others, or an absence of everyday coping skills. Reactions may include: Inexplicable episodes of screaming, throwing things, aggression, and property destruction, out of proportion kinds of reactions to normal changes, appearing un-focused (often misdiagnosed as seizure activity), unable to respond to people during the experience, nightmares, expressing physical complaints (e.g., headache, stomach ache).

What can you do to help?

- Presume competence. When you are unsure of a person's capacity to understand, presume that he/she can understand.
- Assure the person that you are doing everything you can to keep them safe ("the worst is over")
- Help the person to return to a normal routine as soon as possible. If it is impossible, in the short run, to return to normalcy, help the person to develop new and soothing routines.
- Eat healthy foods and stay active. Take walks. Stretch.
- Encourage the person to avoid watching too many frightening news stories or pictures of the events.
- Make fun a goal.
- If the person becomes aggressive or threatening, let him/her know in a calm way that you cannot let harm come to anyone. Tell the person that you will help him/her to stay safe. Provide support rather than admonishment.
- If the person is taking medications, make sure that he/she is taking the medicine properly and that appropriate blood levels are maintained.
- Understand that stress creates havoc in the body (e.g., disrupting sleeping patterns) that can lead to difficult behaviors.
- Help the person to find ways to help others.

Adapted from my handout *Supporting a Person with Post Traumatic Stress Disorder* available online at www.dimagine.com and the National Center on Post Traumatic Stress Disorder publication, *Brief Tips about Self-Care and Self-Help Following Disasters.* Available online: www.ncptsd.va.gov/

More Tips for Caregivers

- From the National Center on Post Traumatic Stress Disorder

What can adults do to help children cope?

- Let them know you understand their feelings.
- Tell them that they really are safe.
- Keep to your usual routines.
- Keep them from seeing too many frightening pictures of the events.
- Educate yourself about how to talk to children of different ages about trauma.

When should a person seek more help?

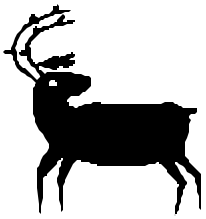
Sometimes people need extra help to deal with a traumatic event. People directly affected by this tragedy, young children, people who have been through other traumatic events, and people with emotional problems are more likely to need professional help. A person may need extra help coping if a month after the event he or she:

- Still feels very upset or fearful most of the time
- Acts very differently compared to before the trauma.
- Can't work or take care of kids at home.
- Has important relationships that are continuing to get worse.
- Uses drugs or drinks too much.
- Feels jumpy or has nightmares a lot.
- Still can't stop thinking about the attack.
- Still can't enjoy life at all.

Where can one get help?

Find a mental health provider who specializes in helping people who have been through traumatic events and/or who have lost loved ones. Check the National Center on Post Traumatic Stress Disorder (www.ncptsd.va.gov/) for updated information on how to get help. You can also check the Imagine web site (www.dimagine.com) for information on PTSD.

Taken directly/adapted from the National Center for Post Traumatic Stress Disorder publication, *Brief Tips about Self-Care and Self-Help Following Disasters.* Available online: www.ncptsd.va.gov/



Psychological First Aid

from the National Center for Post Traumatic Stress Disorder

Psychological First Aid Field Guide (http://www.ncptsd.org/pfa/PFA.html)

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and on-going safety, and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught survivors.
- Help survivors to articulate immediate needs and concerns, and gather additional information as appropriate.
- Offer practical assistance and information to help survivors address their immediate needs and concerns.
- Connect survivors as soon as possible to asocial support networks, including family members, friends, neighbors, and community helping resources.
- Support positive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Provide information that may help survivors to cope effectively with the psychological impact of disasters.
- Facilitate continuity in disaster response efforts by clarifying how long the Psychological First Aid provider will be available, and (when appropriate) linking he survivor to another member of a disaster response team or to indigenous recovery systems, mental health services, public-sector services, and organizations.

Delivering Psychological First Aid

Professional Behavior

- Operate only within the framework or an authorized disaster response system.
- Model sound responses; be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.
- Make appropriate referrals when additional expertise is needed.
- Be knowledgeable and sensitive to the issues of culture and diversity.
- Pay attention to your own emotional and physical reactions , and actively manage these reactions.

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services.

