
Errata

for the
**Community Crisis Response Team
Training Manual**

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The Community Crisis Response Team Training Manual

Second Edition

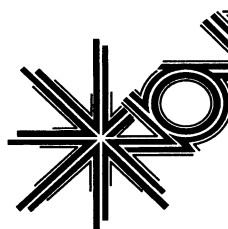
Marlene A. Young

Revised under a Cooperative
Agreement with the ...

Office for Victims of Crime

OVC

*Advocating for the Fair
Treatment of Crime Victims*



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FOR VICTIM ASSISTANCE**

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The Office for Victims of Crime is a component of the Office of Justice Programs which also includes the Bureau of Justice Assistance, Bureau of Justice Statistics, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

About this Manual

Background

The manual is, in fact, an evolutionary document, the outgrowth of NOVA's first Crisis Response Team training outline, published independently in 1987, and an expanded version, whose title is retained in this "Second Edition," published and copyrighted independently, in 1994.

Design

The manual, as indicated by its title, was written as a training guide for individuals and communities interested in responding to crisis. As indicated, it began as a training outline, to which we began adding new ideas, techniques, and information, and the cryptic phrases of the outline gave way to normal text. In fact, the Second Edition may be considered a regular textbook and reference, but with a difference: the outline format has been retained within the text version, and, at the back of each chapter, the earlier content has reduced again into a simple outline format as an aid to trainers and participants.

The Second Edition includes numerous anecdotes and quotations intended to supplement and amplify the text. When these have been drawn from survivors of traumatic events, they often are poignant or reflect the pain of suffering. They are reminders of the emotional reality and commonality of trauma reactions, and may be used by trainers to illustrate points to be made in class. Quotations drawn from scholarly research are intended to serve to guide the reader to other sources of information, as well as to provide alternative explanations of observable phenomena.

There are also references to different spiritual and cultural perspectives throughout the manual. These are intentionally included to underscore the need for non-judgmental responses to diverse populations and values.

Our understandings of trauma, its aftermath and appropriate interventions, have increased greatly over the last decade, and the subject continues to be a fertile field of inquiry. One may be certain that, within a week of the author's possession of her own copy of this Second Edition, it will start filling up with marginal notes on its way to becoming the Third Edition.

About the Organizations

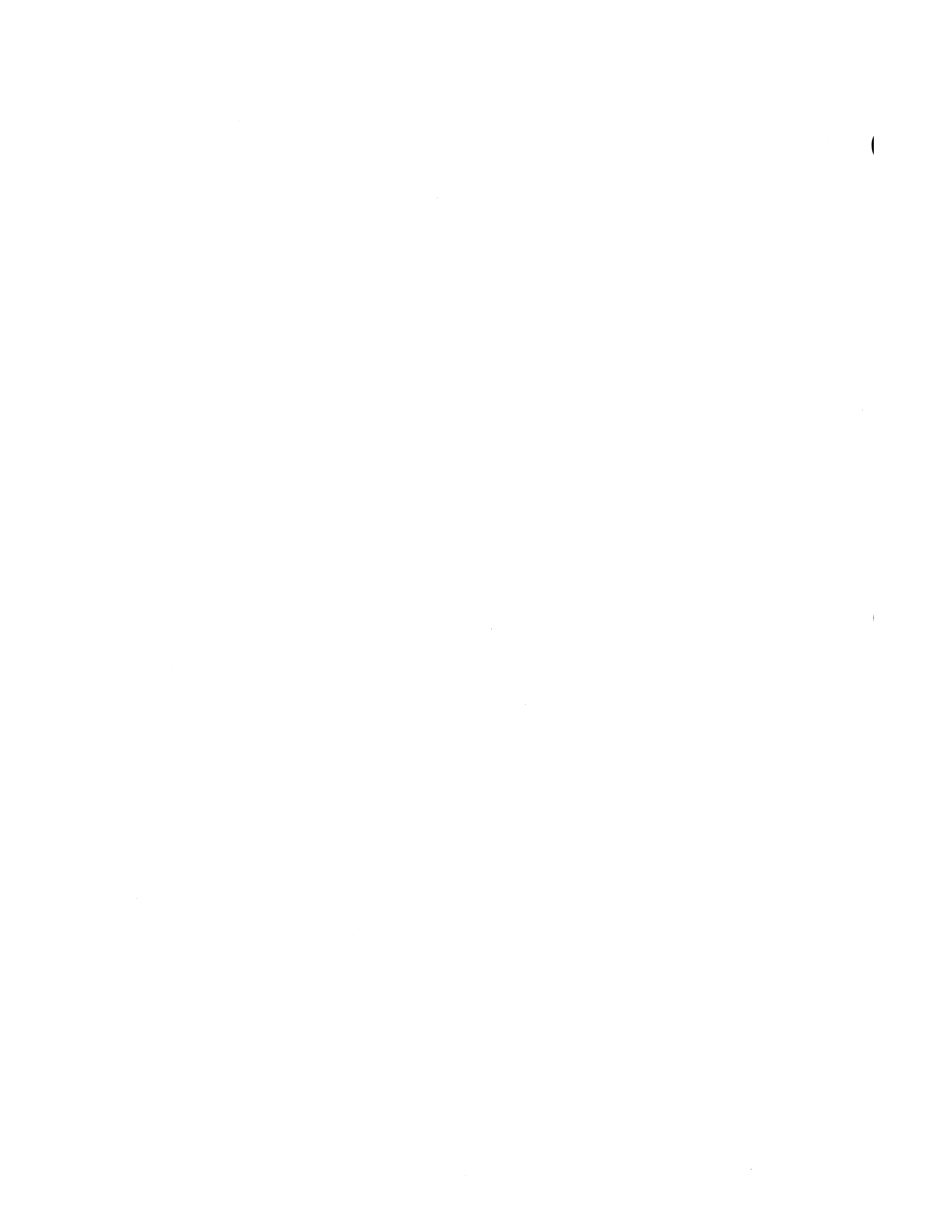
National Organization for Victim Assistance

NOVA is a private, nonprofit membership organization of victim and witness assistance practitioners, victim service programs, criminal justice professionals, researchers, former victims, health and mental health professionals, clergy members, and others committed to the recognition and implementation of victim rights.

NOVA's activities are guided by four purposes: national advocacy, providing direct crisis services to victims, serving as an educational resource to victim assistance and allied professionals, and promoting better communication among its membership.

Office for Victims of Crime

The Office for Victims of Crime was established by the Victims of Crime Act (VOCA) to serve as the Federal government's chief advocate for America's crime victims. OVC administers many formula and discretionary grants for programs designed to benefit victims, provides training for diverse professionals who work with crime victims, and develops projects to enhance victims' rights and services. Its mission is to provide victims with justice and healing.



Contents

Introduction	i
1. Overview of Crisis Response	1-1
2. The Trauma Response: Internal Factors	2-1
3. The Trauma Response: External Factors	3-1
4. Long-Term Stress Reactions	4-1
5. Death and Dying	5-1
6. Crisis Intervention and Death Notification	6-1
7. Crisis and the Continuum of Age	7-1
8. Cultural Perspectives on Trauma	8-1
9. Post-Trauma Counseling	9-1
10. The Spiritual Dimension of Trauma	10-1
11. Group Crisis Intervention Techniques	11-1
12. Coordinating a Crisis Response Team	12-1
13. Managing the Media in Crisis Situations	13-1
14. Pre-Crisis Planning for Local Communities	14-1
15. Simulating a Group Crisis Intervention Session	15-1
16. Class Presentations: Response Plans for Communities in Crisis	16-1
17. Practice Group Crisis Intervention Sessions	17-1
18. Stress Reactions of Caregivers	18-1
Appendices	
A: Roles in Disasters	A-1
B: Disaster Typologies	B-1
C: "One Pagers"	C-1
D: Catastrophes Used as Reference Points in the Manual	D-1
E: Bibliography	E-1
F: Media Code of Ethics	F-1
G: Sample Press Releases	G-1

Introduction

On May 18, 1980, the volcanic eruption of Mount St. Helens in Washington State destroyed 150 square miles of forest, killed 68 people, and resulted in damages of more than \$1.8 million in property and crops. At the time, I held the volunteer post of President of the National Organization for Victim Assistance and had law offices in Wilsonville, Oregon. I had listed NOVA's name and telephone number in the local Yellow Pages. Much to my amazement, I received a flurry of telephone calls from victims and survivors of the disaster, all asking for help in the aftermath of the eruption. It was at that time that I began to consider the possibility of a national response to community-wide tragedy. But that idea and ensuing discussions with NOVA Board members resulted in little more than fantasy planning for a "once-in-a-lifetime" experience.

In the fall of 1981, when I moved to Washington, D.C., to become NOVA's Executive Director, the focus of our organization was firmly on the victims and survivors of crime. Still, our mission statement encouraged us to respond to victims of other "stark misfortunes," and we were intermittently attentive to individual survivors of the Kansas City Hyatt skywalk disaster (1981), the Air Florida airplane crash in Washington, D.C. (1982), the shooting down of South Korean Flight 007 (1983), the earthquake in Mexico City (1985), and the U.S. Army jetliner crash in Gander, Newfoundland (1985). However, it was not until August 20, 1986, that our mission of responding to all victims of trauma concretely addressed a community as a whole.

On that day, minutes after Patrick Sherrill killed 14 coworkers and himself in the Edmond, Oklahoma, post office, that state's attorney general, Michael C. Turpen, called NOVA to request assistance in dealing with the trauma that was paralyzing the city. Using the skeleton plan devised in 1980, NOVA responded within twenty-four hours with a team of seven experienced crisis intervenors. It was that response that was the genesis of NOVA's National Crisis Response Team initiative. By January, 1987, NOVA, with the help of an advisory group composed of Dr. Michael

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

Mantel, Dr. Tom Williams and Dr. Lawrence Bergmann, we had translated that team's observations and knowledge into the first forty-hour training curriculum for community crisis response.

Since then, NOVA has presented over 150 training seminars on the subject and sent over 100 teams to various sites of communities in crisis in the aftermath of mass murders, serial murders, hostage-takings, floods, earthquakes, hurricanes, tornados, airplane and train crashes, and so forth. The most extensive team response was to the Oklahoma City bombing (1995). The one involving the most immediate human devastation was the Kobe, Japan, earthquake (1995). The most unusual was a succession of team responses to survivors and refugees of the war in ex-Yugoslavia (1993-1996). In all of its efforts, NOVA has been continually grateful for the energy and dedication of its nationwide team of volunteers who have graduated from the training program documented in this curriculum.

In 1994, NOVA published its second manual on "Responding to Communities in Crisis" to accompany NOVA's National Crisis Response Team Training Institute, which had served as the training center for our Crisis Response Team volunteers. In 1995, the Office for Victims of Crime provided funding to NOVA to use that manual with supplemental materials for a series of regional trainings replicating the National Crisis Response Training Institutes. In 1996, OVC continued that funding for further regional trainings and to allow NOVA to update the basic manual. This volume is the product of that effort.

Cheryl Guidry Tyiska provided ideas and advice on the content of this revision based on her extensive knowledge as NOVA's Director of Victim Services, her experience on many Crisis Response Teams, and her role as lead trainer on NOVA's crisis response training seminars. The manual has also benefited from the contributions of NOVA's crisis response advisory committee consisting of: Jeannette Adkins (OH), Aurelia Sands Belle (NC), Pam Blackwell (MD), Claude Chemtob, Ed.D. (HI), Rev. A. Robert Denton, Ph.D. (OH), Susan Flannigan (MD), CDR Michael P. Dinneen, M.D., Ph.D. (MD), John Ganz, Ph.D. (WA), Barbara Jones (NC), Annette Murphy (OK), Lt. Edward

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

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NOVA is grateful to Aileen Adams, former Director of the Office for Victims of Crime, and Reginald Robinson, her successor, for the opportunity to continue this important work. Special thanks are also due to the two OVC project monitors who have assisted NOVA since 1995 in its crisis response efforts: David Osborne and Timothy Johnson.

As always, a debt of appreciation is due to John Stein, NOVA's Deputy Director – he is our resident editor and perhaps our finest victim advocate and crisis responder.

Marlene A. Young
May, 1998

The National Community Crisis Response Standard Training Agenda

Day One

8:30 - 9:30 Introductions

9:30 - 10:30 Orientation on Crisis Response Teams

- Videotape (The Killeen, Texas, Massacre)
- Exercise: diagramming the disaster

10:30- 11:30 The trauma experience – basic crisis reactions

- The trauma schema
- Adaptive capacities of individual response

11:30- 12:30 Dimensions of emotions

12:30- 1:30 Lunch

1:30 - 3:00 Processing of trauma through memory

3:00 - 4:30 Acute stress factors

- Perception of threat
- Perception of what and how the crisis occurred
- Perception of proximity
- Length of time of exposure
- Sensorial experiences
- Interpretations of what happened

4:30 - 5:15 Long-term stress reactions

- Post-traumatic Stress reactions
- Acute stress reactions
- Adjustment Disorder
- Depression
- Diagnosis of Extreme Stress Not Otherwise Specified (DESNOS)
- Biological models of PTSD

5:15 - 5:30 Summary of purposes of training

- Review of training goals and CRT goals
- Videotape (“From Victim to Survivor”)

Day Two

8:30 - 11:30 Death and dying

- Videotape (“No One Dies Alone”)
- Fears and anxieties about death
- Death and loss
- The grieving process
- Normal bereavement
- Traumatic bereavement
- Hints for helping

11:30 - 12:30 Crisis intervention and death notification

- Purpose and value of crisis intervention
- Elements of crisis intervention
 - Safety and security
 - Ventilation and validation
 - Prediction and preparation
- Techniques of death notification
- Hints for helping

12:30- 1:30 Lunch

1:30 - 2:30 Crisis intervention and death notification
(cont.)

2:30 - 4:30 The continuum of age

- Child reactions to trauma
- Hints for helping
- Elder reactions to trauma
- Hints for helping

4:30 - 5:30 Cultural perspectives

- Understanding cultural diversity:
an exercise
- Trauma and culture
- Cultural narcissism as an inhibitor to
understanding other cultures
- Action planning for working in a cross-
cultural perspective
- Hints for helping

Day Three

8:30 - 9:30 Cultural perspectives (cont.)

9:30 - 10:30 Post-trauma counseling

- Purpose of PTC for crisis responders
- Elements of post-trauma counseling
 - Education and energy
 - Rehearsal, reassurance, and referral
 - Advocacy and activism
- Therapeutic interventions
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - Traumatic incident reduction
 - Visual kinesthetic dissociation
- Hints for helping

10:30- 11:30 Spiritual dimensions in crisis

- Why spiritual issues are important
- Guiding spiritual discussions
- Hints for helping

11:30- 12:30 Group crisis intervention skills

- Goals of group interventions
- Comparative basic models
 - CISD
 - NOVA
- Description of NOVA's Model
- Modified Models for Different Cases

12:30- 1:30 Lunch

1:30 - 2:30 Group crisis intervention skills (cont.)

2:30 - 4:30 Coordinating a Community Crisis Response Team

- Goals of CRT
- Planning for a CRT
- On-scene response process
- Post-crisis follow-up
- Working with the media

4:30 - 5:30 Videotape: "Oklahoma City: One Year Later"

Participant's Notes

Day Four

- 8:30 - 10:30 Simulated group crisis intervention
- Purposes of the simulation
 - Simulation activity
 - Post-simulation discussion
- 10:30- 12:30 Case study presentations
- Purpose of the presentations
 - Presentations and critiques
 - Lessons learned
- 12:30- 1:30 Lunch
- 1:30 - 5:30 Case study presentations

Day Five

- 8:30 - 12:30 Practice group crisis intervention
- Purposes of the practice sessions
 - Group practice sessions and critiques
 - Lessons learned
- 12:30- 1:30 Lunch
- 1:30 - 3:30 Practice group crisis intervention (cont.)
- 3:30 - 5:30 Stress reactions of Caregivers
- Theories of stress reactions
 - Burn-out
 - Countertransference and vicarious victimization
 - “Compassion Fatigue”
 - Counstructivist self-development changes
 - Mitigation of stress reactions
 - Useful coping strategies
- 5:30 Graduation

Chapter One: Overview of Crisis Response

I. Introduction

“The End of the World”

*Quite unexpectedly, as Vasserot
The armless ambidextrian was lighting
A match between his great and second toe,
And Ralph the lion was engaged in biting
The neck of Madame Sossman while the drum
Pointed, and Teeny was about to cough
In waltz-time swinging Jocko by the thumb
Quite unexpectedly the top blew off:*

*And there, there overhead, there, there hung over
Those thousands of white faces, those dazed eyes,
There in the starless dark, the poise, the hover,
There with vast wings across the cancelled skies,
There in the sudden blackness the black pall
Of nothing, nothing, nothing – nothing at all.*

This description by Archibald MacCleish of the outbreak of World War I is emblematic of the threat, impact, and trauma of disaster. Humans are confronted with the meaninglessness of their existence and the loss of their family, friends, and community resulting from an episode of sudden, unexpected cataclysmic violence. Understanding the nature of each event, and human interpretations of traumatic events in general, is critical to ability to respond and assist those who survive such catastrophes.

II. Definitions

- A. **Trauma:** “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.”
Judith Herman, *Trauma and Recovery*, 1993
- B. **Individual trauma:** a “blow to the psyche that breaks through one’s defenses so suddenly and with such force that one cannot respond effectively.”
Kai Erickson, *In the Wake of A Flood*, 1979.
- C. **Collective trauma:** a “blow to the tissues of social life that damages the bonds attaching people together.” Kai Erickson, *In the Wake of A Flood*, 1979.
- D. **Disaster:** “anything ruinous or distressing that befalls; a sudden or great misfortune or mishap; a calamity.” Beverly Raphael, *When Disaster Strikes*, 1986. Used in this manual synonymously with “catastrophe,” “tragedy,” and “community crisis.”
- E. **Community:** A group of individuals who are interconnected through emotional, intellectual, or physical bonds.
- F. **Natural communities:** Communities bound together through time by common attributes, affiliations, activities, experiences, and values. The bonds may be established through geographical proximity, profession, employment, education, religion, and so forth.
- G. **Transitory communities:** Communities bound together at one point in time by a highly charged emotional event. The event may be positive or negative. Traumatic events spawn such communities (for example, among the passengers on a train and their families) and establish new social connections that may transcend natural communities.

[Trauma that afflicts entire communities are a] new species of trouble ... that can be harder to recover from. ... These disasters tear the fabric of the community itself, and people come to feel they can't trust anyone or anything, even the environment, in general. It's horrifying – you can't be more alone.

– Kai Erickson in “The Pathways of Pain,”
Yale Alumni Magazine, March, 1995

III. Scope of Catastrophes

It is hard to determine realistically the scope or frequency of worldwide traumatic events. However, the following estimates may be helpful in attempting to understand the devastation that confronts us every year.

- A. **Between 1967 and 1991 disasters around the world killed 7 million people and affected 3 billion others.**
- B. **It is estimated that in the United States almost two million households annually experience damages and/or injuries from fires, floods, hurricanes, tornados, and earthquakes.**
 1. 2.4 million fires occur each year, causing at least 6,000 deaths, hundreds of thousands of injuries, and billions of dollars in property damage. Despite a drop in recent years, the U.S. rate of fire-caused deaths is the highest of the industrialized nations. Every year fires consume an average of 130,051 acres in California. With the fires that began on November 2, 1993, the 1993 toll came to over 230,000 acres and destroyed some 700 buildings, with a cost of over \$550 million. The fires left about 25,000 Californians homeless.
 2. Deaths caused by flooding in the United States have averaged about 200 annually since 1970, and property losses have reached over \$4 billion per year.

3. Earthquakes are among the deadliest of natural catastrophes. The average death toll in the 20th century has been 20,000 people annually. On June 20, 1990, an earthquake registering 7.7 on the Richter Scale caused 40,000 fatalities in Northwest Iran. On January 17, 1995, an earthquake in Kobe, Japan, caused some 7,000 casualties.
4. Hurricanes and cyclones have sustained winds of at least 75 miles per hour, and the winds in the eyewall may exceed 180 miles per hour. Tides exceeding 25 feet above sea level, and seismic sea waves which often accompany them are potentially the most catastrophic of all ocean waves. In 1991, a cyclone hit the delta region of Bangladesh with 145 mile-an-hour winds, floods, and 16-20 foot high water surges; 125,000 people were believed to have died. Hurricane Andrew in South Dade County, Florida, in 1992 killed more than 50 people and caused over \$80 billion in damages.
5. Tornados have their greatest incidence in North America, and the United States is notable for the incidence of severe tornados of scale 4 (devastating – wind speed of 207-260 mph) and scale 5 (incredible – wind speed of 261-318 mph).

C. Catastrophe caused by human error or brutality is also widespread

1. War is the most devastating kind of catastrophe caused by human activity.
 - Between the end of World War II and 1990, there were 127 wars and 21.8 million confirmed war-related deaths worldwide.
 - The Red Cross estimates that, beyond these figures, there have been about 40 million people killed in wars or conflicts since World War II.
 - War causes death but also creates substantial property loss and displacement of lives. The number of refugees and internally-displaced persons grew from 30 million to 43 million during the period of 1990-1993.

2. Crime also wreaks havoc in terms of human destruction and financial loss.
 - The U.S. Department of Justice reports that 42,359,370 crimes took place in 1994. That is equivalent to 15,020 burglaries each day; 1,185 rapes, 3,557 robberies; and 25,009 assaults. Homicides averaged 110 each day.
 - In the same year, there were 3,163 incidents of bombing resulting in \$7.5 million in property damage, 308 people injured, and 31 deaths. It is significant that the year before, when the World Trade Center was bombed, those figures included 1,323 people injured, \$518 million in property damage, and 42 people dead. The Oklahoma City bombing in 1995 killed 168 people, and the number of people who met the criteria of “victim” – the injured and surviving relatives of those killed – reportedly was around 2,500.
 - There is little consistent data on the extent of crime and violence that takes place within families and which contributes to chronic trauma. Some have estimated that over 10,000 women are battered each day and 8,500 children are reportedly abused.
 - An often-ignored chronic form of disaster is that caused by drug distribution in the inner cities. While all residents of certain inner city neighborhoods are affected, children are probably of most concern. Some 2,000 children between the ages of 10-19 were murdered in 1988. Psychiatrist Carl Bell of the Community Mental Health Council of Southside Chicago highlighted a survey of 1,000 elementary and high school students that found 39% had reported seeing a shooting, 34% a stabbing, and 23% had witnessed a murder.
 - Extraordinary financial or property loss may also be experienced as a traumatic event. There is little data about the victimization rate of persons who are defrauded, but the U.S.

Justice Department's statistics hint at the scope of this kind of crime; in 1994, 876 defendants were charged with defrauding leading financial institutions.

3. Accidents are also a source of disaster in human life.
 - Between 1976-1986, there were 81 fatal crashes of commuter airplanes in the U.S., killing 384 people. In 1987, there were 35 fatal crashes with 58 dead, indicating a sharp increase, an increase which has continued over the last five years.
 - In 1991, more than 600 people were killed in over 5,300 vehicle-train crashes. In 1996, there were 4054 such collisions, 415 people died and 1554 more were injured. An additional 500 were killed while trespassing on railroad tracks and property. Today, a vehicle and train will collide approximately every 90 minutes in the United States, and at least one pedestrian is killed daily while trespassing on railroad property.

IV. Creating a Healthy Growth Equilibrium

A. Overview

This training manual uses the paradigm developed by Abraham Maslow to describe a humanistic psychological approach to understanding human behavior. That approach emphasized several concepts important for understanding the impact of trauma on individual lives.

1. Psychological health is based on action and implies consequences for the individual and community.
2. That health affects individuals' lives through its development in their private psyches and in their activities as members of their communities.
3. Certain basic needs must be sufficiently satisfied in healthy people such that they can grow towards the fulfillment of their potentials.
4. People are motivated by deficiencies in their basic needs or, if these are met sufficiently, an inner

compulsion to grow beyond current levels of capacities or experience.

5. The understanding of equilibrium in this schema should not be interpreted as a state of rest or static balance. The definition of homeostasis which means coming to an optimum level of activity might be more accurate.
6. Individual equilibrium might be described as fluctuating activities that maintain relative balance between internal adaptive capacities and external stressors. External stressors may be positive or negative. The positive effects of external stress as well as the growth of internal adaptive capacities helps individuals grow more resilient as well as have more opportunities to reach their human potentialities.

(Refer to Maslow, Abraham, *Motivation and Personality*, 3rd ed., New York: Harper & Row, 1987, and *Towards a Psychology of Being*, 2nd ed., New York: Van Nostrand Reinhold, 1968)

B. Maslow's "Basic Hierarchy of Human Needs"

1. Survival needs (referred to by Maslow as physiological needs)

Survival needs refers to support and maintenance of bodily functioning. Individuals need warmth, shelter, oxygen, food, and water as well as the resources that allow rest and regeneration of energy to continue to live. They also need the internal resources that give them the will to live.

2. Safety and security

Safety and security addresses expanded needs of survival. There is a need to be able to live without the constant threat to livelihood and without immediate concerns with the terror that threats to life, community stability, and the lives of others who are loved may pose. Maslow includes references to freedom from fear, anxiety, chaos; and the need for structure, order, law, and limits.

3. Cognitive functioning

This element is not included in Maslow's hierarchy and may be perceived as a part of safety

needs but seems to emerge as a distinct need in response to crisis. The sense of safety and security must be established so that emotional turmoil can be defused. Only then can individuals begin to organize thoughts and emotions. Cognitive functioning includes the ability to maintain everyday life, the capacity to establish daily goals, and to understand those goals as well as what is needed to accomplish those goals.

4. Love and belongingness

The nature of love and belongingness is based in the need for human beings to have positive relationships with others. These relationships may be founded in family, friends or the community as a whole.

5. Self esteem and meaning (renamed “intellectual and spiritual growth” in this manual)

Once individuals have a sense of the parameters of belonging, they begin to measure themselves against the social and cultural precepts that prevail. Self esteem is developed in terms of external cultural norms as well as internal values. Self esteem developed internally is based on a sense of achievement, adequacy, mastery, independence or freedom. Self esteem is also generated by the esteem of others that is reflected by status, recognition, attention, dignity or appreciation. Individual and community values are based meaning systems generated through the interaction of culture, family, and individual interpretations of the world. If one is well grounded in a sense of security and belongingness, the exploration of one’s own individual and community sense of esteem and values become possible.

6. Self-actualization

Maslow defines self-actualization as a time when the “powers” of an individual work together in an intensely efficient and enjoyable way. He or she is able to reach their “peak performance.” The person is more fully functioning, creative, in-

dependent of more primitive needs and more frequently fulfilling his or her potentials. It is critical to understanding Maslow's perspective that self-actualization is not a constant state but is episodic. The self-actualizing individual is one in which episodes of actualization occur more often and with greater intensity than others. Maslow refers to especially creative people, profoundly religious people, or people experiencing great insights as examples of those who are self-actualizing, although he makes it clear that anyone performing at his or her best is in a self-actualizing mode.

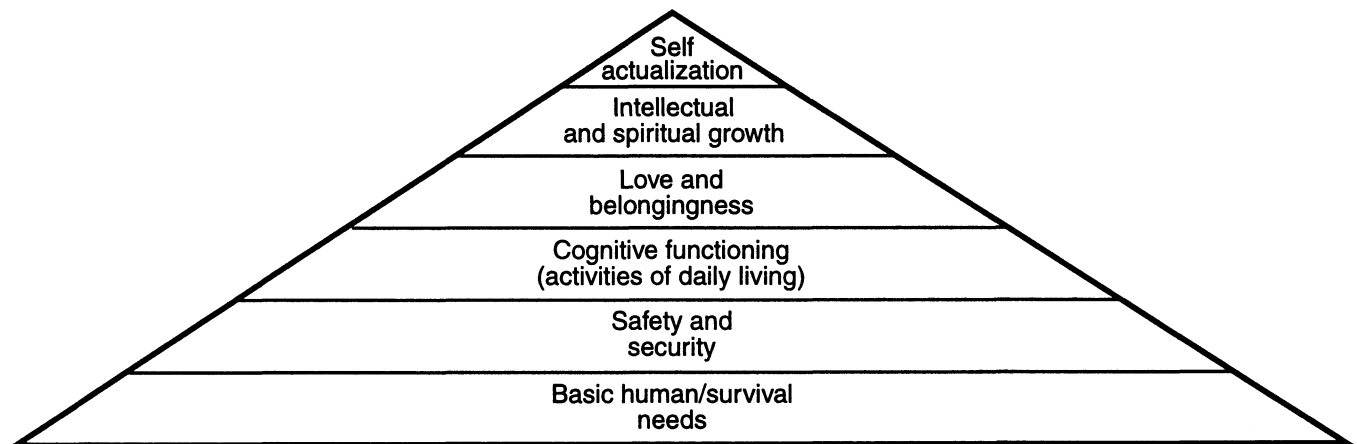
While Maslow's theories are described in a hierarchy of needs, it is emphasized that the growth process is not linear the hierarchy is not to be interpreted as a serial progression through different needs but a dynamic interaction of internal and environmental factors that can move forwards or backwards and is never complete. It is also important to recognize that the hierarchy is not separable, it is holistic and represents an integration of physical, mental, emotional and spiritual needs that is reminiscent of Eastern philosophies.

"...most members of our society who are normal are partially satisfied in all their basic needs and partially unsatisfied in all their basic needs at the same time." (Maslow, Motivation and Personality, 1987)

[See modified Maslow Hierarchy Chart on the next page.]

Participant's Notes

Maslow's "Basic Hierarchy of Human Needs"



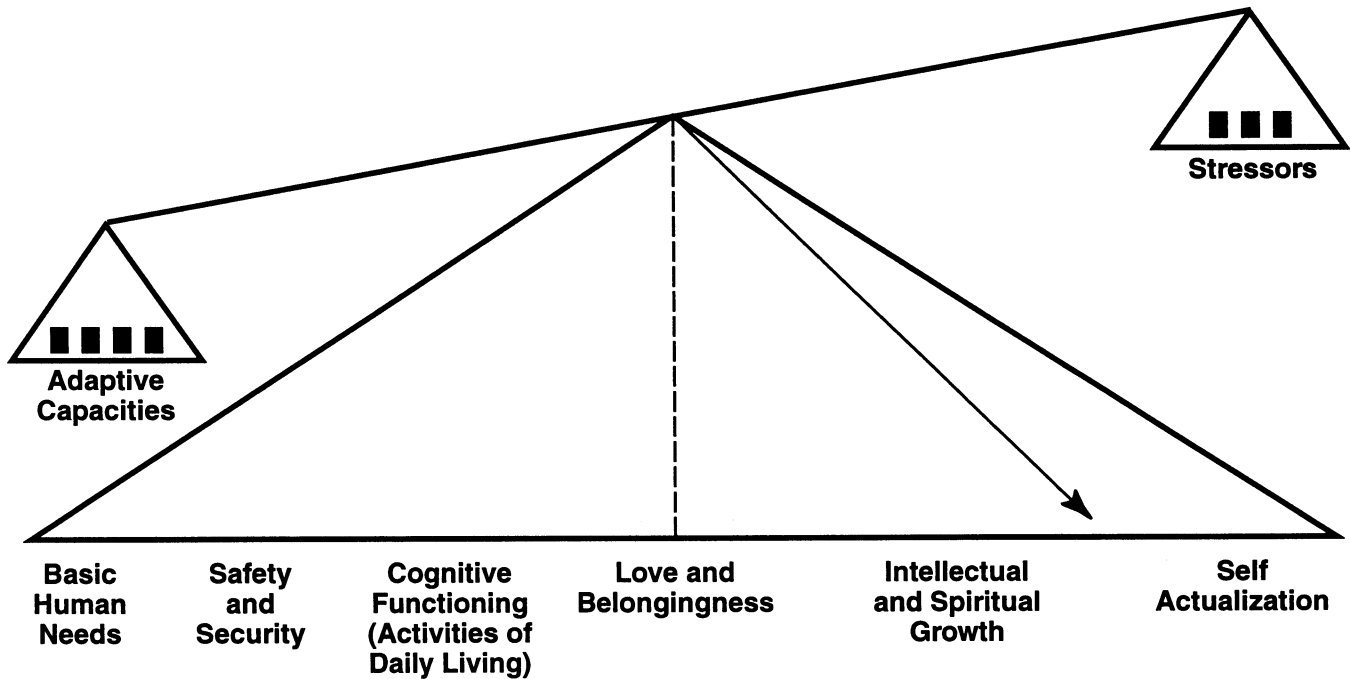
*adaptation of the Maslow construct

Adapted from material developed by CDR Michael P. Dinneen, M.D., Ph.D., U.S. Navy

C. The Maslow Hierarchy applied to routine or "well" functioning

This is displayed in the Chart on the next page.

Well Functioning*



D. Critical adaptive capacities to daily life

The following adaptive capacities are intrinsic to the individual. They represent personal characteristics that individuals utilize to adapt to external and environmental stimuli. In one sense, they parallel the hierarchy of needs by amplifying the dynamic interaction. A person who is physically healthy and with full physical abilities is more likely to be able to withstand significant stresses that interfere with survival needs. If people are adequately satisfied in a majority of their physiological needs, they can focus more effort in addressing safety and security needs. In doing so, having the ability to understand and mobilize their emotional capacities, will increase their coping capacities in dealing with threats to that security.

Participant's Notes

1. Physical health
2. Physical abilities
3. Emotional capacities
4. Cognitive abilities
5. Education/experience
6. Ability to assess and access community or family support
7. Self-esteem
8. Spiritual connection
9. Personality

E. Stressors in routine life

1. Concept of equilibrium

Individuals routinely exist in a fluctuating state of equilibrium. This equilibrium is bounded by joys and sorrows and is marked by everyday crises and developmental or life-event stressors. Stressors tend to cause disequilibrium, but also promote learning, skills training, and new attitudes, and result in new states of equilibrium.

2. Sources of routine stressors include financial pressures, addiction, residual past trauma experiences, work dissonance, family discord, physical illness, time pressures and so forth.
3. When stressors occur, there is an engagement of adaptive capacities and previously-learned coping strategies.
4. The new equilibrium is accompanied by altered coping strategies – coping strategies may be positive or negative.
5. When adaptive capacities are highly functional and stressors are relatively mild, individuals usually have a sense of physical and mental safety and security, are connected with others, have the ability to achieve intellectual and spiritual growth, and engage in meaningful and purposeful activity.
6. When stressors are strong and adaptive capacities impaired, individuals may feel hopeless, reduce their levels of activity, withdraw from social contact, fail to maintain physical health, or have sustained thoughts of death or suicide.

F. Symptomatology of individuals under stress

The following are illustrations of symptoms of stress.

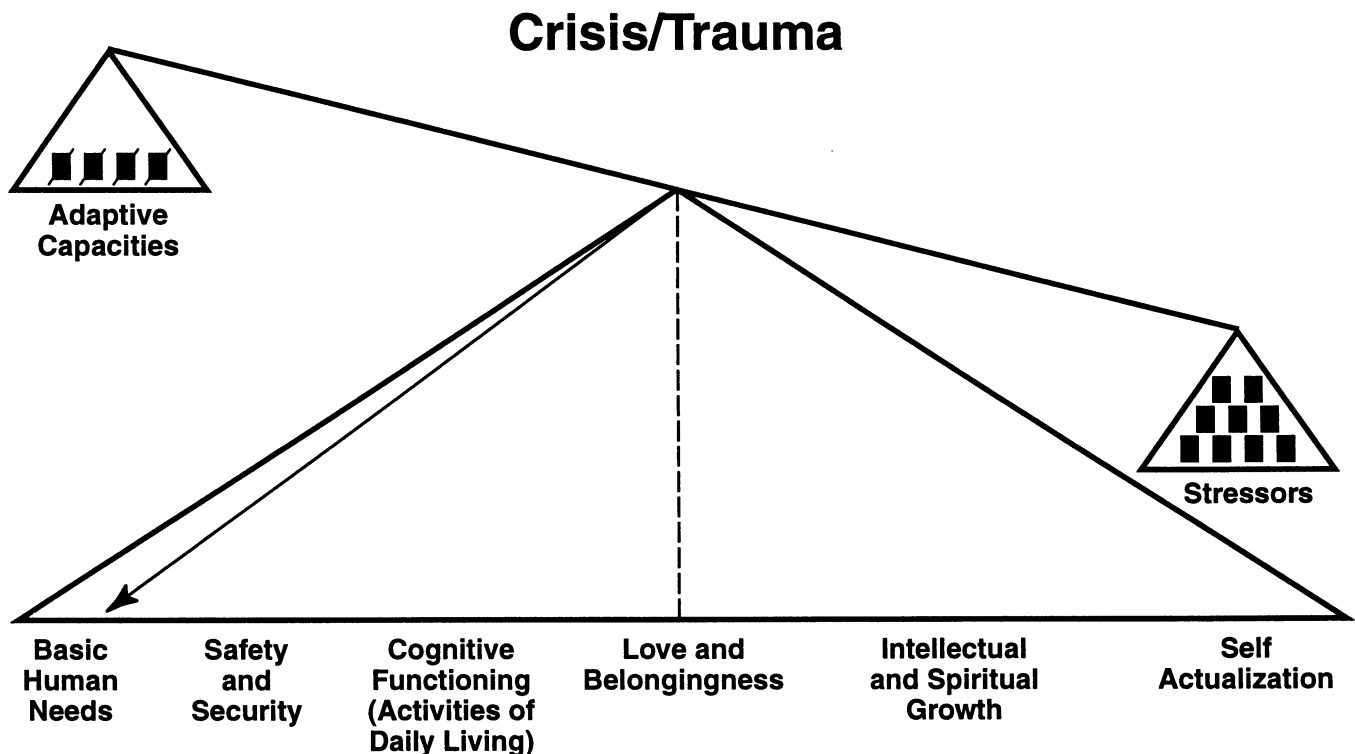
1. Cognitive symptoms
 - Negative outlook on the future
 - Anxiety in problem-solving
 - Disorganized with an inability to concentrate
 - Sluggish or hyperactive thought processes
 - Inability to “see the forest for the trees”
 - Inarticulateness or difficulties in connecting words to thoughts or feelings
 - Egocentrism
2. Emotional symptoms
 - Generalized distress
 - Anger or hostility
 - Depression that may reflect sadness or self-pity
 - Anxiety, fear or panic
 - Powerlessness
 - Undirected or directed guilt
 - Shame or self-disgust
3. Physical symptoms
 - Agitation and nervousness
 - Hyperalertness
 - Erratic or increased heartbeat
 - Difficulties breathing
 - Gastrointestinal distress
 - Interrupted sleep patterns or insomnia
 - Muscle tension or aches
 - Headaches
4. Social/behavioral symptoms
 - Substance abuse
 - Eating disorders
 - Constriction of activities
 - Inability to perform routine functions
 - Constriction of social connections
 - Deterioration of spiritual faith
 - Rigid adherence to or rejection of perceived cultural standards

Participant's Notes

V. Trauma's Impact on Health and Growth

A. Trauma overwhelms

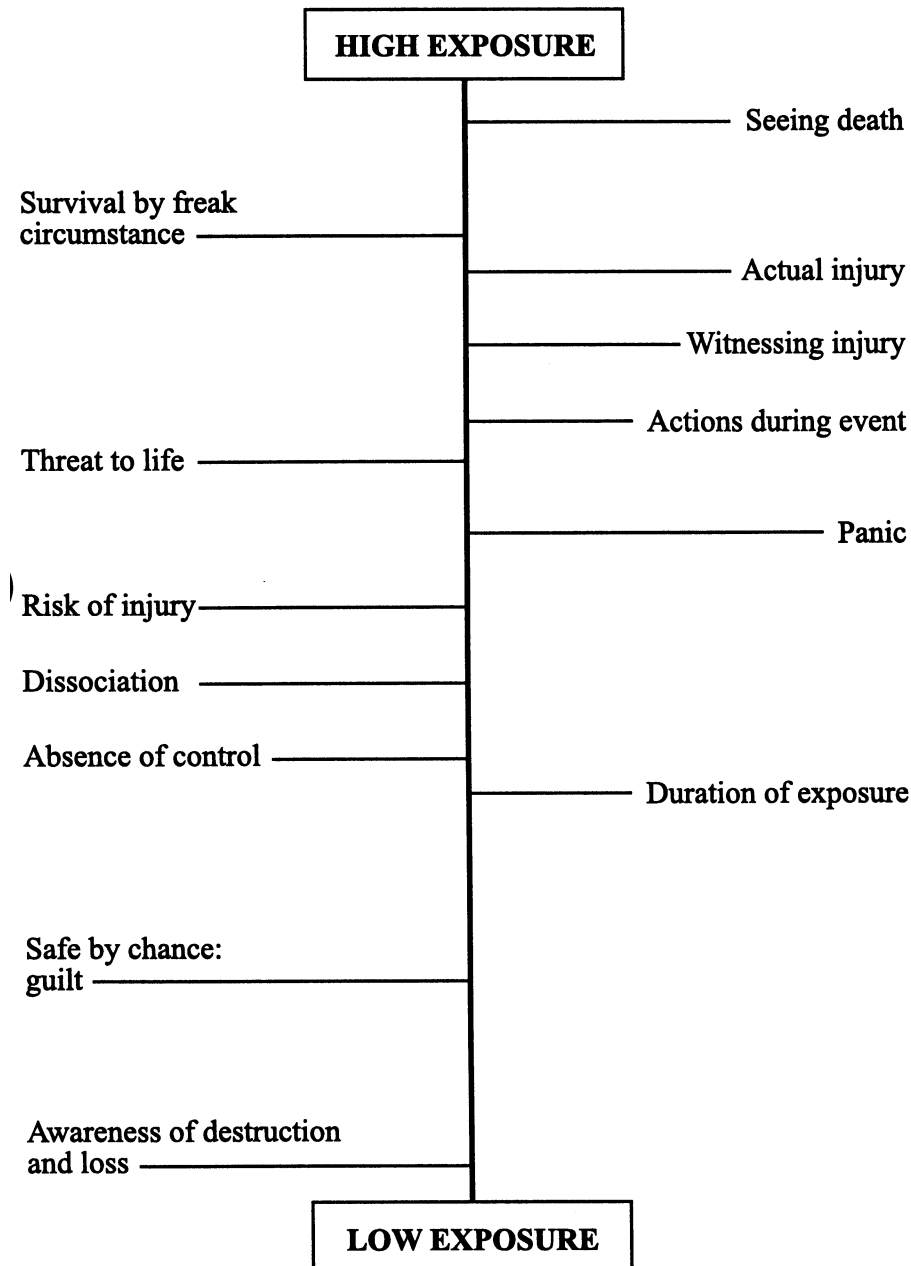
1. It injures or destroys a person's capacity to adapt (explained more in Chapter Two).
2. It adds to existing stress factors through internal and external crises – see the Chart below.