Guidelines for Delivering Psychological First Aid

- Politely observe first, don't intrude. Then ask simple respectful questions, so as to be able to discuss how you may be of help.
- Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be an intrusion or disruption.
- Be prepared to be either avoided or flooded with contact by the affected persons, and make brief but respectful contact with each person who approaches you.
- Speak calmly. Be patient, responsive, and sensitive.
- Speak in simple, concrete terms; don't use acronyms. If necessary, speak slowly.
- If survivors want to talk, be prepared to listen. When you listen, focus on learning what they want to tell you and how you can be of help.
- Acknowledge the positive features of what the person has done to keep safe and reach the current setting.
- Adapt the information you provide to directly address the person's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience, and correct inaccurate beliefs. If you don't know, tell them this and offer to find out.
- When communicating through a translator, look at and talk to the person you are addressing, not at the translator.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Working with Children and Adolescents

- Sit or crouch at a child's eye level.
- Help children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (e.g., mad, sad, scared, worried). Match the children's language to help you connect with them, and to help them feel understood and to understand themselves. Do not increase their distress by using extreme terms like "terrified" or "horrified."
- Match your language to the child's developmental level. Children 12 years and under typically have much less understanding of abstract concepts and metaphors compared to adults. Use direct and simple language as much as possible.
- Adolescents of appreciate having their feelings, concerns and questions addressed as adult-like, rather than child-like responses.

Some Behaviors to Avoid

- Do not make assumptions about what the person is experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have personally experienced. Do not label reactions as 'symptoms' or speak in terms of 'diagnoses', 'conditions,' 'pathologies,' or 'disorders.'

- Do not talk down to or patronize the survivor, or focus on their helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to help others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people to feel safer and more able to cope.
- Do not 'debrief' by asking for details of what happened.
- Do not speculate or offer erroneous or unsubstantiated information. If you don't know something that you are asked, do your best to learn and correct the facts.
- Do not suggest fad interventions or present uninformed opinion as fact.

Basic Information on Positive Ways of Coping

- Provide basic information about stress reactions (e.g., information in 'Brief Tips' pages 9-10)
- Talking to another person for support
- Getting adequate rest, diet, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Scheduling pleasant activities
- Eating healthy meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Using relaxation methods
- Using calming self talk
- Exercising in moderation
- Seeking counseling
- Keeping a journal

Negative Coping Actions

- Using alcohol or drugs to cope
- Withdrawing from activities
- Withdrawing from family and friends
- Working too many hours
- Getting angry or violent
- Blaming others
- Overeating
- Watching too much TV or playing too many computer games
- Doing risky or dangerous things
- Not taking care of yourself (sleep, diet, exercise, etc.)

From the Psychological First Aid Field Operations Guide (pp. 39-40). Available online at the National Center for PTSD web site (www.ncptsd.va.gov)

Empowering Survivors

You can help survivors understand the value of social support, and how to be supportive to others. For instance, you can share that experts recommend that connection with others is an important factor in recovery from a disaster. Let them know that there are differences between normal stress and traumatic stress, which can cause people to want to avoid traumatic memories, or feel flooded by the memories. Let them know that, following trauma, some people choose not to talk about traumatic experiences at all, or not until a later time when they feel secure enough to re-visit the experience. And when a person feels comfortable talking, they may need to discuss the event on numerous occasions. At times, just spending time with people one feels close to and accepted by, without having to talk, can feel best.

As a helper, you can model positive supportive responses such as:

Reflective comments:

"It sounds like…"
"From what you're saying, I can see how you would be…"
"It sounds like you're saying…"
"You seem really…"

Make sure your reflections are right by using sentences like:

"Tell me if I'm wrong...it sounds like you…"
"Am I right when I say that you…"

Supportive comments:

"No wonder you feel…"
"It sounds really hard…"
"It sounds like you are being really hard on yourself…"
"It is such a tough thing to go through something like this."
"I'm really sorry this is such a tough time for you…"
"We can talk more tomorrow if you want to…"

Empowering comments and questions:

"What have you done in the past to make yourself better when things got difficult?"
"Are there any things that you think would help you to feel better?"
"I have an information sheet with some ideas about how to deal with difficult situations. Maybe there is an idea or two here that might be helpful to you."
"People can be very different in what helps them to feel better. When things get difficult for me, it helped me to...Would something like that work for you?"

From the Psychological First Aid Field Operations Guide (pp. 32-33). Available online at the National Center for PTSD web site (www.ncptsd.va.gov)

How might you respond if a good friend was talking to himself / herself like this? What would you say to them?

Can you say the same things to yourself?