B. Trauma dimensions

1. Perception of threat
 - a. Trauma is precipitated by a perception of the threat of danger to an individual or community.
 - b. Threat is perceived on a continuum of safety to danger. McFarlane and DeGirolamo illustrate the hierarchy of elements of traumatic experience with a range between low exposure (an awareness of destruction and loss) to high exposure (seeing one's own death). [See the Chart on the next page.]

A Hierarchy of Element of Traumatic Exposure



– McFarlane A. and DeGirolamo, G., "The Nature of Traumatic Stressors and the Epidemiology of Posttraumatic Reactions," in van der Kolk, McFarlane, and Weisaeth, eds., *Traumatic Stress*.

- b. Threats are perceived based on learned cognitions or emotional or sensory memory.
- c. Danger may be experienced in terms of:
 - Physical integrity – bodily danger or danger to extensions of the body, e.g., house, pets, personal belongings.
 - Physical integrity of loved ones.
 - Mental integrity – cognitive involvement in choice of exposure, understanding of context, acceptance of causal relationships or circumstances.
 - Emotional integrity – emotional control versus no control.
 - Community integration and integrity – community's interpretation of threat, support for potential victims, acceptance of event.
- d. Experiences or perceptions of threat or danger can be categorized into four types of traumatic stressor events. (Wilson, J.P., "The Need for an Integrative Theory of Post-Traumatic Stress Disorder," 1994.) They have been described as the following.
 - Type I: unanticipated single events beyond the range of normal daily stress (murder, suicide, accidents)
 - Type II: enduring and repetitive events (chronic abuse)
 - Type III: compounding effects of low-level, insidious stressor events (failures to have basic needs satisfied, chaotic environments experienced as normal)
 - Type IV: alterations in a person's basic relation to the environment (technological disasters)

Each type may cause variations in the pattern of traumatic reactions and their manifestations. Chapter Three of this text is devoted to more thoroughly understanding various issues associated with different types of traumatic stressor events.

2. Chronology and context of threat or harm during the traumatic event.

Chapter Three of this text also analyzes more thoroughly individual and community concerns associated with chronology and context because they are keys to organizing an understanding of what happened and its impact.

- a. The chronology of the events is examined in terms of an objective analysis of the patterns of disasters, as well as the possible emotional and cognitive interpretations as perceived by individuals.
- b. The context of the events is defined as including:
 - Sensory exposures
 - Spatial dimensions of the event and individual's involvement
 - Roles played by victims and community members in reacting and responding to the event

3. Extent of social disruption.

Social disruption after catastrophe is measured by the impact of the tragedy on the infrastructure of the community as well as the fragmentation of emotional ties between community members.

4. Potential for recurrence.

The impact of a traumatic event may also be affected by the interpretation of individuals and communities as to their safety in the future and the meaning of the event.

5. To understand trauma's dimensions, it is important to have some understanding of brain functioning, memory processing, and how traumatic events change ordinary functioning and processing to alter reactions, behaviors, and attitudes. As research and knowledge about brain functions increase, better information has developed on how to assist victims and survivors in processing traumatic events. This is addressed in Chapter Two.

C. Effect of secondary traumas and re-experiencing the event

1. The re-experiencing of the event or the impact of “second injuries” can cause a pendulum effect on the process of recovery of a healthy equilibrium. Survivors may have made progress towards integration of the trauma into their lives only to be thrown back into crisis, needing reassurance of safety and security, and with new needs for ventilation and validation or post-trauma counseling.
2. Secondary traumas have been called “second injuries.” They are usually caused by external forces that have been activated by the original trauma. Common sources of secondary traumas are social institutions such as the criminal justice system or the media, caregiving professionals such as the clergy or health and mental health professionals, colleagues in schools or workplaces, and the reactions of family and friends.
3. Re-experiencing the event due to traumatic memories can be as traumatic as the first experience. Each time such re-experiencing happens, it reinforces the memory of the event and the traumatic reactions associated with it.

VI. Crisis and Trauma Interventions and Their Effects on Routine Equilibrium

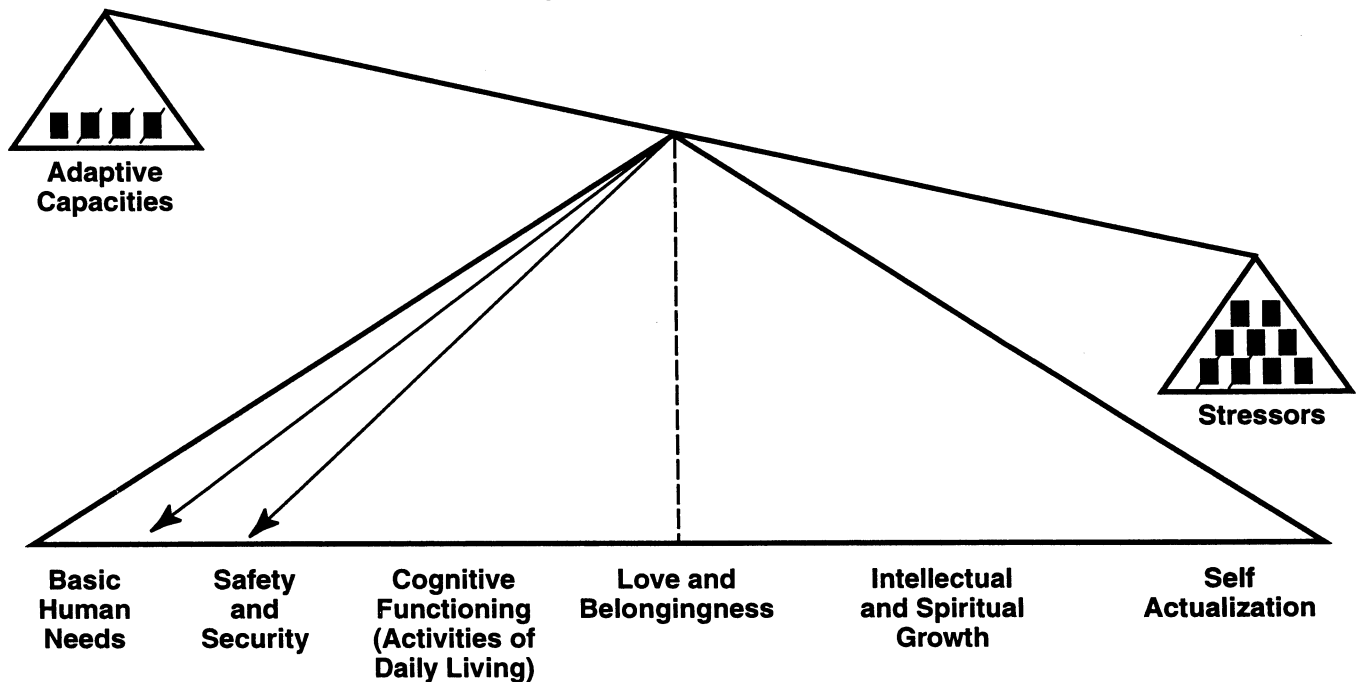
Crisis and trauma interventions as described in this text seek to outline useful methods to help victims to rebuild adaptive capacities, decrease stressors, and reduce symptoms of trauma. Their potential impact can be seen in the following review in terms of Maslow's Hierarchy. It should be remembered that the stages of response are not discrete. While each set of needs ranging from physiological or survival needs to self-actualizing needs must be satisfied to some degree before the next set of needs is significantly engaged, need satisfaction is dynamic and overlapping and while some basic needs may not be fully met, other needs are or can be addressed. So while efforts to provide physical rescue are primary after a disaster, they are accompanied by efforts to address needs primarily targeted by crisis inter-

vention. When physical rescue has been accomplished and crisis intervention becomes primary, that intervention may be accompanied by needs associated with post trauma counseling or self-development.

A. First response: physical rescue

1. Emergency response focuses on physical survival needs of individuals and communities.
2. Emergency response seeks to reduce acute traumatic stressors by providing medical care for the injured and shelter, food, or clothing for the displaced, and temporary protections against additional trauma impacts. It begins the effort of rebuilding physical adaptive capacities of well-being. [See Chart below.]

**First Response:
Physical Rescue**

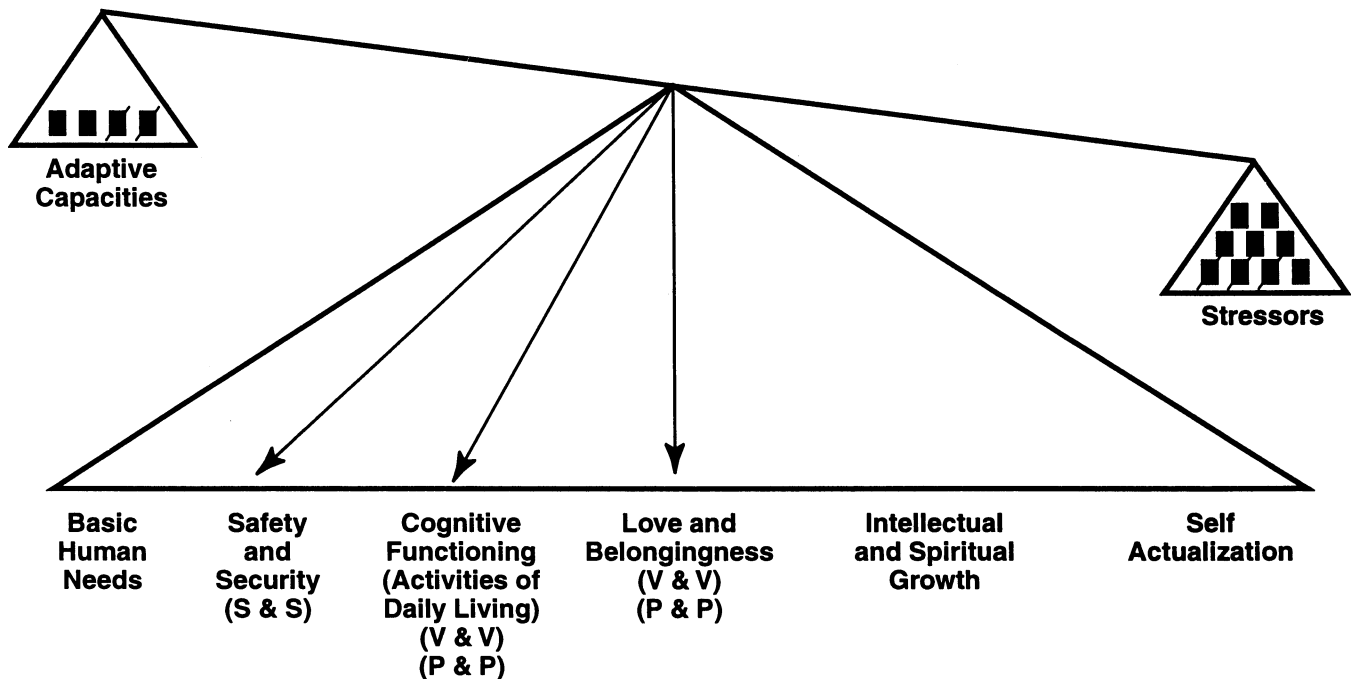


B. Second response: crisis intervention

1. Crisis intervention techniques, in general, will be addressed in Chapter 6. Chapters 7 and 8 will then discuss the issues of trauma and crisis intervention techniques as they vary with age groups or cultures.
2. Crisis intervention addresses:
 - Safety and security (S & S)
If physical rescue has been accomplished, safety and security issues become concerns for mental and emotional freedom from fears and terrors associated with the event. Establishing parameters of safety aid in reducing the emotional stress of fear and creating defenses against additional intrusions.
 - Ventilation and validation (V & V)
Ventilation and validation refers to the process by which survivors are able to tell the stories of their experience, begin to understand the pattern of trauma reactions, and to recognize the human commonality of that pattern. It reduces the confusion caused by the external traumatic event and begins the process of rebuilding cognitive and emotional adaptive capacities. In group sessions, it also aids in the initiation of social contact and affirmation of community unity.
 - Prediction and preparation (P & P)
This involves education for survivors concerning what may happen in the future and methods of planning for secondary injuries or ongoing emotional reactions. It assists in providing a roadmap towards social functioning.
3. Crisis intervention seeks to reduce acute stress caused by trauma's impact by:
 - restoring the dominance of cognitive functioning over emotional reactions (S & S and V & V)
 - facilitating the restoration of community and social institutions (S & S)
 - facilitating the cognitive understanding of what happened (V & V)

4. Crisis intervention seeks to restore or enhance adaptive capacities by:
- providing opportunities for victims to assess and access community of family support (V & V)
 - providing education on future expectations (P & P)
 - providing opportunities for survivors to cognitively organize and interpret the trauma event (V & V and P & P)
- [See Chart below:]

Second Response Crisis Intervention



C. Third response: post-trauma counseling

1. Post-trauma counseling techniques and the special concerns of spirituality in post-trauma counseling are discussed in Chapters 9 and 10.
2. Post-trauma counseling addresses:

- Education, experience, and energy (E, E, & E)

Education refers to both recalling previous learning and new education on issues associated with the traumatic event. Helping victims remember former experiences of stress or trauma and individual or community coping strategies assists them in building or restoring adaptive capacities. Energy is drawn from restoring physical health and capabilities.

- Rehearsal, reassurance, and referral (R, R, & R)

Mental or physical rehearsal is a process of both organizing the story of what happened as well as preparing for ongoing trauma-related issues. Reassurance is provided by both support from intervenors as well as community or family. Referral is engaged when counselors or advocates identify needs or care that they cannot meet or give and find additional resources for survivors. This aspect of post-trauma counseling continues the process of building cognitive and emotional adaptive capacities and reduces external stressors through additional resources.

- Activism, advocacy, and actualization (A, A & A)

Physical and mental activity continues to address basic needs and may lead to advocacy efforts by or on behalf of survivors. Social advocacy often is an effective way for survivors to address problems that arise due to the traumatic event and its aftermath or factors that contributed to the causation or consequences of the event. Both activism and advocacy help to reconstruct a sense of love and belongingness in community activities as well as to grow

- intellectually. Establishing or re-establishing spiritual connections or develop a sense of meaning surrounding the event can provide the foundation for the ultimate integration of the event into individual or community life including the recognition of hope and transcendence of the event itself. This may become the springboard for self-actualization activities.
3. Post-trauma counseling seeks to reduce acute stress factors through:
 - identification of feelings, reactions and emotions, and cognitive functioning (E, E, & E)
 - assisting survivors in integrating the trauma story into their life story (E, E & E and R, R & R)
 - addressing symptoms of acute stress (E, E, & E and R, R, & R)
 4. Post-trauma counseling seeks to restore or enhance adaptive capacity through:
 - encouraging a healthy lifestyle (E, E & E)
 - assisting survivors in re-establishing daily functioning (E, E, & E and R, R & R)
 - promoting social support systems (R, R, & R and A, A, & A)
 - providing opportunities for intellectual and spiritual growth (A, A & A) [See Chart next page.]

D. Interventions addressing secondary traumas or re-experiences

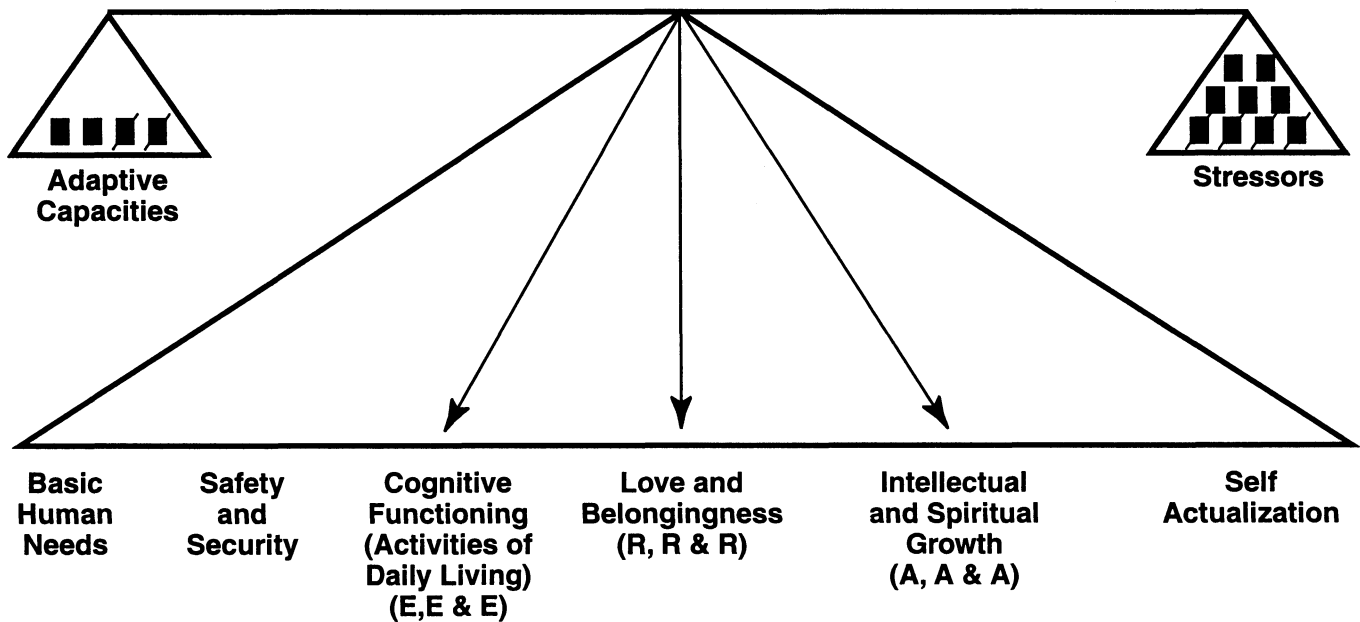
1. Interventions addressing secondary traumas should focus on mitigating or removing the acute external stressors.
2. Interventions addressing re-experiences should focus on addressing acute internal reactions and symptoms as well as building cognitive and emotional adaptive coping capacities.

E. Self-development through survival and growth

1. The stronger individuals' adaptive capacities are, the more they can concentrate on growth towards self-actualization.

Participant's Notes

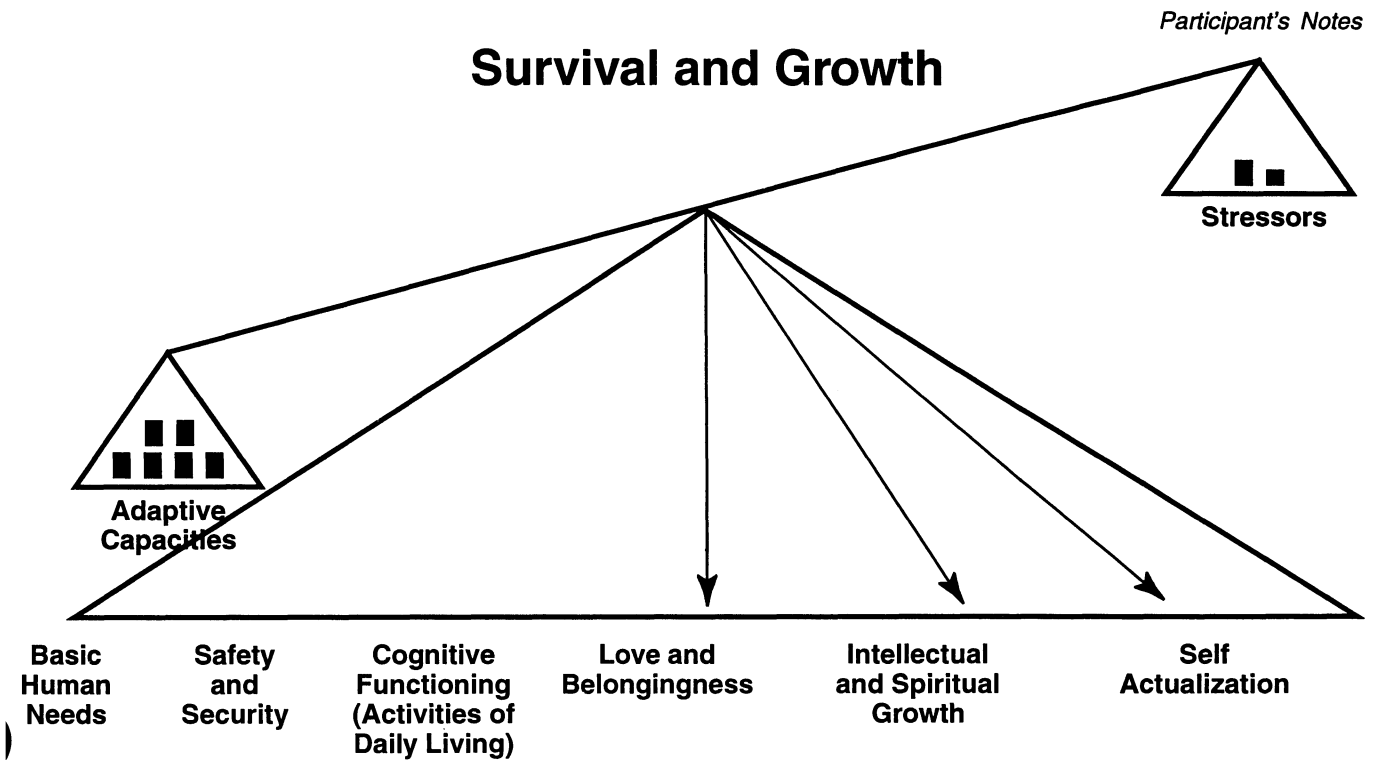
Third Response Post-Trauma Counseling



2. Mitigation of acute stressors provides for opportunities for improvement of adaptive capacities. [See Chart next page.]

VII. Implementation of Crisis and Trauma Interventions

The theories of the impact of crisis and trauma as well as the practical descriptions of individual crisis intervention and post-trauma counseling are essential to the understanding of responding to communities in crisis. In Chapter 11, individual crisis intervention is used as a basis for developing protocols for providing interventions to groups within a community that have been exposed to traumatic events. Group crisis intervention provides a means for reaching as many people as possible after a community-wide tragedy. Chapter 12 outlines how NOVA coordinates its volunteers



when responding to a request from a community in crisis. Special attention is paid to managing the media in such events in Chapter 13. This chapter has been more and more important as community disasters increasingly become immediate national news events. Chapter 14 draws from NOVA's experience to provide a brief outline of practical steps that local communities can take to prepare for the possibility of catastrophe and its emotional aftermath.

This manual was originally prepared as a resource text for training workshops conducted by NOVA. For this reason, Chapters 15, 16 and 17 are materials used by training participants to apply the knowledge and techniques described in previous chapters in practical exercises. The three key exercises are a simulation of group crisis intervention, the development of crisis response plans to address various disaster scenarios, and role-playing practice group crisis intervention sessions. Readers of this manual are encouraged to take the training or to spend time doing the ex-

ercises to more fully understand the unity of theory and practice.

The final chapter of the manual is one of the most important because it addresses the impact of responding to trauma on caregivers. It follows the Maslow paradigm in its admonitions concerning reducing external stress factors and developing and maintaining the adaptive capacities of the caregivers themselves.

VIII. Conclusion

The purpose of community crisis response teams is to respond to collective trauma caused by disasters by assisting community members through crisis intervention for groups and individuals, and providing training to community caregivers in ongoing crisis intervention and post-trauma counseling skills. By helping communities reduce acute stress factors caused by the disaster and enhancing adaptive capacities of community members, communities can become stronger and better prepared to deal with future threats of harm and injury.

This overview and accompanying diagrams of trauma's impact and the process of moving towards survival and growth should help community leaders understand the need for interventions as quickly as possible in the aftermath of tragedy and how they can be implemented.

Chapter Two: The Trauma Response: Internal Factors

When I was young my mother allowed me to go to the Saturday afternoon matinee movies at one of two theaters within walking distance of our house. Sometimes I went with a friend. Other times I went alone. One Saturday on an "alone" day I watched a newsreel of the U.S. Army entering Hiroshima. The Americans were wearing space suits not unlike what the actors wore on Green Lantern and other such Saturday serials. I remember how Hiroshima looked on the screen – I can see it now as I write. The city was scorched white and leveled to the ground. There was a tower still standing, although that did not impress me. What got to me was a shadow.

The newsreel people had found a foot bridge at ground zero or near to it – and the bridge had been bleached of all color. But a man's shadow lay obliquely across the bridge. He must have been walking there, the movie announcer said, when the bomb vaporized him. (Vaporized!) We know he was there, however, the announcer went on, because the man's shadow had protected the bridge at the instant of highest intensity. (Protected!)

I took it all in. And I understood what I saw. It was either the most horrifying thing I have ever seen – or I was young enough to more fully absorb the horrors. At any rate, Hiroshima entered by way of the eyes, by dint of a shadow. That shadow still lives today in my mind.

*– Lenore Terr, *Too Scared to Cry*, New York, NY: Basic Books, 1990.*

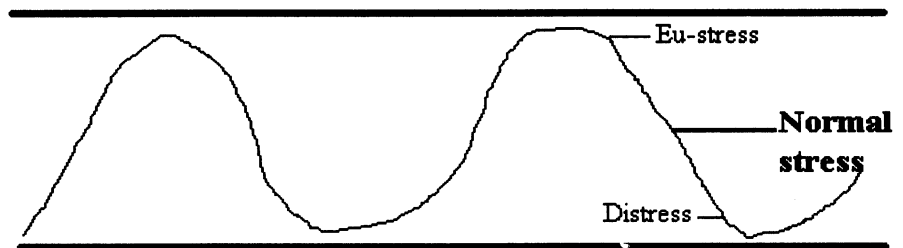
I. The Individual Equilibrium and Stressors

A. The concept of a fluctuating equilibrium

Adults establish a fluctuating physical, emotional,

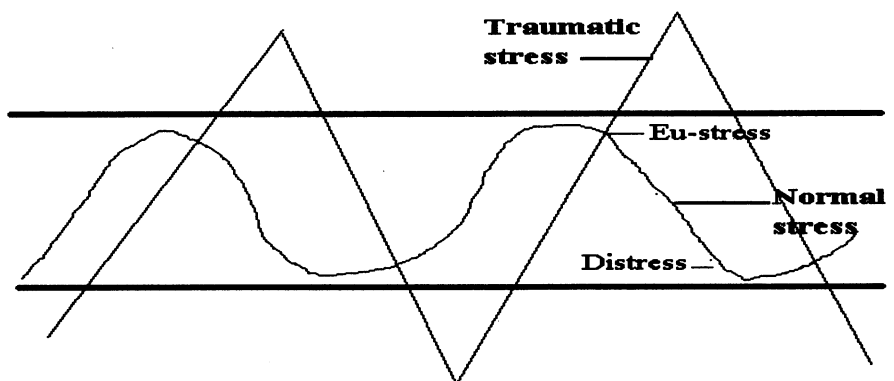
Participant's Notes

mental and social equilibrium on which they balance their lives. In the previous chapter, the concept of a well-functioning individual was depicted as one in which everyday stressors are balanced or successfully coped with through the adaptive capacities of the individual. This balancing act is not a steady state but one in which each day, individuals go through ups (eu-stress) and downs (distress) and use their strengths to maintain themselves and to continue to grow and change. See the Chart below.



B. The effect of crisis on equilibrium

When adults face trauma, they are thrown out of their ordinary equilibrium with such force that they are unable to re-establish former boundaries to their stresses. They must reconstruct a new equilibrium, incorporating the lessons of the trauma and their new adaptive skills. The new equilibrium may be more constricted than the one pre-trauma or it may be more encompassing of possible stresses. See the Chart below.



II. Manifestations of Crisis Reaction

A. The crisis reaction: physical response

1. Physical shock, disorientation, and numbness

This state tends to indicate a psychophysiological incapacity to acknowledge a dangerous threat.

“Your son was murdered last night.” Dorothy’s arms and legs went numb. The words hit her face like a brick. She couldn’t move; the bench was like stone and offered no comfort. She was out there alone with those words and this detective and the unbelievable thought that her Sheldon was no longer alive.

– “The Besses,” a chapter in *What Murder Leaves Behind*, D. Magee, 1983, Dodd, Mead & Co.: NY.

2. During the initial reaction of shock, the body begins to mobilize itself to fight or flee from the crisis.

As other council members ducked behind the U-shaped table, City Attorney William Dowell of Burlington unsuccessfully tried to wrest the gun from Davis. As members of the audience scattered and ran for help, Davis moved behind the table where other members of the council were crouched.

– Description of the December 10, 1986, murder of the mayor of Mt. Pleasant, Iowa; *The Des Moines Register*, December 12, 1986.

- a. Adrenaline begins to pump through the body.
- b. The body may relieve itself of excess materials through regurgitation, defecation, or urination in order to facilitate fight or flight.

Firefighters still have nightmares about what they saw when they stumbled through smoke into the Happy

Land social club on an early Sunday morning one year ago today. There on the dance floor, dozens of partygoers dressed in night-on-the-town clothes lay slumped on the ground, not burned but covered in a fine layer of soot. People still sat at the bar, holding drinks. Couples embraced. There was not a life left to be saved. Some firefighters vomited. Some just wandered, dazed.

– “Smoldering Memories: A Year After the Happy Land Fire, Unfulfilled Promises and an Unresolved Case,” Laurie Goodstein, *The Washington Post*, March 25, 1991.

- c. The body’s heart rate increases.
- d. The body may begin to hyperventilate or sweat.
- e. The body increases its attention to sensory perceptions. In the initial reaction, attention will often be focused on one sense, sometimes to the exclusion of others. Visual sensations are normally most acute in human beings, but it is important to recognize that all senses are involved. While sights or sounds may leave indelible memories, so may things touched, smelled or tasted.

“It sounded like a big crack of thunder... I heard one loud explosion, one medium and one soft one, if not more than that.”

Maureen Cassidy] “What we saw looked like fireworks. ...It was kind of crazy because it was not very loud. It was sight more than sound.” [Paul Roberti] “I felt the ground shake, like a little tremor.” [Orson Cummings]

–“747 Explodes with 229 Aboard Shortly After Takeoff From N. Y.,” Phillips, D., *The Washington Post*, July 18, 1996.

- 3. Heightened physical arousal associated with fight or flight cannot be prolonged indefinitely. Eventu-

ally it will result in exhaustion. The impact of exhaustion affects an individual's psychological response. After the body rests, either as a result of sleep or faintness, an individual may feel depressed and disturbed. Sleep has served to pass the individual from the time when the disaster happened to a future time. Victims or survivors have gone on with their lives whether they wanted to or not. The disaster is an integral part of their past and their future has been altered irrevocably. Some of the distress at this process is caused by the sadness of what has happened and the fact that it can never be changed. It can be understood in the light of the following illustration where the brackets represent the sleep interruption of conscious thought.

yesterday [- today -] tomorrow

When disaster occurs for many, there is a desire to keep the present alive as long as possible in order to be able sustain the belief either that things can be returned to normal, or the emotional sense that so long as the present is still continuing, their life as it was will continue. Sleep brings the knowledge that time does go on and today's disaster – symbolized by an asterick in the illustration below – will become a part of history.

past	[- present*disaster -]	future
past*disaster	[-present/going-on -]	future

“Total hysteria spread when we found out there were over two fatalities,” [DeDe] Dunlap said. “I didn’t know how to feel at first, but now I am completely drained with no energy left.”

– A reaction to the traffic accident that killed 5 young coeds in Oxford, MS, and injured 11 others on Thursday, March 26, 1987, *The Daily Mississippian*, Friday, March 27, 1987.

B. The crisis reaction: the mind's response

1. The mind's response parallels the physical response. There is typically an initial cognitive reaction of shock, disbelief, and denial. The mind simply cannot recognize the traumatic event as a reality in its initial encounter as it seeks to find a benign interpretation of the threat.

2. Regression

When cognitive functions seem to cease momentarily, it is not uncommon for individuals to experience a regression to a childlike state or infancy. In that state, emotions become dominant.

3. Cataclysm of emotions

After the physical danger has ebbed, the individual may feel overwhelmed with myriad, disorganized emotions but in fact there seems to be a logical order in which emotional reactions are manifested.

a. Fear and terror

Fear seems to be a primal reaction. Fear may be inspired by the loss of autonomy – the ability to control impulses and to address situations through planning, a uniquely human characteristic. It is also related to the state of regression. Fear is the most commonly seen reaction in children. When faced with a fight or flight situation, instinct warns that they lack the power to fight and so fear becomes the impetus for fleeing.

Fear becomes terror when victims internalize the knowledge that they, their loved ones, or their communities will not survive the threatening situation. Interestingly, there is some evidence that in abusive situations, the threat to inflict pain can trigger fears more damaging than the immediate sensation of pain, and the threat of death can be useless since it may confirm the hopelessness of a situation and offer surcease from pain.

However, in sudden random trauma, Robert Lifton refers to the “death imprint” when

people feel they have witnessed their own death and survived. Fear or terror may be generalized or enunciated in terms of specific literal threatening acts or individuals.

Numerous calls on the 911 tape illustrated the victims' terror. ... "There's a man in our office with a gun," a man's voice rasped on the 911 tape. "He has fired at several people."

Asked for details, the man dropped his voice, whispering, "It's a semiautomatic, definitely. He's still shooting. Yes. ... We're being killed ... and he's killing everybody."

*– "Jacksonville Gunman Shot 4 Others Before Rampage at Finance Company," L. Parker, *The Washington Post*, June 20, 1990.*

b. Anger, fury, and outrage

Anger's force derives from the need to respond aggressively to a threat through the "fight" reaction. Everyday anger at frustrating events does not begin to describe some victims' reactions to a traumatic event. Often, traumatic anger is directed at an offender or a person held responsible for a tragic event, although it may be displaced onto God, family members, or social institutions, or turned inward towards oneself. Traumatic anger also may result in overgeneralization in the definition of its target. Instead of focusing anger on an offender who happens to be Caucasian, the anger is focused on all Caucasians.

Anger may be associated with the desire for vengeance. Revenge is an augmentation of anger directed at an individual or class of individuals. It is a common response, but for many, the desire for revenge may subside even though overwhelming rage remains directed at the situation. Anger may also be associated

Participant's Notes

with hatred, which has been called “calcified anger.” It leaves people feeling empty, bitter, morally in conflict, and painfully dissonant with normal feelings of humanity. The intensity of anger and its antisocial aspects is often new to victims and survivors of catastrophe. Social reaction to the anger of others is often one of disapproval and disgust.

But among the survivors, shock turned to grief and grief to anger, and healing them became a thankless job at best. “People tend to lash out,” says Amy Hahn, director of the Edmond Ministerial Alliance’s Hope Center relief office. “They felt hurt, they felt forgotten, they felt wronged.” Hahn said for some victims, anger turned to wrath, and survivors started spitting venom at anything that moved.

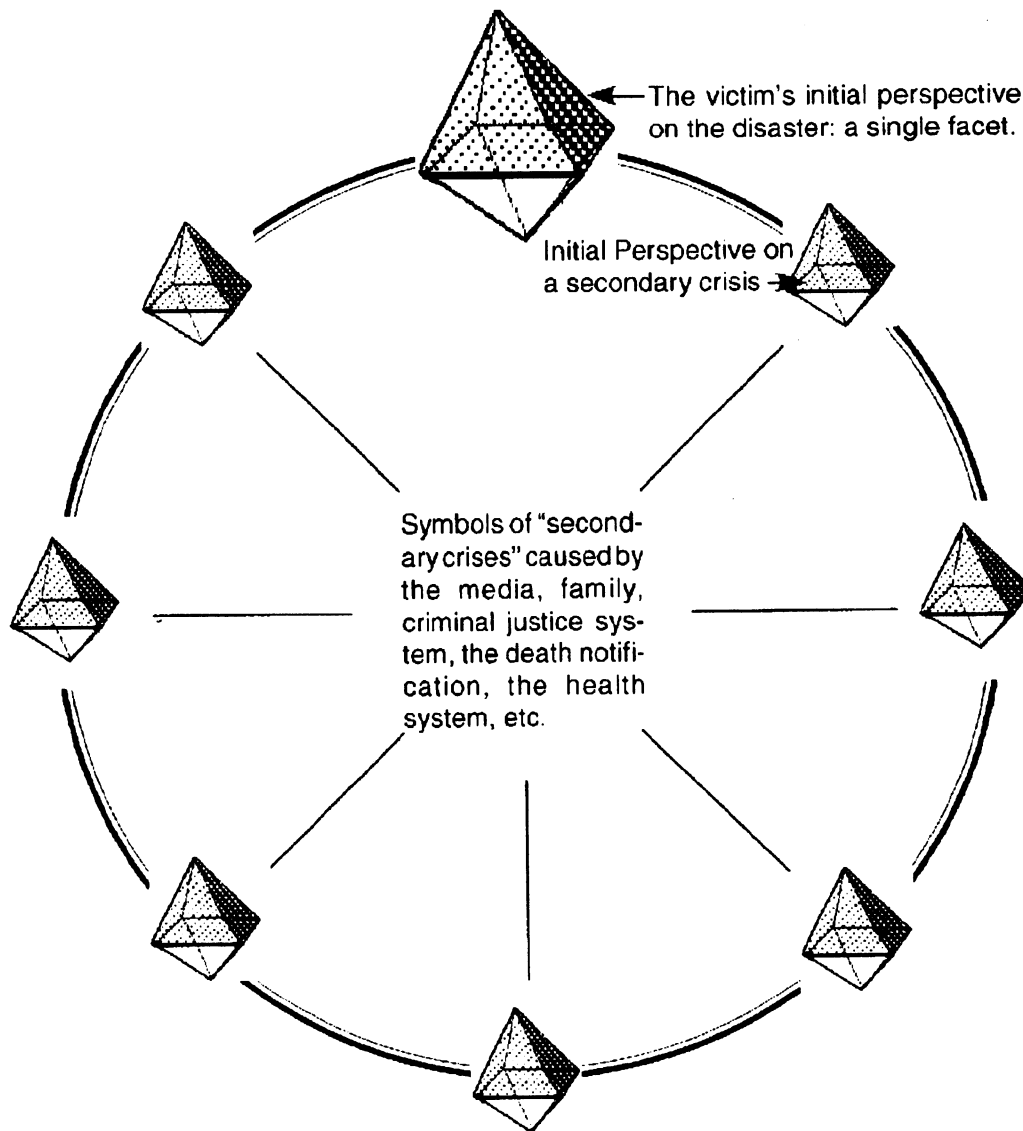
– Reflections on the year after the Edmond, OK, massacre in “Living with the scars of a massacre,” Tim Madigan, *Fort Worth Star Telegram*, August 9, 1987.

c. Confusion and frustration

Confusion stems from the victims’ initially narrow perspective on what happened and how [see “Multifaceted” Chart on the next page]. Victims often remember only scattered impressions of a traumatic event. Many of these impressions may be sensory perceptions or sporadic feelings about what happened, but they do not form a coherent whole. The confusion becomes frustration when victims think they should remember or could remember if they only tried. As they attempt to piece together a picture of the event, the confusion may be compounded as they try to understand why it happened – or why it happened to them. Often frustration is caused by the seeming unresponsiveness of institutions, from the criminal justice system to the victim’s family.

The Multi-Faceted Dimensions of Disaster

Depicting the victim's initial perspective on a disastrous event and the additional perspectives the victim may develop over that event and related events that may cause crisis or trauma.



d. Guilt or self-blame

Guilt or self-blame are cognitive emotions that arise from the effort to sort out confusion. They often are characterized by two aspects. The first can be called “cognitive” guilt, which may be legitimate or illegitimate. Legitimate cognitive guilt focuses on the could’ve, would’ve or should’ve of the victims’ or survivors’ actions before, during, or immediately after the event. They involve actions that might have been taken but were not because there is no way to predict the future. They are often exacerbated when the traumatized individuals compress time chronologies in their minds, such that things that happened after an event are thought to have happened before it, thereby offering some clue that the event was going to happen. Self-blame based on an erroneous reconstruction of facts is “illegitimate,” as it is when there are no facts on which to attribute any guilt to the victim.

Another type of guilt is known as “survivor guilt” or “existential guilt.” Victims are often plagued with internal questions about why they survived while others died, or why their loved ones didn’t survive when others did. Some may think themselves unworthy of survival or may feel guilty because someone chose to save them while others died.

The question “why” hangs over Indianapolis today – as it has for the past two days. In the aftermath of an unexpected tragedy such as Tuesday’s Air Force jet crash landing into the lobby of a Ramada Inn, the natural tendency is to search for reasons. Why did nine persons have to die? Why did some survive while others perished? Why couldn’t the jet’s engine have flamed out over some desolate area instead of one that is heavily populated? Understandable as all those questions are, the people who ask them probably never will get an

answer that satisfies them.... Human lives always will be subject to chance. Sometimes even the brutal chance that brings an airplane out of the sky and into a hotel lobby.

– Editorial, *The Indianapolis News*, October 22, 1987.

e. Shame or humiliation

Shame seems to be associated with guilt or self-blame but it reflects the internalization that victims are responsible for the event as well as that they are somehow intrinsically more vulnerable to such tragedies.

Many personal testimonies of trauma survivors indicate that not being supported by the people they counted on, and being blamed for bringing horrendous experiences upon themselves, have left deeper scars than the traumatic event itself. Victims often feel the same way about themselves: They feel ashamed and disgusted by their failure to prevent what has happened. Thus, for many victims, a breach in their relationship to their expectations of themselves and of their culture becomes part of the traumatic experience.

– van der Kolk & McFarlane, “Trauma and Its Challenge to Society,” in *Traumatic Stress*, van der Kolk, McFarlane & Weisaeth, eds., New York, NY. Guilford Press, 1996.

Lenore Terr talks about the feelings of being subhuman among child victims, but adult victims also suffer a loss of status, self-esteem, and power as a result of their victimization. Both victimization and responses to it may be shameful to the victim and often communities respond by stigmatizing the shamed.

Participant's Notes

*...The kids of Chowchilla hated their notoriety. They hated what had happened to them. They hated their story. And so they hated "The Rock [a memorial at the place where the school bus they were in had been buried while their kidnappers sought a ransom for their lives]." It served as a symbol of all that. If the monument stood for anything at all, it stood for the children's utter helplessness. It stood for once having been diminished to less-than-human status. As V.S. Naipaul would have said, it stood for "being reduced to nothing, [for] being crushed." The rock marker celebrated something better kept secret. It proclaimed that you weren't as invulnerable as your nontraumatized brother. That you had been out of control. That you were unlucky. "The Rock," in other words, was a marker of "shame."
– Lenore Terr, *Too Scared to Cry*, 1990.*

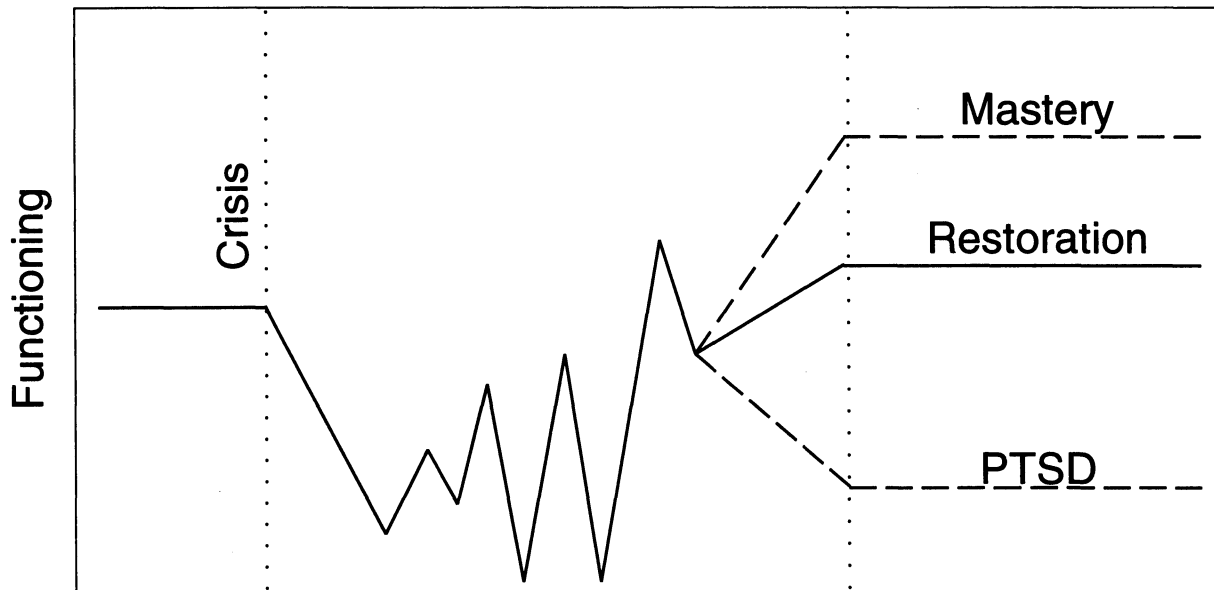
f. Grief or sorrow

Grief may be the most intense long-term emotional reaction to traumatic loss. It is not ordinary grief. The traumatic emotions that are also precipitated by the extraordinary event complicate the grieving process. These complications and some of the issues that are involved in traumatic death will be discussed in more detail in the chapter on Death and Dying.

4. Reconstruction of equilibrium

With good support systems and effective interventions, the emotional roller-coaster can eventually turn into a new equilibrium for functioning. It will be different from the original equilibrium. The new equilibrium may continue to be punctuated by traumatic memories or grief spasms, as illustrated in the next chart, but individuals can learn to enhance their adaptive capacities to cope with these punctuations and move towards new growth and self-actualization.

Reconstruction Involves Trial and Error



II. How the Brain Reacts to Trauma

A. The brain's structure

The interrelationships between brain, mind, and body are complex and interactive. In this manual, the terms brain and mind are used interchangeably, although there has been a long historical debate concerning issues of monism or dualism. The brain may be distinguished as the bodily structure of cells while the mind may be identified as the mental processes that are the result of these interrelationships between the brain and body which affect layers of neurons via chemicals carried through the blood stream. But in order to function they both need to be used. Similarly, the brain is a part of the body; hence, discussions that seek to separate bodily functions from the brain's work can be misleading.

Despite current research, there is still much that is unknown about normal brain functions and even less about the mind's reactions to trauma. However, a basic understanding of brain functions and the communication network in the brain is helpful in explaining crisis and trauma reactions as well as suggesting why some types of immediate and long-term interventions may be effective.

1. Brain functions

One way of describing the body/brain relationship is to think of the body as the recipient of and conduit for information about the state of the body itself and its environment through the five senses. These senses are sight, sound, touch and motion, smell, and taste. Each of these senses have several facets, for example:

- Sight: hue, tint, saturation, distance or depth, and shape
- Sound: pitch, rhythm, volume, tone, and timbre
- Touch or motion: shape, size, texture, temperature, moisture, direction, and speed
- Smell: spicy, minty, floral, musky, resinous, foul, and acrid
- Taste: salty, sweet, sour, and bitter.

This sensory information is then sorted, analyzed, organized or consolidated, and interpreted by the brain to determine what, if any, response should be made to the information.

While the whole brain is involved in decision-making (conscious or unconscious), there are three systems with different primary functions based on the evolution of the human species.

The *spinal cord* is connected to the brain at the *brain stem* which regulates breathing, metabolism, and innate reactions of the body. It is the same structure that appears in reptiles and hence has been termed the *lizard brain*. The lizard brain ends in the *rhinencephalon* which is the source of smell and interpretation of smell, and so has been called the *nose brain*.

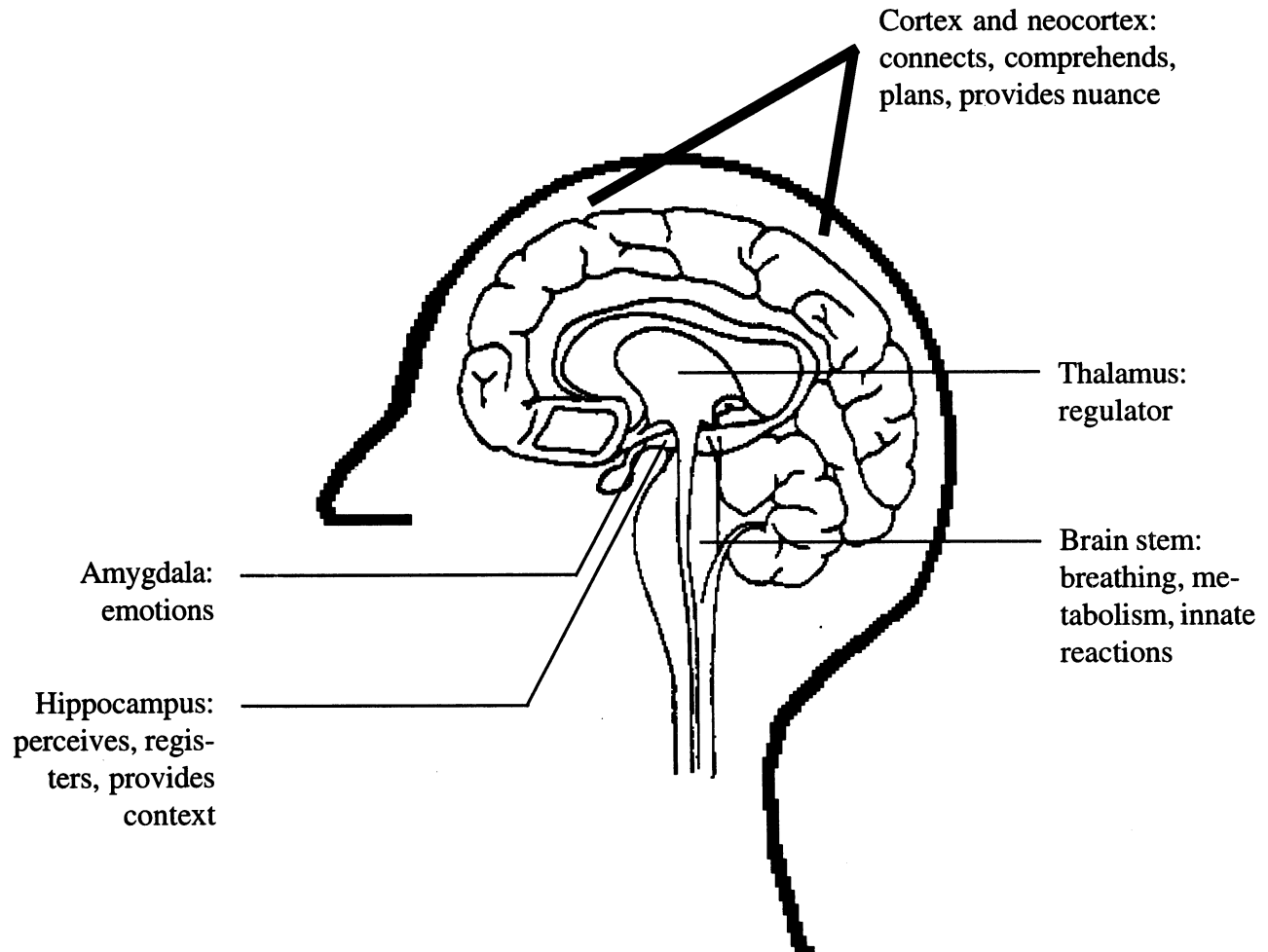
As the brain evolved from reptile to mammal, it developed the capacity for emotion, differentiation of perceptions and response. This expansion of the brain resulted in the *limbic system* which surrounds the nose brain and has been described as being in the shape of a bagel with a bite out of it where the nose brain connects. The limbic system includes the *hippocampus* which perceives, registers, and associates incoming data and provides

the mind with the context of an event. It receives information from the *amygdala* which has already added emotional content to the sensory information. The amygdala works in concert with the hippocampus and holds the blueprint for emotional life – negative reactions such as fear or anger and positive reactions such as love and joy. The psychological function of emotion seems to be to alert the brain to pay attention to what is happening and adapt or react to the information received.

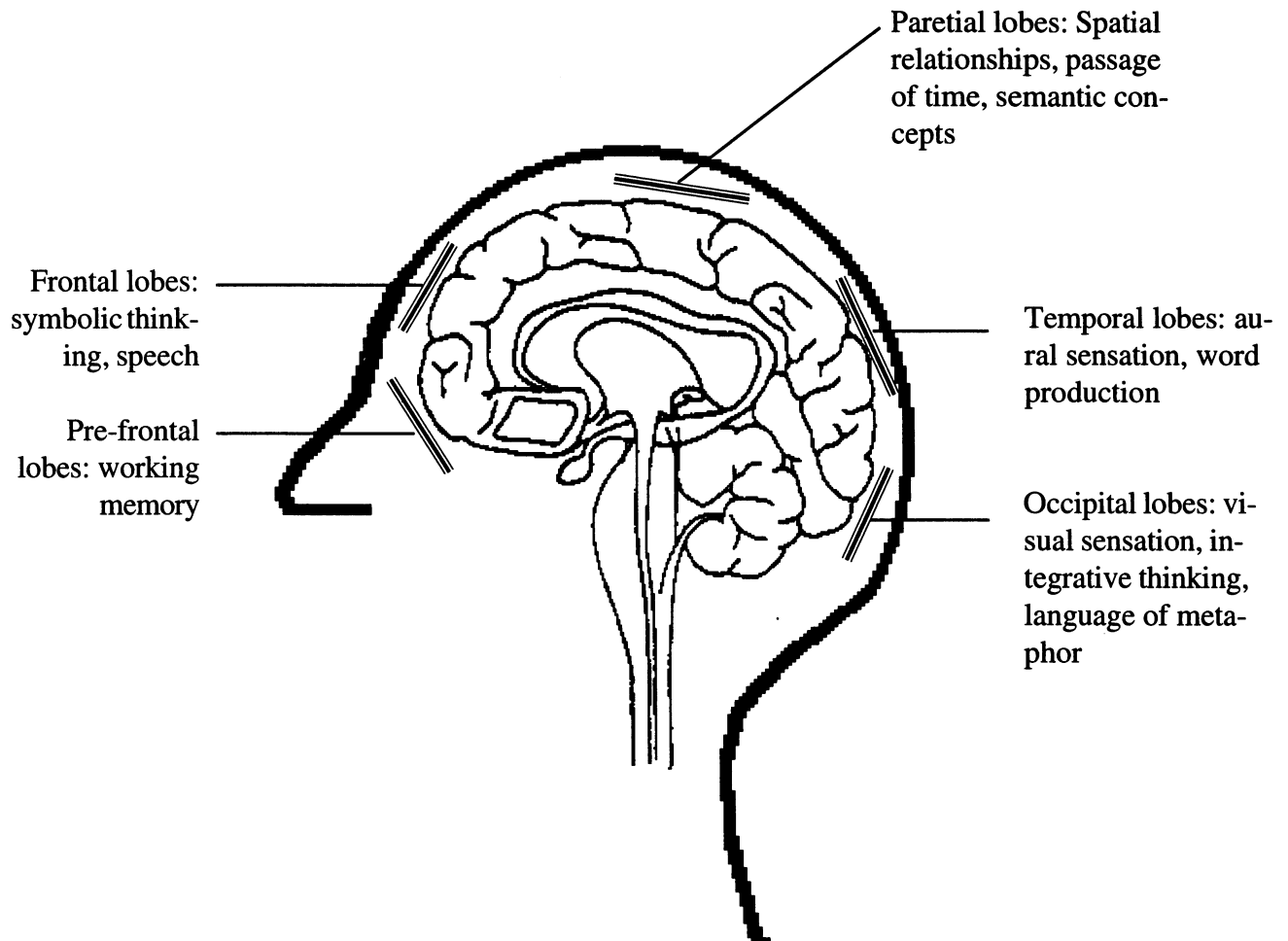
The most recent evolutionary stage has been the development of the cerebral cortex, which is like an umbrella over the limbic system and includes the *cortex* and *neocortex*. These systems provide the ability to comprehend events, connect information in a rational manner, perceive nuances of senses, analyze events more deeply, solve problems, develop memory, and engage in long-term planning. The *thalamus* rests deep within the brain and serves as a regulator of all senses, acting as an internal alarm system when the body is overwhelmed by sensory information that is threatening. It sends information to the neocortex and the amygdala simultaneously, but the information arrives more quickly at the amygdala and so people initially react to things based on instinct and emotion with the neocortex mediating these reactions through organization and the translation of experience into language. [See the “Brain Systems” chart on the next page.]

The cortex and neocortex, the tools of normal thinking, are divided into four parts, each with two lobes (left and right brains): the *frontal lobes*, *parietal lobes*, *temporal lobes*, and the *occipital lobes*. [See the “Lobes of the Cortex and the Neocortex” chart on page 17.] Each stores and processes particular types of information and is responsible for different memory functions. The frontal lobes handle motor actions, impulse inhibition, speech production, imagination, foresight, social consciousness, symbolic thinking, calculation, and

Brain Systems



Lobes of the Cortex and Neocortex



long-term memory. They also house the prefrontal lobes that are the focus of working memory. The frontal lobes are key in the expression of emotion. The limbic system may generate emotional responses, but it is the cortex that interprets that response into a verbal reaction.

The parietal lobes are the locus of spatial relations, physical sensations, body awareness, language, semantic concepts, and the sense of a passage of time. The temporal lobes are the focus of aural sensations, word production, and balance. The occipital lobes are the source of visual sensations, determination of color, integrative thinking and the language of metaphor.

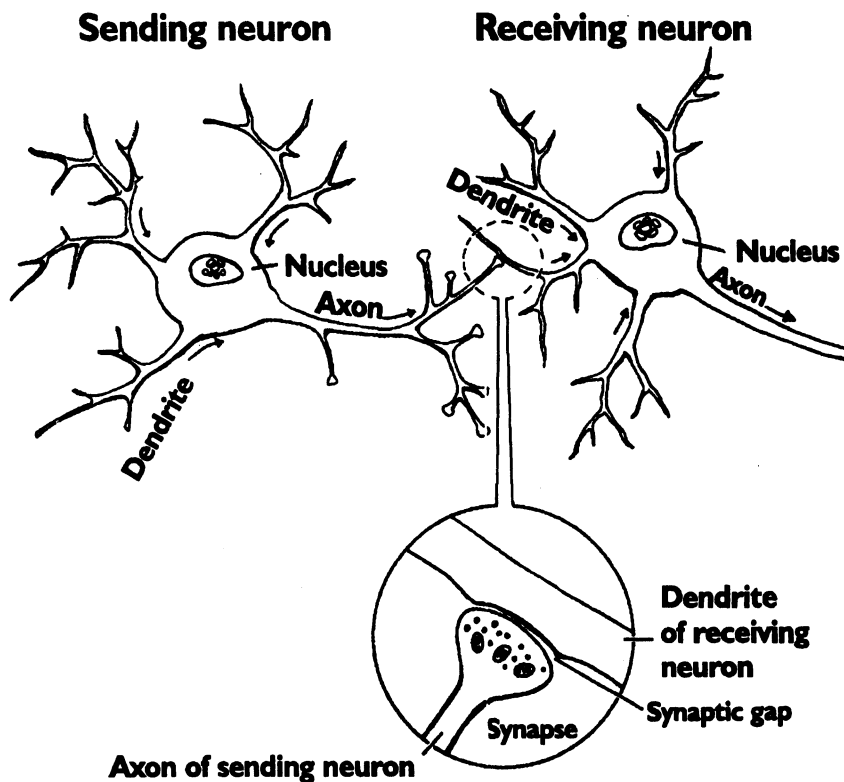
The relevance of understanding the various functions of the cortex and neocortex is to begin to comprehend the complexity and interconnections involved in ordinary thought processes. There is no one location of thought or memory; rather, all parts of the brain are involved in processing and remembering information received. The production of language is a good example of the interconnections between various parts of the brain. The frontal lobes are the source of actual speech, the parietal lobes register semantic concepts, the temporal lobes contribute to word production, and the occipital lobes translate perceptions into the language of metaphor. The integration of all these parts and functions give rise to the expression of thoughts and feelings through language.

2. Communication within the brain

Communication within the brain is conducted through the connections made between about 100 billion *neurons* or nerve cells that are influenced by incoming sensory information as well as the release of chemicals and hormones in the blood stream. A neuron is composed of a nucleus and branches that receive and send messages. When one neuron sends out an electrical signal it goes through an outgoing branch (*the axon* or “acts

on”) passing over a *synapse* or gap between the nerve cells to a receiving branch (*the dendrite* or “end right”) of another neuron. When that signal is received, it triggers a chemical change in the second neuron which in turn triggers another electrical signal that is sent to a third neuron, and so forth. If two neurons communicate often enough a bond between the two is created that over time becomes imprinted in the mind. That imprint seems to be the basis of memory. [See the chart below.]

When individuals are born, their brains have all of their potential neurons, but the brain’s size is only 25% of its adult weight. Growth occurs over the next few years with the formation of synaptic connections between the neurons. Birth seems to jump start this growth process. Some have likened the process to the impact of spring on deciduous trees. The trunk is alive and well. When warm weather begins to occur,



buds of leaves develop upon the existing limbs and grow and flourish. It is the formation of synaptic connections that increase the density of the brain. The number of these connections and their health or condition may be what distinguishes differences in mental capacities. Synaptic gaps must be clear to allow static free communication between the neurons. Calcium helps to keep the gaps free of static and protein tends to clog the gaps.

Some of the new brain cells nourish neurons and are responsible for the development of *myelin*. Myelin surrounds the axions of some neurons in order to protect them and to reduce the random spread of impulses from one neuron to another. While the majority of myelination is completed by the time the child is two years old, some myelin continues to develop until adolescence. As neurons become myelinated, they pass impulses more rapidly and efficiently. Initially, it is the primary areas of the brain which are responsible for more primitive behaviors such as motor coordination and vision. The cortical association areas, which are responsible for integrating and interpreting the stimuli, lag behind in the early stages of development. Thus, communication between the various parts of the brain is limited. Increased functioning occurs as myelination increases.

Neurons do not reproduce or replace themselves. They grow old and some of them will begin to fail or die. However, there are billions of neurons, so even though the brain cannot grow new neurons, the neurons themselves can form new connections with one another. If a certain neuronal connection is destroyed, alternate connections may be created and the combinations are virtually unlimited. Memory may be improved when an individual thinks about an event in many different ways and thereby creates multiple networks of neuron-synaptic con-

nections, making recollection of the event possible through multiple paths.

[** Neurotransmitters are chemicals that are secreted to assist and promote neural transmissions. They include hormones such as *epinephrine* and *norepinephrine* which assist in memory consolidation, as well as *serotonin* which modulates the effect of norepinephrine and allows the brain to monitor information and respond appropriately. Serotonin may also be associated with aggression when found at high levels, or depression when found at low levels. Neuron activity is also affected by the *hypothalamic*, *pituitary*, and *adrenal* systems when they release chemicals such as *cortisol*, *glucocorticoids*, *vasopressin* and *oxytocin*. These seem to stimulate coping behaviors.

Emergency response is stimulated by the release of the *corticotropin hormone*. Under high-stress situations, the brain also is affected by the secretions of *endogenous opioids* that have a numbing effect and create *stress-induced analgesia*. This may inhibit the storage of experience in explicit memory and prohibit either remembering the experience or learning from it.**]

B. Thinking patterns: everyday and traumatic

1. Everyday thinking patterns

Thinking may be described as the brain's effort to process sensory information through associating it with previous experiences, responding to it, organizing it, and interpreting it. The *association* is to other cognitive and emotional memories. The *response* is the behavioral reaction which is simultaneously processed. *Organization* of the experience is the development of a communicable narrative through time chronology and the sensory context of an event. *Interpretation* is the effort to further integrate the experience into an individual's personality and social or cultural meaning systems

based on values and beliefs. Thinking is dependent upon learning and memory.

Learning is the modification of behavior by experience. And memory is the retention of that experience over time. Even the simple behavior of a simple animal activates many nerve cells and many connections to other cells. Modified and retained behavior is embedded in neural circuitry, no matter how simple the animal. Memory involves a lasting change in the relationship between cells.

–Terr, Lenore, *Unchained Memories*. New York, NY, Basic Books, 1994.

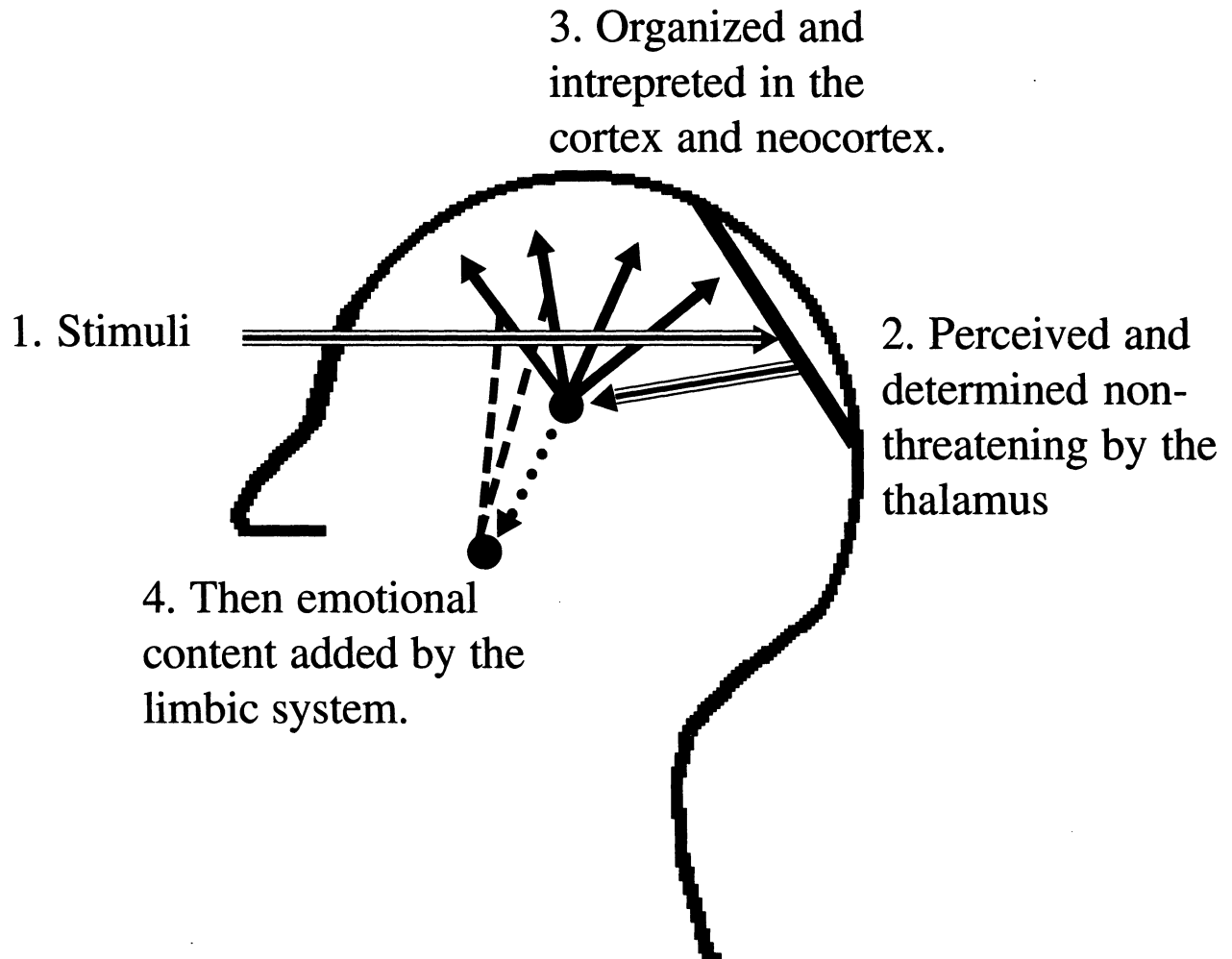
Our identity and personality develop over time as a series of memories related to the narrative of our life story.

In periods of low stress, an event is perceived through the senses, the sensory information is sent to the *thalamus* which in turn sends it to both the cortex and the limbic system. The cortex assembles the information from the various parts of the brain in an organized way and refers to the amygdala and the hippocampus for information on the relevance of the event and the emotional content (see the illustration on the next page). When the information is unthreatening the hippocampus stores it momentarily while the cognitive functions take place.

2. Trauma-related thinking patterns

To explain how memory and cognitive thought become disorganized as a result of a traumatic event, it is important to refer back to the brain's structure. The process of evolution seems to have been quite orderly. The brain stem controls innate necessary for survival. The limbic system evolved in mammals as an enhanced ability to identify information and associate it with previous information in order to better cope with survival needs.

Normal cognitive process



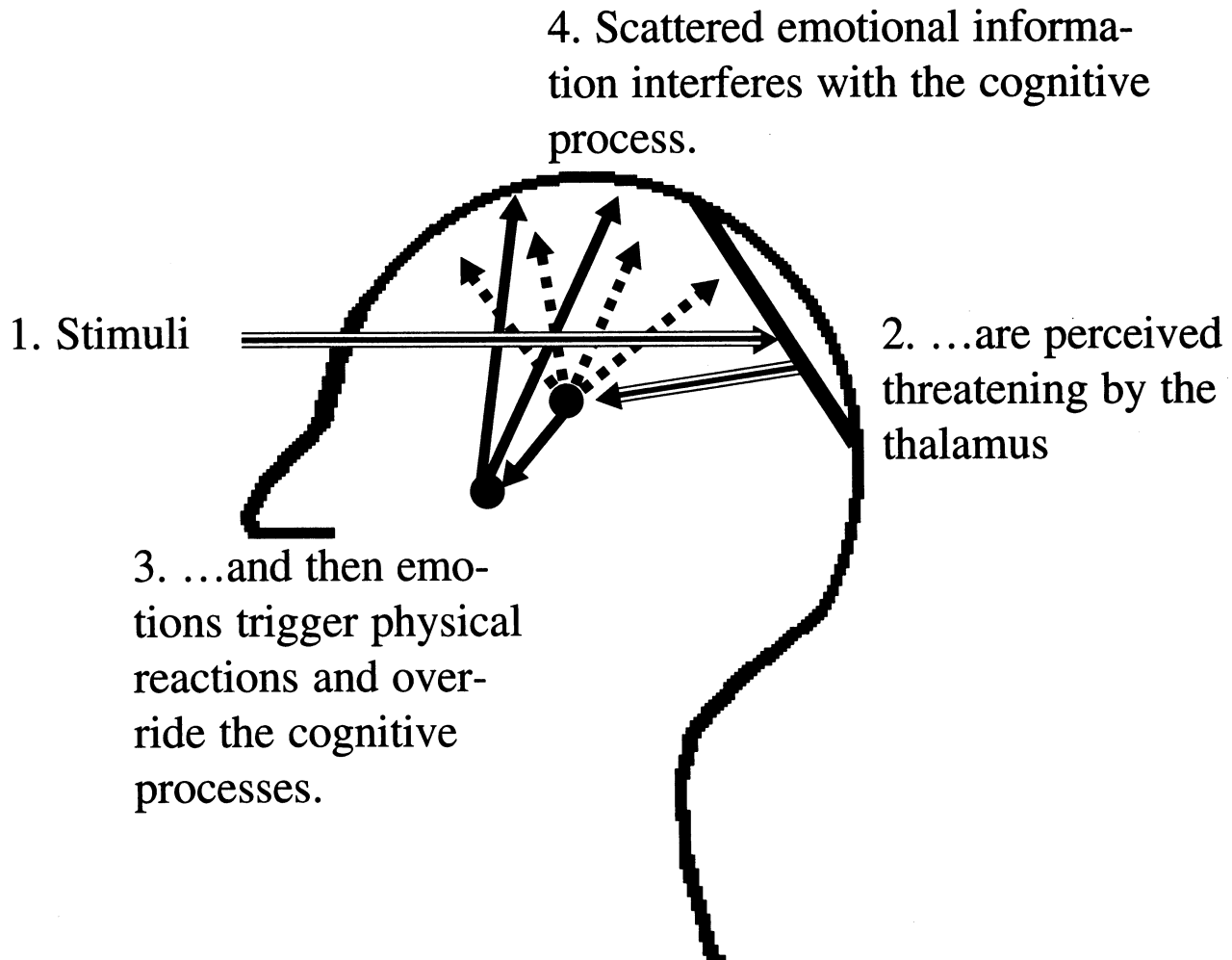
Hence the hippocampus does an initial sort and association in communication with the amygdala, which adds emotional context. Threats to survival activate emotions of fear and the response of “flight” as well as anger and the response of “fight.” The release of adrenaline causes the secretion of epinephrine and norepinephrine, causing a memory imprint recording the threat and activating emergency response. The amygdala also activates neurons to signal other brain regions to strengthen memory.

Since the amygdala receives information from the thalamus more quickly than the cortex, when this information is threatening, the reaction is one of alarm. All systems are activated based on the emotional intelligence in the brain and the cognitive systems are disregarded, disrupted, and sometimes shut down while the emotional system responds with anger and fear. This “shut-down” is pictured in the illustration on the next page.

The cortex, which is the locus of rational thought, can only begin to function when the emotional turmoil in the brain subsides, so that the cortex regains its ascendancy in analysis, organization, and interpretation of data. When this cognitive functioning begins, it is understandable that its initial state is one of confusion as it attempts to sort out what happened and how. It is also understandable that the interaction between the cognitive processes and the emotional perceptions result in frustration. The memory of the event has been distorted, partially recorded, and possibly stored in a disorganized fashion. The mind simply cannot comprehend what happened, and when it does begin to understand the impact of the realized threat, its distress once again triggers the amygdala into emotional responses.

As the brain sorts out its confusion and develops a “story” for what happened, it also searches for explanations of the story in the context of the individual’s identity and experience.

Processing traumatic stimuli



It is no wonder, then, that this part of the cognitive process triggers the amygdala, again eliciting feelings of guilt or shame. As the mind tries to integrate the event into the individual's life story, the individual is self-interpreted in a pivotal role. Actions that the trauma victim may have taken may be construed as causal to the event or its consequences. Actions that exposed the person's vulnerability may be remembered as humiliating. Recognition of loss and its scope is reflective of further cognitive appraisal and association that occasions the release of further emotions – feelings of grief.

C. Memory: everyday and traumatic

1. Ordinary memory

Memory involves the whole brain, although as indicated, different parts are involved in specific functions. The memory system consists of networks throughout the brain that associates information. The activation of any part of these networks can activate other parts and stimulate retrieval or facilitate storage of memory. Not all perceptions are recorded in memory. Some can simply be dismissed.

We cannot possibly file away every single thing we experience. We must discard much of the new information we receive. Some material does not fully register and thus does not move well into storage. And some does not last after it has been stored. I cannot now remember the name of last week's substitute newscaster on one of the national morning TV shows – nor, for that matter, can I remember what show it was. I cannot remember the number of my hotel room from a trip a few weeks ago. Except for trivia collectors, most of us shuck off tons of unnecessary information each day. Even the trivia hound rids himself of what he considers unnecessary.

*–Terr, *Unchained Memories*.*

Memory formation involves three processes: *encoding*, the laying down of memory traces; *storage*, the consolidation of the perceptions and establishing permanent memory traces; and *retrieval*, bringing the perceptions to consciousness for cognitive appraisal. Retrieval is dependent upon external cues that may be state- or mood-dependent and are derivative from other perceptions and contexts.

There are two types of memory: declarative, explicit memory which involves free recall and working memory, and non-declarative, implicit memory which functions unconsciously and provides priming cues, conditioned responses, and skilled responses.

There are also five basic forms of cognitive memory.

There is *semantic* memory, memory of words and symbols, the most firmly entrenched memory in adults and usually the last to deteriorate in aging.

Implicit associative memory involves conditioned response and skills, and it seems to be the second most enduring type of memory.

Remote memory is a collection of events and data along with impressions of those events. It can also be characterized as a narrative memory of one's life story. It is the third longest-lasting memory function.

Immediate memory functions in the present, allowing one to remember a word or an impression long enough to process it into further cognition. A sub-type of immediate memory is *working* memory, used when one starts a sentence and remembers how to finish it, or when a person goes into a room and remembers what he or she wanted to do there. Immediate memory is one of the least stable memory functions.

Finally, there is *episodic* or short-term memory, the memory of current events. It allows one to remember what happened yesterday or last week. It is the most fragile memory function.

Each of these functions works together to organize and interpret experiences.

Memory can be blocked at any stage of the process, as when the brain perceives something it does not consider relevant to survival, identity, or the interpretation of the world around it. It simply discards the perception without processing it further. Under stress, the “neural static” interferes with the ability of immediate or working memory to retain the perception. It may also be lost at the storage stage – the brain perceives something relevant but because of overwhelming perceptions, the release of stress hormones and chemical changes, the perception is stored in an inappropriate location where it is difficult to access. It may be lost in the retrieval process when the brain does not respond to cues, or may be distorted, as when two distinct memories are associated with specific cues and become merged, or become chronologically rearranged.

2. Traumatic memory

Memory of trauma is particularly powerful because the perceived threat to survival triggers the release of the powerful hormones and chemicals that help to consolidate memory traces. In addition, they increase neuronal activity that indelibly forms pathways of brain activity in response to the memory and cues concerning the trauma. These indelible pathways may be so strong that one never forgets what happened. The emotional memory may last a lifetime. But note: traumatic memory is non-narrative and nonverbal. Even with these iridescent memories of a trauma, most people are able to integrate the memory into their cognitive understanding of their life story while comprehending that cues will remind them, painfully, of the trauma itself. For some people, however, the traumatic memory reinvents itself. There may be a number of reasons for this. Sometimes when people are particularly distressed, the cognitive functions become so dysfunctional that a

memory cannot be translated into a narrative. The emotional memory remains reactive and separate from cognitive functions. Traumatic memories are recorded as sensory impressions or behavioral reactions without conscious awareness. The memory is dissociated from other experiences. [See the chart entitled, “The Effects of Extreme Stress on Declarative Memory” on the next page.]

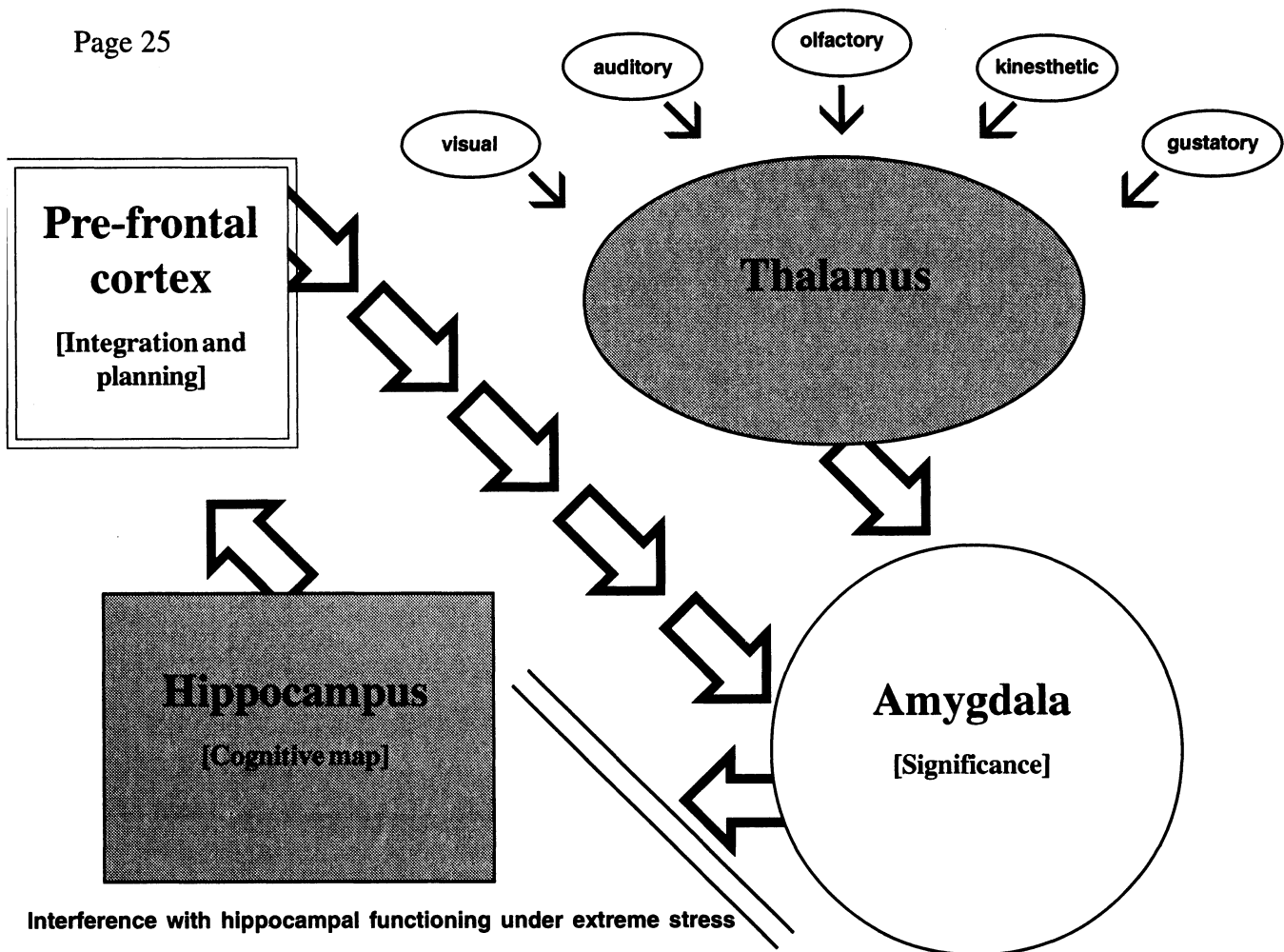
Sometimes, the trauma may be so overwhelming that it becomes fixed in the mental processes. The initial imprints of the traumatic experience are so strong that, when remembered, it reaffirms and strengthens the initial response. This may result from the physiological response to stress and the brain’s understanding of the threat and stress confronted.

Sometimes, people may already be in a vulnerable state of stress so that when trauma occurs, the brain cannot assimilate the event or integrate it and so the mind refuses to acknowledge it. Because the initial stimuli was so confusing, and the emotional response occurred without cognition, the mind tries to create scenarios that clear up its confusion – but they don’t fit. In that internal process, the confusion is increased as the scenarios don’t align with the conceptions that the person had before the event – social or cultural values, personal identity or behaviors. For whatever reason, when the traumatic memory becomes the preoccupation of individuals, they cannot shed the feeling that the trauma is happening in the present rather than the past. It is an unresolved trauma memory.

Trauma memories may be resolved and integrated into an individual’s life or unresolved or rejected by the mind. When they are resolved and integrated they serve as a learning experience and help individuals to adapt to the “impossible.” When they are unresolved or rejected, they may result in amnesia, dissociation, posttraumatic stress disorder, or violence.

The Effects of Extreme Stress on Declarative Memory

Page 25



Schematic representation of the hypothesized effects of emotional arousal on declarative memory. The thalamus, amygdala, hippocampus, and prefrontal cortex are all involved in the stepwise integration and interpretation of incoming sensory information. This integration can be disrupted by high levels of arousal: Moderate to high activation of the amygdala enhances the long-term potentiation of declarative memory mediated by the hippocampus, while extreme arousal disrupts hippocampal functioning, leaving the memories to be stored as affected states or in sensorimotor modalities, as somatic sensations and visual images. These amygdala-mediated emotional memories are thought to be relatively indelible, but their expression can be modified by feedback from the prefrontal cortex.

From van der Kolk, B., "Trauma and Memory," *Traumatic Stress*, van der Kolk, B., McFarlane, A., and Weisaeth, L., eds.

Bessel van der Kolk sums up the nature of memory – both traumatic and non-traumatic – in the following way:

The irony is that although the sensory perceptions reported in PTSD may well reflect the actual imprints of sensations that were recorded at the time of the trauma, all narratives that weave sensory imprints into socially communicable stories are subject to condensation, embellishment, and contamination. Although trauma may leave an indelible imprint, once people start talking about these sensations and try to make meaning out of them, they are transcribed into ordinary memories – and, like all ordinary memories, they are then prone to distortion. People seem to be unable to accept experiences that have no meaning; they will try to make sense of what they are feeling. Once people become conscious of intrusive elements of the trauma, they are likely to try to fill in the blanks and complete the picture.

Like all stories that people construct, our autobiographies contain elements of truth, of things that we wish had happened, but did not, and elements that are meant to please the audience. The stories that people tell about their traumas are as vulnerable to distortion as people's stories about anything else.

–van der Kolk, B. "Trauma and Memory," *Traumatic Stress*, van der Kolk, McFarlane and Weisaeth, New York, NY:Guilford Press, 1996.

3. Traumatic and narrative memory compared:

Traumatic and Narrative Memory Compared

Traumatic Memory

Narrative Memory

Images, sensation, affective and behavioral states
Invariable – does not change over time
Highly state-dependent; cannot be evoked at will
Automatically evoked in special circumstances
No condensation in time

Narrative: semantic and symbolic
Social and adaptive
Evoked at will by narrator
Can be condensed or expanded depending on social demands

– van der Kolk, B. and Fisler, R., “Dissociation and the Fragmentary Nature of Traumatic Memories: Overview and Exploratory Study,” *Journal of Traumatic Stress*, Vol. 8, No. 4, 1995.

D. Goal of responding to psychological crisis

1. To defuse the emotional memory so that cognitive processes can take place.
2. To help with the organization and interpretation of the cognitive process.
3. To assist individuals in the integration of traumatic events into their “life story.”
4. To assist individuals with interpreting the traumatic event in order to derive and create meaning from past and present experience.

To accomplish goals of crisis response, it is important to understand the external factors that seem to affect the intensity of the crisis or trauma for an individual or community as well as to examine possible predictors of vulnerabilities.

Chapter Three:

The Trauma Response: External Factors

I. Sensory Inputs from Event

The nature of sensory information and its strength when people encounter a traumatic event may relate both to the developmental stage of the individuals as well as previous life experience. For instance, a small child may react more to a sense of smell than an adult because the olfactory senses develop first in the growth of brain structures. For most adults, the visual or auditory senses are the strongest initial perceptions, but visual perceptions are often critical to the eventual formation of a narrative.