Address Highly Negative Emotions (e.g., 'survivor guilt')

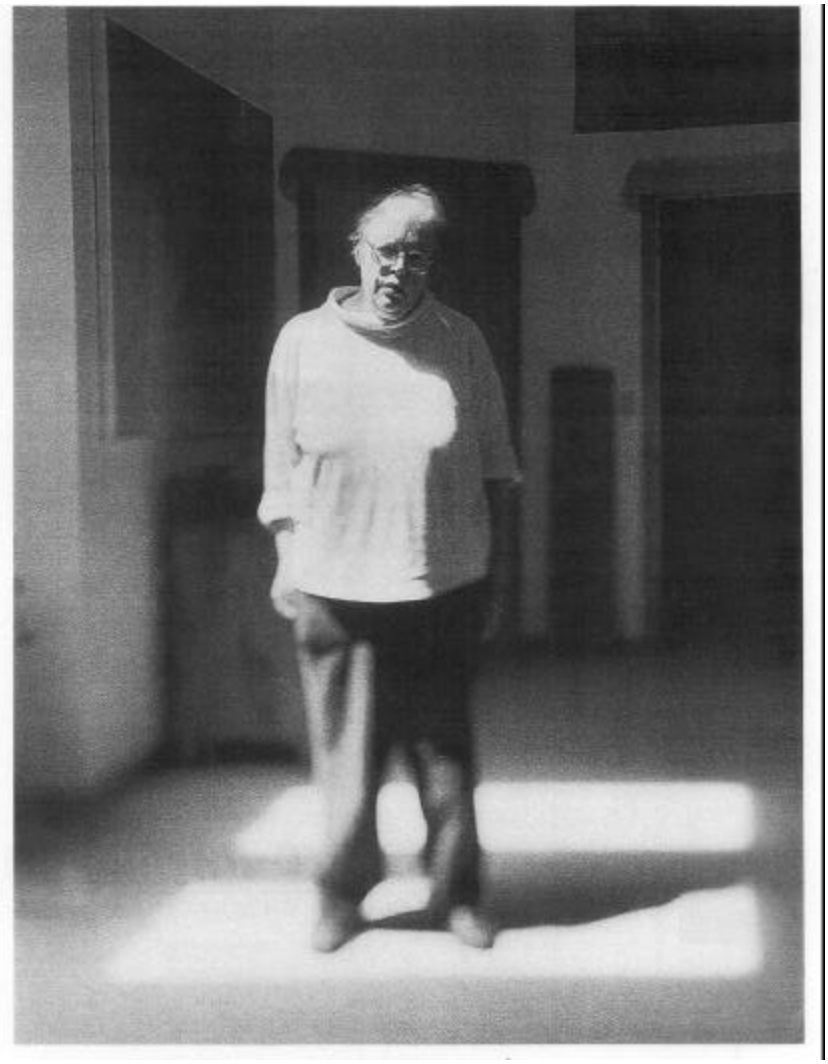
In the aftermath of disasters, survivors may think about what caused the event, how they reacted, and what the future holds. Some of these beliefs may add to their distress, especially attributing excessive blame to themselves. The [provider] should listen for such negative beliefs, and help survivors to identify alternatives to the negative beliefs that are causing distress. Some questions that can facilitate this process are:

- How else could you look at the situation that would be less upsetting and more helpful? What's another way of thinking about this?
- How might you respond if a good friend was talking to himself / herself like this? What would you say to them? Can you say the same things to yourself?

It may be helpful for the individual to hear that just because he or she *thinks* she is a fault does not mean that this is true. If the individual is receptive, you can offer some alternative ways of looking at the situation. An important role for the [provider] in this effort is to attempt to clarify misunderstandings, rumors, and distortions that exacerbate distress, unwanted guilt, or shame.

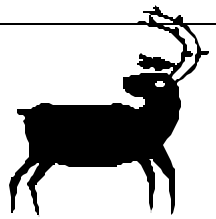
From the Psychological First Aid Field Operations Guide (pp. 44-45). Available online at the National Center for PTSD web site (www.ncptsd.va.gov)

People Who Experience Disabilities And Post Traumatic Stress Disorder



Photograph by Matthew Swarts as it appeared in the 9/10/00 issue of
The New York Times Magazine

Information in this section is taken from my handout *Supporting a Person with Post Traumatic Stress Disorder* which can be downloaded from my web site: www.dimagine.com (Click on 'Articles and Publications').



Messages People Need to Hear

You are likable.

You cannot overwhelm me.

Others have been there too.

There's hope.

You have choices.

You are needed.

You make a difference.

This is a safe place.

It's not your fault.

You are not a bad person.

From James, B. (1994)

Incidence:

Post Traumatic Stress Disorder (PTSD) is said to occur in 1% of the general population and in 3.5%-23.6% of persons exposed to trauma. People who experience disabilities are more likely than non-disabled people to be abused physically, emotionally, or sexually. Ryan (1994) estimates that 61% of the people with developmental disabilities living in a hospital setting met the criteria for PTSD (see also, Pease, 2003; Sorensen, 2003).

Traumatic events

Traumatic events may include one or more of the following (Vecchione, 1996):

- Separation from primary relationships at an early age
- Frequent moves from residential placements
- Institutionalization
- Physical abuse
- Verbal abuse
- Sexual abuse
- Neglect
- Degradation
- Loss of parent, sibling, or significant other
- Extended hospitalizations

In the name of 'treatment', professionals may have exposed the individual to trauma. The following procedures are common in the lives of people who experience disabilities:

- Time out
- Overcorrection
- Physical restraint
- Facial screening
- Ammonia or other aversive substances

Typical Reasons for Referral

- Unexplained (inexplicable) episodes of anger or rage
- Inexplicable episodes of screaming, throwing things, or destruction of property.
- Out of proportion reactions to normal changes or stressors.
- Self-injurious behavior
- Abrupt physical assault (often towards the people they most like)
- Being extremely afraid (terrified) of people they know and trust at times
- Sometimes behaving like they are somewhere else
- Calling someone they know by a different name
- Appearing unfocused, not with it (speculated seizures)
- Unable to respond to people during the experience

Commonalities found in a person's histories:

- The person has received all kinds of psychotropic medications
- The person has a vague and unclear psychiatric diagnosis; more often a collection of different diagnoses over the years
- Often problem behaviors were unintentionally attributed to the person's developmental disability
- Long history of placements, referrals, comprehensive behavioral interventions and many consultations have been arranged over time. If positive results were found, they were short term and would not be generalized to the rest of the person's life.
- The person has a severe reputation as being manipulative, aggressive, explosive and assaultive
- The person has spent a lot of time in restrictive settings (seclusion and restraints)
- Usually has a very expensive support system
- Members of the team are often having significant disagreements about the best plan of action. Complaints that the team is not acting as a team.

Additional diagnoses / Mis-diagnoses

It is not uncommon for a person experiencing PTSD to also be experiencing, or to have been labeled with, one or more of the following: depression, schizophrenia, autism, alcohol abuse, drug abuse, dissociative disorder, kleptomania, pedophilia, panic disorder, anxiety disorder, bi-polar disorder, Tourette Syndrome, Aspergers

DSM-IV Diagnostic Criteria for PTSD:

Traumatic event. The person has been exposed to a traumatic event in which one or both of the following were present:

- 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.
- The person's response involved intense fear, helplessness, or horror.

Persistent re-experiencing. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- Recurrent or intrusive distressing recollections of the event, including images, thoughts, or perceptions (body memories or conversion disorders; not a conscious recollection of what they are re-experiencing but will experience the same physical pain).
- Recurrent distressing dreams of the event (nightmares)
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Avoidance: Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by three of the following:

- Efforts to avoid thoughts, feelings, or conversation associated with trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma (these may appear as unusual phobias or, for example, avoiding the Doctor's office, a former place where the person lived, certain types of clothes people won't touch, certain rooms, sounds, smells, etc.)
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect (unable to have loving feelings)
- Sense of a foreshortened future (the person does not expect to have a career, significant relationships or a normal life span).

Hyper-vigilance / increased arousal: Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- Difficulty falling or staying asleep
- Irritability or outburst of anger.
- Difficulty concentrating
- Hyper-vigilance
- Increased or exaggerated startle response.

Duration: To meet the criteria, the cluster of symptoms has to be present for at least one month.

Functional impairment: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Associated features (DS-IV): The following associated constellation of symptoms may occur and are more commonly seen *in association* with interpersonal stressors:

- Impaired affect modulation
- Ambivalence
- Self-destructive and impulsive behaviors
- Attention seeking, needing to be around others
- Re-enactment of past traumas
- Dissociative symptoms
- Somatic complaints
- Feelings of ineffectiveness
- Shame
- Despair or hopelessness

- Feeling victimized
- Feeling permanently damaged
- Loss of previously sustained beliefs
- Hostility
- Social withdrawal
- Feeling constantly threatened or unsafe
- Impaired relationship with others

PTSD, Self-Injurious Behavior and Addictions

According to Legare, Ryan, and Lewis Herman (1998): "Addictions are often an associated issue with trauma. People may try to self-medicate the symptoms with some substance or other activities. One of the most common forms of self-medication seen in people with developmental disability is self-injurious behavior or self-mutilation. People may try to release their own endorphins as a way to (either) treat, master, repeat, or heal (there is a lot of speculation regarding the exact nature of the mechanisms involved) what has happened to them (p. 5)."

How might a person be experiencing PTSD?