Seeing apparently dominates all other senses following trauma because it is the sense by which most horrible episodes are recorded and reviewed in the mind. Traumatic "tapes" are almost always replayed by victims in silent video – not in audio or even in "smellovision." Even in cases where a traumatic episode begins in an entirely blinded way ... the event may eventually transform itself into "sight."

– Terr, *Too Scared to Cry*.

The immediate impact of sensory information is affected by the proximity of an individual to the trauma. It is also affected by prior experience. If a particular taste, smell, touch, sight or sound has previously been associated with threat and danger, the neuronal connection is already established and it is reactivated by the current experience. It is likely that repeated exposure to such threat will both increase sensitization to the sensory information as well as mute response.

Since the senses are the primary source of information, they become the foundation for memory of what happened.

II. Chronology of the Event and the Individual's Participation in the Chronology

Understanding the perception of time and its relation to trauma reactions is crucial since the sense of time helps the brain organize and transcribe feelings and thoughts.

Fitting a frightening event into "time," either personal time or world time, helps a person to cope with that event. Seeing, furthermore, how sequences of events work together and how long events will last also helps prevent any flooding of the psyche. Feeling rhythms, in addition, helps maintain a person's sense of balance. If all of these time awarenesses fail, however, to prevent a person from becoming traumatized, the person's time sense will undergo some damage. ... As a "stimulus barrier," in other words, time functions both as a protection against damage and as a marker of the damage.

– Terr, *Too Scared to Cry*.

The use of chronology to form a cognitive narrative for a story of events is helpful to victims. It is also helpful if they can comprehend the circumstances of the event and their involvement in it as they seek order and meaning in their world. It is useful for crisis responders to try to sort out the stages of the event and the roles that victims played in the event as they listen to victims' stories. Some of the issues associated with the chronological recounting of the story will involve the following stages of disaster as interpreted by individuals and the community:

A. Pre-disaster equilibrium

The community equilibrium before a disaster is defined by cultural transitions or tensions, previous disaster history, or political, economic, or historical tensions. That equilibrium and the effect of stressors on it is similar to that of an individual. The pre-disas-

ter equilibrium has been established as a balance between existing stressors and the adaptive capacity of a community to such stressors.

B. Warning and threat

These stages for all intents and purposes often are merged in our understanding. Certainly they may be experienced differently by different people. However, objectively, there is a distinct difference. The warning period is characterized by anxiety, wariness, and wonder. There may be excitement tempered by high vigilance. Post-disaster reactions to what happened during this period may involve concerns of evacuation and shelter.

Most communities experience warnings of potential disasters on a regular basis. Tornado warnings, flood warnings, and hurricane warnings are all a part of continuing community life in many parts of the country. If individuals or communities experience such warnings, they develop plans of action for evacuation, shelter, or care in the event of a disaster. They also experience a growing acceptance of the warnings and a gradual denial of the imminence of the disaster. That denial is exacerbated when the community or individual has more immediate needs – financial, emotional, or political.

Repeated warnings along with sporadic impacts of a certain kind of event often are the foundation of a “disaster subculture.” Disaster subcultures emerge when there have been repetitive disaster impacts, periodic warnings of disaster, and the community’s knowledge and recognition of consequential damage from the disaster event.

Many individuals who live in disaster subcultures cope in the aftermath of the impact of a “predictable” disaster by relying upon their cognitive understanding that they had a choice in whether to live in the area or not. Recognition of pre-disaster choices made on an assessment of the risks can ameliorate stress and help to define future action.

In disaster subcultures, organizational elements of

Participant's Notes

a community may provide a degree of effective prediction, control, and response. However, individual alarm systems may have been weakened by denial, lack of interest, or competing anxieties or concerns. This was illustrated in the disaster in Aberfan, Wales, on October 21, 1966, when 140,000 cubic yards of colliery rubbish swept down Methyr Mountain and killed 116 children, 5 teachers, 23 other adults, injured 35 people, and destroyed two schools and many houses. The village had noted changes in the slag pile days before the disaster and there had been warnings over the course of 40 years prior to the catastrophe.

Since the village was dependent economically on the Aberfan mine, there was an element of willful blindness in refraining from taking extra safety measures. There appeared to be a greater anxiety about the thought of losing jobs than from some contingent fear of disaster.

– Howe, “The Aberfan Disaster,” *Medico-Legal Journal*, 1968.

Examples of disaster subcultures include the following.

- Israel: This description depicts the reaction of a family returning to the United States for a visit after moving to Israel. Israel is often besieged by violent acts, but it is significant that in many cases, its citizens have chosen to reside there and have accommodated the threats of such violence through a disaster subculture of attitudes, behaviors, and norms.

The Rosenfelds have reached the Mall intact. They are eating popcorn as they amble towards the National Museum of History. One of the children goes over to a trash can and looks inside before depositing the empty

popcorn cup. An identical carton litters the path. The child eyes it and leaves it there, earning a disdainful glare from a passerby who demonstratively picks it up and tosses it into the trash. The child immediately hangs her head and brings her right shoulder up in a decidedly foreign gesture, holding this pose for a count of three. This is the defensive posture of an unrepentant Israeli child of any ethnic background who is confronted by an accusing adult. In this case it is the body language of a kid who would no more handle a discarded popcorn cup – or pick up a wallet on the street or kick a Pepsi can whose chain of custody has not been established – than she would accept a ride from a passing stranger with a pocketful of candy. ... Sure, it's a war mentality. Coping with unremitting violence carries a heavy cost. But, looking back, I feel that we adjusted to terror better than we knew. We opened our handbags and turned out our pockets before we entered public places and we got used to the sight of middle-aged druggists or lawyers in the uniforms of civil guard patrol. If, after an attack on a school bus, our kids' tour of nature preserves was cancelled, we – and they – took it in stride."

– Judith Rosenfeld, "Home from the Mideast: Terrorism's Long Grip," *The Washington Post*, January 20, 1991.

- California: People who live in earthquake or hurricane zones also seem to accommodate themselves to ever-present threat when it is expected and they have had choice in their situation.

They wrap themselves in foxhole bravado and think little about where the next one may hit. It's hard to get them to read preparedness manuals, buy disaster insurance or even carry a simple survival kit of drinking water and bandages. A kind of massive denial operates for Californians – one way of living sanely in a place

whose beguiling contours are known to harbor a calamitously unruly force of nature.

– Gelman, “Coping with Quake Fear,” *Newsweek*, October 30, 1989.

Such a disaster subculture may compound feelings of anger or guilt by survivors after a disaster hits even as it also makes them less responsive to warnings of threat. Planners developing action guides for responding to such threats should know some of the pitfalls in communicating with disaster subcultures.

What makes a warning credible? First, warning messages need to identify the source of the information contained in the warning and include a mixture of references such as public officials, scientists, or experts in the field of disaster. These messages will be perceived as more relevant than others because of the source of the message. Second, it is useful to warn people through multiple communication channels. Seeing a warning on television is confirmed by hearing a warning on the radio or reading about a warning in the newspaper – it involves different sensory perceptions at different times. Third, the content of the warning should include a description of what is going to happen, where the danger exists, and how severe the potential impact may be. This helps the mind put the threat into an organized cognition. Finally, warnings should provide descriptions of specific and simple protective measures that those in risk may use to protect themselves.

Threat occurs when warning involves knowledge of imminent danger and potential death. Threat may last for brief moments or hours of time. Many people experience the impact of the disaster itself in the pre-impact stage of threat. Their reactions are triggered by the threat even when the feared threat does not occur. Hence, it is important to understand those reactions, the impact of appraisal of threats and coping responses.

Today's understandings of the role of appraisal of threats and ultimate coping strategies still rests significantly on the theories developed by Lazarus and Folkman (New York: Springer Publishing) in 1984. In their book, *Stress, Appraisal and Coping*, they define coping as "...constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person..." This definition fits well within the Maslow Model of response to trauma in Chapter One. While these coping or stress responses are examined in more detail below, the significance of the appraisal itself on the ultimate coping responses has been studied relatively little.

Lazarus and Folkman write about cognitive appraisals that determine, first, if events are relevant, benefits to the individual, or stressors. Stressors are defined as threats, losses, or challenges. What studies have been done seem to suggest that people responding to loss rely upon emotional coping skills such as expression of feelings and social support; individuals responding to threats may rely upon wishful thinking or religious coping skills such as wanting to be over what happened, believing that things can return to normal, or relying upon God or faith for help; and those responding to challenging situations focus on problem-solving or optimism, such as action planning or looking for positive outcomes of the stress. (McCrae, R.R., "Situational determinants of coping responses: Loss, threat, and challenge," *Journal of Personality and Social Psychology*, 1984; Bjorck, J.P., & Cohen, L.H., "Coping with threats, losses and challenges," *Journal of Social and Clinical Psychology*, 1993; Bjorck, J.P., & Klewicki, L.L., "The Effects of Stressor Type on Projected Coping", *Journal of Traumatic Stress Studies*, July, 1997).

These distinctions in the impact of the appraisals of stress and the possible combination in disasters of cumulative appraisals of loss, threat and challenge may be interesting considerations in responding to survivors after an event. Responders may want to try

to understand the retrospective perceptions by survivors of their appraisal of the potential catastrophe prior to impact.

The study of these stress responses has increased markedly over the last decade. Several patterns have been identified.

There is the emotion-focused response strategy, the problem-focused response strategy, and an avoidance or disengagement strategy. The latter strategy may incorporate both of the other strategies.

The *emotion-focused* strategy may be the most efficient in what is perceived as uncontrollable circumstances. It is an attempt to reduce or eliminate the emotional distress caused by the situation. However, some studies suggest that while this may be the most effective way to handle immediate emergencies where individuals feel powerless, it may also put the survivors at higher risk for long-term trauma.

The *problem-focused* strategy aims at removing the source of the threat. It is usually employed by individuals who see some latitude that allows for considering options and taking action. Such individuals often are able to integrate what happened in the disaster more quickly into their life story since their actions helped them make a productive transition through the catastrophe to the present.

Disengagement may be a process that allows the survivors to take a break from the threat while beginning to plan for problem-focused responses in the future. At times, this has been called "blunting." It may be associated with the release of opiates in the brain and the mediating effect of serotonin in monitoring stress hormones. It is manifested at times in denial of the event or the event's impact. Blunting may be an alternative coping mechanism to an emotion-focused strategy, but may also put survivors at higher risk for long-term stress reactions.

A study of coping responses among Israeli University students was made during the 1991 Gulf War. The students were given a warning period of one-and-a-half minutes, during which they fled into a sealed

room and stayed there while Scud missiles, possibly carrying deadly chemical agents, attacked. Three sets of coping activities observed.

The *instrumental* response – involving communicating with others, safety checks with each other, and helping others – were most common. An *emotional* response – feeling tense, trembling, or asking for a hug – was the next most common. Almost as common was the *blunting* response, defined as making fun of the situation or thinking of pleasant things. The latter two responses did not correlate with the instrumental response, and it is suggested that the instrumental response was implemented first and that, after everything was done that could be done, the other response options kicked in. (Klingman, Avigdor, & Kuper-mintz, Hagai, “Response Style and Self-Control Under Scud Missile Attacks: The Case of the Sealed Room Situation During the 1991 Gulf War,” *Journal of Traumatic Stress*, July, 1994)

These response studies to the threat of imminent danger are helpful because they also relate to coping behaviors in the aftermath as control of the situation becomes more possible.

Community crisis responders have an obligation to help communities be prepared and vigilant about potential disaster. This means developing the skills and tools with which to respond when a disaster occurs; educating community members on crisis and trauma reactions; as well as developing a disaster plan for providing appropriate emotional aftercare.

C. Impact

1. Timing

Many victims and survivors think in retrospect that they had no warning of the danger. While this may be true, often such people simply do not comprehend the danger because the shock is so overwhelming and the timing of the threat adds to its unreality. For instance, when awoken from sleep, people may not be ready to respond appropriately. The suddenness of sleep interruption may cause

Participant's Notes

them to feel even more isolated. The abrupt departure from routine may also cause a mental shock wave when a disaster occurs.

2. Time warp

The effect of trauma on one's sense of time is dramatic. While animals have an innate knowledge of time, it seems to relate to the sense of light and degree of temperature such that they develop routines based upon when they can hunt, migrate, sleep, hibernate, or mate. In the human species, the sense of time extends itself through a knowledge of past, present and future in a linear extension that not only includes comprehension of history but a projection of a future. This sense of time is refined developmentally as it becomes correlated with motion, rhythm, and, eventually, "clock time."

When a traumatic event occurs, the "clock time" seems to cease and traumatized individuals go through a time warp. At impact, victims often feel time stops. Mariann Hybels-Steer recalled a beating in a riot in the following way:

I don't know how long it lasted. It seemed fast. It seemed slow. It seemed like the blink of an eye. It seemed like an eternity. Time compressed. Time elongated.

– Hybels-Steer, M., *Aftermath – Survive and Overcome Trauma*, Simon & Schuster, 1995.

When the sense of time resumes, it usually is experienced as if life were progressing in slow motion or at an extremely fast pace. The less control a person has during the crisis, the more likely that the crisis will be perceived as lasting a long time. The more control someone has, the more likely that the crisis will be compacted into what is perceived as a brief moment or moments of reaction.

In order to unravel the happening of an event, survivors must try to fit the event into a time sequence. A chronology seems to help individuals protect themselves against the extent of damage caused by the trauma. If time seems to stop, the cessation seems to allow the mind to be inundated by perception and to stop the mind's ability to comprehend the event. The perceptions, however, may become vividly imprinted in traumatic memory.

The understanding of time includes senses of rhythm, duration, sequence, and perspective. These senses help to order life. When these senses are suspended, people may also stop adhering to everyday routines (usually governed by time) and rules or laws. If everything is perceived as chaos or as operating in a vacuum, why continue to obey order? Survivors are in an unreal but animated state. Time is suspended, as are normality, rules, and laws. One is no longer accountable to the previous social structure because that structure no longer exists.

There are practical aspects to this and there are moral aspects:

- Practical aspects: not going to work on time, social routines being disrupted, experiencing a coma-like state which is accompanied by temporary amnesic blanks in memory and understanding; losing sense of hours, days, and weeks.
- Moral aspects: the suspension of rules, laws, and order may contribute to the rise in violence during or after the disaster. Voyeurs or looters may see nothing wrong in trespassing and stealing if everything is destroyed already. Sexual assault and rape may be accepted as normal. Murder may not be illegal but mandatory under certain circumstances.

For the common soldier ... war has the feel – the spiritual texture – of a great ghostly fog, thick and permanent. There is no clarity. Everything swirls. The old rules are no longer binding, the old truths no longer true. Right spills over into wrong. Order blends into chaos, love into hate, ugliness into beauty, law into anarchy, civility into savagery. The vapors suck you in. You can't tell where you are, or why you're there, and the only certainty is overwhelming ambiguity. In war you lose your sense of the definite, hence your sense of truth itself, and therefore it's safe to say that in a true war story nothing is ever absolutely true.

– Tim O'Brien, combat veteran, "The Things They Carried," 1990 in *Trauma and Recovery*, Herman, J., 1992.

3. Duration of the event

Even as the perception of time is distorted, the actual time elapsed during the impact of the event on the sensory perceptions, emotional and cognitive brain structures, and community will affect the severity of the trauma reaction. The longer that any of the following periods last, the greater the intensity of the experience of crisis.

- Duration of immediate life-threatening event.

The quicker one is removed from the threat and emotions are calmed, the less likely that the event will remain worrisome. There may remain an emotional memory of the event and the fear or anger that was caused, but that trace may not have solidified into chemical or hormonal changes in the brain messaging system.

- Duration of ongoing survival concerns.

Even if the immediate threat has been removed, if survivors are left in a state where they continue to feel that their or their loved ones' lives are threatened by ongoing danger, they may continue to associate and reassociate the event with danger.

- Duration of sensorial involvement.

Threat may be reduced and survival may be assured, but the longer survivors are in contact with sensory information that reminds them of the event, the more likely they will integrate those reminders with their emotional map of the trauma.

- Duration of morbid preoccupation by a community.

The impact of a community's response to the event can exacerbate anxieties and trauma reactions. People look to their society and their culture to confirm or deny what has occurred. When a community is traumatized, the communal entity tends to process the crisis in a similar way to each individual but the crisis reaction is multiplied exponentially by each member's experience. If the community dwells on the trauma as an aberration from communal life and does not seek to integrate it into its history, or if a community reprocesses the traumatic reaction over and over without developing a strategy for the future, individuals in the community may have their own trauma elongated by a lack of support or understanding of the need to continue to function and grow. On the other hand, if the community acknowledges the event and the trauma, and assists individuals in connecting with each other and finding meaning to the event, people are often able to successfully survive and thrive.

4. Low point *versus* no low point issues

There is a point in time in most disasters when one can assess the total casualties or damage. That may be referred to as the low point of the disaster. However, for certain types of disasters, such as health epidemics, environmental spills, chemical or nuclear accidents, it may be impossible to assess the total damage during a lifetime. Such disasters are referred to as "no low point disasters." They have a beginning – the sudden

Participant's Notes

knowledge of threat or danger, and they have a middle, the ongoing upheaval caused by the chronic threat. They don't have a foreseeable end.

Examples of no low-point disasters include the plague in Europe when from 1347-1400 over one-third of Europe's population died; the current HIV/AIDS epidemic; the Three Mile Island nuclear accident; and the Exxon-Valdez oil spill.

The nuclear explosion at Chernobyl in Russia is a similar disaster. Its long-term damage and effects are illustrated in the following:

"...how harmful will chronic radiation prove to be? There are many indications that steady low-level doses of increased radiation have a cumulative effect on cells and chromosomes. Only time – and generations – will reveal what damage Chernobyl really caused.... Life itself will be the evidence," said Dr. Alexander Urinan, a surgeon I visited at Kiev's Children Hospital Number 14. "Seven years after the accident, we're now starting to observe the effects we feared." Urinan confirmed that thyroid cancers in Ukraine and Belarus, especially among the children who received a dose of radioactive iodine from the initial blast, have far surpassed the numbers predicted. It is also clear that the immune systems of many children of Chernobyl, even those born far from the reactor, have become so depressed that old diseases like diphtheria are now reappearing. "We're seeing newborn children with liver and stomach cancers," Urinan said. The hospital has also reported record numbers of babies born with cleft palates, deformed limbs, and missing rectums. "We can't tell what to expect when affected children who are now adolescents begin to give birth ... "

~~[Need end and citation – Smithsonian]

Kai Erikson refers to the special trauma of such catastrophes as a trauma that is inculcated with "dread." (Erikson, K., "Toxic Reckoning:

Business Faces a New Kind of Fear," *Harvard Business Review*, January-February, 1990)

With low point disasters, there is a point when people know that things can get better. They can describe the worst. They can complete their story and develop their truth. In no-low point disasters, anger vacillates to outrage, back to anger, to repressed anger, and simulated apathy. It may never subside. Fear is a constant – dread haunts the survivor's life. The question is how to learn to cope with constant fear instead of how to reestablish a sense of safety.

D. Inventory

The inventory stage of a disaster takes place immediately after the initial impact. Survivors who have been the victim of sudden, immediate trauma often experience a period of time in which there is silence. The silence is usually deceptive. Observers at a disaster scene may witness the noise of ambulances or natural forces, but the survivors and responders to the disaster may hear nothing.

"There were little bodies in piles dotted around the room and items of children's clothing like shoes around the floor," said the first ambulance man to reach Dunblane Primary School. "The strange thing was the virtual silence that we encountered as we walked in. Children were just sitting there in total shock with bullet wounds to their limbs and bodies, unable to cry out or speak."

~~[Need citation] Dunblane (population 9,000), Scotland, March 13, 1996 - Massacre in which 16 students and their teacher were killed.

This state of silence compounds the sense of isolation and abandonment that many victims experience in the midst of tragedy. Their disorientation is increased if the result of the catastrophe is darkness or

Participant's Notes

it takes place in darkness. Individuals need to have affirmation that the tragedy has happened and that they are still connected to the world.

The inventory stage is also the time when survivors make their first assessment of the amount of harm that has occurred. The usual progression of assessment is to find out whether they are injured, whether loved ones are injured or dead, and the extent of property damage or loss. First responders and survivors are often in the position of making immediate triage decisions at the scene. Afterwards, they may discover “mistakes” made about who, when and how to rescue. These discoveries may be the cause of additional guilt, self-blame, depression, or anguish. The inventory may extend into stages of rescue and remedy. This is particularly true of no low-point disasters.

Richard Williams is the buildings manager for the Federal offices here [Oklahoma City], and he was in the Federal Building when the bomb went off. A rescue worker found him, took his pulse and found none, and left him for dead. But later, he was told, another rescuer heard him moaning and carried him out. His right hand was smashed and his right ear was left hanging by cartilage, among other injuries.

– Bragg, Richard, “In Oklahoma City, Recovery a House at a Time,” *The New York Times*, Sunday, June 8, 1997

E. Rescue

The period of rescue should be thought of initially in terms of meeting victims’ emergency survival needs and then securing their mental and emotional senses of safety. It may last for a few minutes or days while rescuers work to assist victims find physical, financial, and emotional safety.

1. Emergency physical response

First responders must focus on emergency

physical concerns. Physical safety and survival must be assured as much as possible as soon as possible. However, other life, or connections to life, must be sustained as well. Safety and survival of farm animals, pets, or plants may be of great concern. Many survivors seek to save historical or sentimental property – relevant to both individuals and community.

Ron and Debbie Umbdenstock believe that they have sacrificed their 100-year-old farmhouse and the last of their chickens for the greater good of their village...

The couple's property lies in the path of a slow-moving, man-made flood that was unleashed...

If the strategy works, the flood gushing south from a levee break upriver...would be diverted through the broken section and directed back into the Mississippi...

The diversion takes pressure off a main levee along Prairie du Rocher creek and, everyone hopes, it protects the 250-year-old town of quaint inns and French restaurants from the worst of the rushing waters.

– Pressley, Sue Ann, "Town in Harm's Way Tries to Detour a Juggernaut," *The Washington Post*, Wednesday, August 4, 1993. Written during the "Great Flood of 1993."

2. Emergency emotional and psychological response

At the time of immediate danger and immediately afterwards, emergency emotional or psychological aid is also needed. Good crisis intervention is predicated on immediacy. Outreach addressing the emotional trauma of disasters should be performed as soon as possible. Sometimes this means that crisis responders are also exposed to danger, and crisis response teams must plan for and confront issues of safety and security for team members.

Ongoing interventions may be necessary if the duration of the disaster is for an extended period.

The length of actual impact affects the timeline of access and the method of access. The timeline of access for emotional “rescuers”/responders may be depicted in the following two ways communities tend to respond:

a. Sudden, Immediate, Short-Term, Low-Point Disasters

- Impact: up to 48 hours later
 - Focus on survival issues
 - Reactions are blunted through numbing
 - Elation at surviving is complicated by grief, denial of the disaster, and sudden awareness of vulnerability.

At this stage in the timeline of access, ideally, intervention should occur as soon as possible. Even if the trauma continues for days or weeks, initial intervention should be immediate. Early visibility of responders and interventions focused on practical needs facilitate later interventions addressing the psychological aftermath of the trauma event.

- Immediate aftermath: 7-14 days
 - Focus is on psychological numbing with emotional flooding.
 - The disaster becomes integrated in present life as routine.
 - Denial and defenses against the impact of the disaster are erected.
 - Depression and fatigue set in.

Access at this point may be denied if no contact was made in the impact stage of the crisis. Communities sense their ability to react to the crisis and contain it. They feel like they have done “a good job.” In many cases, they have, yet the job often has been done at the expense of their own emotional and psychological well-being. Crisis responders are best used to support community decision-making and to provide assistance in generating community involvement and contact for individuals who feel isolated. They are also useful in helping com-

munities and individuals begin to plan what will happen next in their response to the aftermath of trauma.

- Circle of control/exhaustion: 14 days to 6 months
 - Focus is on returning to routine and reestablishing community bonds.
 - Stress levels may be high due to fatigue and increasing secondary traumas.
 - Community members may reject any assistance because it serves to remind them of the original trauma.

After trauma has enveloped a community for two weeks or more, the community and many individuals become exhausted and simply cannot deal with any continuing stimuli. Ideally, ongoing intervention begins and continues with group and individual crisis counseling. It is always useful to have responders available during the first six months after an event to help survivors cope with exhaustion and the sudden influx of emotion.

- Access through education: 6 months onward
 - Focus is on education and learning about what happened and how the event will affect the long-term health and relationships of the community.
 - Communities begin to prepare for the future, including learning how to prevent or mitigate the impact of future tragedies.

After the exhaustive activities of responding to the catastrophe, individuals and communities often begin to reassess their need for intervention. If they have rejected help in the past, it may be more acceptable to receive information and education as a part of a training program for future events. Such programs provide a safe place for individuals to learn about their reactions as well as allowing communities and individuals prepare and train for other uncommon events. This training and preparation can

be a primary defense against future trauma when horrifying events may occur.

b. Sudden Immediate Long Term Low Point Disasters

- Emergency Phase: first 3 to 4 weeks after event
 - Vulnerable and open about anxieties
 - High level of social contact
 - Willing to talk with anyone and tell individual stories
- Resistance Phase: 4 to 6 weeks
 - Frustration with reciprocal caregiving among support systems
 - Individuals want to talk about event but don't want to hear about it
 - Modification of routines and creation of new behaviors
 - Exhaustion with new demands
 - Return to inventory and self-assessment
- Conspiracy of Silence Phase: 6 to 8 weeks
 - Inhibitions on confronting consequences of the event
 - Focus on normality
 - Social conflict rises
 - Victims' physical health suffers
 - Stigmatization of long term psychological needs

The problems of social conflict can be particularly intense and increase community vulnerability to rises in assaults, domestic violence, child abuse, and even workplace violence.

A counselor's comment after Hurricane Hugo hit Florida in 1989 underscores this problem.

As long as people were dealing with survival needs – food, clothes, shelter – they didn't have a chance to focus on their emotions.... Now the emotions are surfacing. The level of frustration is very high. People are just worn out.

– Joyner as quoted by Leland, *The Virginian-Pilot*, March 21, 1990.

- Adaptation Phase: 8 to 12 weeks
 - Coping strategies employed effectively
 - Consolidation of resources
 - Focus on meeting future challenges
 - Consensus building for community alliances
- Repetition Phase: 12 to 24 weeks
 - In long-term disasters, communities may repeat the process of moving through their anxieties at each new major community milestone of reconstruction. For instance, after a major flooding, the process may proceed from the point of the flood's impact until there is stabilization in the initial relocation process. The process may begin again when community members return to their homes after the waters recede, and restart when they begin to rebuild.
 - Education and interventions should be available during each repetition.

F. Remedy/mitigation

The remedy or mitigation phase following a disaster is the period when a community or an individual attempts to regain control of life and face the short- and long-range consequences of the tragedy. It overlaps with rescue efforts when rescue has been extended over a period of time. The dangers in this phase come from those who cause "second injuries."

1. Disaster euphoria – the honeymoon period

Initially, there may be a euphoric reaction among the survivors, accompanied by many congratulations on heroic efforts in the face of the catastrophe. The community seems to pull together and the very survival of many may be viewed as an opportunity for change and elation. On June 14, 1990, the Wegee Creek/Pipe Creek flood in

Southeastern Ohio left 24 people dead and 60 homes demolished. Two months later, one of the survivors remarked:

We lost everything we owned, but we have our lives, and it's time for a new beginning.

– Micheltmore, P., “The Night the Creeks Ran Wild,” *Reader's Digest*, January, 1991.

2. Disillusionment

Despite initial feelings of the joy of survival, communities and individuals are often plunged into disillusionment days or months after the event. This disillusionment may parallel individual feelings of survivor guilt or lasting stress reactions. However, some of the sources of disillusionment center around efforts to rebuild a life, to seek justice, or simply to function as a community whose primary bonds, now, are painful. Some of the sources of disillusionment arise from the construction of memorials, civil litigation, the response of the criminal justice system, media response, public policy responses, or social inequalities.

- Memorials as a divisive force

Almost a year after a tornado blew in the wall of an elementary school here, killing nine youngsters and injuring 17 as they ate in the cafeteria, parents are divided by an emotional dispute over how best to remember those who died.... The bereaved parents who helped design the stone – a slab of black granite etched with the victims' names and an illustration of a boy and girl ascending a light-filled staircase – say it is a joyful monument to their children. But many parents whose children survived say the memorial resembles a tomb

stone and would be a grim daily reminder of a day they desperately want their children to forget.

– Foderaro, L.W., “Where Schoolchildren Died, Dissension Over a Memorial,” *The New York Times*, November 2, 1990.

- Civil litigation

Four lawyers and a law-firm runner face misdemeanor barratry [unethical “ambulance-chasing”] charges for allegedly soliciting clients after last September’s school bus accident in Alton, Texas. Twenty-one children died and 60 were injured when the bus plunged into a water-filled gravel pit.

– Marcotte, P., “Barratry Indictments,” *American Bar Association Magazine*, 1989.

- Criminal justice system

Despite federal legislation providing victims with the right to be present at a trial and to testify through a victim impact statement at the sentencing stage, Judge Richard Matsch, who presided over the *McVeigh* Oklahoma City bombing case, ruled in 1996 that victims who were present during the trial would not be allowed to testify at any sentencing. Succeeding legislation has sought to clarify the victims’ rights, but because the judge entertained doubts about the constitutionality of the new law, the 40 victims selected as potential “impact witnesses” were advised that if they attend the trial, they might be later barred from testifying. Though the court eventually allowed victims who observe the trial to testify at sentencing, the ruling only affected a handful of the impact witnesses – all the others, fearing a contrary ruling, had stayed away.

Participant's Notes

After Betsy Parks was murdered on the North Carolina State University campus in Raleigh, her parents, Ross and Betty Parks, waited seven years for a murder trial. Betty Parks explained:

It was ... six and one half years after Betsy died when Gary Coleman was extradited from a prison in Georgia to North Carolina and charged with her murder. For the next fourteen months he was able to delay going to trial with motion after motion – thirty-one of them at one point.

These continued delays kept us off balance all of one year. I felt helpless, frustrated, and angry, wanting the trial behind us, but also wanting the preliminary steps done correctly. If Coleman had indeed murdered Betsy, I didn't want him escaping conviction through a technicality.

– Betty Parks, North Carolina (personal communication with the author)

- Media response

A controversial front-page photograph of a dead pressman sprawled on a conveyer belt after he was shot by a deranged co-worker has prompted a law suit against The Courier Journal of Louisville.

The suit by the victim's family charged the newspaper with "extreme and outrageous conduct."

– "Newspaper sued for use of picture," *The Paducah Sun*, September 26, 1989.

- Public policy responses

But in the second year after the bombing, the families once united by tragedy are divided by rancor.

What started at an organizational meeting at a restaurant on Route 17 near Paramus in February, 1989, split in two. The call for justice was touched by discord, as the former leader of the Victims of Flight 103 group became president of the breakaway Families of Pan Am 103/Lockertbie and is now voicing opposition to the bill [Proposed Aviation Security Improvement Act of 1990], which the original family group still supports.

– “Lockertbie Aftermath: Split Among Families,”
The New York Times, August 12, 1990.

- Social inequalities

[In the aftermath of Hurricane Hugo, Mr. Parrish, a community organizer said] the donated food and clothing, which keep people going until the Federal grants arrive, add a disquieting effect in isolated and insular rural areas, allowing many poor people to see just how poor they are. It has been sort of like the forbidden fruit, they have eaten from the tree of knowledge.

– “Pain Lingers for Poorer Victims of Hurricane Hugo,”
The New York Times, February 3, 1990.

- The process of rebuilding

Fire-damaged people, struggling to take care of themselves after a great loss, have in the process done even greater damage to themselves as well as to others. “I’m entitled to get everything that’s coming to me,” the survivors of the fire typically said, and the rest of this thought, although usually left unspoken, was implicit in their deeds. “Neighbors, planners, government officials: don’t get in my way while I’m getting what’s mine.”

Much of what has happened since 1991 bears witness

to the triumph of selfishness: immense and ugly structures designed without a care for context or consanguinity, neighbors who coexist amid smoldering resentments. ...

– Kirp, D.L., “There goes the neighborhood: after the Berkeley fire, an architectural disaster,” *Harper’s Magazine*, March, 1997.

3. “Remedy concerns” for the crisis responder
 - Practical concerns include establishing rumor-control mechanisms, facilitating reliable, effective communication about disaster issues, mitigating media intrusions, assisting with funeral and memorial concerns, and providing training and education on crisis, trauma and appropriate interventions.
 - Group crisis intervention sessions can be a part of the remedial plan. Repetitive group crisis intervention and retrospective or reflective group crisis intervention provide useful tools for this remedial process.
 - Community organization activities can be a source of social reconstruction that is critical for many survivors. The crisis responder should be prepared to provide guidance to help survivors initiate such activities in a constructive way.
 - Planning and participating in long term trauma interventions. A devastating community disaster affects community members for years. Sometimes additional outside interventions are useful for months as well as on the first “anniversary” of the tragedy or when criminal justice processes continue for years.

G. Adjustment

The final phase in response to disaster is the period of adjustment. This phase can extend over generations.

1. Stage One

The *first* stage of adjustment involves living through the first year after the event. During that time, survivors must get used to doing things they did before the disaster. Differences in physical environment and emotional or psychological responses will color everything they do.

2. Stage Two

The *second* stage of adjustment involves the time period from the end of the first year through the next ten or fifteen years – until the beginning of the next generation of community memories. For many survivors, this will be a period of “reliving” and retelling the event over and over again. The transition from this period to the next will be marked when survivors realize that young people do not remember the disaster. It represents the aging of the first generation of victims and survivors.

3. Stage Three

The *third* stage of adjustment is the time during which the catastrophe is remembered directly by fewer and fewer living survivors but the impact is evident on the next generation: there is often a yearning among both the survivors and their descendants to preserve the memories of the trauma.

4. Stage Four

The *fourth* stage is a time when the initial catastrophe has been converted into history and legend by succeeding generations. Sometimes the stories of the disaster are changed, transformed or utilized to emphasize certain values and behaviors. At the third and fourth stages of adjustment, there may be cross-generational transfer of the traumatic experience. These stages begin with the children of the original victims and survivors and thus overlap with Stage Two but it often becomes apparent as these children reach adulthood and continue the story of the disaster through their own children.

The individual survivor's war history is crucial to the understanding of survivors' offspring. They seem to have consciously and unconsciously absorbed their parents' Holocaust experiences into their lives almost in toto. Holocaust parents, in the attempt to give their best, taught their children how to survive and, in the process, transmitted to them the life conditions under which they had survived the war.

Many children of survivors, like their parents, manifest Holocaust derived behaviors, particularly on the anniversaries of their parents' traumata. Moreover, some have internalized, as parts of their identity, the images of those who perished and hence, simultaneously live in different places (Europe and America) and different time periods (1940 and the present).

– Danieli, Y., "The Treatment and Prevention of Long-term Effects and Intergenerational Transmission of Victimization: A Lesson from Holocaust Survivors and Their Children," *Trauma and Its Wake*, Figley, C., ed., Brunner/Mazel, NY, 1985.

...There's unfinished business in the second generation, for only when you acknowledge the past can you be free. Our task is to deal with it and not forget it. Even though it is painful, we can't – we mustn't – avoid this work.

– Werner Bohleber, in "The Pathways of Pain," Fellman, B., *Yale Alumni Magazine*, March 1995.

III. Spatial Dimensions of the Crisis Experience

A. Convergence

The concept of convergence refers to the phenomenon of the gathering of people, information, and attention around a disaster site. People who converge usually represent groups such as "returnees," those who were at the disaster but left and come back, "absentees," those who weren't there at the

time but, in their minds, could've or should've been there, people in the general area of the disaster who are anxious and frightened by the event, the curious, exploiters, voyeurs, and the helpers.

Convergence can be *positive* or *negative*.

1. Positive convergence

Positive convergence occurs when people go to the scene with appropriate training and at the invitation of the community that has suffered the event. Some examples are firefighters, law enforcement officers, paramedics, disaster relief groups, and crisis responders. However, it should be noted that even when individuals or groups are well-trained, they may not be wanted or needed and can thus have a negative effect at the scene.

In the response to the PSA crash in San Diego in 1978, 60 ambulances arrived when only 6 were needed.

– “Psychological Counseling is Necessary to Help Employees Cope with Plane Crashes,” O’Connell, R., *Crime Control Digest*, February 15, 1988.

2. Negative convergence

Negative convergence occurs when people assemble for their own purposes. They may be looters, voyeurs, ambulance-chasing attorneys, mental health professionals, media and others.

Even before the debris and human remains had been cleared from the Detroit site of the USA’s second-worst air crash, lawyers and insurance adjusters were descending on the victims’ grieving families.

Like circling vultures, lawyers swooped in to sign up clients. And the airline’s insurers scrambled to head them off by offering settlements to the families of the 156 victims of Northwest Airlines Flight #255. Their ordeal is just beginning. They are the targets of a big-bucks tug of war between personal injury lawyers and

Participant's Notes

the airline and its insurer. The bidding began within days of the crash.

– “When Tragedy Hits, Families Need Time,” *USA Today*, August 26, 1987.

A man who identified himself as a Roman Catholic priest and counseled relatives of victims of the Northwest Airlines crash here last month may actually have been an imposter soliciting cases for a lawyer, officials say.

– “Priest Suspected as Imposter,” *New York Times*, September 14, 1987.

B. Media convergence

Media convergence can have both positive and negative effects. Sensationalized coverage of traumatized or grieving survivors may add to their pain. A photo carried in both *The Washington Post*, December 23, 1988, and *News-week* accompanied the coverage of the Pan Am Flight 103 tragedy and carried the caption, “*The body of a passenger still strapped to a seat is lowered by a rescue worker from a rooftop in Lockerbie, Scotland.*” The photo brought a wave of outrage from readers.

On the other hand, the media can be the most effective purveyor of useful information to communities on the impact of trauma. *The Gainesville Sun* included an eight-page supplement on the emotional aftermath of the serial murders of five college students at the University of Florida and the Santa Fe Community College in August, 1990.

C. Proximity

The closer one is to the center of the disaster, the more likely one is to be at risk for post-disaster crisis and long-term stress reactions. Individuals are increasingly subject to the intensity of sensorial information when they are directly involved in the disaster area. The center of the disaster is defined as the point of impact. Eye witnesses and survivors of loved ones who died in the disaster are at high risk, in addition to victims who have suffered major injury or certain

types of property damage. The concentric circles shown in the figure on the next page describe these risk factors.

I couldn't sleep. I couldn't eat. I lost twenty pounds in four weeks after seeing the wreck. It was so close to my house and the shock of being alive and whole seemed amazing. But at the same time I was desolate. My heart hurt for the people who died and those who were injured.

– Survivor of Amtrak-Conrail train crash, NOVA Crisis Response Reports, 1987

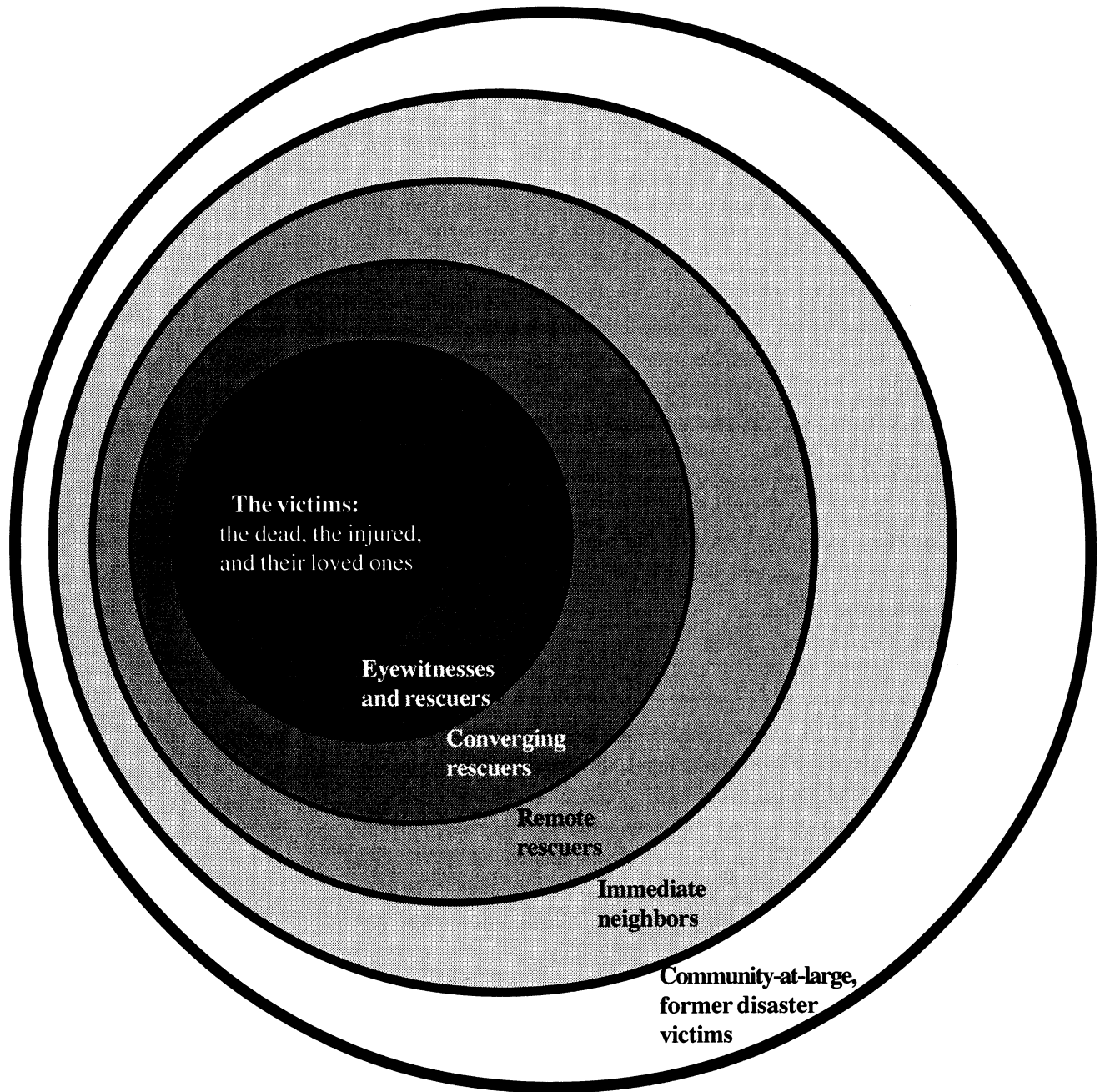
D. Remoteness

There is a human compulsion to want to be at the site of a disaster if one's loved ones or property are directly affected. The more remote the disaster from immediate access by rescuers, survivors of loved ones who are injured or dead, owners of homes destroyed, or other concerned community members, the more intense stress is experienced. If it is impossible to get to the site physically, the measure of remoteness may be affected by the availability of telephone or electronic access.