Judith Lewis Herman, in her book *Trauma and Recovery* (1992) writes: *"The human response to danger is a complex, integrated system of reactions, encompassing both body and mind. Threat initially arouses the sympathetic nervous system, causing the person in danger to feel an adrenalin rush and go into a state of alert. Threat also concentrates a person's attention on the immediate situation. In addition, threat may alter ordinary perceptions: people in danger are often able to disregard hunger, fatigue, or pain. Finally, threat evokes intense feelings of fear and anger. These changes in arousal, attention, perception, and emotion are normal, adaptive responses. They mobilize the threatened person for strenuous action, either in battle or in flight...Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost it's utility, tends to persist in an altered and exaggerated state after the actual danger is over...Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory. Moreover, traumatic events may sever these normally integrated functions from one another. The traumatized person may experience intense emotion without clear memory of the event, or may remember everything in detail but without emotion. She may find herself in a constant state of irritability without knowing why. Traumatic symptoms have a tendency to become disconnected from their source and to take on a life of their own (p. 43)."*

Disaster stress may revive memories or prior trauma, and may intensify preexisting social, economic, spiritual, psychological, or medical problems.

- Young, et al., 2005 *Survivors of Natural Disasters and Mass Violence*

What can you do to help?

- Presume competence. When you are unsure of a person's capacity to understand, presume that he/she can understand.
- Assure the person that you are doing everything you can to keep them safe ("the worst is over")
- Use the crisis as an opportunity to get real about what really makes a difference —— relationships.
- Make it your work to help the person to connect with his/her family, friends, and neighbors, particularly in this time of crisis.
- Tell the person what has happened in a language that he/she can clearly understand.
- Listen carefully. Trust the person to be a good judge of what he/she is feeling and what he/she needs.
- Help the person to find names for his/her feelings. Avoid judgment.
- If the person feels terrified, help him to find safety. Do not allow him/her to hurt self or others. Seek additional support in the immediate and long-term.
- Help the person to discharge excess energy. Help the person move aerobically.
- Stick with the routine that the person most enjoys.
- Don't worry about "spoiling" the person. Now is the time to go out of your way to be supportive.
- Ask, "Does the person have coping skills? Or, do we turn the things the person loves into "reinforcers?" Make a list of the things a person finds comfort in, the things that he or she enjoys. Practice choosing those things all day, especially when things are going well.
- Make joy a goal.
- Be extra careful about assigning new staff to provide "coverage" whenever possible (safety and trust are everything).

make joy a goal

A person's needs are best met by people
whose needs are met.
- Jean Clarke

- Help the person to make as many choices as possible when things return to 'normal.' When the person is in crisis, limit the number of choices he/she is expected to make.

- When the person is upset, avoid judgment and criticism. Help the person to get back on track.

- Pay attention to how well the person stays on track as opposed to fussing at them every time they fall apart.

- Remember that every crisis is an opportunity to teach the person the value and importance of relationships..

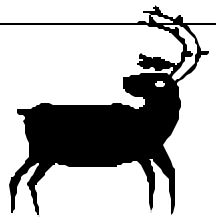
- Be especially mindful of the person's physical and emotional health. If the person is taking medication, be sure to understand the potential side effects, that blood work is done (if necessary) to be sure blood levels of the medication are appropriate.

- Pay attention to your own reaction . If you have also survived the traumatic event, it is critical that you take care of your own needs. As Jean Clarke has said, "A person's needs are best met by people whose needs are met."

- Remember too that you could be 'vicariously traumatized' by the person's experience. Simply spending time with someone who has been traumatized can be stressful. Do not expect yourself to be 'OK' simply because other people have had it worse.

- Take time to talk with someone you trust about your experience. Exercise. Eat well. Get plenty of rest. Make joy a goal.

A more detailed description of the above can be found in my handout
Supporting a Person with Post Traumatic Stress Disorder available online
(www.dimagine.com)

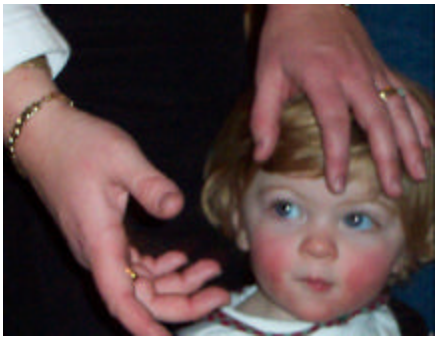


Teaching Coping Skills

1. Make a list of the things a person loves (things that bring joy and comfort).
2. Develop a book that the person can use to choose each thing he/she loves (for people who do not read, use photographs or symbols).
3. Practice choosing things from the book with the person several times a day for several weeks (when things are good).
4. Make a second list of things that tell you the person is becoming upset.
5. After rehearsing the use of the book for at least two weeks, tell the person that you can tell he/she is distressed (using the behaviors from the second list). Suggest that he/she choose something from the book of enjoyable possiblities.
6. Congratulate the person for dealing with his/her stress in a positive way.