For two weeks following the storm, no outside organization – not the American Red Cross, the Salvation Army or even the media – realized that this isolated community had been virtually destroyed. “Most of the residents left Copahee just before the hurricane hit, and when they returned, they were too stunned to do anything. The town looked like a war zone. Houses were reduced to splinters. Trailers were destroyed. People were sifting through the rubble, trying to find any personal belonging – a family picture, a child's toy. It was a shocking, horrible sight.”

– Claverie, L., “Hurricane!” *Family Circle*, September 25, 1990.

The Emotional Aftershocks of Disaster



E. Geographic spread

The greater the area affected by the disaster, the more chance that it will become a community-wide tragedy. People identify with certain geographical areas as well as geographical symbols. If those are affected, they extend the range of community members who feel touched by the catastrophe.

Other storms piled up more snow, recorded higher winds, killed more people. But for combined extent and intensity, the Blizzard of '93, as it was called in most of the U.S., was in a class by itself. Tornadoes in Florida, record cold in Alabama (2 degrees F. in Birmingham), mountainous snows from North Carolina (50 in. at Mount Mitchell) to New York (43 in. at Syracuse), hurricane-force winds (110 m.p.h. in Franklin County, Florida) – all were part of the same monster storm system that from March 12 to March 15 spread death and destruction from Cuba, where three died, to the Canadian Maritimes (four killed). Deaths totaled 238, and that did not include 48 sailors missing from vessels that sank off Nova Scotia and in the Gulf of Mexico. Worst tolls: 50 in Pennsylvania, and 44 in Florida, where winds made deadly projectiles out of rubble still lying on the ground from Hurricane Andrew in August. Helicopters and search parties on snowshoes were still looking for hikers and campers stranded in Southern U.S. Mountains; nine were airlifted out of Tennessee's Great Smoky Mountains National Park as late as Thursday. Economic damages seemed sure to climb well past an early guess of \$800 million; in New York State, Governor Mario Cuomo estimated snow-removal costs alone at \$120 million. If it was not "the storm of the century," survivors hope they never see the real one.

– The Washington Post ~~ [date]

IV. Role Dimensions

A. How does one identify or define a victim?

1. A role classification system

One suggestion comes from *Disasters and Disaster Stress*, AMS Press, New York, 1989, in a classification scheme developed by A.J.W. Taylor and A.G. Frazier. It follows:

- a. *Primary Victims* – those who are directly exposed to a large scale catastrophe with the potential for destroying life, disrupting well established relationships and patterns of behavior, and for destroying property;
- b. *Secondary Victims* – those with close family and personal ties to the primary victims who themselves have severe grief and, perhaps, guilt reactions;
- c. *Tertiary Victims* – those whose occupations and duties require them to respond to any major alert in the community and to assist with any subsequent rehabilitation and restoration work;
- d. *Quarternary Victims* – those concerned and caring members of communities beyond the impact area who express their intentions, often with inappropriate goods and services. They might also come from organizations that feel some responsibility for having perhaps contributed to the cause of a particular disaster;
- e. *Quinternary Victims* – those individuals and groups who lose control when in proximity to disasters and either reveal their underlying psychopathology by their ghoulish preoccupation with cadavers or by their unruly behavior in mobs;
- f. *Sesternary Victims* – miscellaneous people who
 - (i) think that, but for chance events, they would have been primary or secondary victims;

- (ii) refrained from expressing a premonition to somebody who subsequently became a primary victim;
 - (iii) actively induced people to enter situations in which they became primary victims;
 - (iv) were the close relatives and friends of the tertiary victims who waited at home for news that their people were safe and then shared the emotional burden of the post-disaster working situation;
 - (v) as clinicians and researchers, at a stage often far removed from the disaster-face, are liable to have their professional competence affected because of
 1. the acute and prolonged demands presented by their own post-disaster work,
 2. the risk of emotional identification with the suffering of some workers,
 3. any compelling desire to appear to be doing something immediately “useful” as distinct from the indirect or abstract,
 4. any thirst from seeking sustained dramatic experience;
 - (vi) suffer guilt from benefiting from a disaster.
2. An individual's subjective perception of role
- While the definitions above are based on observation, an individual's subjective experience may record the tragedy from several different perspectives. That subjective experience may involve complex roles:
- The victim who is injured or who has lost property in the event.
 - The sensorial witness, either as a bystander or a responder.
 - The survivor of a loved one involved in the catastrophe – a loved one who has died, been injured, or had property destroyed.
 - The rescuer who has helped others, sometimes as an on-scene responder or as a remote responder who has a job supporting on-scene responders.

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

- A community member who has witnessed or survived a disaster which has threatened the community's existence.
3. Often rescuers have cognitively dissonant reactions to their roles.
- Some were perceived by others as heroes when they were not.

Joshua Conyers, age 14, died in the Carrolltown bus crash. He was attributed with saving his younger brother Aaron, but other evidence suggests that those initial stories were untrue.

– Crisis Response Report, NOVA, June, 1988.

- Some are perceived as heroes, yet they, themselves feel they failed.

Robert Booker [later celebrated as a hero] will never forget his descent into the smoky darkness of a crumpled Amtrak car where passengers lay injured and dying. He was the first one into the car – the first to try to douse flames and save a man whose legs and head he could partially see sticking through the choking smoke and wreckage. “There was a guy stuck. He was yelling, ‘Help me,’ ... The man’s legs and hair were in flames and he was coughing with smoke. I took off my shirt and put it over his face. He died right there. ... I won’t forget the fact that I couldn’t get that one man out. His face will stay with me forever.”

– *The Baltimore Sun*, January 6, 1987.

- Other people, while successful in helping during the event, feel uncomfortable with being given “hero” status.

Ever since Capt. Al Haynes returned to flying DC-10s in October, strangers have been stopping him in airports to shake his hand. Passengers on his flights send notes to the cockpit saying they're happy he's the pilot. Haynes ... has never been comfortable in the hero role ... but he'll be in Sioux City for the reunion."

– Sharon, L. "Healing Process Continues at Crash Reunion," *USA Today*, July, 1990.

B. List of population attributes

In Appendix A to this chapter is a list of some attributes of certain populations in disaster. It is not meant to be exhaustive but simply to serve as a stimulus to crisis responders to think of special concerns of population groups.

V. Assessment of Social Disruption

A final consideration in examining the dimensions of a trauma event is the assessment of social disruption. The experience of trauma is rooted in the sensorial impacts, the perception of threat, the emotional and physical reactions to that threat, and the attempt to cognitively understand what is happening. It is also rooted in the trauma victim's formation of the disaster's chronology and the need to put the traumatic events into an organized narrative. But merely understanding the story of what happened leaves it unresolved. A final step to integrating the plot of this particular story with the narrative of one's life is to find a way to interpret its meaning and value in one's belief system. That system is tied to cultural and social values and to community relationships. The extent of social disruption may help indicate how difficult or dissonant the integration process will be. The following are some considerations for understanding the social disruption after a community wide catastrophe.

A. Practical indicators

1. Disruption of transportation and communication systems that interrupt the ability to reestablish social contacts.

2. Disruption of the community economic system. This includes lost and interrupted jobs; destruction of the economic base of a community such as agriculture, tourism, or a major corporate structure; or lost tax revenues.
3. Alterations in spatial arrangements of neighborhoods and businesses that disrupt behavioral routines and mobility.

B. Emotional indicators

1. Reduction in community wide participation at social and religious routines and events.
2. The loss through death or injury of key community or family leaders in addition to other community members.
3. The exacerbation of cultural tensions.
4. The incapacitation of the caregiving community.
5. The destruction of community symbols or rituals.
6. The lack of community history and traditions on which to rely in the face of disaster.
7. Intermittent and inconsistent assistance provided by external formal aid structures.
8. Preexisting cultural and social values that demean or isolate victims or survivors who openly manifest trauma symptoms or acknowledge the disaster as traumatizing.

VI. Possible Disaster Impacts

A. A classification system

[See "Disaster Typology" in Appendix B, which is adapted from a table prepared by A.J.W. Taylor in *Disasters and Disaster Stress*, AMS Press, New York, 1989, p. 12]

Causes of disaster are defined as "*natural*," relating to disasters that have been caused by profound disruptions of the physical environment, "*industrial*," relating to disasters arising from a serious disruption of the ecosystem from the products, by-products, and waste from the manufacturing system, and "*human*," relating to disasters arising from errors of judgment, deliberate action, or incompetence.

B. Prominent issues relating to different causes of disaster

1. Natural disasters
 - a. Often cause heavy casualties and severe damage to property.
 - b. Mythological explanations, omens, and symbols often are used to understand what happened.
 - c. Catastrophes may raise issues of faith or sin.
 - d. Survivors often have a greater acceptance of the consequences of "Acts of God" or "Mother Nature" than they do of consequences of human-caused disasters.
 - e. Many natural disasters have a clearer period of warning prior to impact.
 - f. Since personal blame is not a primary issue, there may be a greater outpouring of altruism and compassion in efforts to help survivors.

Looking back in history, a description of an earthquake and its consequent explanations is useful. On November 1, 1755 a major earthquake occurred in Portugal that killed over 60,000 people. Following the earthquake were tidal waves and fires. The event was interpreted as a demonstration of God's anger at an evil population and many writings on the philosophies of God's revenge and the duty of making peace with God were explored.

– Kendrick, T.D. *The Lisbon Earthquake*. New York, NY. Lippincott, 1955,

2. Industrial or technological disasters
 - a. Political issues may have affected the installation or operation of a plant or industrial site and may be seen as the cause of the tragedy.
 - b. Economic issues related to the reasons for the operation of the installation or the potential for community revival may compound the explanations.

- c. There is a lack of personal accountability for the event and institutional depersonalization of the victims.
- d. "Loss of faith in experts" may increase stress levels as well as resentments and dissensions in communities.
- e. In many technological disasters, the fear of illness, cancer, or other diseases may increase even when there is no evidence of probable correlation with the event.
- f. First responders and crisis responders may be reluctant to provide services because of their personal fear of contamination.
- g. Many such catastrophes have long-term impact and no perceivable low point.

In technological disasters...the duration of the initial crisis period may be prolonged. For example, the accident at TMI[Three Mile Island] unfolded over several days, not several hours. Furthermore, the original leakage triggered a series of concomitant events, including the disruptions caused by evacuation, fears associated with the hydrogen bubble, continued uncertainty about how and when the decontamination process would be carried out, subsequent revelations that the accident came within 30 to 60 minutes of a meltdown, the venting of krypton gas the following spring, and the uncertainty of whether the undamaged reactor would be started up again. Thus, crisis intervention models usually employed in acute crisis situations may not be entirely appropriate.

– Bromet, Evelyn, J., "The Nature and Effects of Technological Failures," *Psychosocial Aspects of Disaster*, eds. Gist, Richard & Lubin, Bernard, New York: Wiley & Sons, 1989

- 3. Human disasters
 - a. Issues of justice/fairness are critical when human beings cause disasters. In the United

- States either or both the civil and criminal justice systems may become involved in investigations and court processes.
- b. Most tragedies caused by humans are seen as preventable, yet in a social context, little has been done to concentrate on prevention strategies rather than intervention strategies after tragedy occurs.
 - c. If the disaster is caused by purposeful human cruelty, there may be issues related to evil or the impossibility of understanding the criminal mind.
 - d. If the disaster is related to social conflict such as riots or wars, there may be demonization of different cultural groups in a society.
 - e. When humans cause accidents, there are often issues related to the preventability of the disaster. Accidents often cause more intense anger in survivors than do crime-related crises.
 - f. Human caused disasters may significantly affect the abilities of individuals to trust each other and thus exacerbate the deterioration of social bonds. This is particularly true when violence is committed by family members or friends.

The damage to the survivor's faith and sense of community is particularly severe when the traumatic events themselves involve the betrayal of important relationships. The imagery of these events often crystallizes around a moment of betrayal, and it is this breach of trust which gives the intrusive images their intense emotional power.

– Herman, J., *Trauma and Recovery*

C. Prominent issues illustrating different elements of disaster

1. Earth

- a. The earth is assumed to be firm and safe. In some cultures, the earth is the source of life.

- Earth disasters threaten the myth of “terra firma”.
- b. Earth disasters often involve events that imprison or enclose victims against their will.
 - c. Most earth disasters are sudden and often happen without warning even in geographical areas that may expect a disaster.
2. Air
- a. The air is perceived as erratic and less under the control of human beings. Since God or nature seems to have control, resulting disasters may be more readily integrated into individual and community understandings.
 - b. Due to the unpredictability of the wind, the air and space, the randomness of community or individual impact often heightens terror during impact and confusion at inventory.
 - c. Explanations of wind events may take the form of trying to understand the “winds of change”.
3. Fire
- a. Fire is both terrifying and exciting to most people. Fire was a “gift from the gods” that allowed humans to expand their understanding of the world in old mythologies. There is still a sense of excitement over fires — even disasterous ones. This creates a cognitive dissonance for many after a major disaster.
 - b. Fire evokes concepts of hell and damnation for some cultures. It is particularly true among many cultures in the United States. Hence, death by fire poses many conceptual problems for those who confront it.
 - c. On a practical level, fire often consumes or distorts the bodies of people who are its victims and surviving family and friends may have difficulty dealing with these consequences,
4. Water
- a. Disasters caused by water are varied. The consequences are also varied. A flood may destroy miles of property, homes and lives. The drowning of an individual or a community

when a ship sinks also involves the element of water. In either case, the catastrophe changes the landscape or seascape of life. In the Judeo-Christian traditions, water disasters are often equated with the great flood depicted in the Bible.

- b. Natural floods may be equated with natural forces such as those that are found in wind disasters. Floods caused by manmade structures may be more difficult to deal with by survivors. Accidents on the waters are often viewed with horror due to a pervasive thinking that water is inherently unsafe.
 - c. On a practical level, water, like fire, may destroy or distort the bodies of those who die.
5. People
- a. People victimized by other people are often the most angry. There is a difference between the anger manifested against a person who is perceived as mentally ill and a person who is simply negligent. The anger is usually greater toward to the latter. This accountability that individuals and communities impose upon other individuals or communities is especially agonizing since it often contributes to further social distress.
 - b. The particular dynamic that disasters based on human elements may include is the tension caused by cruelty and brutality executed by an offender. The idea that an individual or consortium of individuals is unfeeling or unrepentant for the damage that they caused is reprehensible to most.
 - c. When victims are subjected to specific acts of torture, mutilation, hate or degradation, the outrage of other individuals and communities in response may be especially high.

D. Differences between types of disaster threats based on conceptual, sensorial, and duration issues.

The following is a list of different kinds of disas-

ters and the issues they raise. These are not exhaustive but may help crisis responders to identify critical experiences and concerns of survivors in the aftermath of each disaster type. Similar experiences and concerns arise in many different disaster types, yet some are disaster-specific. For instance, in water disasters such as floods, death caused by drowning results in bloated bodies, while in fire disasters, dead bodies may be charred beyond recognition.

1. Earth disasters: avalanches, volcanos, landslides, and earthquakes

a. Useful recent examples.

- Mt. St. Helens volcano, 1980 - 68 persons dead
- The Armenian earthquake, 1988
- Loma Prieta earthquake, 1989 - 55 dead
- Banff, Alberta, Canada avalanche, March 5, 1991 - 10 dead
- Northridge earthquake, 1994 - 24 persons dead
- Great Hanshin earthquake (Kobe, Japan) 1995 - over 5,000 dead

b. The impact when the earth moves

- Volcano

The eruption of Mt. Pelee on Martinique in 1902 wiped out a city of 30,000 in a matter of minutes.

The destructive effect of the avalanche of white-hot particles mixed with gas and superheated steam traveling at hurricane speed was such that most people died instantly wherever they happened to be, for the temperature was estimated to have been 1000 degrees Centigrade. Only two men of the town of 30,000 survived: a shoemaker who survived by some accident, and a prisoner due to be hanged for murder who was protected by the bizarre condemned cell in which he was kept. Rescued after three days, he described his experience: "I smelled nothing but my own body burning. ... Soon I heard nothing but my own unanswered cries for help."

– Raphael, B., *When Disaster Strikes: How Individuals and Communities Cope with Catastrophe*. New York, NY. Basic Books, 1986.

- Earthquake

“It all happened in an instant,” she said. “A noise, a terrible swaying, and then there was no one.” ... the Armenian earthquake – which struck December 7, killing at least 55,000 people and ruining much larger cities – was unforgiving and surgically quick in Spitak. Everyone in Spitak describes the same feeling, a tremendous shock “like a bomb,” the eerie feel of rocking, and then collapse.

–Remock, D. “In Spitak, ‘We have No More Tears Left’,” *The Washington Post*, December 15, 1988.

Decades of assumptions were shattered by those 20 seconds of the Great Hanshin Earthquake. The people of postwar Japan had put their trust in an elaborate “earthquake-proofing” plan that they were convinced would avert disaster.

... Indeed, Japanese building codes are among the strictest in the world. A national network of 200 seismic monitors measures and pinpoints every quake of noticeable magnitude and, among other emergency responses, sends out computerized instructions to shut down the bullet trains and keep them from derailing at speeds up to 170 m.p.h. Everyone takes part in drills at home and at work. Even the smallest child in nursery school knows what to do when the shaking starts: put on your helmet and crawl under the desk.

Twenty seconds was all it took to leave that faith in tatters and undermine all the certainties and resolve that stemmed from it.

–Elliott, L. “Earthquake at Dawn,” *Readers Digest*, November, 1995.

- Avalanche

It was a silent day. I was looking out on the snow and the mountain. It is hard to explain. I heard a strange rumble and then a roar. I didn't know what was happening. It was unlike anything I had experienced. And then I saw this incredible wall of ice and snow crash down the mountain. I screamed and screamed to no one and then prayed.

– NOVA Crisis Response Reports, 1989

- c. Sensorial issues
 - Touch: internal breathing difficulties; experiences of the earth's movement; cold or heat
 - Smell: toxic fumes and smoke
 - Taste: smoke, iron, heat or cold
 - Sounds: ominous noises, including rumblings and explosions
 - Sights: the destruction of "indestructible" buildings, earth forms, dams or other structures takes place in minutes
- d. Conceptual issues
 - Fear of being buried alive
 - Disruption of the myth of "terra firma"
 - Fear of suffocation
 - Fear of being pinned down – claustrophobia.
 - Fear of not being rescued.
- e. Duration issues
 - Earth movements cause relatively quick initial damage
 - Most earth movements are not complete in one event; there is lingering or continuing impact through aftershocks, sporadic small eruptions, and the like, which keep the disaster "alive" even after the low point
 - Sensorial involvement may be lingering due to long-term visual damage

- Survival issues may be prolonged and affect rescue and remedy efforts
 - When there are multiple deaths and injuries, funerals or burials may take weeks or months to complete.
2. Earth: train and car crashes
- a. Useful case examples
 - Amtrak/Conrail train crash, Baltimore County, MD, 1987 - 16 killed
 - Truck/school bus crash, Carrolltown/Radcliff, KY, 1988 - 27 killed
 - Pickup/car crash, Nageeze, NM, 1994 - 6 killed
 - Commuter train crash, Silver Spring, MD, 1996 - 11 killed
 - b. The impact of crashes

I wake up at night in a panic – shaking, sweating, screaming, as I did then. The truck's coming towards me – I'm helpless – There is nothing I can do – It's like some dreadful monster. And then there's a crash and nothing and this dreadful silence. Then there's Emily and John and Mary and blood everywhere and their faces smashed – and they're all dead. ... And all I want to be is dead too. I'm tortured by my dreams and by the memories of what happened. I can't get them out of my mind. I try everything I can, but the shriek of brakes, the grinding noise of a truck, even the smell of petrol – It all comes back again.

– Raphael, B., *When Disaster Strikes*, 1986.

- c. Sensorial issues
 - Touch: coldness and heat senses become more sensitive; crashes usually result in physical injuries for almost all involved even if they are relatively minor.
 - Smell: fuels, gas, fire, materials burning, blood
 - Taste: metal, fuels and gas, smoke

Participant's Notes

- Sounds: crunch of metal, glass shattering and explosions, screech of brakes
- Sights: appearance of massive property twisted, broken and strewn about like toys, physical injuries
- d. Conceptual issues
 - Recovery of intact bodies unlikely
 - Often many bystanders
 - Usually little warning and passengers are helpless to avert the crashes
 - Dispersion afterwards
 - High anger and blame if substance abuse, other forms of recklessness, are involved
- e. Duration issues
 - Usually immediate short-term impact
 - Survival issues often determined immediately
 - May involve long-term cleanup and sensorial involvement
 - Often results in involvement with the criminal justice system or civil litigation
- 3. Earth: dam failures
 - a. Useful examples
 - The Johnstown dam disaster, 1889
 - The Buffalo Creek dam disaster, 1972
 - b. Impact of resulting floods

The dam gave way at 3:10 pm. The water first slashed a ten foot-wide notch in the top of the dam. Then the entire middle section caved in. The torrent spilled into the bed of the South Fork and climbed its sides, tearing trees out by the roots, and creating a cloud of dust and debris that whirled ahead of the flood. The wave smashed down the Little Conemaugh valley, churning up everything in its path. At one point, where the valley narrowed, the water reached a height of 89 feet (measured later by the flood lines); the consensus among witnesses to its awesome rush was that the wave was generally 30-40 feet high. The watchers at the dam stared dumbstruck as the entire two-mile long lake

emptied in 45 minutes. Roaring frightfully and rolling over itself, surf-like, the great wave plunged at a speed estimated variously at 20 to 40 miles an hour, billowing out and then hourglassing in where the valley does. ... [one survivor said] "It looked like an ocean with waves and surf, but it was the roar I remember best – a rolling sound like thunder, but not like anything I've heard since. I think it took about an hour and a half for it to pass." The whirling wall of water encountered its first major obstacle at the recently built stone railroad bridge. ... Timbers, houses, railroad cars, makeshift rafts and machinery crashed to a stop there, temporarily blocking the path of the flood. ... Floating houses and parts of houses, many loaded with people, smacked one after another into the debris at the bridge. ... Sometime around nightfall the debris at the bridge caught fire. Hundreds of people trapped in the wreckage, some with their arms or legs pinned, now faced the hideous prospect of waiting to burn to death.

Johnstown Flood survivors would never forget the screams from the blazing wreckage during the night ... A railroad man at the bridge said the victims were "a lot of flies on flypaper, struggling to get away with no hope and no chance to save them."

– Jackson, D.D., "When 20 million tons of water flooded Johnstown," Smithsonian Magazine, May, 1989.

c. Sensorial issues

- Sight of "mud wave" and tidal wave effect
- Appearance of bodies in strange shapes and strange places, e.g., hanging from trees
- Desolation of landscape
- Smell of sludge and sodden property
- Sound of roar of waves of water
- Coldness and wetness

d. Conceptual issues

- Suddenness of dam collapse
- Bloated and distorted bodies
- Complications of electrocution in aftermath

Participant's Notes

- Little heeded warning
- Industrial blame not individual accountability
- Political implications where government is involved
- Economic implications where private industry is involved
- e. Duration issues
 - Initial impact most likely to last 3-5 hours
 - Long days of sensorial involvement
 - Years of reconstruction of property
- 4. Air: Hurricanes, tornadoes, cyclones, blizzards
 - a. Useful examples
 - Xenia, Ohio, tornado, 1974
 - Cyclone Tracy, 1974
 - Hurricane Hugo, 1989
 - Joliet/Will County tornado, 1990
 - Hurricane Andrew, 1991
 - b. Impact of wind disasters

In Darwin, Australia, Christmas eve and Christmas morning, 1974, were brutally disrupted by a cyclone. The very time of occurrence made the whole experience unreal. The primitive and overwhelming sounds of the wind, the force of the winds and the rain, and destruction of what had seemed to be solid structures were indeed frightening. It was estimated that gusts of winds exceeded 250 KM/hour. "As the full fury of Tracy struck, windows broke, houses were deroofed and finally disintegrated as families were left in the rubble of their own homes in the pitch black, the pelting rain and the shrieking gale,... Children were wrenched away from the arms of their parents, the possessions of a lifetime were blown away." There was then, "after four hours of this terrifying ordeal, a deadly hush," as Darwin stood in the eye of the cyclone. Then after a period of eerie calm, the winds returned from the opposite direction with renewed force, bringing further death and devastation, until the final period of calm several hours later. 65 people had died, 140 seriously injured, most of the population of 45,000 left homeless.

– Raphael, B., *When Disaster Strikes*, 1986.

- c. Conceptual issues
 - Isolation and a sense of abandonment
 - Randomness of destruction
 - Differences between hurricanes/cyclones and tornados
 - Fewer immediate deaths but often deaths in the aftermath due to electrocutions from wires in the waters, or to heart attacks as people try to rebuild destroyed property
- d. Sensorial issues
 - Appearance of whirling funnel cloud from dark heavy cloud
 - Appearance of impact of heavy winds: property destruction, trees tossed around
 - Appearance of yellowish gray just before impact
 - Sound of roar of wind like a train or jet airplane
 - Freezing cold or humidly warm
- e. Duration issues
 - Tornados usually short impact; hurricanes usually longer impact
 - Both have ongoing sensorial involvement
 - Long-term reconstruction period
- 5. Air: chemical or nuclear pollution
 - a. Useful examples
 - Bhopal, India, toxic dioxin
 - Chernobyl nuclear plant (Soviet Union), 1986 – Accident released cloud of radioactive pollution
 - Three Mile Island (PA) accident, 1979
 - Love Canal (NY)
 - Times Beach (MO) - Dioxin dispersed in floods, 25,000 people evacuated
 - b. Impact of pollution

On the morning of March 28, 1979, one of two generating units of a nuclear power plant called Three Mile Island experienced an odd sequence of equipment failures and human errors, resulting in the escape of several puffs of radioactive steam. It was a moment of considerable potential danger, as we all were soon to learn. It was a moment of considerable uncertainty as well.

At the height of the uncertainty, Pennsylvania's governor, Richard Thornburgh, issued a calm and measured advisory suggesting that pregnant women and preschool children living within five miles of the plant might want to evacuate and that all other people within ten miles ought to consider taking shelter in their homes. In effect, the governor was recommending that 3,500 persons living in the shadow of the reactor relocate for at least the time being and that everyone else stay put.

Instead, some 200,000 persons were alarmed enough to take to the public highways, and they fled, on average, a remarkable 100 miles. For every person advised to leave home, almost 60 did.

*– Erickson, K. "Toxic Reckoning: Business Faces a New Kind of Fear," *Harvard Business Review*, January-February, 1990.*

c. Conceptual issues

- Fear of slow death
- Sense of a foreshortened future
- Fear of illness and mutilation
- Fear of an invidious invasion of the chemical agent or radioactivity by stealth and treachery
- Dread of long-term consequences and fear of the unknown
- Mystery of pollution and its invisible attack
- Evacuation shadow phenomenon
- Contamination or contagion
- Deterioration of the immune system

- d. Sensorial issues
 - Personal impact may be objectively low
 - Invisibility of threat
 - Deception of sensorial warning system
 - “Imagined” sensory perceptions
 - e. Duration issues
 - Onset of catastrophe is prolonged: warning and threat period may last for a number of days
 - No low point readily discernible
 - Discovery of harm may be delayed for years
6. Air: airplane or spacecraft crashes, explosions
- a. Useful examples
 - The Challenger, 1988
 - Pan Am #103, December 22, 1988
 - TWA #800, July 17, 1996
 - b. Impact of crashes and explosions

At 3:15 p.m. one year ago, the chicken-finger snack was being served on United Flight 232, 37,000 feet above northeast Iowa, when the tail engine exploded. The plane rocked, banked to the right and began to fall. Shrapnel from the engine had sliced through the jet's control lines. Precious hydraulic fluid drained away in two minutes, leaving the crew with no control over the plane's steering system. But by varying the thrust to the jet's two remaining engines, Capt. Al C. Haynes and his crew were able to keep the plane flying the 70 miles to the Sioux City's Gateway Airport.

The crash came with the warning “Brace, brace, brace.”

Joseph Trombello, a Chicago auditor, clutched the seat in front of him as the other passengers tucked heads into laps, grabbed ankles and held children on the floor. He watched it all from his upright position: “You ever try to get into a brace position in coach?”

Participant's Notes

Looking across Row 18 to the other side of the plane, over knobs of ducked heads, Trombello saw the ground rise up as the plane dipped to the right. He is sure he saw the wing catch the ground the moment before the jet cartwheeled into a fireball and split apart.

"I felt like a shoe in the dryer," he recalls.

Then he was upside down, hanging from his seat, his glasses gone, smoke in his eyes, nose and mouth. In the dark, he heard moans. All he could think to do was to crawl through the smoke and debris toward a hazy patch of light in the cornfield."

*– Ybarra, M.J., "The Memories that Burn Still," *The Washington Post*, July 19, 1990.*

c. Conceptual issues

- Small chances of survival and immediacy of death
- Massive carnage
- Massive property destruction
- Destruction's effect on earth
- Fear of flying
- Fear of heights
- Fear of falling
- Claustrophobia
- Lack of control
- Human error

d. Sensorial issues

- Sight of exploding and falling materials
- Roaring sound
- Smell of smoke and fire
- Smell of metal
- Smell of fuel
- Taste of fuel, smoke, metal
- Earth may shake upon impact similar to an earthquake

c. Duration issues

- Relatively short time of explosion or crash
- Long involvement in cleanup
- Long time for recovery of bodies

7. Fire: lightning

a. Useful examples

- St. Albans School, Washington, DC, May 17, 1991 - 11 people struck, 1 dead

b. Impact of lightning

“Everything flashed orange and I felt like someone had whipped my head with something hot. ... It sounded as if a bomb had gone off right behind me. My body stiffened. For a second it seemed time had stopped. Then, black. ... Mom, there were bodies all around, they weren't breathing; I thought they were all dead.”

– Shannon, S., “Lightening: How Not to Get Hit,” *Woman's Day*, June 2, 1992.

I was on a hiking trip on a mountain near my home. It was supposed to be an overnight trip. I'd done others before. Well, four hours into the trip a storm blew up in the distance. I started to look for shelter. The sky was clear where I was, but I could hear the thunder roll. Then I remember seeing a flash of light and feeling a searing pain. I was not directly hit but a tree nearby was and one of its branches caught me in the chest. I thought I wouldn't live because all I could feel was pain. But then, my head cleared. I remembered tasting tin on my tongue. ... smelling a seared and nauseous charred smell, I couldn't identify. ... I later discovered it was my own flesh. I wondered why God did this?

– NOVA Crisis Response Report, March, 1993.

c. Conceptual issues

- Suddenness and lack of predictability
- “Wrath of God” or “Mother Nature”
- Fear of electricity
- General perception of the impossibility of being hit by lightning versus the reality that it is not an uncommon experience

- d. Sensorial issues
 - Extremely hot
 - Flash of bright light
 - Cracking and crackling noise
 - Smell of burning and smoke
 - Taste of metal
- e. Duration issues
 - Immediate impact
 - May have long-term involvement because of brush or forest fires
- 8. Fire: explosions
 - a. Useful examples
 - Sterling, Louisiana, IMC Fertilizer Plant explosion, May 1, 1991 - 8 dead
 - Charleston, South Carolina, Albright & Wilson Chemical Co. explosion, June 17, 1991 - 2 dead and 33 injured
 - Mogo, Australia, Southern Asphalters, November 1, 1993 - bitumen explosion - 1 critically injured
 - b. Impact of explosions

The flames shoot up to 150 feet high and burn at temperatures near 3,000 degrees Fahrenheit, hot enough to melt steel. They produce a roar like a jet engine and can be so brilliant that you have to squint at them up close.

If you're smart about it, which is to say if you're experienced, you carry a 10-foot-tall corrugated tin heat shield, wear flame-retardant cotton long johns beneath coveralls, keep your pockets empty and leave as little skin exposed as possible. Otherwise, your face and arms begin to burn about 40 yards from the flame and the keys in your pocket get so hot that they print little red welts on your thigh.

About 20 yards from the wellhead, where the desert sand is so hot that it shimmers and turns to glass, the rubber soles of your shoes get gummy and start to melt.

The firefighters who get that close tend to step lively, but even that's not a sure bet. One of the most experienced

hands in the business, Ace Barnes of Houston's Boots and Coots, Inc. burned his feet last week – and not for the first time in his career.

– Hockstader, L., “Fighting the Great Balls of Fire,”
The Washington Post, April 1, 1991.

- c. Conceptual issues:
 - Adjunct to most crashes, earthquakes, volcanos, etc.
 - Raises thoughts of damnation and hell
 - Despite the danger of fire, there is also an attraction to fire for many people
 - d. Sensorial issues
 - Smell of smoke
 - Smell of burning flesh
 - Sight of flames
 - Sight of soot or ash
 - Sight of mutilated and burned bodies
 - Sight of the dead in “live” positions
 - Sounds of crackling
 - Taste of smoke and fire
 - Choking/suffocation
 - Suffering of burn victims
 - e. Duration issues
 - May have short or long impact
 - Length of time of cleanup may involve long-term sensorial involvement
 - Length of time for personal individual revival from burns may be long-term
9. Fire: arsons and wildfire
- a. Useful examples
 - Australian brush fire, 1983 - 14 people dead, 200,000 livestock, approximately 300,000 acres of land destroyed
 - Dupont Hotel fire, 1987, Puerto Rico
 - Rapid City fires, 1988, Rapid City, South Dakota - 15-1/2 homes destroyed
 - Wildfires in Berkeley and Oakland, California, 1991 - 25 dead, 150 injured, 3,354

single-family homes and 456 apartments destroyed

b. Impact of fire

[Jose] Aponte climbed through the shards, severely cutting his arm as he did so, and stood on the small ledge just outside the window. He perched there, still hoping that he would not have to jump the 20 feet to the concrete below. But at that moment, he heard a howling sound, like that of a jet engine at close range, and looked back into the casino. Every detail of that scene is seared forever in his photographic memory.

A huge fireball was blazing through the room toward him. There were screams and crashing glass, and everything the ball of fire hit was completely consumed. He saw a friend and casino employee, Santiago Torres, scooping up money, or chips, and when the ball of fire hit him, the flesh of his face shrank tight against his bones, and then he burst into flames...

Then just as the room seemed to explode, Aponte shoved himself backward, shredding his hands on the glass, and fell toward the concrete below. He landed on top of another person, easing his fall, but broke an ankle. Somehow Aponte was able to drag himself away from the orange flames stabbing out of the casino windows.

"When I looked up, I knew everybody was dead," Jose Aponte says. "You could tell because there wasn't a human sound. For me, I guess it was the luckiest day of my life, but all I could do was cry."

– Hurt, H. "Hotel Fire, Cage of Horror," Reader's Digest, January, 1988.

c. Conceptual issues

- Perpetrator may be perceived as associating with the devil
- Any destruction of homes may be a critical issue for survivors
- Purposeful horror

- d. Sensorial issues
 - Same as listed in analysis of explosions
- e. Duration issues
 - Same as listed in analysis of explosions
- 10. Water: natural river floods
 - a. Useful examples
 - The Mississippi floods, Summer, 1995
 - The Red River flood, April, 1997
 - b. Impact of floods

It seemed as though I was grieving forever. I watched my heart bleed into the river when my son was taken. I watched my soul bleed when the church was gone. My grief has not been matched by love. Why has God forsaken me? Why has this lasted so long?

NOVA Crisis Response Reports, Kentucky, 1993.

From the air, Grand Forks looks like a large, dirty pond with church steeples and the tops of buildings popping above water. The crisped remains of the burned-out downtown contrast with the traces of snow still visible around the area.

As he viewed the scene from Marine One [President] Clinton stared in silence and shook his head faintly. "Every one of those little houses is another life story," he said softly. After a pause, he started to add, "It's just -" and then stopped as if lost for words."

– Baker, P., "Flood Victims Cheer Clinton's Pledge of Aid," *The Washington Post*, April 23, 1997.

- c. Conceptual issues
 - Fear of drowning
 - Fear of suffocation
 - Fear of the dark
 - Loss of bodies
 - Death in the water
 - Unexpected, overwhelming property loss
 - Destruction of flora and fauna

Participant's Notes

- d. Sensorial issues
 - Cold
 - Viewing bloated, discolored bodies
 - Smell of dankness, mildew, mud or sludge
 - Sounds of roaring water
 - Overwhelming sight of water covering land
 - Viewing change in environment from land to water
 - e. Duration issues
 - Often extended over days or weeks
 - Long weeks of cleanup
 - Long sensorial involvement
11. Water: oil spills
- a. Useful examples
 - Exxon/Valdez shipwreck
 - b. Impact of oil spills

The native story is a different story than the white man's story because our lives are different. What we value is different, how we see the water and the land, the plants and the animals is different. ... We are invaded by the oil companies offering jobs, high pay, lots of money. We are in shock. We need to clean the oil, get it out of our water, bring death back to life. We are intoxicated with desperation. We know the water and the beaches, but we get told what to do by people who should be asking, not telling. We don't have a choice but to take what is offered. ... We fight a rich and powerful giant: the oil industry. While at the same time we take orders and a paycheck from it. We are torn in half.

– Meganick, W. Chief, *The Day the Water Died: A Compilation of the November, 1989 Citizens Commission Hearing on the Exxon Valdez Oil Spill*, Levkovitz, T., ed., Alaska Natural Resource Center, National Wildlife Federation, Anchorage, Alaska, 1989.

- c. Conceptual issues
 - Sense of uncertainty about the future
 - Human error and blame

- Impact of outside cleanup because of overwhelming environmental concerns
 - Economic issues affecting fishing industries
 - Deaths of animals and plant life
 - d. Sensorial issues
 - Visual effects of oil on the water
 - Tactile responses to greasiness and sliminess of oil
 - Smell of oil
 - Taste of oil as a result of smell and occasional oral input
 - Sound of animals dying
 - e. Duration issues
 - No low point
 - Long-term cleanup
12. Water: maritime accidents
- a. Useful examples
 - The Titanic, April 15, 1912 - 1513 dead
 - The Mont Blanc explosion, December 6, 1917, Halifax, Nova Scotia
 - Capsize of the Herald of Free Enterprise, Zeebrugge Harbour, Belgium, April, 1987
 - The sinking of the cruise ship Jupiter with over 400 school children aboard, October 21, 1988 - 2 dead
 - Scandavian Star ship fire, April 6, 1990 - 158 dead
 - b. Impact of maritime accidents

Suddenly, there was a tremendous crash against the hull. In seconds Callahan was waist-deep in water, and the boat seemed about to sink. He grabbed a knife and tried to cut loose his survival duffel. The boat listed more steeply. She's going down, he thought, taking me with her! He broke through the hatch. Waves lapped over the deck, and the bow completely submerged....His life depended upon getting that survival duffel....He ducked into the pitch-black water that filled the cabin.

Participant's Notes

He resurfaced for air several times as he cut away at the duffel tie-downs. Finally he freed the bag. When he turned to leave, the hatch was sealed shut by water. This is it!

Kelly, Sheldon, "Did I Come This Far to Die?"
Reader's Digest, January, 1983

- c. Conceptual issues
 - Human error and blame
 - Fear of water
 - Fear of the dark
 - Fear of the cold
 - Fear of drowning
 - Isolation and abandonment
 - Separation – particularly when women and children are saved, not men
 - Struggle
 - Suffocation
 - Loss of body
 - d. Sensorial issues
 - Feel of coldness and wetness
 - Smell of the salt and seaweed (if it is an oceanic disaster)
 - Taste of salt or water
 - Sight of blackness
 - Sounds of screaming and waves
 - e. Duration issues
 - Usually relatively short impact – a few hours
 - Post-impact evacuation may take hours or days
13. People: disease
- a. Useful examples
 - The plague
 - Yellow fever
 - Tuberculosis/consumption
 - HIV/AIDS

b. Impact of disease

*Wherever the plague appeared, the suddenness of death was terrifying. Today, even with hand-me-down memories of the great influenza epidemic of 1918 and the advent of AIDS, it is hard to grasp the strain that the plague put on the physical and spiritual fabric of society. People went to bed perfectly healthy and were found dead in the morning. Priests and doctors who came to minister to the sick, so the wild stories ran, would contract the plague with a single touch and die sooner than the person they had come to help. In his preface to *The Decameron*, a collection of stories told while the plague was raging, Boccaccio reports that he saw two pigs rooting around in the clothes of a man who had just died, and after a few minutes of snuffling, the pigs began to run wildly around and around, then fell dead.*

– Mee, C.L., Jr., “How a mysterious disease laid low Europe’s masses,” *Smithsonian Magazine*, February, 1990.

c. Conceptual issues

- Impact of chronic stress and slow death
- Need to explain out of body experiences
- Fear of contagion
- Concern about physical appearance

d. Sensorial issues

- Feelings of pain and discomfort
- Smell of illness
- Sight of distortions or abnormalities
- Inability to taste
- Dizziness and faintness

e. Duration issues

- Individual illnesses vary
- Duration of epidemic may last for years

14. People: building and bridge collapses

a. Useful examples

- Hyatt Hotel Skywalk collapse in Kansas

Participant's Notes

- City, MO, 1981
 - Collapse of L' Ambiance Plaza apartment building during construction in Bridgeport, CT, 1987
 - Schoharie Creek Bridge collapse, Amsterdam, NY
- b. Impact of accidents

Witnesses told of a sudden cataract of concrete slabs, of huge green steel I-beams crumbling like tiny toys, of enormous clouds of dust and of buildings nearby that shook with the force of an earthquake when the project [L'Ambiance Plaza apartment building] fell at 1:30pm. "I saw it fall down like a deck of cards," said Steve Russo, a trucker who was passing. "There was no explosion. It just went. I saw people screaming and running off the top of the building. I heard metal bending."

– McFadden, R.D., "Ten Feared Killed in Fall of Building," *The New York Times*, April 24, 1987.

- c. Conceptual issues
- Human blame
 - Entrapment
 - Suffocation
 - Building collapses resemble earthquakes
 - Bridge collapses involve water dimension
 - Bridge collapses may also cut off communities
- d. Sensorial issues
- Change in landscape: a building or bridge that used to exist is gone
 - Sound of a thundering roar as the collapse occurs
 - Sight, smell and taste of dust
- e. Duration issues
- Suddenness of collapse
 - Lengthy rescue

15. People: crime, terrorism, hostage taking, torture

Crime

a. Useful examples

- Jeffrey Dahmer's serial murders, Milwaukee, Wisconsin, July 24, 1991
- Multiple murders in Robert Taylor Homes, Chicago, Illinois, 1994
- Mass murder of 23 people in Luby's Cafeteria, Killeen, Texas, October 16, 1991

b. Impact of crime

Daylight Savings Time had extended the afternoon light, so there was plenty of time left after church and lunch with a friend for my mother to work in the garden. It was a quiet Sunday in Princeton, N.J., last April 2, and showers had softened the ground for planting. It was not a time for murder...

But that Sunday my worst nightmare came true. Someone jumped out of the shadows and stabbed my mother five times in the back. No one is sure why. The killer stole nothing, and quietly locked the door when leaving. My mother's body wasn't discovered until two days later.