Remember:

You don't teach swimming to a drowning man
and you don't practice coping skills during a crisis.



Ideas for parents and other caring adults

- Beryl Cheal

- Talk with children about how they are feeling and listen without judgment.
- Let the children take their time to figure things out and to have their feelings. Don't rush them or pretend that they don't think or feel as they do.
- Help them to learn to use words that express their feelings, such as happy, sad, angry, mad and scared. Just be sure the words fit their feelings — not yours.
- Assure fearful children that you will be there to take care of them. Reassure them many times.
- Stay together as a family as much as possible.
- Go back as soon as possible to former routines or develop new ones. Maintain a regular schedule for children.
- Reassure the children that the disaster was not their fault in any way.
- Let them have some control, such as choosing what outfit to wear or what meal to have for dinner.
- Help your children know that others love and care about them by visiting, talking on the phone or writing to family members, friends and neighbors.
- Encourage children to send pictures they have drawn or things they have written.
- Re-establish contact with extended family members.

The above information is taken from Beryl Cheal, an educator with Disaster Training International. For more information, you can write to Disaster Training International, P.O. Box 30144, Seattle, WA 98103. You can also download this article and others at the FEMA web site: www.fema.org/kids

- Help your children learn to trust adults by again keeping promises, including children in planning routines and outings.
- Help your children regain faith in the future by helping them develop plans for activities that will take place later — next week, next month.
- Children cope better when they are healthy, so be sure your children get needed healthcare as soon as possible.
- Make sure the children are getting balanced meals and eating enough food and getting enough rest.
- Spend extra time with your children at bedtime. Read stories, rub their backs, listen to music, talk quietly about the day.
- If you will be away, for a time, tell them where you are going and make sure you return or call at the time you say you will.
- Allow special privileges such as leaving the light on when they sleep for a period of time after the disaster.
- Limit their exposure to additional trauma, including news reports.
- Children should not be expected to be brave or tough or "not cry."
- Don't be afraid to "spoil" children in this period after a disaster.
- Don't give children more information than they can handle about the disaster.
- Don't minimize the event.
- Find ways to emphasize to the children that you love them.
- Allow children to grieve losses.
- Develop positive anniversary activities to commemorate the event. These events may bring tears, but they are also a time to celebrate survival and the ability to come back to normal life.

The above information is taken from Beryl Cheal, an educator with Disaster Training International. For more information, you can write to Disaster Training International, P.O. Box 30144, Seattle, WA 98103. You can also download this article and others at the FEMA web site: www.fema.org/kids

Resources for Emergency Preparedness in Response to Natural Disasters and Mass Violence

In addition to the wonderful resources available at the **National Center on Post Traumatic Stress Disorder** (www.ncptsd.va.gov/) mentioned throughout this document, the National Center for the Dissemination of Disability Research (NCDDR) developed the following list of resources after the events of 9-11.

The Center for an Accessible Society

This Center has put online the seven key principles that should guide disaster relief in the article Disaster Mitigation for Persons with Disabilities (http://www.accessiblesociety.org/topics/independentliving/disasterprep.htm) and the stories of survival in Disaster Experiences of People with Disabilities (http://www.accessiblesociety.org/topics/independentliving/disasterprep-1.htm). The Center provides additional links to other Web site resources. For further information, contact William G. Stothers (E: wstothers@ accessiblesociety.org; VOICE: 619-232-2727).

Illinois Assistive Technology Project (IATP)

The IATP prepared the document *Emergency Evacuation: Last Invited In, Forced to be Last Out* (http://www.iltech.org/publications.htm) to acquaint readers with some evacuation devices on the market. For further information, contact Sherry Edwards (E: iatp@iltech.org; Voice: 217-522-7985).

Promoting the Practice of Universal Design

This NIDRR grantee at the Center for Universal Design, North Carolina State University, has produced a booklet entitled *Areas of Rescue Assistance*. The ADA requires a safe waiting area to be provided at or near inaccessible exits for people who cannot climb stairs. This booklet also describes the importance of two-way communication systems when building evacuation is necessary. For further information, contact Molly Follette Story (E: molly_story@ncsu.edu; VOICE: 303-699-8133).

Resources listed on this page are taken from a report by The National Center for the Dissemination of Disability Research (NCDDR). If any related information may be useful to you, please feel free to contact the NCDDR at ncddr@ncddr.org Êor call (800) 266-1832.