The irony of my mother's death is that she was the type of citizen who is our first line of defense in what has become the third largest crime wave in our nation's history. She was actively involved in her community. She knew who her neighbors were and she watched out for them. ...Princeton lost its immunity that day, becoming one less town that can say, "It can't happen here." To miss the point of mother's murder is to weaken the defense of your own neighborhood and to bring closer the reality that next time the victim will be someone you know.

*– Stuart, C.G., "Nightmare in Princeton," *The New York Times*, May 26, 1989.*

c. Conceptual issues

- Human cruelty

Participant's Notes

- Humiliation
 - The role of provocation or precipitation
 - Financial, physical, emotional injuries
 - Issues of injustice and unfairness
 - The impact of multiple victimizations of one or more victims
- d. Sensorial issues
- Dependent upon the type of crime
- e. Duration issues
- Usually short impact stage
 - Long stage of community involvement

Terrorism

- a. Useful examples
- Bombing of Pan Am 103, December 22, 1988, Lockerbie, Scotland
 - Bombing of the World Trade Center, February, 1993, New York, NY
 - Serin gas attack, Tokyo, Japan
 - Bombing of the Alfred P. Murrah Federal Building, Oklahoma City, OK, April 19, 1995
- b. Impact of terrorism

Then came February 26, 1993. The day started out happy. I was coming home from a business trip to be with Monica and Eddie. Then a fellow walked into a meeting and told me that there was an explosion at the Trade Center. I called Monica's office. There was no answer. And there would never be an answer.

I lost my wife, my best friend, my idol – and my son. I would never get the chance to tell Monica how much I loved her. We would never hold baby Eddie in our arms. We would never hear Eddie say "Mommy," "Daddy," "love." We would never see Eddie walk or go to school. We would never see Eddie grow up and experience all the love, respect, friendship that parents share with a child.

We lost all this because the four men you are to sentence today wanted to terrorize the people of the United States. What type of person shows no regard for

human life and would bomb the most populated skyscrapers in the world? What God would want people to die in his name? (Victim Impact Statement of Ed Smith in the World Trade Center Bombing sentencing)

– Dwyer, J., Kocieniewski, D., Murphy, D., & Tyre, P., “The Bomb That Shook America”, *Reader’s Digest*, February, 1995.

- c. Conceptual issues
 - Incomprehensibility of political motivations to kill massive numbers of innocent people
 - Most often buildings, airplanes or transportation systems that place hundreds or thousands of people in danger are the targets of attack
 - Massive community fall-out from the terror
 - Confrontation with human hatred
 - Can cause reciprocal acts of terror or war
 - Difficulties in identifying and prosecuting terrorists
 - International terrorism may be complicated by legal barriers to extradition
 - d. Sensorial issues
 - Sensorial issues dependent upon type of terrorist attack
 - Often involves those associated with bomb explosions, airplane crashes, hostage-taking, or chemical disasters
 - e. Duration issues
 - Lengthy clean-up stages complicated by investigation and concern about how to memorialize the victims and survivors
 - Lengthy involvement in the criminal justice system
 - Threats of follow-up attacks
- Hostage-taking*
- a. Useful examples
 - Iranian hostage-taking 1979-1980
 - Beirut hostage-taking

Participant's Notes

- Japanese Embassy hostage-taking, Lima, Peru, 126 days, 1996-1997
- b. Impact of hostage-taking

For a hostage ... no escape is possible: the captor has blocked all possible exits. Under these conditions, the victim responds to this sudden overwhelming threat to his life with a paralysis of affect. The terrorized victim is frozen, even while his cognitive and motor functions remain operational."

– Symonds, M. "Victimization and Rehabilitative Treatment," in *Terrorism, Interdisciplinary Perspectives*, Eichelman, B., Soskis, D.A., Reid, W.H. (eds.) American Psychiatric Association, Washington, DC, 1983.

"It wasn't a pleasant experience. It was hell. But they weren't pulling out our fingernails. They weren't breaking our bones. They weren't torturing us. We were just kept like rabbits in a cage, without any privileges."

– Jacobsen, D., with Perez, R., "My Life as a Hostage," *Los Angeles Times Magazine*, March 1, 1987.

- c. Conceptual issues
 - Confinement
 - Claustrophobia
 - Torture
 - Estrangement/isolation
 - Political environment
 - Worthlessness of life
 - Stockholm Syndrome
- d. Sensorial issues
 - Dependent upon the type of incident
- e. Duration issues
 - Usually lengthy impact stage
 - Threat of follow-up attacks

Torture

- a. Useful examples
 - Victims of domestic violence
 - Victims of child abuse
 - Victims of abuses of political power
- b. Impact of torture

Unbearable marks of the terrible hardship which he has lived through, of his courage, a visible symbol of his new life, or a reminder of his weakness, of his own renouncement, proof of the truthfulness of his story, or vehicle for a false one – a scar may be all of these for a victim of repression.

In such cases, these scars hold the evidence of suffering linked to barbarity, the statement of physical martyrdom, but also of a never-healing wound, one so deep that it can interfere in every instant of one's life. It is necessary to be able to unveil that which is behind what is "palpable" in the suffering endured, what is buried behind these marks. It is necessary to take the time to listen, to wait for confidence to become real and strong. I think it is important not to be demanding, not to transform ourselves into yet another interrogator; and to accept that the one who suffered be allowed to keep a private place where there are secrets just for himself."

– Duterte, Pierre, "The body's memory," *Torture*, Volume 6, No.4, 1996.

- c. Conceptual issues
 - Human brutality and sadism
 - The body's memory may overwhelm cognitive memories
 - Change in image and identity
 - Conspiracies of silence upon return to "normal society"
 - Alienation and isolation from community
 - Reunion concerns with family members
 - Helplessness and hopelessness

Participant's Notes

- d. Sensorial issues
 - All senses may be engaged during torture
 - Torture usually involves the eliciting of pain and disgust
 - Torture often interferes with normal awareness of time's passage as well as regular rhythms of bodily functions
- e. Duration issues
 - Usually lengthy and chronic impact stage
 - Sensorial involvement may last a lifetime
 - "Rescue or remedy" may not be perceived as real or lasting

War

- a. Useful examples
 - The war in the former Yugoslavia
 - The Persian Gulf War
 - The Vietnam war
- b. Impact of war

In 1996, 30 major armed conflicts raged in different locations around the world. They took place within states, between factions split along ethnic, religious and cultural lines. In the past decade, an estimated 2 million children were killed in armed conflict and three times as many seriously injured or permanently disabled. There is no way to measure the impact on a child who sees her family killed or to quantify the emotional and psychological toll on children who live for years in fear of bombings, mutilation or death. In recent decades the proportion of war victims who are civilians has leapt dramatically from 10 percent to more than 90 percent ... The statistics are shocking enough, but they suggest something worse. ... More and more of the world is being sucked into a desolate moral vacuum. This is a space devoid of the most basic human values; a space in which children are slaughtered, raped and maimed; a space in which children are exploited as soldiers. ... There are few further depths to which humanity can sink."

–Graca Machel, quoted by Frey-Wouters, E., “Armed Conflict’s Impact on Children: A UN Report,” *Traumatic StressPoints*, Winter, 1997.

- c. Conceptual issues
 - Massive death, mutilation, injuries
 - Not enough rescuers or helpers
 - Genocide
 - Differences in waiting loved ones and active troops
 - Comparative issues between levels of involvement by various branches of armed forces
 - Objectification of enemy may border on hate violence
 - Massive property destruction
 - Helplessness
 - Political overtones
 - Killing other people
 - Postwar reunion issues
 - Victory or defeat?
 - Is the return worse than the war?
 - Comparative success with previous wars
 - Welcomed home?
 - Special concerns of POWs and MIAs
 - Burying the dead
- d. Sensorial issues
 - Smell of death and rotting bodies
 - Sight of death and carnage
 - Sounds of screams or moans of the injured
 - Taste of food
- e. Duration issues
 - Usually impact is rather lengthy
 - Postwar involvement may also be lengthy

D. Diagramming a disaster by type

1. The issues listed above involve, first, the causes of disaster – natural, industrial, technological, or human – and second the elements of the disaster –

earth, air, fire, water, or human. These two factors help to describe the dominant forces of concern in a specific disaster. However, most disasters also involve secondary forces. For instance, an airplane crash may also involve explosions and fires on the ground; a hurricane may be accompanied by flooding and may also result in human violence in the aftermath; a technological disaster may result in fires, disease, and illness over time. Therefore, it is important as crisis responders go to a disaster that they attempt to identify some of the critical issues that will occur to the community in the immediate aftermath as well as in the long range. This involves identifying both dominant and secondary forces in any disaster situation.

2. The outlining process.
 - a. Determine whether the disaster is caused primarily by nature, industry or technology or a human source.
 - b. Identify the dominant element involved.
 - c. List the issues relating to the dominant source and element.
 - d. Determine the secondary sources in the disaster.
 - e. Identify the secondary elements.
 - f. List the issues relating to the secondary sources and elements.
3. Example of Outline of a Disaster: San Francisco Earthquake
 - a. *Dominant Source:* Natural Disaster
Dominant Element: Earth
 - Sensorial issues
 - Conceptual issues
 - Duration issues
 - b. *Secondary Source:* Fire
Secondary Elements: Explosions and eruptions
 - Sensorial issues
 - Conceptual issues
 - Duration issues
 - c. *Secondary Source:* Earth

Secondary Elements: Landslides

- Sensorial issues
- Conceptual issues
- Duration issues

d. *Secondary Source and Element: Human*

Secondary Elements: Crime, sexual assault and domestic violence

- Sensorial issues
- Conceptual issues
- Duration issues

VII. Believability

What was incapable of happening never happened, and what was capable of happening is not a miracle...Consequently there are no miracles
– Cicero

Many victims and survivors measure their reactions against a continuum of what is believable about the disaster and what is unbelievable.

If the event is considered to be *impossible*, then survivors may feel more anger and less fear. They are angry about the fact that something happened that could never have happened, but they generally have little fear because they do not believe it will happen again.

If an event is considered *improbable* – believable but not expectable – then fear of the unsafety of the world is increased, although fear of a repetition may be reduced.

The more *possible* the event is, the less the shock of sudden, unexpected danger. However, even with the possible there is often anger because people think the possible should have been impossible if protective devices could have been employed.

The more *probable* a disaster is, the less anger will be felt. Many who knew they were at risk may adjust their pre-disaster concerns to accommodate the possibility of disaster and use that adjustment to reconcile their world view in the aftermath of the disaster.

There are *predictable* events that are perceived as disasters. These differ from possible or probable disasters since there is time for warning and a chance for choice. If adequate warning is given, there will be less likelihood of anger or fear in the aftermath, although if individuals do not respond to the warning, there may be guilt. If adequate warning is not given, there will be exacerbated anger or fear.

VIII. Distinguishing Features of Community Tragedy

A. The extent of death and mayhem

1. In most cases, the greater the number of dead or injured and the greater the amount of carnage, the more likely that the tragedy will be perceived as affecting a broad community.
2. In some cases, the extent of death and mayhem will not be as relevant as who is killed or injured. Children attract extra concern and attention. If a person who has a special degree of public importance or a special position in the community is killed, it may affect the community at large. When President John F. Kennedy and Martin Luther King, Jr. were assassinated, millions in the nation were united in shock and mourning.

B. Massive dislocation and relocation.

1. Home, school and workplace usually are invested with a sense of extended personal identity. The longer one has worked or lived in a particular place, the more it is seen as an extension of self. Fracturing that identity can be as damaging emotionally as physical injury.
2. If the dislocation or relocation involves establishing a temporary home in a shelter or other facility, the strange surroundings may cause increased anxiety and a sense of loss.
3. The strangeness of new environments will be more strongly felt if pre-disaster social networks are not able to be maintained.

C. Unemployment, job loss, or severe individual financial losses.

Disasters that are accompanied by long-term unemployment or financial losses can threaten the survival of individuals, families and communities. Since employment is an important part of many people's sense of social support, wide-scale layoffs or company reorganizations can cause community-wide crisis.

Many of the Ramada Inn employees were left destitute in the aftermath of the Air Force plane crash in Indianapolis. Since they were in the hotel/restaurant business, many received minimum wage and counted on tips to make a financial difference. They did not pay large amounts into unemployment insurance and were unable to collect enough to meet post-disaster bills. Some faced eviction and the inability to feed their families. They also experienced feelings of a fractured community because they were a very close-knit employment community that would, in all likelihood, never work together again.

– Crisis Response Report, NOVA, November, 1987.

D. Extent and kind of property destruction

1. Wide-scale property destruction may demolish the physical structure of a community and thus change the landscape, transportation routes, and normal routines.

Maj. Gen. Robert Moorehead, Commander of the Virgin Islands National Guard, said of the scene on the morning after the storm, "In all my military experience, I had never seen anything like it. It appeared to me that we had been the victims of a nuclear blast."

Not only was Christiansted strewn with uprooted trees, broken utility poles, shattered cars and tons of debris from buildings that looked bombed, but the verdant tropical island suddenly had turned brown. So

Participant's Notes

strong were Hugo's winds that most trees still standing were shorn of leaves.

This desolate, end-of-the-world landscape and sense of isolation contributed to the disorder that followed.

– Branigan, W., "A Slow Recovery from '12 Hours of Terror,'" *The Washington Post*, October 31, 1989.

2. The destruction of "indestructible" property or the distortion of such property may also overwhelm survivors.

Pieces of the fuselage – some folded literally in an accordion pleat – still showed the orange, red, white and blue colors of United, as well as the black letters spelling out the airline's name and the plane's number, N999UA. ... "Everything was in that crater," [John] Lauber said, referring to a 9-1/2 foot deep hole that measured about 24 feet by 39 feet. ... The plane was compressed six times its normal density, said NTSB spokesman Brent Bahler. "If you had to put all this back in the hole, you couldn't."

– "737 Careened Wildly Before Springs Crash," *The Denver Post*, March 6, 1991.

3. Property that is destroyed in which survivors have invested sentimentality may be a source of extreme grief.

One woman in the aftermath of the fires in the Black Hills near Rapid City, South Dakota, wept over the complete destruction of her home. But she wept more because her only photographs of her son who had died at age 5 had been destroyed as well."

– Crisis Response Report, NOVA, August, 1988.

4. Landmarks in the community, memorials, or community meeting places may also hold special emotional value to community members. If they are destroyed, it may be the final blow that rips the community apart.

E. Number of people affected

The more individuals involved as victims, survivors, helpers, bystanders, and the like, the greater the community impact. It is almost impossible to comprehend the numbers involved in a massive disaster such as the Great Hanshin earthquake or the Oklahoma City bombing.

... the physical extent of the damage caused by the bomb was much greater than would be inferred from the focused publicity on the Murrah building. In fact, glass was broken in buildings two miles distant from the explosion; and the sound and accompanying shock wave were sensed simultaneously by almost half a million people. ... Amongst the victims, 759 persons were injured, 167 [sic] fatally. Eighty-eight percent of the occupants of the Murrah building were injured; and 19 children were killed. Utilizing a case definition of injury that required medical treatment in order to qualify, 101 of the rescuers sustained injury, including one death. ... Almost 40 percent of Oklahoma Citizens knew someone who was killed or injured and 19 percent reported attending one or more funerals for bombing victims.

– “Predictors of Perceived Recovery Among Oklahoma City Firefighters in the Aftermath of Their Participation at the Alfred P. Murrah Federal Building”, Vincent, R.D., Nixon, S.J., paper presented at 4th World Congress on Stress, Trauma, and Coping in the Emergency Services Professions: Research and Practice, April 2-6, 1997.

F. Sensationalism and voyeurism

Intrusions by media representatives or onlookers who are simply there to see the rubble, or carnage, or grief of the community enhance the feelings of abandonment and anger of survivors. While people will turn to other community members for support, there will be a great deal of resentment towards uninvited outsiders who have no positive assistance to offer.

From time to time throughout the search, scenes of emotion and sometimes ugly confrontation have been played out in and around the collapse.

Yesterday, members of two families awaiting word on the fate of loved ones cried softly as they stood at the edge of the rubble near an American flag fluttering on a pole. Outside Kolbe Cathedral High School nearby, another grieving family was approached by a photographer.

"Get that woman away from me," one member of the family screamed, breaking into sobs. ... a rescue worker asked for comment by a reporter turned suddenly, his face flushed with anger. "I don't care where you're from or who you're with," he said. "Leave us alone!"

*—McFadden, R.D., "Building Collapse Takes a Toll on Exhausted Rescue Workers," *The New York Times*, April 27, 1987.*

G. Depth of involvement of the community: relative loss and deprivation

If this has not been the worst thing that has happened to the community, the impact of the latest disaster may not be perceived with the same intensity that an outside observer may have projected. However, if this is seen as the worst thing that has happened or this represents an accumulation of disasters, it may be perceived as a representation of the "end of the world," or the recognition of an ultimate confrontation with evil.

Clay Foreman describes this perception in the aftermath of an accident in which a freestanding tower crane at a San Francisco building site collapsed and killed four construction workers and a school bus driver, and injured twenty-two others on November 19, 1989. This was two months after the Loma Prieta Earthquake. In the following conversation, the worker's family was in a shelter. Eight hours before, he had witnessed another worker drive a truck off the top of the construction site and crash 100 feet below. Foreman recounts the dialogue between a counselor (C) and the construction worker (W) "who seemed to believe the end of the world was at hand."

C. This is a horrible scene, right here on this structure.

W. Matthew 24 says, "The two men will be in the field: one will be taken and the other left." [His reference appeared to relate to the random deaths on the structure.]

C. Armageddon, the final destruction before the second coming of Christ. Is that what you are talking about?

W. [Referring to the sky.] The lightning comes from the east and flashes to the west, so also will the coming of the Son of Man be.

C. Where is Christ?

W. In heaven sitting at the right hand of God the Father. See the lightning. It starts there and travels there. ... Lightning comes from the east and travels to the west, just like it says in Matthew 24. [His voice had risen from a whisper to a shout.]

Lightning in the east was reflected on the edges of breaks in the clouds to the west. The moon had disappeared.

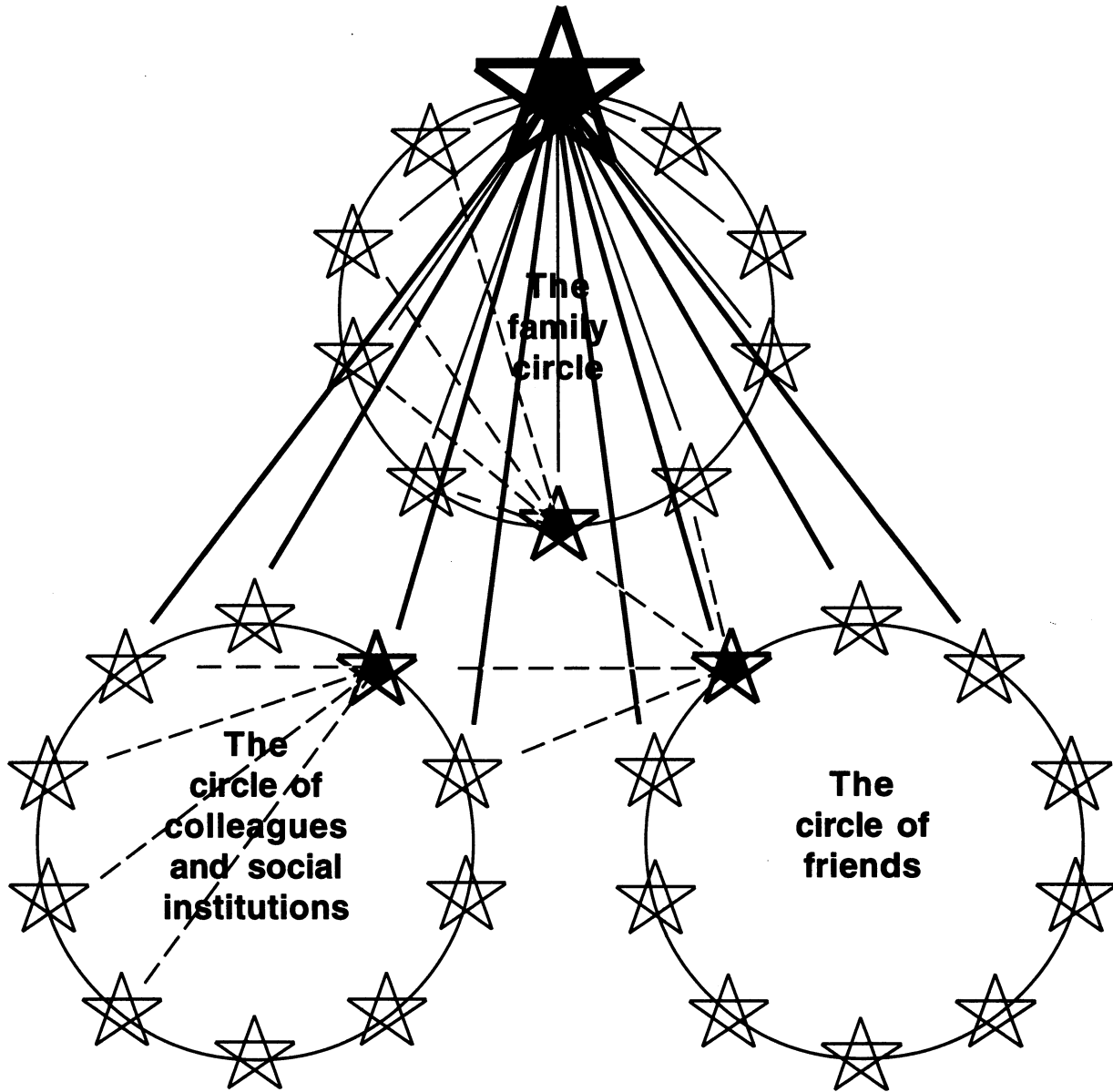
– Foreman, C., "Immediate Post-Disaster Treatment," in *Handbook of Post-Traumatic Therapy*, Williams, M.B. and Sommer, J.F., Jr., Greenwood Press, CT, 1994.

H. The “star” effect: compounding stress within and across social circles [see chart, next page]

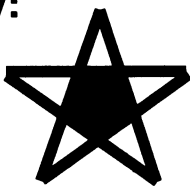
The chart illustrates how the individual crisis reaction is multiplied horizontally across the community. While an individual tragedy may affect the individual and his loved ones, the effect of a community trauma is that each individual and his loved ones are affected, but they, in turn, react to and affect others who are also suffering from the same trauma. The direct victim becomes one of many co-victims. Multiple reactions occur in different forms and at different times.

“The ... the ... your mother’s plane ... it crashed, Shep. It crashed on takeoff at Orly, and I’m afraid they’re all gone. ... One hundred and six members of the Art Association. One hundred and fourteen people from Georgia. A hundred and twenty-nine in all...” [I walked into Mayor Ben Cameron’s office] His face was bone-white beneath the permanent tan and the scattering of dark freckles across his cheekbones, and the flesh of it looked stretched and flayed, almost hanging from his thin, good bones. He looked older by years than I had ever seen him, and his gray eyes were almost as red and swollen as his daughter’s had been that morning. For the first time I thought what exquisite anguish he must be living. Not only had he lost nearly a hundred of the people who were the mainstays of his life, but he must bury his own grief deep and act with coolness, grace and authority for their families and the city at large; swallow his own pain that theirs might be more quickly assuaged. ... It would be a long time before Ben Cameron could weep, or even sleep. “Ah, God, no,” he said, and his voice broke. “Christ, Shep, this was ... my entire generation. I grew up with most of these folks. Laura Rainey was the first date I ever had; we went to a swimming party at Sibley French’s house, and she had a two-piece bathing suit. We all talked about that for weeks. And if I hadn’t met Dorothy I probably would have married Jane Ellen Alexander. And the first time I ever got drunk – practically the last – was with Tommy Burns, up at Tate one Fourth of July, on sloe gin. Whit

The Clash of Social Constellations in the Aftermath of Trauma



Key:



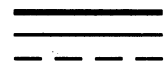
Trauma victim



A representative of the victim's social circle experiencing stress within and across the victim's social circles.



A representative of other members of the social circle.



Stress lines in social relationship.

Turner and Howard Shelton and Marjorie Callahan ... dear God, it's like a small city was just wiped out, or a little country." And, in a way it was...

—Siddons, Anne Rivers, *Peachtree Road*, New York, NY, Harper & Row, 1988.

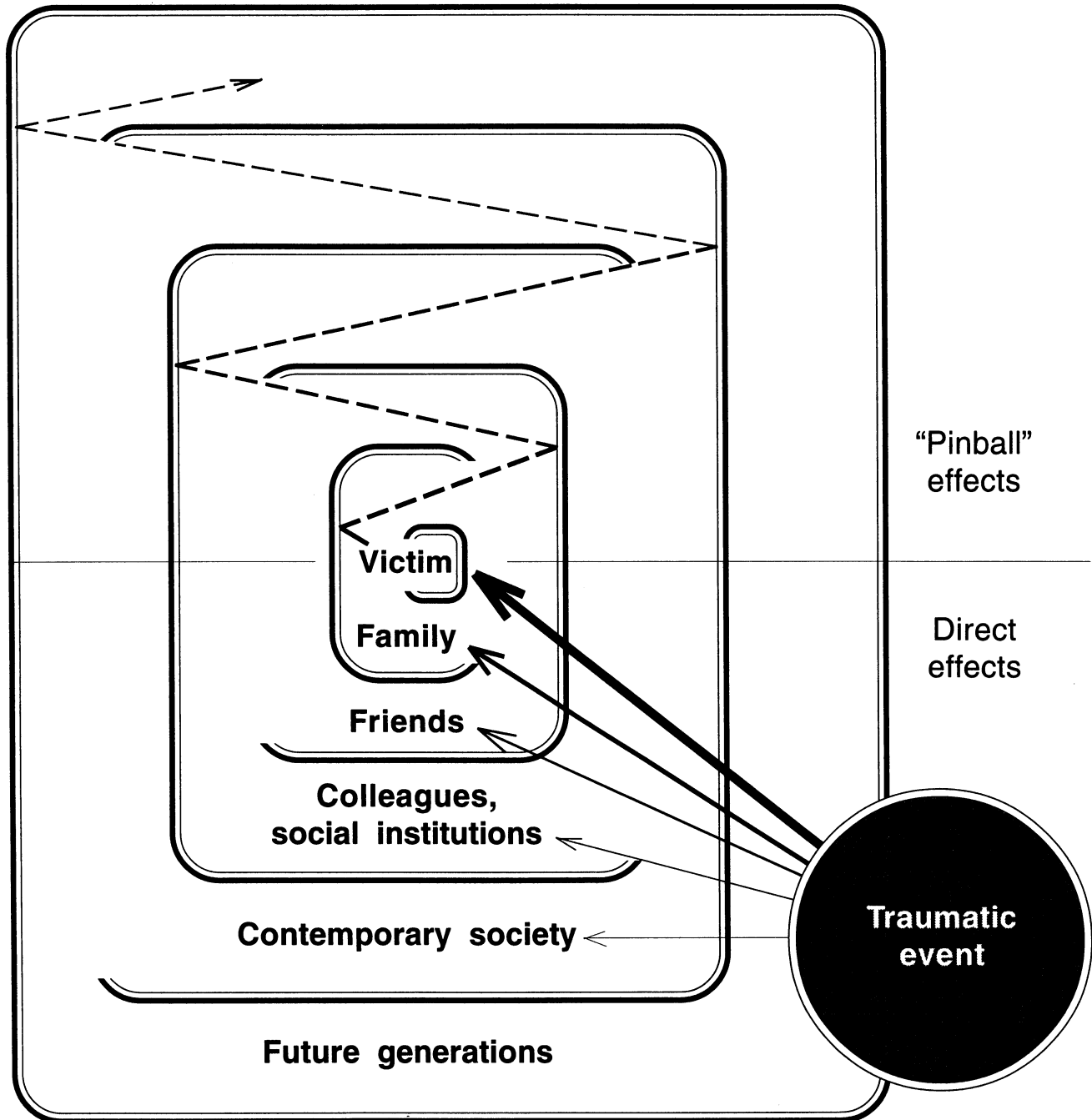
I. The “pinball” effect, whereby stresses bounce well beyond the immediate place of crisis into history [see chart, next page]

The chart illustrates how the crisis effects change over time. The individual crisis reaction may subside more quickly than a community reaction. For the community in trauma, there is a reinforcement of the crisis even when it is a reinforcement of disillusionment. Estrangement, isolation and anger may cause irreparable rifts between the support systems and may cause total community reformation. It may also reshape history, values, and attitudes in ways which reinterpret the present as well as the past.

Michael Holquist, a comparative literature professor who chairs Yale's Council on Russian and East European Studies, recently watched two videotapes that focused on Bosnia. One highlighted Bosnian Serbs involved in “ethnic cleansing,” the other was devoted to some of their victims, Bosnian Muslims who have resettled in New Haven and whose testimonies are compiled into an archive similar to that for Holocaust survivors. “Accounts of trauma are never pretty, but some stories are more horrifying than others,” says Holquist. “These were particularly grisly.”

The Serbian soldiers, noted the scholar, kept bringing up Kosovo, the site of numerous battles more than 500 years ago, each of which was mentioned to fan the flames of nationalism. “There's a timeless world of Serbian glory that's caught up in the Kosovo epic,” says Holquist. “The way it is constantly being invoked to justify the unthinkable demonstrates the way a subject in the present negotiates the past.”

The Direct and “Pinball” Effects of Trauma



–Fellman, B. “The Pathways of Pain,” Yale Alumni Magazine, New Haven, CT. Yale Alumni Publications, March, 1995.

J. Multiple histories

In a community situation, each individual brings to the crisis his or her own history. In addition, each may bring a history of a former community crisis. And finally, the community brings its own history. The community and subcommunities all have their own personalities and histories. They, in turn, compound the history of the individual. It is not unusual for such other traumas to surface during group and individual crisis intervention efforts.

Dryden High School students came to class Monday morning after a weekend speculation about the whereabouts of two teens. By mid-morning, they had learned that their worst fears were true. ... evidence had been recovered to suggest the girls were dead. ... “It was unbelievable hysteria ... you just can’t grasp the gravity of what’s happened.”

This tragedy was only the latest to hit the school district in recent years, with several occurring within the last months. ... Monday’s news of two more violent deaths brought numbing shock to many of the nearly 15,000 town residents.

– Wilensky, J. and Zito, K.A., “ ‘I can’t believe I won’t be seeing them again’ Grief overwhelms Dryden School,” *The Ithaca Journal*, October 8, 1996.

It is also not uncommon for a series of trauma histories to collate in the minds of a community to produce community-wide crisis and sometimes a drive for change.

Although it was the death of 15-year-old Kylie Smith that became the catalyst for a massive petition, hers wasn't the only death that has outraged New Zealanders. We have been sickened by murders such as the killing of 6-year-old Theresa Cormack in Napier, Kirsa Jensen also of Napier, taken from her house in broad daylight with her body still remaining unrecovered. The school-girl Karla Cardano, abducted and murdered after visiting a dairy in the Lower Hutt suburb of Taita; Louisa Damadran, a little girl killed and thrown into a river in Christchurch. Another small child, Sarah Currie of Invercargill, who was sexually molested and murdered in the inner sanctuary of her own home. These are but a handful of the dreadful crimes that spring to mind in New Zealand, a country we are so proud of.

Disgraceful as all of these crimes are, it seems that the outrage on Kylie Smith was what tipped the balance.

*—O'Brien, B., *Shattered Dreams*, Birkenhead, Auckland, David Ling Publishing, Ltd., 1996.*

K. Immobilization of helpers

Caregivers are often immobilized by the same shock, disbelief and denial that afflicts direct victims or survivors. Hence, their helping mechanisms and techniques may not be implemented as quickly or efficiently.

L. Politics and the chaos of disaster organizations

Perhaps one of the most problematic issues in the immediate aftermath of catastrophe is community politics. The question of "who is in charge" is compounded by the fact that normal responding agencies may be in chaos, but also may be reluctant to let anyone else seize the credit. Leadership may become fragmented and the normal bonding for survival may be interfered with as survivors worry about who gets the credit for rescue operations or other actions.

The obstacles put up by government bureaucracy took a terrible toll ... Offers of help came pouring in from 76 nations and districts, as well as from the United Nations and the World Health Organization. Incredibly, the Japanese government either turned them down or delayed aid with time-squandering bureaucratic procedures. As people lay dying undiscovered in the wreckage, officials spent one whole day debating a Swiss offer to fly in 20 trained sniffer dogs – and then accepted only 12. A French team of trauma specialists, also belatedly admitted, were not allowed to work at all because they lacked certain Japanese medical qualifications.

–Elliott, Lawrence, “Earthquake at Dawn,” *Reader’s Digest*, November, 1995.

It was apparent that there was absolutely no coordination among the twenty-two or so agencies who were involved in the aftermath of this disaster. There was a kind of confusion as to where responsibilities lay and it was also apparent that various territorial battles were being fought on the back of a terrible tragedy.

– [In the aftermath of the downing of TWA Flight 800] O’Flaherty, J., “Handling Catastrophe Despite Official Help,” *Airport Press*, September, 1996.

VII. Conclusion

In examining the nature of catastrophe one is struck by the fact that tragedies happen and that survival depends upon our ability to reconnect with a community. That community may be one that existed prior to the disaster or it may be created by the disaster itself. Lewis Mumford’s words seem to describe that need and prescribe our responsibilities:

The very extension of the range of community in our time, through national and worldwide organizations, only increases the need for building up, as never before, the intimate cells, the basic tissue, of social life; the family and the home, the neighborhood and the city, the work-group and the factory.

Chapter Four:

Long-Term Stress Reactions

I. Introduction

People who survive catastrophes often experience stress reactions for years. Even an event that is perceived by others as relatively minor can cause an extended trauma reaction if the victim perceives it as threatening or overwhelming.

Most long-term stress reactions follow common patterns even while being unique to the person who has survived a traumatic event.

Long-term stress reactions are most often a result of imprinted sensory perceptions and reactions in the brain and body that were initially caused by acute stress but have been so overwhelming in their initial perception or in related reactions that they continue on – and sometimes accelerate, due to the modulating influences of other stimuli over time. They may also be influenced by pre-existing patterns of behaviors and responses.

It is important for crisis responders to be aware of and to be able to explain long-term stress reactions in order to predict for survivors what might be experienced as a part of their emotional future. Such a prediction is not made to create in survivors a mood of expectancy or a state of vulnerability but rather to help them understand such reactions as they happen, and to understand why certain cognitive and behavioral knowledge and skills may mitigate them.

Long-term stress reactions are not always pathological nor do they necessarily require intensive mental health interventions. Some are mitigated by learned coping skills and others can be alleviated through effective crisis intervention even long after the original trauma event.

II. Types of Long-Term Stress Reactions

A. Post-traumatic character changes

This type of reaction seems observable primarily when a

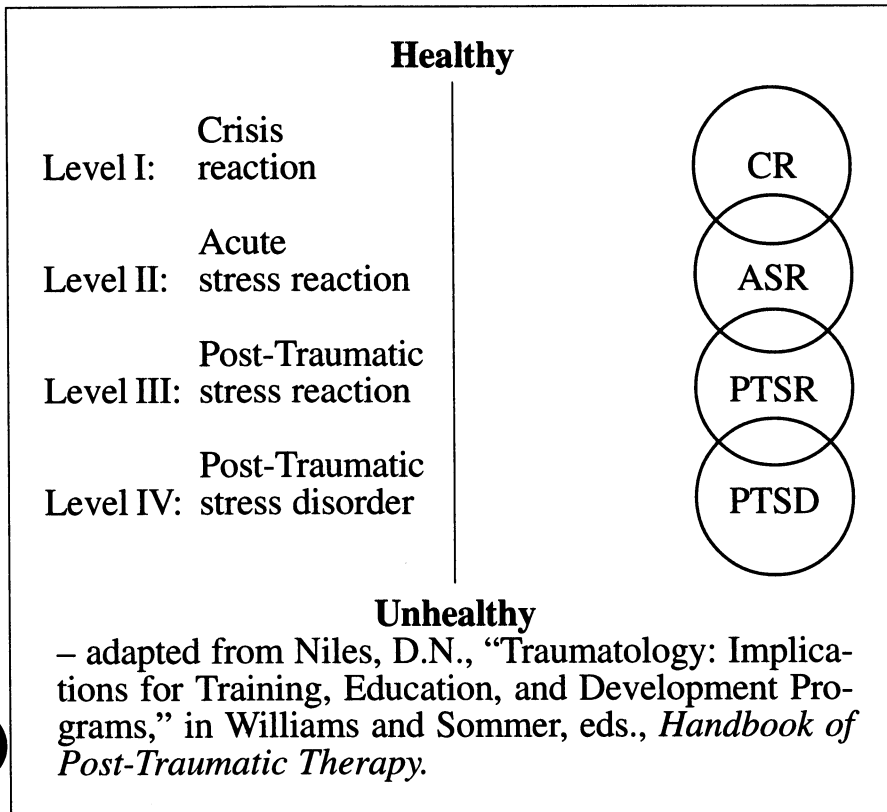
victim or survivor has suffered an intense loss or injury. Often survivors do not feel able, or do not have a desire, to continue to live a life similar to the one they had before the disaster. Life-style changes may be consciously made and may parallel observable personality or character changes.

1. *Negative* changes might include:
 - a. Becoming overcontrolling and rigid.
 - b. Permanent regression to traits or life patterns central to previous life stages.
 - c. Faulty management of tension or stress.
 - d. Inability to retain or initiate relationships.
 - e. Avoidance or withdrawal from new challenges.
2. *Positive* changes can include:
 - a. Redefinition of life goals.
 - b. Increased flexibility in coping strategies.
 - c. Increased tolerance of personal differences with others.
 - d. Development of new understandings of spiritual or religious issues.
 - e. Increased ability to communicate emotional responses and to express situational reactions.

B. Post-traumatic stress reactions and Post-Traumatic Stress Disorder (PTSD)

The following is an outline of post-trauma stress reactions based on the description of "post-traumatic stress disorder" described in the American Psychiatric Association's *Diagnostic and Statistical Manual, Fourth Edition* (DSM IV). It is used to describe traumatic stress symptoms that may occur in survivors; it is not designed for use by crisis responders or others without proper mental health credentials as an instrument for diagnosis and treatment.

1. Trauma reactions may be conceived of in a continuum of responses both during the trauma event and in its aftermath. The following "layered conceptual framework of traumatology" is a useful tool for illustrating various levels of trauma reactions.



2. Post trauma reactions include both tonic and phasic features.
 - a. Tonic features are those that are with the survivor most of the time after the trauma and they help constitute a part of mental functioning.
 - b. Phasic features are those which are evoked by a relevant environmental event.
3. The traumatic stressor
 - a. A trauma may occur when an individual has experienced, witnessed, or confronted a traumatic event, including actual or threatened death or serious injury, or threat to one's own or another's physical integrity.
 - b. However, not all such events are traumatic – the event must also produce in the individual intense reactions that provoke fear, helplessness or horror.

This recognition of the significance of

individual perception in the determination of the traumatic effect of an event is important in underscoring both the pre-event mental and physical state of the individual as well as the nature of the individual's perceptions. It is also critical to understanding the significance of cultural interpretations of such issues as threat, danger, and response.

4. Symptoms of traumatic impact

- a. Re-experiencing the event both psychologically and with physiological reactivity.

As was indicated in Chapter Two, traumatic memory is different from ordinary memory. It is fragmented, lacks a narrative, and is imbedded through memory traces in the brain through the arousal of the sympathetic nervous system. Traumatic memory erupts into everyday life like a volcano – it may appear as sudden imagery or sensation. It may invade sleeping. Traumatic memory seems to beget traumatic dreams, which are different from ordinary dreams or nightmares. They may be repetitive. They often occur at times when it is unusual to have dreams during a sleep period. They are often characterized by the fact that the dreamer realizes that this dream is related to the trauma event, but the imagery in the dream may be different. Traumatic memory may also be the source for reenactments of the event that can be violent or damaging to the individual or others. Elements of re-experiencing the event include:

- Intrusive thoughts
- Nightmares and distressing dreams
- Flashbacks

- b. Numbing, avoidance, and isolation

This set of symptoms relate to an individual's inability to express emotion or connect with other individuals. It is often predicated upon the individual's experience of dissociation during a traumatic event – a

dissociation that may persist in the aftermath and become a part of the trauma reaction. "Dissociation" is a way the brain organizes itself when faced with trauma. It compartmentalizes emotional experiences and interferes with cognitive understanding of what is happening. Dissociation, itself, shatters the connection between individuals and others as well as between the individual and self. Dissociation is currently used to identify three related phenomena.

Primary Dissociation

Sensory and emotional elements of the event may not be integrated into personal memory and identity, and remain isolated from ordinary consciousness; the experience is split into its isolated somatosensory elements, without integration into a personal narrative. This fragmentation is accompanied by ego states that are distinct from the normal state of consciousness.

Secondary Dissociation

[Traumatized individuals] report mentally leaving their bodies at the moment of the trauma and observing what happens from a distance. These distancing maneuvers of "secondary dissociation" allow individuals to observe their traumatic experience as spectators, and to limit their pain or distress; they are protected from awareness of the full impact of the event.

Tertiary Dissociation

When people develop distinct ego states that contain the traumatic experience, consisting of complex identities with distinct cognitive, affective, and behavioral patterns, we call this "tertiary dissociation."

– van der Kolk, B., van der Hart, O., Marmar, C., "Dissociation and Information Processing in Posttraumatic Stress Disorder," *Traumatic Stress*, van der Kolk, McFarlane, and Weisaeth, eds. New York, NY, Guilford Press, 1996.

The more dissociative experiences individuals have at the time of a traumatic event or in the course of chronic trauma, the more at risk they are for post-traumatic stress disorder or complex post-traumatic stress disorder. Critical features of this set of symptoms include:

- avoidance of thoughts or activities that remind one of the event.
- avoidance of previous habits or pleasurable activities that the individual engaged in before the event.
- estrangement and isolation.
- reduced affect or feelings of “emotional anesthesia.”
- partial amnesia.
- a sense of foreshortened future.

c. Behavioral arousal

Hyperarousal is symptomatic of the physiological and emotional imprinting of memory tracks that make the brain supersensitive to interpretation of certain sensory perceptions as threatening, thus triggering and re-triggering of the alarm reaction. The neuronal pathways may become so sensitized that ordinary perceptions are almost completely ignored or blocked and the brain stays in ready alert to respond to any stimulus vaguely reminiscent of the trauma event as a sign of danger. The continued repetition of alarm reactions further solidifies the neural connections. Critical features of this set of symptoms are:

- inability to concentrate.
- insomnia or interrupted sleep patterns.
- flashes of anger or irritability.
- startle reactions or hyperalertness.

5. Duration of symptoms last for one or more months

The above described symptoms may occur in the initial phases of any traumatic reaction. They become symptomatic of disorder only if they last for an extended period of time or erupt after many months in delayed onset. It is important to note,

again, that the symptoms themselves are not necessarily illustrative of the need for intensive intervention – the duration of the symptoms, the simultaneous experiencing of various symptoms in each cluster, and the time of manifestation of such symptoms, must all be taken into account.

6. The trauma reactions and symptoms impair functioning.

Another critical assessment of the intensity of reactions or symptoms is whether they interfere with an individual's normal life patterns and activities. Issues to examine include the level of productivity of the individual in work or school life before and after the trauma, the health of family and social relationships before and after the trauma, participation in pleasurable and healthy activities before and after the trauma, and the strength of an individual's faith or belief systems before and after the trauma.

C. Biological models of PTSD

PTSD and related syndromes are generated, in part, by physiological reactions to threat and trauma. While it is not necessary for crisis responders to fully understand these biological responses, some of the theories are sketched here to underscore the physiological and psychological responses. Many of the explanations overlap each other.

1. Inescapable shock or stress

Some studies indicate that victims suffering from PTSD experience a decrease in pain sensitivity and the development of phasic opioid-mediated stress-induced analgesia. This is similar to the reactions of learned helplessness in animals who lived in circumstances of conditioned fear.

2. Kindling/long-term potentiation

This theory suggests that trauma sensitizes limbic neuronal circuits and lowers neuronal firing thresholds such that there is increased emotional arousal, memory, and reactive behaviors. This sensitization occurs upon exposure and re-exposure to traumatic stimuli.

3. Superconditioning

Neurohormones/neuroregulators may influence the strength of conditioned responses and the consolidation of memory traces. These hormones, mobilized at the time of a traumatic event, may mediate an over-consolidation of the memory trace of the event termed "superconditioning."

4. Learned traumatic response

This theory focuses upon the role of the amygdala as the brain's "trauma center," whose activation elicits fear behaviors similar to those observed in alarm reactions in PTSD.

... Working with PTSD victims, as well as with rats and monkeys, [Jon Krystal] and his colleagues have learned that certain types of "acute and uncontrollable" stresses, such as those veterans are exposed to in combat and, among research animals, electric shock, can cause long-term changes in the brain's chemical messaging system. The most dramatic alteration, says Krystal, is found in the way the brain handles adrenaline, the "fight or flight" ingredient that is typically released in situations of high anxiety and fear. After a significant traumatic experience, the brain tends to be more easily provoked than usual into releasing adrenaline and is apparently less able to turn off the flow of the neurotransmitter.

—Fellman, B., "The Pathways of Pain," *Yale Alumni Magazine*, March 1995.

5. Neuropsychological sensitization

Excessive stimulation leads to synaptic changes related to hyper-sensitization while depression of synaptic processes allows habituation and discriminative perception. Thus, the synaptic changes are the source of the rerouting of neural patterns and the repetitiveness of stimulation may cause them to become primary patterns rather than secondary alarm-related patterns.

D. Acute Stress Disorder (ASD)

The inclusion of Acute Stress Disorder in the DSM IV underscores the nature of traumatic reactions as a continuum of individual responses. The description parallels the description of crisis reactions that many caregivers have observed in individuals and communities in the immediate aftermath of a tragedy. It is short-term in nature and the precipitation and symptoms are similar to those described in PTSD, although not as many symptoms may be manifested. For this reason, a simple outline of the symptoms as observed in crisis intervention is presented below.

1. Precipitation

ASD is based on the same type of precipitating event as is found in PTSD.

2. Symptoms

a. Three or more dissociative symptoms such as:

- numbing of responsiveness to others or a sense of distance from the world.
- being in a daze, feeling like a zombie or simply being unaware of one's surroundings.
- derealization or an experience of being in another world.
- depersonalization, feeling like nothing that is happening relates to the victim, or self-detaching from one's body.
- localized amnesia that blocks the memories of immediate events in the cognitive sense. Emotional recollections may surface but not be connected with a memory of what happened.

b. Re-experiencing the event through:

- disoriented thinking and mergers of what is happening today with what happened during the trauma.
- dreams of the trauma or crisis experience.
- lapses into daydreams while trying to focus on other things.

c. Avoidance behavior:

- Panic when asked to revisit the site.
- Unconscious refusals to be exposed to events similar to the trauma.
- Conscious refusals to take part in remembrances of the event.
- d. Increased arousal and anxiety
 - Hypervigilance or hyperalertness about all incoming sensory perceptions.
 - Inability to sleep, or sleep disturbances.
 - Behavioral anxiety over safety precautions.
 - Physiological pain or discomfort, particularly in stress areas such as shoulders, neck, spine, stomach, intestines, and, in older persons, old injuries.
- e. Impairment of daily functioning
 - Can't get up in the morning.
 - Little interest in work, play, or loved ones.
 - Increased dependence on others.
 - Diminished concern with physical hygiene.
 - Life continues in slow motion.
 - Death seems a real, if unlikely, option.
- f. May last from 2 days to 4 weeks, but usually begins within 4 weeks of the event.

E. Adjustment disorder

Many people confuse their distress over developmental crises with the trauma caused by sudden, random events. Adjustment disorder seems to have been described in the DSM IV as a way of distinguishing such distresses from the understanding of immediate and real threats.

1. Precipitation

The stressor is a significant change in life circumstances, sometimes called a "developmental crisis." Emotional and behavioral symptoms in response to the identifiable stressor occur within three months of the onset of the stressor.

2. Symptoms

- a. The symptoms may resemble those of PTSD.
 - Recurrent thoughts and dreams of what happened – and what might have happened – may dominate other thinking patterns.

- Outbursts of anger and sadness may occur.
 - Alertness and sleeplessness can result in fatigue and depression.
 - Concern about one's future may overcome the ability to deal with day to day tasks.
 - Sporadic outbursts of hopelessness and helplessness can appear.
- b. There is impairment of daily functioning , although coping skills may mask that impairment, and friends and family may interpret ongoing functioning as healthy. If a support system is not available, individuals may slowly slip into serious depression.
- c. Usually ends within six months after the stressor is eliminated.
- Once a divorce, job loss, or other stressor has been overcome, a person may experience euphoria and immediate physical renewal.
 - The euphoria will diminish as other stresses occur, but the sense of being free of the severe distress will prevail.
 - While immediate euphoria may provide individuals with a sense of purpose, it is important to recognize that they will need ongoing support during the roller-coaster of distress and eu-stress as they re-establish their lives.

F. Complex PTSD or Diagnosis of Extreme Stress Not Otherwise Specified (DESNOS)

Over the last decade, it has become apparent to many working in the field of trauma that PTSD may well describe many of the intense symptoms of persons who have undergone a single, catastrophic traumatic experience, but that for individuals who have survived *chronic* traumatic experiences – such as child physical or sexual violence, violence committed by spouses or partners, prisoners of war, victims of hostage-taking, torture or terrorism, or victims of concentration camps – more extreme reactions complicate the symptoms of PTSD.

Participant's Notes

While complex PTSD or DESNOS are not yet included in the DSM, crisis responders and trauma counselors should be aware of some of the elements of this set of trauma reactions, since they see signs of them in individuals and communities to which they respond. This is particularly true of caregivers participating in domestic violence crisis response teams, crisis responders to child victims and witnesses of family violence, responders working in war zones, and those responding to hostage-taking and terrorism.

It is beyond the scope of this manual to detail protocols for intervention or counseling for such situations, but an understanding of the precipitating factors and possible symptoms may assist caregivers to identify concerns and make appropriate referrals.

1. Precipitation

The symptoms may occur in persons who have survived complex, prolonged or repeated traumas during which they have been subjected to coercive control. Such control may be imposed through violence or threat of violence, control of bodily functions, capricious enforcement of petty rules, intermittent rewards, isolation, degradation, or enforced participation in the violence.

2. Symptomology

a. PTSD

Many of the symptoms of PTSD are found in these individuals, such as re-experiencing the event(s), numbing, estrangement and avoidance, and hyperarousal.

b. Alterations of consciousness

Secondary dissociation is common. It may be particularly apparent in children who have had little time to establish their permanent sense of identity or reality, and thus find it easier to detach and form several senses of self to overcome horrifying and terrifying experiences. However, adults are not unlikely to both consciously and unconsciously use dissociation as a coping strategy for survival. In severe cases of violence against children,

secondary dissociation may become tertiary dissociation, and develop into a permanent internal method of functioning through the development of multiple personalities or selves.

Dissociation may be accompanied with partial or complete amnesia. Through the process of blocking memory input, storage, or retrieval, the brain may simply avoid cognitive knowledge of what happened. However, while there is *cognitive* amnesia, the emotions may continue to react to cues of the traumatic events.

c. Alterations in affect

While PTSD includes an acknowledgment that many survivors constrict their emotional reactions or engagements with the world, in complex PTSD, such reactions may be changed in several ways. In some, there may be a manifestation of “blandness” – a rigid control over all emotional responses or an inhibition of expression of such responses. In others, while there may be an appearance of outward calm, resignation, or apathy, the ongoing internal emotions may erupt suddenly and violently. Some may also externalize emotions through behaviors that are seen as survival behaviors, even acceptable risk-taking behaviors, or manifest fears of intimacy or trust. Elements of alterations in affect include:

- stifled or explosive anger
- compulsive or stifled sexuality
- extreme timidity and passivity
- aggressive and controlling behaviors

d. Alterations in self-perception

Traumatic changes in self-perception are central to the inability to reconnect with the world. They affect individuals' sense of adequacy and self-acceptance and shatter their identity. They often are grounded in internal personal fears of being seen by others as weak,

flawed or a failure. The experience of chronic trauma through coercive control reaffirms their lack of self-worth. They have lost control of their lives and that loss of control is attributed to their own deficiencies. Elements of this alteration include feelings of:

- helplessness and powerlessness,
- humiliation and shame,
- degradation and defilement,
- social stigma,
- self-disgust, and
- self-injury and mutilation.

e. Changes in relationships

Alterations in affect and self-perception contribute to changes in relationships. In most cases, this is manifested by disruptions of previously intimate relationships and the inability to participate in new meaningful and intimate relationships with others. Chronic trauma caused by human brutality or cruelty debilitates the capacity to trust others – sometimes to the point that one can no longer trust even oneself. Withdrawal from social interactions or self-imposed estrangement from others often leads to failure to adequately protect oneself and may contribute to revictimization. It may also induce survivors to seek out relationships with individuals who manifest all the personal characteristics they feel they themselves lack, including persons who exert control over others, are aggressive and dominant in relationships, are proud or arrogant, and at times inspire fear in others.

Elements of these changes include:

- isolation from others,
- disruptions of intimate relationships,
- failures in self-protection,
- search for a rescuer,
- distrust.
- Stockholm syndrome:
 - ideation of the perpetrator,

- acceptance of the perpetrator's belief system,
- the perception of the perpetrator's reality and the place of the victim within that reality, and
- gratitude to the perpetrator for allowing the victim to survive.

f. Alterations in belief systems

Healthy individuals have a sense of meaning and purpose in their lives. Their lives are connected to others and are seen as a narrative in which the past connects to the present and to a future that will be fulfilling for themselves and their communities. Trauma – particularly chronic trauma – can destroy this meaning system. The simple recognition that so many victims and survivors confront – that bad things can happen to good people – challenges a belief in a world that is fair and just and a life that is positive and ultimately “for the best.” Elements of changes in belief systems are manifested through:

- loss of faith,
- sense of hopelessness,
- despair, and
- suicidal tendencies.

III. Other Long-term Stress Reactions

PTSD and its variants offer crisis responders a great deal of insight into the reactions of survivors in the immediate aftermath of a community-wide trauma as well as in long-term efforts at reconstruction. However, research suggests that in most cases of PTSD, other kinds of long-term stress reactions are also present. There are high rates of depression, anxiety, phobias, and substance abuse problems that exist side-by-side or overlap with the symptoms of PTSD. Therefore, the following descriptions of several of these possible conditions are summarized below as a reference for responders to aid in making referrals and working with survivors over time. These descriptions draw,

in part, from those cataloged in the DSM-IV but are less comprehensive or technical.

A. Depression

1. Precipitation

- a. Depression should be distinguished from disappointment, sadness, or bereavement.
- b. Depression may be precipitated by a particular event but may also have a neurophysiological basis. Some people have depressive personalities that lead them to feel depressed for most of their lives, although the DSM IV suggests that mild depression may be present for only two years in order to consider a diagnosis of “depressive personality.” Others may suffer depression as a facet of another type of symptomology such as the depression that may accompany the lives of borderline personalities or the depression experienced in manic-depression or bipolar disorder.
- c. People who have suffered a major trauma often experience feelings of hopelessness and helplessness. These feelings may be accompanied by persistent gloominess, troubling malaise, and low energy. While non-depressed people may suffer such feelings periodically in periods of deep sorrow, persons who manifest major depression find that their depression lasts for two weeks or more at a time and the indicators of everyday functioning become increasingly negative.

2. Some manifestations of depression include the following.

- a. Most depressed people describe at least one of two major symptoms:
 - low mood, and
 - low energy
- b. Other symptoms include:
 - pessimism or loss of spiritual connection,
 - lethargy or fatigue,

- loss of interest in or apathy towards previous interests or pleasures,
 - inability to concentrate, procrastination, and loss of focus,
 - constricted social connections,
 - decrease in sexual interest,
 - sleep disruptions or dysfunctional patterns of sleep,
 - appetite changes,
 - lowered self-esteem, self-loathing or self-blame,
 - compulsive, intrusive and recurrent thoughts of death, and
 - contemplations of suicide.
3. Depression can create a vicious psychological and physiological cycle. As individuals' moods deteriorate, so do their motivations for positive self-reclamation. As their energy level sinks, usually their functional sleeping, eating or exercise patterns become disrupted, exacerbating their depletion of energy. Depressed people often self-medicate with alcohol or intoxicants to combat feelings of depression, but the physical effects of these may increase those feelings after an initial high. In addition, just as in PTSD, the phenomenon of "kindling" seems to affect the structure and chemistry of the brain such that, after each episode of depression, there becomes a lowered threshold for any new depressing events.

B. Simple or specific phobias

1. Precipitation

- a. Simple phobias may result from one of two occurrences:
- A single frightening event caused by a thing or person such that the phobic individuals generalize their fear to all such things or persons or generalize their fear to any similar conditions. For example:

An individual who is in an elevator that gets stuck between floors for several hours

Participant's Notes

may become fearful and anxious when getting on elevators or may feel the same when in any small enclosed space.

- Repeated attacks or threats under varied circumstances that are identified with one precipitator. For example:

An individual who has been bitten or threatened by growling dogs several times may become fearful and anxious about all dogs.

- b. Simple phobias may be developed through repeated exposure to others' fears or through repeated exposure to information about the dangers of certain experiences. This may be particularly true with adult phobias that are transmitted to children who carry them into their own adulthood.
 - c. Simple phobias need to be addressed only if the phobias interfere with the person's normal routine or with usual social activities or relationships with others, or if there is marked distress about having the fears.
2. Simple phobias exist when the following occur:
 - a. There is a persistent fear of a certain object or situation.
 - b. Exposure to the object or situation causes fear and anxiety.
 - c. The object or situation is consciously avoided, or endured with intense anxiety.
 - d. The person knows what is feared and realizes that many do not fear it, and are exposed to it without harm, but is unable to control that fear.
 3. Simple phobias may be reconfirmed by others sharing the phobia.

C. Panic attacks

1. Precipitation

- a. May occur in the aftermath of a traumatic event. While panic attacks may be a part of generalized anxiety syndromes or specific phobias, they can exist independently. They are

usually sudden, unexpected and seemingly random, although they tend to be recurrent. They may be triggered by the re-experiencing of the event in post-traumatic stress disorders. Often individuals cannot identify any specific reason for the attack.

- b. Panic attacks usually last for only minutes but leave individuals shaken and overwhelmed.
 - c. While panic attacks are overwhelmingly frightening and disturbing for most people, they become problematic when individuals:
 - become preoccupied with their concerns about having them to the extent that they alter their behaviors; or
 - begin to be concerned about the consequences of such attacks, including the possibility of dying during an attack due to heart failure or loss of breath, or the possibility of harming others.
2. Panic attacks are characterized by the following.
 - a. Emotional symptoms
 - Loss of control
 - Terror
 - Chaotic confusion
 - Bizarre impulses
 - b. Physical symptoms
 - Vision distortions
 - Hypersensitivity to sensory perceptions
 - Shortness of breath
 - Racing heartbeat
 - Difficulty breathing
 - Trembling and shaking
 - Ultimately exhaustion

D. Anxiety syndromes

1. Precipitation
 - a. Severe anxiety responses can be primarily a biological condition that occurs in some individuals, usually developed over time, with increasing severity of symptoms, including panic attacks, phobias, and depression.

- b. Severe anxiety responses may also be occasioned by exposure to severe trauma and usually accompanies other long term stress reactions.
 - c. Precipitations of anxiety responses after exposure to severe trauma generally occur in anticipation, or in the presence of, social or environmental cues or triggers. However, it is not unusual for sleep to be interrupted by generalized anxiety response after trauma.
2. These responses may be characterized by:
- a. Emotional and behavioral symptoms:
 - fear of identified cues or triggers,
 - hypervigilance and hyperalertness,
 - irritability and outbursts of anger,
 - feelings of dread and uncertainty,
 - lack of concentration,
 - anxious, generalized self-blame,
 - depersonalization, or
 - derealization.
 - b. Physical symptoms:
 - sinking sensations in the stomach or nausea,
 - headaches or muscle aches,
 - restlessness and sleeplessness,
 - physical fatigue, weakness or sensations of numbness,
 - palpitations or accelerated heart rate (tachycardia),
 - sweating, or cold, clammy hands,
 - difficulties in breathing,
 - shakiness, dizziness or light-headedness,
 - flushes (hot flashes) or chills, or
 - frequent urination or diarrhea.

IV. Long-term Crisis Reactions

Not all victims or survivors suffer from long-term stress disorders, but many victims may continue to re-experience crisis reactions over long periods of time. Such reactions are normally in response to “trigger events” or environmental or internal cues that remind the victim of the trauma.

- A. Trigger events** are often mentioned in this manual. The stimuli that trigger crisis reactions vary with different victims. However, they may include:
1. Identification of an assailant,
 2. Sensing (seeing, hearing, touching, smelling, tasting) something similar to something that the victim was acutely aware of during the event,
 3. News accounts of the event or similar events,
 4. "Anniversaries" of the event,
 5. The proximity of holidays or significant "life events," and
 6. Hearings, trials, appeals or other critical phases of the criminal justice proceeding or civil litigation.
- B. Long-term stress or crisis reactions** may be exacerbated or mitigated by the actions of others. When such reactions are exacerbated, the actions of others are called the "second assault," and the feelings are often described as a "second injury." Sources of the second assault may include:
1. The criminal justice system,
 2. The media,
 3. Family, friends, or acquaintances,
 4. Clergy,
 5. Hospital and emergency-room personnel,
 6. Health and mental health professionals,
 7. Social service workers,
 8. Victim service workers,
 9. Schools or educators, and
 10. Victim compensation system.
- C. The intensity of long-term stress reactions** usually decreases over time, as does the frequency of the re-experienced crisis. However, the effects of a catastrophic trauma cannot be "cured." Even survivors of trauma who reconstruct new lives and who have achieved a degree of normality and happiness in their lives – and who can honestly say they prefer the new, "sadder-but-wiser" person they have become – will find that new life events will trigger the memories and reactions to the trauma.

VI. Susceptibility to Long-Term Stress

While much research needs to be done to identify the complex environmental, psychological, social, and situational factors that may make an individual or a community susceptible to long-term stress reactions, some common themes seem to be relevant to the identification of persons who might be particularly vulnerable to trauma and long-term stress reactions.

A. Shyness and lack of social network

Social support has long been recognized as a key antidote to stress and incubator of resiliency. This support is initially fulfilled by immediate family members and eventually provided by friends, community members and colleagues. Social support helps to meet the need for love and belongingness as well as to reaffirm a sense of connection with the world. Shy or introverted people often retreat from the world due to their social fears or a discomfort in being with others. They lack the ability to reach out to others in the aftermath of disaster and they may also feel more stress when events force them into social interactions.

If you are having post-trauma symptoms, being able to mobilize people around you for emotional support can help greatly, but if you're shy, say, then I'd speculate you may not have a social network or tap into it if you do. If you're depressed, you may ruminate a lot about your problems, which can perpetuate the symptoms.

– Dr. Paula Schurr, a psychologist at the National Center for Post-Traumatic Stress Disorder at the Veterans Affairs Medical Center in White River Junction, VT; symposium findings from the 1996 annual meeting of the American Psychiatric Association, reported in *The New York Times*, May 8, 1996.

B. Pessimism and apathy

Dr. Martin Seligman has contrasted behaviors of learned helplessness, which arise when people give up trying to exert control over their environment, and behaviors of learned optimism, which describes how resilient people may more effectively respond to adversity. The key factors in optimism or pessimism are personalization, permanence, and pervasiveness. Individuals are optimistic when they view adversity as non-personal, temporary, and limited in its overall effect on life. They tend to also view success as the result of personal action, permanent, and pervasive in effect. Individuals who are pessimistic look at adversity as being the result of their personal actions, permanent, and pervasive in its effect; while looking at success as being caused by others, temporary and limited in effect. Norman Cousins has also emphasized the role of attitude in surviving tragedy. He defines resilience in terms of hardiness, and identifies four key ingredients that contribute to hardiness: positive expectations, relaxation, positive emotions, and action or activity.

Martin Seligman, *Learned Optimism*, New York: Knopf, 1991; Norman Cousins, *Head First: The Biology of Hope*, New York: Dutton, 1989

C. Weak cognitive processing

The ability to manage the impact of trauma is affected by the ability to understand perceptions, organize and define thoughts, and to conceptualize what has happened. Creativity, the capacity to plan and set goals, facility with language, logic, emotional resilience and intuitive or empathetic understanding reflect capacities for associating, transforming and integrating experiences into adaptive behaviors. These capacities may be innate or learned. Intelligence, broad education and deep exposure to the world may enhance such capacities and improve cognitive processing. Individuals who are less able to think through an event and make sense of it are more likely to remain traumatized over time. They may be unable to construct a coherent story of the event; resolve problems derived from it; or to develop new values or meanings in life.

Intelligence may be a psychological buffer, helping you make sense of what's happened to you, so you're less likely to feel overwhelmed and helpless by the trauma.

– Dr. Roger Pittman, a psychiatrist at the Veterans Affairs Medical Center in Manchester, NH; symposium findings from the 1996 annual meeting of the American Psychiatric Association, reported in *The New York Times*, May 8, 1996.

D. Poor physical health

Physical health has a great effect on the ability to withstand stress and trauma. A healthy person has a well functioning immune system, cortical and limbic alertness, and a coordinated strategy of maintenance through adequate sleep and physical exercise. Those who confront a disaster with diminished physical health are more likely to succumb to physical illness and fatigue. One of the problems that is created is that traumatic stress often is experienced in situations that conspire to further diminish health. Good nutrition may be difficult to find, sleep may be consistently interrupted and physical activity constrained. There can be a spiralling downward towards sickness due to the drain on the body's capacity to maintain its equilibrium.

Perhaps the most acceptable and powerful stress management tool we can make available to police officers is a comprehensive physical fitness program. Fitness is seen as a primary mitigating behavior that reduces physiological outcomes of stress.

– Williams, Candis, "Peacetime Combat: Treating and Preventing Delayed Stress Reactions in Police Officers," *Post-Traumatic Stress Disorders: A Handbook for Clinicians*, Williams, T., ed., Disabled American Veterans: Cincinnati, OH, 1987

E. Lack of spiritual faith

The need for a sense of spiritual connection or beliefs in an integrated cosmic system seems to relate to the need to understand how a specific traumatic event fits into a survivor's life plan. It gives depth and richness in the search for integration of the tragedy. More discussion of this factor is found in Chapter Seven.

Clearly, there are many variables that determine how people cope with a sudden blow: the developmental stage they are in when the trauma occurs, the strength of their family support system, their general coping style, their self-esteem, whether or not they were traumatized earlier in their lives and how they handled that experience. Another often-overlooked factor seems to be faith: Those who have a strong belief in something beyond themselves – God, a universal benevolence or wisdom, or some greater power – are far more likely to see an interruption in their lives as part of a bigger plan, that is, in some mysterious way, in their best interest. With this faith, they are better able to make their peace with sudden catastrophe.

– Cole, Diane, "Nobody Promised You Tomorrow,"
Networker, November/December, 1991

F. What makes people thrive under stress?

Psychologist Beth Miller lists the following twelve keys to living a more fulfilling existence after disaster.

1. Admit your vulnerability.
2. Find parts of the problem you can manage.
3. Develop your ability to communicate.
4. Figure out what it is you need – and then go after it.
5. Acknowledge your talents.
6. Learn to set limits and state your boundaries.
7. Whenever possible, transform resentment into forgiveness.
8. Keep your sense of humor.
9. Explore the full range of possibilities – then persist.

10. Find meaning in crisis.
11. Be willing to endure and fully enter your suffering.
12. Learn to stand alone; but don't be reluctant to reach out and rely on others. (Referred to in Andrews, Valerie, "The Art of Resilience: Learning to turn Crisis into Opportunity," *Intuition*, July/August, 1997)

VII. Conclusion

People who endure traumatic events often have long term stress reactions. Frequently those experiences are integrated into the lives of individuals and communities such that reactions are understood, processed, and given meaning. The adaptive capacities of individuals and communities may be strong enough to survive the onslaught of trauma related stress in the milieu of ordinary stress factors. Even then, there may be long term crisis reactions when other events or developmental changes occur after the event. Sometimes, traumatic events are so distressing that an individual's adaptive capacities are overwhelmed and additional help is necessary. The symptoms of consequent mental, emotional and physical changes are helpful in tracking individual responses and providing referrals for mental health interventions, if necessary.

In our sleep, pain which cannot forget falls drop by drop upon the heart until, in our own despair, against our will, comes wisdom through the awful grace of God.
– Aeschylus

Chapter Five: Death and Dying

I. Caveats About Death Issues

The figure most often and most conspicuously missing from the insurance charts and demographics is the one I call The Big One, which refers to the number of people out of every one hundred born who will die. Over the long haul, The Big One hovers right around...well, dead nuts on one hundred percent. If this were on the charts, they'd call it death expectancy and no one would buy futures of any kind. But it is a useful number and it has its lessons. Maybe you will want to figure out what to do with your life. Maybe it will make you hysterical.

– Carlson, Peter, “Working Stiff, The Life and Times of Thomas Lynch, Poet, Philosopher, Author, Undertaker,” *The Washington Post*, August 3, 1997

For the last hundred years, death and dying have been taboo social topics of conversation. While the last few generations have watched an increasing amount of simulated violence and deaths on television, and even seen an increasing amount of deaths in homes and on the streets of cities due to violence, there is a steady reluctance to address the topic on an individualized or personalized basis.

Far from encouraging wide-ranging discussions of suicide, murder, death from illness or natural causes, as occurred in nineteenth century Western Europe and continues to occur in many traditional societies and cultures in other parts of the world, many people in the United States seek to deny that death happens, protect their children from witnessing death, and sterilize or sanitize death through confining its happening to hospitals or nursing homes away from home.

Yet ten percent of our population survives the death of a family member each year. Five percent of children lose one

parent through death before they are twelve. Close to 50,000 deaths due to homicide and vehicular homicide occur each year. About three times that many deaths occur due to suicide. The complexities in our reactions to these occurrences have many ramifications.

A. The death of a loved one raises concerns about one's own death

1. When am I going to die?

Anxiety is just as logical a consequence and is, in fact, more common in bereavement than depression and actually paves the way for it.

– Rando, Teresa, *Grief, dying, and death: Clinical interventions for caregivers*, Champaign, IL: Research Press, 1984

2. Am I ready to die?

So you ask about my thoughts on dying. No I am not ready to die, but does God care?...I always thought I would live to be one hundred but now I have been shot and hurt and unable to walk or move without assistance. So, do I think I might die before one hundred years — yes! Do I know that Carly died — yes! Am I ready? No!

Robbery victim, NOVA Crisis Response Files, 1990

3. Am I afraid to die?

“The First To Go”

*If I should go before the rest of you
Break not a flower or inscribe a stone,
Nor when I'm gone speak in a Sunday voice
But be the usual selves that I have known.*

*Weep if you must
Parting is hell,
But life goes on,
So sing as well.*
– Joyce Grenfell

4. Is it better that I die now rather than later?

And then one or the other dies. And we think of this as love cut short, like a dance stopped in mid-career or a flower with its head unluckily snapped off—something truncated and therefore, lacking its due shape. I wonder. If, as I can't help suspecting, the dead also feel the pains of separation (and this may be one of their purgatorial sufferings), then for both lovers, and for all pairs of lovers without exception, bereavement is a universal and integral part of our experience of love. It follows marriage as normally as marriage follows courtship or as autumn follows summer. It is not a truncation of the process but one of its phases; not the interruption of the dance, but the next figure. We are "taken out of ourselves" by the loved one while she is here. Then comes the tragic figure of the dance in which we must learn to be still taken out of ourselves though the bodily presence is withdrawn, to love the very Her, and not fall back to loving our past, or our memory, or our sorrow, or our relief from sorrow, or our own love.
– C.S. Lewis, *A Grief Observed*

5. Am I useful, dispensable, or indispensable in life?

I've wondered since my husband's and my two children's deaths whether I should have died with them. It would have been easier, that I know, at least for me. But would it have been better? I still have two children. I don't know.

– NOVA Crisis Response Files, 1996

6. Can I be concerned with my death? Someone I loved died — if they can do it, so can I.

I worry about how my mother died, I worry about whether or not she was in pain. But, I believe it was an experience that she needed and while I worry about my own transition from life to death to life, I still think I will end up satisfied with the result.

Surviving child of a cancer victim, NOVA Crisis Response Training, 1996

7. Is death wrong?

Americans have always thought death was an option.

– Anonymous

B. Crisis responders need to explore their own concerns about death

Crisis responders should not impose their beliefs on those who are in grief and hence may need to clarify their own reactions to death in general so that they are better able to support victims and survivors rather than be subsumed in their personal issues.

1. How do crisis responders feel about each issue if they view it from the perspective of their own death?
2. How do crisis responders feel about each issue if they view it from the perspective that someone they love very, very much may die?

II. Acknowledgment of Death

The following premises help adults and children acknowledge the reality of death. When death happens:

- A. **The body ceases to function** – it is broken so it cannot be fixed.
- B. **It is the time when someone is gone from your life forever** – in life as we know it.
- C. **Each person will have his or her own understanding of death** based on his or her personal beliefs.
 1. Some people believe in life after death and some do not.
 2. Some people believe in heaven and hell and some do not.
 3. Some people believe in a world of spirits and some do not.
 4. Some people believe that death is the end of everything and some do not.

III. Fears and Anxieties About Death

The following fears of death are placed in order of lowest priority to highest priority in their emotional content. There are many other fears, but these simply highlight some that are useful for crisis responders to give voice to if survivors are struggling to understand the impact of death on their lives. Once again, it is useful to remind survivors that their reactions may involve a complex reaction to both the death of their loved ones and their own future death.

A. Practical fears

1. Fear for loved ones – there are fears for what may happen to loved ones who have died. What have they experienced and what will they experience? More often this fear is for the loved ones who survive. A dying person may worry about what will happen to his or her loved ones – whether or not they will have financial, physical or emotional resources to cope with the dying person's absence.

Participant's Notes

Even survivors often are ambivalent in their reactions – their grief over the loved ones' death and their fear of their own future.

I didn't know how to balance our checkbook. I didn't know whether I could keep our house. I was lost in a world awash with misery. I missed my husband, I missed our strength. I was terrorized by my helplessness.

– NOVA Crisis Response Files, 1988.

2. Fear of changes in role, closely related to fear of the practical changes in a loved one's life are the practical changes that occur in a loved one's role due to the loss of another. A wife becomes a widow. A parent becomes a parent of a murdered child. A sibling feels compelled to take on the role of an older sibling who died. All such forced role changes are traumatic and result in emotional stress.

You are told when you marry that you are two people who combine to make one unit; one family with shared love and goals. For forty years the two of you are one. What happens when all of that is subtracted? What happens when one becomes one half? Nobody tells you that.

– A widow, quoted in Staudacher, C., *Beyond Grief*, New Harbinger Publications, Oakland, CA, 1987.

3. Fear of loss of family and friends is a closely related fear. This loss is the companion to missing someone deeply. The question, "when will I see you again?" evokes its poignancy, which is more painful when it is answered, "never in this life again."

My heart was darkened over with grief, and whatever I looked at was death. Where I lived was a torment to me; even my own home filled me with sorrow. Those things which my friend and I used to share together, now that I was without him, tortured me like the lash of a whip. My eyes looked for him everywhere and could not find him. All places were hateful to me, because he was not there. They could not say to me now, "Look he will soon come," as they used to say when he was alive and away from me.

—St. Augustine, *The Confessions*

4. Fear of the perpetrator — If a loved one has died due to murder or homicide, the survivors or co-victims may continue to be afraid that the perpetrator will kill them or other family members. This fear is often perceived as silly by law enforcement officials or family and friends, but is very real in the mind and dreams of the survivors.

This fear can exist even if there is no prior connection or tie to the perpetrator or if the co-victim is a witness to the crime. Unless a real threat has been made, the police often do not understand the co-victim's apprehension and are not very empathetic if he articulates it. While the perpetrator is in jail, the co-victim may continue to check on his whereabouts. After the perpetrator is released, the apprehension of the co-victim may increase even if there has been no contact. This type of fear can last a lifetime.

—Spungen, D., *Homicide: The Hidden Victims*, Sage Press: CA, 1997 (forthcoming)

5. Fear of the dying process – this fear includes both the fear of the possible pain of the dying process and also what might be available to comfort loved ones through the pain. There are some who have

lived through a “near-death experience” who tell of a sense of peacefulness and resolution. There are others who tell of feeling frantic and a need to return to life. But, no one knows what the process truly will be when lived through or died through to completion.

a. death's peace

*I had last night the loveliest dream;
My own land shown in the summer's beam,
I saw the fields of golden grain,
I saw the reaper's harvest strain;
There stood on the hills, the green pine-tree,
And the thrush and the lark sang merrily.
A long and a weary way I had come...*

– “The Female Convict,” Letittia E. Landon, in *Library of World Poetry*, William Cullen Bryant, Avenel Books, New York, 1970.

b. death's anguish

When I saw his face – marked with terror and confusion – I knew he was dead. I cried because of his pain. He had been killed. He knew it before he died and he felt it. If I could have held him, maybe then it would not have been so difficult. But he was alone, trapped in an airplane. Hung from the skies.

– NOVA, Crisis Response Report, 1988.

B. Fears of impending doom

1. Death's contagion

People who survive the death of loved ones may feel that they will spread the death. Women who suffer the loss of a child may fear that other children, or their own future children, will not live to adulthood. Survivors of those who have died due to fatal illnesses often fear that they have con-

tracted such illnesses. Others in society seem to agree with these fears. They may resist talking about the death, the “contagion,” in order to feel less vulnerable to the disease of death.

a. carrying the cloud of death

My mother died of cancer when I was a baby. My father remarried and my stepmother died of cancer when I was four. My father died of cancer when I was twelve. My grandparents raised me after that. When I married, I married with dread – would I have children who died before me? I convinced my husband to adopt a child because I couldn't give birth to death.

– NOVA, Crisis Response Report, 1988.

b. the stigma of dying

No matter how death occurs, survivors of loved ones who die are often left alone by their friends or family members. In cases of murder or suicide, the gap between former friends and family may become too large to overcome.

It's funny, you know, to lose a friend because your father committed suicide. After the wake I went across the street from the funeral home. My friend lived right across the street but he acted as if, “What is your problem?” I guess he was having a hard time dealing with the death himself. He never called me anymore and we just went our separate ways. I couldn't deal with losing a friend. I think the whole thing just freaked him out. He couldn't believe it. I lost two friends because of this. The rest of my friends, they didn't want to hear about it. Maybe it isn't that they didn't want to hear about it, but that it was hard for them to deal with it too...

– Staudacher, C., *Beyond Grief*. New Harbinger Publications, Oakland, CA, 1987.

Participant's Notes

2. The perception of imminent death

It is not unusual for survivors to feel that they too will die in order to sustain their connection to the person who has died. And, in fact, some survivors grieve to death or find a pathway to death through suicidal behaviors.

When Virginia Woolf's mother died, she left behind not only dependent children, but also a grieving and inconsolable husband who frequently shared with his children his own wish to die. Not only were Woolf and her siblings burdened by their father's pain, even worse, they were implicitly charged with the task of making his life bearable.

– Harris, M., *The Loss That is Forever*, Dutton Books, 1995.

C. Fears of the unknown

The fear of what will happen to loved ones, or what will happen in the dying process, and all the practical fears, all are related to fears of the unknown.

1. Fear of God

For many, the fear of the unknown begins with the fear of confrontation with God, or reconciliation with God – and how that occurs. Does God demand an accounting for our lives? Is He or She a final arbiter of our living? Will we face Hell and damnation and what does it take to get to Heaven? Our quandary, and our hope, and expressed by Alfred Lord Tennyson:

*For tho' from out our bourne of time and place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crossed the bar.*

– Tennyson, "Crossing the Bar"

2. Fear of spirits

God is not the only concern of the dying. There is also a fear, for many, that they will see or become part of a spirit world. Those who survive a loved one's death may also fear being drawn into this nether world.

Tennyson addresses this conundrum as well:

*Do we indeed desire the dead
Should still be near us at our side?
Is there no baseness we would hide?
No inner vileness that we dread?
Shall he for whose applause I strove,
I had such reverence for his blame,
See with clear eye some hidden shame,
And I be lessened in his love?"*

– Tennyson, "In Memoriam"

3. Fear of judgment and finality

The fear of finality and judgment has little to do with the spiritual world, in this context, but may be as important. Most people want to believe that their life was significant by some measure. That measure might be in terms of the children they have raised; the reputation they have made; the legacy they have left – but there is a need to have been significant. Death ends all potential at ensuring that one's life was significant.

*Pile the bodies high at Austerlitz and Waterloo.
Shovel them under and let me work – I am the grass; I
cover all.
And pile them high at Gettysburg
And pile them high at Ypres and Verdun
Shovel them under and let me work.
Two years, ten years, and passengers ask the
conductor:
What place is this?*

Where are we now?

I am the grass.

Let me work.

– Sandburg, C., “Grass,” in *Cornhuskers*, Holt & Co., 1918.

4. Fear of being alone

For many people, there is an ultimate terror at being left alone. There is nothing quite so alone as dying – to the best of our knowledge. When you are born, you are connected to your mother. But, when you die, you are connected to no one in this world.

There is nothing short of dying

Quite as lonesome as it sound ...

– Kris Kristofferson, “Sunday Morning Coming Down”

D. Fears of loss of connection with life

These two fears may be the ultimate fears of death.

1. Fear of loss of body

There is no culture that condones the mutilation or destruction of the human body – without ritual.

There is a sanctity connected with the body, and there is a physical conception of identity that each person carries with him or her to the grave. The idea of the body being torn apart, mutilated or destroyed is abhorrent to the human condition. The loss of body without a chance to say goodbye to it may deeply disturb survivors – some may refuse to acknowledge the person is dead; others may dwell on the inability to bury the person; still others anguish over both the suddenness and completeness of the transition from “being to nothingness.”

I search the sky ... in desperate sorrow but can discern no human form ... There is not a trace. No grave. Nothing. Absolutely nothing. In a way they didn't really die. They simply became smoke. How does one bury smoke? How does one place headstones in the sky? How does one bring flowers to the clouds? Mother, Potyo ... I am trying to say good-bye to you. I am trying to say good-bye.

– Isabella Leitner, a survivor of the Holocaust, quoted in *A Global Response to Crisis II*, by Yael Danieli, Ph.D., a chapter of *The Next Generation in Victim Assistance (NOVA)*.

2. Fear of forgetting or being forgotten

Finally, there is the fear that loved ones will be forgotten or that survivors will forget. That fear is based on the truth. It's a truth that most people try to ignore. However, most of us will be forgotten one hundred years from now and we will, over time, forget one another. But, the yearning to remember and to be remembered is strong.

It is often said that something may survive of a person after his death, if that person was an artist and put a little of himself into his work. It is perhaps in the same way that a sort of cutting taken from one person and grafted onto the heart of another continues to carry on its existence even when the person from whom it had been detached has perished.

– Marcel Proust, *Remembrance of Things Past* translated by C.K. Scott Moncrieff.

V. Anger Over the Death of a Loved One

Many people react to a loved one's death with anger. Anger has many functions in grief, just as it does when people react to trauma.

A. Anger is usually driven by fear, but it may be independent

1. People may be angry when their loved ones have died and direct the anger at their loved ones.
2. Anger may be directed at people who try to help survivors.
3. Anger is also energized by frustrations at people, agencies or organizations who are perceived to be responsible for the conditions under which survivors work.

B. Anger is useful in coping because it helps defuse fear and inhibits other stress

1. Anger can conquer pain.
2. Anger mobilizes frustration.
3. Anger fuels fantasies of renewal.
 - Revenge fantasies.
 - Compensation fantasies.
 - Forgiveness fantasies.
4. Anger may help survivors continue to live long enough to find reasons other than anger to survive.

VI. Guilt Over the Death of a Loved One

Many people feel guilt after the death of someone they know or love. At times guilt is felt because it is a way to hold on to someone who is loved. Some people feel generalized guilt after the deaths of others. Guilt seems to be predicated upon the following kinds of issues.

A. Guilt about preparations for death

1. Often individuals who have made plans for the death of a loved one and their consequent loss feel badly about having made those plans. For instance, a surviving spouse may feel guilty that he or she insisted upon having her partner sign a will, arrange for funeral plots, or take out life insurance.
2. Sometimes survivors have thought about the impact of the possible death of a loved one upon themselves and others and feel a sense of guilt when the death and impact occur.

B. Guilt about lifestyle changes

1. Sometimes survivors feel guilty when their lifestyle improves because of inheritance or monetary compensation for loss.
2. Sometimes survivors feel guilty because their lives become less complicated as a result of the death of a loved one.
3. Sometimes survivors feel relieved about the death of a loved one because of their perception that the person is now without pain.

C. Guilt concerning negative thoughts or feelings about the loved one

1. Most people do not have consistently positive thoughts about people they love; most, at some point, lapse into frustration, anger, or even momentary hatred – and, upon reflection, those lapses often cause self-blame among survivors.
2. Sometimes survivors feel that their negative thoughts induced the death of a loved one.
3. Sometimes survivors are anguished over the fact that they acted a certain way towards loved ones, and now, after their deaths, will never be able to tell those loved ones they are sorry, or to ask their forgiveness.

D. Survivor guilt.

1. Many survivors feel they should have died instead of the person who did.
2. Often survivors feel their survival was a mistake and that the person who died should have lived.
3. Some survivors feel that there is a certain amount of suffering and loss allocated to any particular community, and that if they had died or been injured, someone else could have been spared.