RRTC for Economic Research on Employment Policy for Persons with Disabilities

The RRTC and The Center for an Accessible Society HR Magazine, an official publication of the Society for Human Resource Management (SHRM), published an article entitled *Enabling Safe Evacuations* in January, 2002, that focuses on emergency preparedness and safe evacuation planning. Authors Susanne Bruyere, Ph.D., Director, Program on Employment and Disability, RRTC for Economic Research on Employment Policy for Persons with Disabilities at Cornell University and William G. Stothers, Deputy Director, The Center for an Accessible Society, present *Ten Steps* that can assist employers in implementing safe emergency evacuation procedures for all their employees, including individuals with disabilities. An online version of the article is available in the archives section (http://www.shrm.org/hrmagazine/articles/0102/default.asp?page=0102agn-safety.asp). For further information, contact William G. Stothers (E: wstothers@accessiblesociety.org; VOICE: 619-232-2727), and Dr. Susanne Bruyere (E: smb23@cornell.edu; VOICE: 607-255-7727).

RRTC on Workforce Investment and Employment Policy for Persons with Disabilities and I.T. Works

(http://www.its.uiowa.edu/law/publications/general/disastermitigation.htm). While an Annenberg Senior Fellow, NIDRR Grantee Peter David Blanck developed a report, *Disaster Mitigation for Persons with Disabilities: Fostering a New Dialogue,* which presented seven points that reflect an emerging consensus about how best to respond to the needs of people with disabilities before, during, and after a disaster. Dr. Blanck is currently the principal investigator for the RRTC and I.T. Works. For further information, contact James Schmeling (E: james-schmeling@uiowa.edu; VOICE: 319-335-8458).

OTHER ONLINE RESOURCES ADDRESSING DISABILITY-RELATED EMERGENCY ISSUES

America Responds to Terrorism (http://www.firstgov.gov/Topics/Usgresponse.shtml)

Protect Yourself - prepare for emergencies and disasters by learning about chemical, biological, and radiological weapons - is one of the articles presented on the U.S. Government's official web portal. Additional topics include travel safety, terrorism, laws and proposed laws, and others.

Assisting People with Disabilities in a Disaster (http://www.fema.gov/rrr/assistf.shtm)

The Federal Emergency Management Agency (FEMA) has prepared this tip sheet to help people with disabilities who are self-sufficient under normal circumstances but may have to rely on the help of others in a disaster.

Resources listed on this page are taken from a report by The National Center for the Dissemination of Disability Research (NCDDR). If any related information may be useful to you, please feel free to contact the NCDDR at ncddr@ncddr.org Êor call (800) 266-1832.

Disaster Education, Preparedness and Mitigation Library (http://www.tallytown.com/redcross/educate.html)

The Tallahassee Chapter of the American Red Cross has prepared this comprehensive library to support disaster preparedness activities in the home, neighborhood, workplace, school and community.

Disaster Preparedness Clearinghouse (http://www.ala.org/alcts/publications/disaster.html)

The clearinghouse, developed by the American Library Association's Association for Library Collections & Technical Services, contains resources, links to the disaster preparedness sites of agencies whose primary role is emergency response or conservation, and information on available training. Suggestions for other resources to include in the clearinghouse can be sent to alcts@ala.org .

Disaster Preparedness for People with Disabilities (http://www.jik.com/disaster.html)

Prepared by June Isaacson Kailes, Disability Policy Consultant, who serves as vice-president of the U.S. Access Board, this site offers information for people with disabilities in the wake of a disaster. Prepared initially for earthquake information, it is valuable for any disaster.

FEMA Disaster Preparedness for People with Disabilities (http://www.fema.gov/library/disprepf.shtm).

The Federal Emergency Management Agency (FEMA) has prepared this document, along with several others, to help maximize preparation, rescue, and recovery during a disaster. It provides a list of supplies to have on hand and some other helpful tips.

Disability Resources: Disaster Preparedness for People with Disabilities (http://www.disabilityresources.org/DISASTER.html).

Prepared by DisabilityResources.org , The DRM WebWatcher links to a wealth of information with fact sheets, manuals, guides, and an extensive annotated collection of links.

American Red Cross: Disaster Preparedness for People with Disabilities (http://www.redcross.org/services/disaster/beprepared/disability.html).

The American Red Cross has prepared this document to help people who have physical, visual, auditory, or cognitive disabilities to prepare for natural disasters and their consequences. The document is online and available in downloadable versions.

Resources listed on this page are taken from a report by The National Center for the Dissemination of Disability Research (NCDDR). If any related information may be useful to you, please feel free to contact the NCDDR at ncddr@ncddr.org Êor call (800) 266-1832.

Emergency Evacuation Procedures for Employees with Disabilities (http://www.jan.wvu.edu/media/emergency.html). This publication by Linda Carter Batiste, MS, and Beth Loy, Ph. D. is intended to provide an overview of emergency procedures for employees with disabilities. Throughout this publication the Job Accommodation Network (JAN) Searchable Online Accommodation Resource (SOAR) is referenced. SOAR is available on JAN's Web site (http://www.jan.wvu.edu/soar) and is designed to let users explore various accommodation options.

Emergency Plans That Include Workers With Disabilities (http://www.esight.org/view.cfm?x=364&ov_id=-1 > eSight).

Careers Network provides information by author, Nan Hawthorne, who raises the question, "What will happen to our disabled workers if there is an emergency?" and offers strategies that may save lives, as well as tools and help before you need it. The article also includes links for related additional information.

Emergency Preparedness Directory (http://www.nod.org/cont/dsp_cont_item_view.cfm?viewType=itemView&contentId=623).

The National Organization on Disability's Emergency Preparedness Directory provides information on: locating and including people with disabilities in your community emergency preparedness planning, online resources addressing the needs of people with disabilities and emergency planning, Harris survey data indicating a need for better emergency planning for Americans with Disabilities, and news coverage from September 11. In addition to the Directory, NOD lists disability-inclusive emergency preparedness, management and relief resources, articles and news resources (http://www.nod.org/cont/dsp_cont_cont_type.cfm?locationId=6&contentTypeId=99&fromLocHmePg=F).

Emergency Preparedness on the Job for People with Disabilities -- Guidelines (http://www.disabilitypreparedness.org/additional%20resources.htm).

This two-page sheet from the National Center on Emergency Planning for People with Disabilities (NCEPPD) provides guidelines for protecting yourself in your workplace after disaster strikes. It can be printed to a Microsoft document. The NCEPPD has additional resources (http://www.disabilitypreparedness.org/Resources.htm) designed to help in the development of an emergency plan and preparation of a disaster kit. For further information contact the NCEPPD (E: nceppd@inclusioninc.com; VOICE: 202-546-4464).

Emergency Procedures for Employees with Disabilities in Office Occupancies English: (http://www.usfa.fema.gov/downloads/pdf/publications/fa-154.pdf) **Spanish:** (http://www.usfa.fema.gov/downloads/pdf/publications/fa-154s.pdf). The Federal Emergency Management Agency (FEMA) has prepared this guide in English and Spanish to provide information for facility managers and may be useful for those individuals who might need

Resources listed on this page are taken from a report by The National Center for the Dissemination of Disability Research (NCDDR). If any related information may be useful to you, please feel free to contact the NCDDR at ncddr@ncddr.org Êor call (800) 266-1832.

special assistance in an emergency situation and/or in the evacuation of a building.

Locating People with Disabilities In Your Community to Include in Emergency Preparedness Planning (http://www.nod.org/cont/dsp_cont_item_view.cfm?viewType=search&contentId=788).

According to the Harris Interactive survey results released December 11, 2001, by The National Organization on Disability (N.O.D.): 58 percent of people with disabilities say they do not know whom to contact about emergency plans for their community in the event of a terrorist attack or other crisis. 61 percent say that they have not made plans to quickly and safely evacuate their home. Among those who are employed full or part time, 50 percent say no plans have been made to safely evacuate their workplace.

Removing the Barriers: A Fire Safety Factsheet for People with Disabilities and their Caregivers (http://www.usfa.fema.gov/dhtml/public/fswy22.cfm)

The U.S. Fire Administration division of The Federal Emergency Management Agency (FEMA) provides this factsheet outlining the special precautions which can be taken to protect people with disabilities and their homes from fire.

Resources on Emergency Evacuation and Disaster Preparedness (http://www.access-board.gov/evac.htm).

The US Access Board's guidelines for facilities address means of egress that are accessible to persons with disabilities. They have collected these resources as an overview of the design requirements. Also included are links to information developed by other organizations on evacuation planning and disaster preparedness.

Survivors of Human-Caused and Natural Disasters (http://www.disability.gov/category/6/51)

Included in the links from http://www.DisabilityDirect.gov , this National Center for PostTraumatic Stress Disorder (PTSD) fact sheet considers three questions often asked by survivors: What symptoms can one experience as a result of disaster experiences? What factors increase the risk of readjustment problems? What can disaster survivors do to best recover from disaster stress?

Resources listed on this page are taken from a report by The National Center for the Dissemination of Disability Research (NCDDR). If any related information may be useful to you, please feel free to contact the NCDDR at ncddr@ncddr.org Êor call (800) 266-1832.

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