E. Guilt usually serves to confuse survivors

Caregivers should try to help clarify the sources of guilt and provide survivors with options for new perspectives. Much of what caregivers can do in response to guilt issues is to listen to the bereaved.

Some of these perspectives include the following.

1. Death does not result from a predefined selection process.
2. Death cannot be bargained away or defeated by an offer of the exchange of another's life.
3. Everyone will eventually die. Planning for death is healthy, not a predictor of when death will occur.
4. Relief for a loved one who has died a painful death is not an ignoble reaction.
5. Frustrations with a loved one prior to death cannot cause his or her death. You may have thought, at times, that you wished someone dead, but your wish is not an action.

VII. Shame after Death of Loved Ones

A. Shame about how someone died

The shame surrounding how a loved one died is, in one way, vicarious shame. The survivor takes on the shame that the loved ones would have felt. Was the loved one nude when he or she was killed? Were they out of control in front of other people? Were they humiliated in death? Such thoughts and others may clutter the thoughts of the survivors.

B. Shame over relief

Survivors may also be ashamed because they felt relief at the death of a loved one. Sometimes the relief stems from the fact that the loved one was in pain or suffering. But at other times, the shame is because the survivor may feel less encumbered as a result of the loved one's death. There is guilt stemming from the duty owed to the loved one, but there is also shame over the fact that the survivor seems to have put his or her personal feelings above the life of the loved one.

C. Shame over circumstances after someone dies

Sometimes survivors are left in bleak circumstances, financially, physically, and practically as a

result of a loved one's death. This may occasion reactions of shame over new roles, new situations and new challenges.

D. Shame imposed by society's disgust at the survivor's behavior

The social order in many societies demands that survivors endure their suffering without complaining. Behavior that is construed as incongruent with social standards is deemed demented and then isolated.

During 20 years of working with PTSD clients, I have found that, regardless of the victim or trauma, the response of others will follow a predictable pattern. If reassurance and cheering homilies fail to comfort, if subtle warnings fail to quiet the victim, the ultimate trump card is shame: Only shame is powerful enough to squelch the victim's desperate need to be heard. The power of shame is known and sanctioned in the Bible: In the story of Job, neither God nor the community would tolerate even a good and innocent man's crying out against the most outrageous betrayal and unjust violence. ...The shamed person feels both exposed and condemned, uncovered and seen through — in a sense flayed by the community's disgust and contempt. ...Therefore, the best technique for silencing the trauma victim, whose outraged and betrayed sense of self cries out for expression, is shame, which alienates the private, violated self from the social self.

– Jeffrey Jay, "Terrible Knowledge," *Networker*, November/December 1991

VIII. Death and Loss

A. Death and loss result in grief for victims and survivors

Although this section is entitled "Death and Dying," and, as such, may be thought of as referring to human death, the experience of surviving a death may be endured following other kinds of losses as well.

Employees may feel as though they suffered deaths when they lost jobs. People who are divorced often feel like they survived the death of a marriage or a relationship. Burglary victims suffer small experiences of deaths when they find their property gone. So death can mean many things. Crisis responders should be alert to various kinds of losses and their impacts.

1. Precipitation of grief occurs with the recognition of the loss, the absence of someone or something.
2. Recognition of loss may be immediate, incremental or may occur years after the loss itself.

B. Kinds of losses

1. Loss of life

The ultimate loss is the death of a loved one. For survivors that loss is one that lasts until the end of their life.

You know poor Mr. Dodsley has lost his wife; I believe he is much affected. I hope he will not suffer so much as I yet suffer for the loss of mine ... I have ever since seemed to myself broken off from mankind; a kind of solitary wanderer in the wild of life, without any direction, or fixed point of view: a gloomy gazer on a world to which I have little relation.

– Samuel Johnson, *Boswell's Life of Johnson*.

2. Physical losses

a. invasion of body

Dr. Morton Bard has often suggested that sexual assault or incest is the closest thing to death. The forcible violation of one's body through penetration of the body's most rigorous defenses is often overwhelming. It is particularly offensive when committed by a person who is known, trusted or loved. It severs the belief in humanity and community.

A secure sense of connection with caring people is the foundation of personality development. When this connection is shattered, the traumatized person loses her basic sense of self.

– Herman, J., *Trauma and Recovery*.

b. loss of limb

Catastrophic physical injury is not always manifested through the loss of limb; however, the significance of the loss of a leg or an arm cannot be overlooked. The physical identity of an individual changes with the mutilation or amputation of a body part. Perhaps that is why people who are paralyzed care for the unfeeling parts of their bodies – they have a visceral connection with their former healthy bodies.

The phenomenon of the “phantom” limb is well known. The body remembers the injury and the pain of the arm or leg that is not there. The brain continues to send information to the absent part, but it cannot respond. The pain of a broken bone is infinitely reassuring because the bone can be mended. The pain of something that isn't there is grievous.

Half a man. My legs are gone. Stubs of aching longing are all that is left of my other half. I tell myself that I am whole and I am lucky to be alive. But how do I grieve over the half that is gone.”

– Car crash victim, NOVA Case Logs, 1985.

c. loss of ability

The loss of previous mobility, vision, hearing, and talents is often a consequence of catastrophic injury. But it may also be a result of catastrophic trauma. Some people may lose their physical abilities because they have been

Participant's Notes

physiologically harmed. Others may lose those abilities because they have been psychologically harmed. In either case, there is grief over the loss of capacity to perform in a certain way.

She was late for school that morning of June 7, 1979. So Renee Katz, 17, a talented flutist at Manhattan's prestigious High School of Music and Art, stood at the edge of the 50th St. subway platform in Manhattan, waiting to board the incoming E train. "There was a thud," says Katz, now 33. "Then I was under the train. I realized that my hand was severed. I yelled for my mother. I yelled that I wanted to go to college, that I was a musician." ... Although her career as a flutist was over and she has had to learn to write and eat with her left hand, she can now perform after six surgeries and hundreds of hours of therapy, such mundane tasks as shifting gears in her car. "Her life changed in a split second," observes occupational therapist Pat Casler. - People Magazine, April 3, 1995.

d. loss of memory

Sometimes memory is lost through the efforts of the cognitive brain to protect itself. Sometimes it is lost because the brain has been damaged through injury or disease. In any case, it is frightening for survivors to know that they do not remember, or that they will not remember, their former knowledge, lives, or even their reason for living.

Grace knew it was Thanksgiving ... friends would be missing this year. At times she understood why, and felt the pain of the passage. Other times there was only the sense of loss and its questions: What's missing? Where are they? Why aren't they here?

But the questions were fleeting, as was so much else

in her mind. Once her life had been a continuous train of events. Now it was broken into moments. Events occurred disjointedly. She had lost the connectors to give them order.

So she was left with a potpourri of emotions ...

One minute it might be greed, the wanting of things for an eternity that wouldn't be. Another it was anger, or sadness, or fear...

That might have explained the peril she felt, the sense of things beginning to rot, the urgency. Some Alzheimer's sufferers stayed at plateaus for years, some even long enough to die of natural causes. Grace knew that she wouldn't. She could see a daily worsening, could chart the steady diminution of her abilities even with the steady diminution of her abilities."

*– Delinsky, B., *Shades of Grace*, Harper, NY, 1995.*

e. loss of sensorial perception

Victims may lose capacities of sensorial perception such as the ability to smell or to taste. After some events, there may be a total loss of senses. After others, loss of senses may be discreet and may be associated with the event itself.

f. loss of beauty or image

Survivors of a catastrophe who have had their faces or bodies scarred or maimed often feel as though they have lost their ability to connect to others. People they see may avert their eyes or seek to avoid contact with them because they are ugly.

A woman who had been stalked, assaulted, doused with kerosene, and inflamed by the match of an offender found herself altered forever. Her ugliness was confirmed by another woman in a grocery store who told her daughter, "If you aren't good, you will grow up to be as ugly as that woman."

3. Material Losses

a. **loss of money**

The loss of money or property may leave a void for a few days or weeks. Vandalism, often considered one of the least serious of crimes, may cause communities to become fearful and threatened. It is difficult to imagine the desperation of a person who cannot buy food for his or her children. Money and property may represent independence and opportunity. The humiliation of poverty and dependence exacerbates the sadness of loss.

I had nothing. I begged on the streets. It seems odd but I was resigned to that life. I knew its limits. Until, that day when I had been given a five dollar bill. For one moment, I felt rich and then I was shoved down on the street and beaten. My five dollars was gone and I knew my life was worth less than five dollars.

– Victim, NOVA Victim Service Report, 1987.

b. **financial losses**

More serious financial losses may mean that a person who had felt secure a future retirement has been rendered penniless.

Telemarketing schemes in the last few years have robbed many older people of the chance for a secure retirement. Floods, earthquakes and other natural disasters often destroy homes and happiness. Despite victim compensation programs, the financial impact of trauma can leave survivors destitute. They may face loss of job, income, property, and find themselves in thousands of dollars of debt due to medical expenses and the costs of rehabilitation.

c. **loss of sentimental property**

The loss of photographs of a loved one, a wedding ring, or some other item of memory may be the source of inconsolable grief.

- d. **loss of pets** – pets are a significant addition in the majority of American lives. The death of a pet may be grieved as deeply as the death of a loved one in the family.
 - e. **loss of friends** – when people have to move from their friends and thus have, at best, long distance contact, there is often grief.
 - f. **loss of home** – some studies suggest that the home is identified deeply with an individual's sense of self. Destruction of home may symbolically destroy an individual and his or her family.
4. Intangible Losses
- a. **loss of trust** – there is often a sense of loss in the ability to trust other people after a major tragedy.
 - b. **loss of faith** – sometimes people lose their faith in God – whether temporarily or permanently.

I had become a great enigma to myself and asked my soul why it was so sad and why it caused me so much distress. And my soul did not know what to answer. If I said, "Trust in God," my soul very rightly did not obey me, because the dearest friend whom it had lost was more real and better than the fantastic god in whom it was told to trust. Only tears were my consolation, and tears had taken the place of my friend in my heart's love."

– St. Augustine, *The Confessions*.

- c. **loss of identity** – crises may cause some people to lose their sense of identity. Incest survivors sometimes talk of grieving over who they might have become but for the chronic sexual abuse.
- d. **loss of history** and its connections to the future – disaster, death and change create a hiatus in the present. Nothing that has happened in the

past will ever be viewed again except through a vision colored by the disaster. And there is no prediction of the future because of the bedlam of change.

e. loss of time

While history and its connections to the future seem to have gone through a time warp, so does the sense of the future. There is for many a sense that time goes by without them and that time lasts for years. When they “wake up,” they are old and growing older and there is no way to recover the past.

f. loss of values

For some, victimization by crime causes them to want to victimize others. And some of those people are sickened by that change in their attitudes and values.

g. loss of confrontation with death

In the face of conflicting values and losses, some people lose their will to live. In most cases, this does not mean that they actively will seek to die. However, they may not seek to survive when confronted with death in the future.

h. loss of feeling

People may talk of having no ability to respond emotionally after a tragedy.

i. loss of innocence

If a disaster was caused by a human crime or accident, the human perpetrator may be perceived as being evil. The confrontation with evil causes some people to feel they have lost their innocence.

j. loss of hope

Tragedy may throw people into despair. All the intangible losses accumulate and become overwhelming, and people lose hope.

IX. Confronting Grief

Some literature on death and dying describes the grief response in terms of one pattern. There are actually many responses to death, dying, grief and loss. There are also unique responses to dealing with grief. Many make a distinction between grief, which occurs when the perception of loss is understood, and mourning, which involves actively working to reconstruct life after loss. Identifying losses is important in order to understand what is being grieved. There are different responses to loss occasioned by disaster and that suffered due to anticipated causes. The sadness may be similar but the responses to loss reflects different types of suffering. The following outline reflects some of those differences.

A. Understanding sadness after loss

1. Sorrow is expected after death or loss, and is not pathological. Usually, it is overcome after a period of time. It is not useful to try to delay or impede the process of individuals in their efforts at regaining functioning and control over their lives. Sigmund Freud, "Mourning and Melancholia," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Strachey, J., ed. & translation, London: Hogarth, 1953
2. Sorrow is accompanied by the need to accomplish three goals. One is to free oneself from the terminated relationship with the person or object that has been lost. A second is to realize and adjust to the world without the person or object that is missing. Finally, there is an effort to establish new (not replacement) relationships with others. Eric Lindemann, "Symptomology and management of acute grief," *American Journal of Psychiatry*, 1964.
3. Realization of loss results in immediate responses of numbness, yearning and searching for the person or object lost, despair, and reorganization of one's life after loss. Bowlby, J., *Attachment and loss*, New York: Basic Books, 1980
4. Sorrow involves four tasks: the acceptance of the

reality of the loss, living through the pain, recognizing that the loss is forever, and accepting that the loss is in the past and that life goes on.

Worden, J.W., *Grief counseling and grief therapy: A handbook for the mental health practitioner*, New York: Springer, 1991 (2nd ed.)

5. "The Six R Processes of Mourning" (from Rando, T., *Treatment of complicated mourning*, Champaign, IL, Research Press, 1993)
 - **Recognize** the loss.
 - **React** to the missing.
 - **Recollect** the missing, the relationship, and the meaning of the relationship.
 - **Relinquish** attachments to the world before the loss including assumptions that no longer hold.
 - **Readjust** to a new world without forgetting the old.
 - **Reinvest** in the world around you.

B. Anticipatory grief

1. Natural anticipatory grief

In this manual, natural anticipatory grief is illustrated by grief over the expected death of an aged loved one. While natural anticipatory grief after such a death is often experienced with less shock than sudden, arbitrary death, there are factors that can make the anticipated death of a loved one traumatic, such as an especially close relationship or a survivor left with a vanished social support system.

Many times the natural anticipatory grief response occurs in response to mini-strokes, dementia, Alzheimer's disease or increased fragility. Reactions often occur in the following pattern:

- a. Initial shock happens in reaction to changes that are recognized in the loved one during life.
- b. Sporadic bouts of sorrow occur as family and friends acknowledge that their loved one will die in the near future.
- c. Family and friends begin to prepare and plan for final loss and the expected change in their roles.

- d. Upon death, detachment is filled with sorrow/missing/loneliness. However, in anticipatory natural death, this phase is usually relatively short.
 - e. After the death of the loved one, the survivors implement the plan for change. There is a gradual acceptance of the immutable fact that death is a natural consequence of life.
 - f. Remembrance is usually a planned affair and memorials may or may not be apart of such process.
2. Unnatural anticipatory grief
- This refers to the process of grieving over a death that follows a terminal illness when the dying person is still young, middle aged or young-old. This process involves the following overlapping phases.
- a. Denial: characterized by an unexpected loss syndrome – but occurring during the life of the dying person and precipitated by the announcement of the terminal illness. Sometimes the denial phase is complicated by loved ones who do not know how to function during a “long goodbye.”
 - b. Protest/anger: this phase is often manifested by survivors bartering with God, with doctors, with anyone who might delay the death for the person who is diagnosed as dying. It usually occurs prior to death due to the fact that the delayed dying process means that the survivors begin to work through some grief prior to the actual death.
 - c. Despair will follow the protest and anger prior to death because despair is the corollary of hopelessness.
 - d. Disengagement occurs, since most people cannot sustain the impact of despair for long periods of time, and so they go in and out of extreme grief in order to survive.
 - e. Finally, there occurs a preparatory period and planning for final loss.

If the loved one and the dying person go through this period separately, without communicating their respective feelings, it will inhibit survivors from being able to cope.

Death following separate preparations will usually cause additional shock, anger, sorrow and detachment.

Death following mutual communication and planning will help the survivor respond to death with detachment, implementation of a plan for survival, acceptance, loneliness and focus on remembrance.

f. Reconstruction

Reconstruction after the loss of a loved one is extremely difficult. When one has had to live through the anticipatory period in which loved ones and others have recognized the incumbent death, there may be special sorrow. The anticipatory period may not have been perceived as real. The person may have been perceived, accurately, as irreplaceable. Greater intimacy may have been gained during the anticipatory process than ever before. What those who have a chance to say good-bye to others have is the potential tenderness of good-bye. Communication during this anticipatory period is the key for reconstructing lives of survivors. Lack of communication is the pitfall for people in estranged relationships.

C. Traumatic grief

For many survivors the impact of sudden, random death and the consequent grief has an enduring pain that reflects different patterns than anticipatory grief. The survivors usually experience a traumatic reaction to the manner of death or loss which they must confront before they can even begin to grieve over the loss. After the trauma reaction they then confront the death itself. These reactions are not linear but more like an ongoing volcanic reaction which throws them back and forth from different emotions and feelings.

1. Denial and shock still are manifested in confusion, avoidance, and refusal to participate in acknowledgments. Unremitting crying, physical pain, weakness, nausea, sleep disturbances, and loss of appetite often occur. However, the denial and shock are paralleled by the other emotions that follow.
 2. Rather than protest, most survivors concentrate on anger. They know their loved one died. Their denial and shock occur in response to death – not in the expectation of death. There is no longer anyone on whom one can rely to defy death – no doctors, no lawyers, no God. So protest becomes anger – but anger aimed at self, loved one, God or the world. It usually manifests itself in irritability, lack of concentration, frenzied activity, and eventually fatigue.
 3. Despair follows anger. There is depression, hopelessness, agony. Survivors often experience an inability to think or act. There may be an urge to recover what was lost, but a recognition that there can be no recovery.
 4. No one can maintain the sense of despair that exists after the suddenness of loss. So, as in the response to anticipatory unnatural grief, there is a time in life where many people need to become detached. Being engaged in everyday living is too painful.
 5. Reconstruction of life. Reconstruction of a new life can only take place after there is an integration of the trauma event with the incipient grief, as well as with the acknowledgment that things will never be the same and that their survival continues despite the pain.
- D. Duration of grief**
1. Some people have said that death that is expected or “natural” is survived with a relatively shorter bereavement period than that which is not expected or is the result of a sudden disaster. There is no way to predict the length of the grieving process for anyone who has survived the death of a

close loved one. It may be that when survivors have had an opportunity to prepare for the coming death of loved ones, some of the grieving is done while the loved ones are still alive. In such cases, the acute grief process in the aftermath of death may last no longer than two years. In sudden, tragic death, particularly when complicated by the additional trauma of murder, a transportation crash, or terrorist attack, the acute grief process may last for as long as five to seven years. The important thing for caregivers to realize is that as long as the survivor is beginning to focus on the present and the future, in addition to the past, there is movement towards a possible new life.

The worst thing about grief is the length of time during which the experience lasts. For the first weeks one is in a state of shock. But the agony lasts long after the state of shock comes to an end. After a year, or about two, the agony gives way to a dull ache, a sort of void. During the night in one's dreams, and in the morning when one wakes, one is vaguely aware that something is wrong and, when waking is complete, one knows exactly what is."

– Lord Halisham of St. Marylebone, *A Sparrow's Flight*.

2. After the acute grief process, there will continue to be spasms of grief – a loss is forever. For most people, grief eventually subsides and a new life can be constructed. However, most will also suffer spasms of grief during the rest of their lives.

Tonight all the hells of young grief have opened again; the mad words, the bitter resentment, the fluttering in the stomach, the nightmare unreality, the wallowed-in tears. For in grief nothing "stays put". One keeps on emerging from a phase, but it always recurs.

Round and round. Everything repeats. Am I going in circles, or dare I hope I am on a spiral?

But if a spiral, am I going up or down it?

How often – will it be for always? – how often will the vast emptiness astonish me like a complete novelty and make me say, "I never realized my loss till this moment?" The same leg is cut off time after time. The first plunge of the knife into the flesh is felt again and again.

They say, "The coward dies many times"; so does the beloved. Didn't the eagle find a fresh liver to tear in Prometheus every time it dined?

– C.S. Lewis, A Grief Observed.

D. Special grief issues

1. Crisis and trauma reactions complicate the grieving process.

In sudden, random, arbitrary death, grief is often delayed due to the initial crisis reaction. Individuals are often consumed for months or years over "how" their loved one died. As a consequence, they may avoid confronting the loss and put off grieving for a long period of time. No one can help survivors catch up with the reality of the death, they experience their own internal timetable, which may be affected by external forces, but it will always be governed by the internal emotional concerns of the survivors.

2. When death is sudden, often survivors grieve over the fact that they did not have a chance to say a formal good-bye to the person who died.
3. When there have been difficulties in the relationships between the survivors and the person who has died, it can exacerbate sorrow.
4. People grieve differently based on their attributes and the relationship they had with their loved one – see the chart at the end of this chapter.
5. Some relationships are overlooked or minimized in the aftermath of death. The overlooked may

Participant's Notes

include former spouses or partners, step-children or -parents, adopted children where biological children also exist, foster children, grandparents, godparents, aunts, uncles, and so forth, teachers and students, employers, and colleagues. It is wise to spread the comfort net as wide as possible after a traumatic death.

6. At times survivors may feel they are denied a grieving process. They endure illegitimate grief. It is not recognized by society, nor is it acknowledged as valid. There are several reasons for this phenomena. The significance of the relationship may not be recognized between the survivor and the person who is dead. The death or loss may not be acknowledged by the survivor's support system. The victim may have been stigmatized, and so is thought unworthy of grief. The loss may be minimized as not important. The survivor may be stigmatized for grieving.
7. Attributes of a particular death may also affect the grieving process.
 - a. Anytime a loved one dies, and the victim had been tortured or the dying process is protracted, expect an additional level of grief.
 - b. Death due to intentional human cruelty usually causes additional anger and outrage.
 - c. Suicide causes particularly complex reactions in the surviving loved ones. Grief is often accompanied by a sense of betrayal, guilt, and misunderstandings. For some survivors, the "Understanding Suicide as a Homicide" Chart (next page) is helpful. Suicide may be thought of as a homicide in which the perpetrator is also the victim. The survivors can grieve and remember with love the victim while at the same time feel outrage at the perpetrator.

Understanding Suicide as a Homicide

Both deaths leave guilty, grieving, angry survivors:

Homicide

Offender



Guilty/grieving survivors

Victim



Angry/grieving survivors

Suicide

Offender/Victim



Guilty/grieving survivors Angry/grieving survivors

While NOVA has used this construct with survivors of homicides and suicides for years, only recently did a paragraph from William Styron come to our attention that illuminated the analogy even more. Styron struggled with severe depression and almost committed suicide one night when in the darkest of despairs. He wrote:

Participant's Notes

A phenomenon that a number of people have noted in deep depression is the sense of being accompanied by a second self – a wraithlike observer who, not sharing the dementia of his double, is able to watch with dispassionate curiosity as his companion struggles against the oncoming disaster, or decides to embrace. There is a theatrical quality about all this, and during the next several days, as I went about stolidly preparing for extinction, I couldn't shake off a sense of melodrama – a melodrama in which I, the victim-to-be of self-murder, was both the solitary actor and lone member of the audience. I had not as yet chosen the mode of my departure, but I knew that the step would come next, and soon, as inescapable as nightfall. (emphasis added)

– Styron, William, “Darkness Visible”, in *Sacred Sorrows*, eds., Nelson, John E., Nelson, Andrea, Jeremu P. Tarcher/Putnam: NY, 1996)

8. While patterns of grief are similar, everyone grieves differently. It is important to remind survivors that their grief will be manifested differently than their surviving loved ones. If survivors are not aware of this, grief in the aftermath of death can destroy even very loving relationships.
9. Spasms of grief continue for a lifetime. They may be caused by trigger reactions to traumatic memories but they are also caused by benign, routine memories and recollections of joy.

E. Commemoration

1. Most people feel a strong need to commemorate the life and the death of their loved one. In part this relates to the need to confirm that the loved one is not, and will not be, forgotten. In part it relates to the physical and emotional need to act on the overwhelming feelings of grief.
2. Just as everyone has their own way of grieving, everyone has their own way of remembering.
3. Methods of commemoration

- a. Fixed memorials are those most commonly associated with death: a tombstone, a statue, a plaque, a cross, or other physical thing that symbolizes the individual's life or death.
 - b. Sometimes a person is remembered through living memorials such as a scholarship fund, an activity (memorial walks or games), or the dedication of a survivor's life work.
 - c. There are times when there is a purposeful attempt to memorialize someone's life through an "eternal" symbol such as the eternal flame over John F. Kennedy's grave.
4. Times for commemoration
- a. In the aftermath of disaster, the first memorial usually takes place through a memorial ceremony within the first week of the event.
 - b. Some communities have a memorial at the end of the first month or at the time of a holiday if one occurs shortly after the tragedy. Some religions have ritual memorials of someone's death every month for a year.
 - c. At the end of six months after a disaster or a death, survivors often reach a point of deep depression. To help endure that period of time, some communities hold six month memorials.
 - d. The first year after a disaster is one that may be marked with long-term stress reactions throughout the community. These reactions are often termed "anniversary" reactions. Even though some people may not want to think about the tragedy, it is likely that many people in the community and the media will focus attention on the disaster.
 - e. After the first year, it is likely that the following "anniversaries" will draw attention to the disaster: the 5th, 10th, 15th, 20th, 25th, and 50th.
 - f. It should be noted that many people experience more depression at the end of the second year after a disaster than at the end of the first year.

This seems to be due to the fact that the second year after the disaster many people, not affiliated with the disaster, forget about it. Survivors often feel abandoned and betrayed.

XII. Hints for Helping

A. Suggestions for Survivors

1. General decisions – For most, it is wise to put off important decisions. This is not a time to decide to sell a home, get married, or seek a divorce.
2. Prepare for the “firsts” – Everything that is done after someone dies becomes new. There will be the first time a survivor has dinner after their loved one died. There will be the first time that a holiday occurs without the loved one there. There will be the first birthday and so forth. Each first marks a time of “going on” and, for many, a time for grief.
3. Prepare for the roller-coaster of grieving – Some survivors resent the term “healing,” but the process of reconstructing a new life in the wake of disaster has a similarity to the physical healing of the body after a deep wound. It does not happen in a linear way. People have good days and bad days after tragedy.
4. Don't set unrealistic expectations.
5. Express reactions – through writing, talking, physical activity, whatever is most comfortable. Cry, laugh, rage. . .
6. Avoid dwelling on personal guilt – It's hard not to think of the possible ways that you might have avoided the tragedy, but there is little use in dwelling on what might have been.
7. Stay in touch with your doctor to monitor physical reactions. It is not unusual for a person who is grieving to be vulnerable to illness and unhealthy behaviors.
8. Educate yourself on specific issues related to this death. Reading about grief is a way of validating your own experiences.

9. Maintain or develop routines.
10. Stay in touch with the living: pets, plants, children, and friends. Many times the necessity of feeding a pet or watering a plant can be a life-connecting experience.
11. Communicate with your loved ones who have died – write to them, talk to them, pray to them.
12. Take time to be sad.

B. Hints for caregivers

1. Ask how survivors are doing and listen to their answers.
2. Allow people to talk when they want to but don't attempt to force them to talk. Don't force conversations.
3. Ask about memories of the deceased.
4. Accept all feelings and reactions as valid even when they are frightening.
5. Be prepared to hear "worse case" scenarios in a non-judgmental fashion.
6. Don't be in a hurry when talking to survivors. Let them know that you will be there for as long as is necessary.
7. Don't be afraid of silences.
8. Don't betray confidentiality.
9. Make arrangements to be with survivors but at their convenience. Don't drop in unexpectedly. If you telephone, ask if the person you are calling has time to speak to you.
10. Explain clearly what will be expected of survivors and what they can expect of others.
11. Ask survivors how you can help but offer practical options: obtaining information on problems they are facing, mowing the lawn, preparing food, caring for children on a specific date, arranging transportation. Let them decide if they want help before you take action.
12. Don't intrude in the house of a survivor without permission.
13. Be supportive but don't try to make the survivor feel "good."

14. Send written notes to show you care.
15. Discuss traditions and holidays and how they might be handled.
16. Create special tributes for both the survivors and their loved ones at difficult times such as holidays or memorial dates.
17. Learn and use the names of the deceased in conversations about them.
18. Remember to celebrate the life of loved ones who have died. Don't simply dwell on the deaths. Remember birthdays and death dates of the deceased.
19. Attend memorial services and funerals when invited or when they are open to the public.
20. Offer to help with death notifications to others.

XIII. Preparing for Death

Caregivers should prepare for their own deaths if they are to be effective in dealing with the deaths of others.

- A. Financial arrangements** – Make estate decisions through wills, trusts or other legal arrangements so that your heirs do not have to face these issues. Even if heirs resent your decisions, the fact that you made them will help avoid personal disputes.
- B. Death and after-death arrangements** – Make funeral decisions and decisions about how you want your body dealt with so that family and friends know your wishes.
- C. Relationships and communication** – Don't let relationships go uncared for while you live. Let people know that you love them.

XIV. Conclusion

Death is an inevitable fact of life. The survivors face grief and sorrow, but the words of theologian Dietrich Bonhoeffer give comfort to some:

Nothing can make up for the absence of someone whom we love, and it would be wrong to try to find a substitute; we must simply hold out and see it through. That sounds very hard at first, but at the same time, it is a great consolation, for the gap, as long as it remains unfilled, preserves the bonds between us. It is nonsense to say that God fills the gap; He does not fill it, but on the contrary, keeps it empty and so helps us to keep alive our former communion with each other, even at the cost of pain.

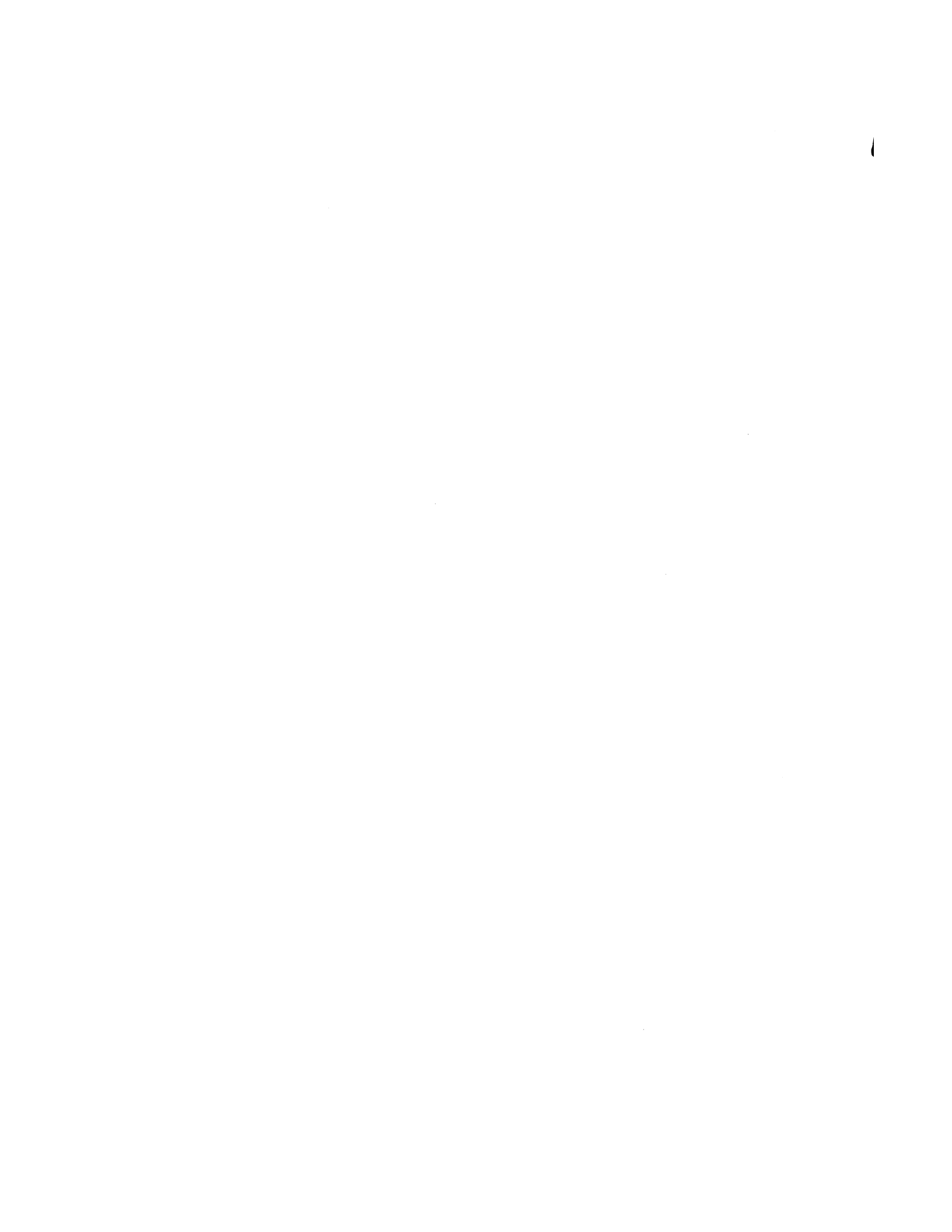
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Participant's Notes

Issues that Affect Different Relationships After Death					
Survivor Attributes:	Relationship of Deceased to Survivor				
	Spouse/ Partner	Child	Sibling	Parent	Friend/ Peer
Survivors Generally	Companion Connection with life Sexual changes Social isolation	Immortality Identity crisis Social Isolation No chance for life	"Special one died" Love/hate New roles	Orphan Time to grow up New roles	Non-family Isolation
Male	Long term health problems Workaholic Abandon family Angry outbursts	Failure to protect Weakness Lack of control Avoids other children	Depends on gender of sibling Male: may take on role Female: may interfere with male/female relations	Loss of role model Jealousy of siblings Regret over relationship	Loss of confidante Loss of generation
Female	Short term health problems Income issues Feel abandoned	Break in family circle Inability to nurture Failure to protect	Male: may interfere with male/female relations Female: may take on role	Loss of role model Jealousy of siblings Regret over relationship	Loss of peer support Loss of generation
Child	N/A	N/A	Death anxiety Ghosts Forgetting Survivor Guilt	Dependency Abandonment Betrayal of trust Anger	Death anxiety Ghosts Forgetting
Adolescent	Depression Despair No one can understand Immortalize loved one Suicide Intellectualization Sublimation Risk-taking behaviors	N/A	Death preoccupation Suicide Substance abuse Jealousy/competition with deceased Anger Risk-taking behaviors	Instability Low self-esteem Judgmental Anger Move to adulthood Risk-taking behaviors	Death preoccupation Isolation Sense of abandonment

Community Crisis Response Team Training Manual: Second Edition

Issues that Affect Different Relationships After Death (cont.)					
Survivor Attributes:	Relationship of Deceased to Survivor				
	Spouse/ Partner	Child	Sibling	Parent	Friend/ Peer
Young Adult	Psychological symptoms Death anxiety Compulsive self-reliance	Loss of hope Loss of future Shattered dreams	Breaking of alliance Survivor guilt	Loss of friendship Loss of past No one to turn to	Similar to spouse or sibling
Middle Age	Sleep disorders Abandonment Overwhelmed by new role	Loss of family Acquisition of grandchildren No chance of grandchildren	Death anxiety Loss of generation	The aged orphan	Similar to spouse or sibling
Elderly	Physical symptoms Loss of hope Often die too Loss of connection with life	Similar to above	Similar to spouse	Mixed relief The aged orphan	Similar to spouse or sibling



Chapter Six: Crisis Intervention and Death Notification

I. Introduction

On a wall of Brasenose College at Oxford University hangs a letter from President Abraham Lincoln as a model of “purest English.” It is also a model of written response to a grieving mother:

Dear Mrs. Bixby,

I have been shown in the files of the War Department a statement of the Adjutant General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any word of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering you the consolation that may be found in the thanks of the republic they died to save. I pray that our Heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have had so costly a sacrifice upon the altar of freedom.

Yours very sincerely and respectfully,

A. Lincoln

– Cook, R.J., ed., *One Hundred and One Famous Poems*, Contemporary Books, Chicago, 1958.

II. Purpose and Value of Crisis Intervention

Simple techniques for intervening in crisis can help survivors regain a sense of control over their lives and begin the process of reconstructing a new life. Much of crisis intervention rests on the idea of creative listening.

Catherine de Hueck Doherty spoke of the impact of

good listening. She said, "With the gift of listening comes the gift of healing, because listening to your brothers or sisters until they have said the last words in their hearts is healing and consoling. Someone has said that it is possible, 'to listen a person's soul into existence.' "

In the aftermath of a catastrophe, victims must deal with the physical and emotional impact of the crisis reaction, but also with the sense of helplessness, powerlessness and a loss of control. A common response in the shock of the moment is to retreat into a childlike state. The victim is vulnerable to any kind of intervention. Intervenors should use a great deal of care to avoid intrusive or harmful behavior or reactions to victim responses.

Death notification is a kind of crisis intervention that is particularly sensitive. No one wants to learn about the sudden death of a loved one. In most cases, the death notification itself is the traumatic event and the caregiver, initially, is perceived as the source of the trauma. The elements of crisis intervention – safety and security, ventilation and validation, and prediction and preparation – are critical in death notification, but other issues also rise to the surface. Among them are the timeliness of the notification, the accuracy of the information, whether the notification was made in person or through telephone or electronic communication, and the ability of the notifier to provide immediate assistance with practical concerns such as the notification of other loved ones, identification of the deceased's body, explanation of autopsy requirements, or funeral or memorial arrangements, if necessary.

III. Elements of Crisis Intervention

A. "Safety and Security"

1. *Safety*

Safety is an issue for victims who survive. Until it is addressed, other issues or concerns will be tangential. Providing for the safety of victim-survivors involves the following services.

- a. Assisting with and showing concern for the victim's or survivor's physical safety and medical needs. Issues to be addressed include:

- Is the victim in need of medical care?
 - Is the victim in immediate danger?
 - Are the victim's family, friends or neighbors in immediate danger?
 - Are the victim's home or belongings in immediate danger?
 - Is there a safe place to which victims and their loved ones can be taken while waiting for immediate danger to pass?
 - Are there belongings significant to the victim that need to be rescued, if possible?
- b. Taking care of witnesses' and family members' safety and medical needs. The following questions should be asked:
- Are any people in immediate danger?
 - Do any people need immediate medical care?
 - Is there a safe place where these people can be taken while waiting for further word of loved ones or for further questions from investigators?
- c. Ensuring that victims or survivors have warmth, food, clothing and are able to sleep.
- Is there a source of power for heating?
 - Are there sufficient blankets for maintaining warmth?
 - Do they have a change of clothing?
 - Is there a quiet place where they can rest and feel secure?
- d. Giving victims and survivors a sense of connection with other people in a secure setting.
- Are telephones or others forms of communication available so that victims and survivors can get in touch with friends or relatives?
 - Is there someone the caregiver can contact for the survivors so that they feel more secure?
 - Can groups of survivors meet and talk in order to get a sense of the range and the extent of the disaster?

- Is there a respected authority who can talk to survivors?
- What information do survivors want and need to feel more secure?

2. *Security*

Survivors who know they are physically safe may still feel insecure. Individuals who have survived the death of a loved one are not often concerned about their own safety. But they do need to be given a sense of *security*.

- a. Help survivors find privacy for the expression of emotions.
 - Most survivors are uncomfortable with intrusive or sensational media scrutiny.
 - Many survivors do not want family, friends or members of their own culture to witness their loss, pain or grief.
 - Some survivors feel more secure if they talk to only one or two caregivers at a time.
- b. Ensure confidentiality of communication.
 - Confidentiality of communication can be assured when survivors talk with professionals who are legally bound by confidentiality laws, at least within the limits of those laws.
 - Confidentiality of communication may be assured when survivors talk with crisis responders who are ethically bound to keep information private.
 - Assurances of confidentiality should be expressly limited if a crisis responder cannot guarantee for legal or policy reasons that what is said will not be repeated.
 - Assurances of confidentiality should be expressly limited if other people are present during the course of communication and the crisis responder cannot guarantee their trustworthiness.
- c. Reassure survivors that their reactions are acceptable and not uncommon.
 - The reason for knowing the range of crisis reactions and their various manifestations is

- so that caregivers can let survivors know that they are not “going crazy” and that such patterns of response are not unusual.
- Telling survivors of common grief reactions, and assuring them of the validity of such reactions, is also important.
 - Immediate family members should be reassured that family members, friends, and others may react differently to the notification of death, but that grief reactions and crisis reactions of many different types are not unusual.
- d. Help survivors begin to take control of the events going on around them.
- Ask survivors where they would like to sit and talk so they can make initial decisions over their environment.
 - Ask them if they would like a glass of water or a beverage while they talk.
 - Offer them a cigarette or refreshments, if available.
 - Ask them what their names are and what they would like to be called while you talk with them.
 - These are all simple questions that have no “correct” answer but help survivors make small decisions in gaining control over certain parts of their lives.
- e. Support survivors in their efforts to achieve a sense of emotional safety.
- Sometimes victims and survivors are not physically safe after a traumatic event. Crisis responders may not feel safe either – an earthquake may be followed by scary aftershocks; a hurricane may be followed by a flood; an assailant may not have been apprehended. Crisis responders may be called upon to help victims or survivors gain a sense of mental safety (thinking of a place or a time when they did feel safe); safety in the belief that others care (perhaps giving

small gifts of pictures, ornaments, soap or shampoo, stuffed animals); or spiritual safety (participating in prayer or meditation).

3. Hints for Helping
 - a. Make sure the victims/survivors feel safe or secure when you are talking to them.
 - b. Respond to the need for nurturing — but be wary of becoming a “rescuer” on whom the victims become dependent.
 - c. Help survivors contact loved ones whom they trust and would be willing to assist them.
 - d. Help survivors solve immediate problems that have been caused by the tragedy.
 - e. Help survivors re-establish a sense of control over the small things, then the larger ones, in their lives.

B. “Ventilation and Validation”

1. *Ventilation*

Ventilation refers to the process of allowing the victims/survivors to “tell their story.” Survivors often need to tell the story of the disaster over and over again. Each time it is told it may take a different form. Occasionally the differences will be due to memory problems. Sometimes the differences will reflect what is important to survivors at that particular time. Ventilation involves identifying appropriate words to express experiences, reactions, and responses. Sometimes it helps survivors to read or hear synonyms for words they are using, words which may more accurately express what they are feeling. Survivors may express their reactions through art, dance, music, prayer, or other forms of ventilation. Caregivers may encourage “story-telling” by asking appropriate questions and engaging in active listening. When encouraging survivors to talk about their experiences, caregivers should remember that body language, facial expressions, and tone of voice are as important as the words used in conversation.

- a. Compassionate presence
 - Caregivers and survivors should be seated during conversations. Chairs should be arranged at an angle so that the discussions seem less confrontational. Seating is not always available, so when standing, caregivers should allow the victim or survivor to set the standard for a comfortable distance between the conversants.
 - Lean forward in your chair or incline your head to indicate attentiveness.
 - Keep facial expressions generally neutral but reflect concern or sadness when appropriate to the content of the victim's story.
 - In most cases, it is important to maintain eye contact with survivors. However, in some cultures, it may be more appropriate to only occasionally look a speaker in the eye, particularly when conversations are held between people of the opposite sex.
- b. Speaking style
 - Speak distinctly and clearly, with modulated tones.
 - Convey calm and avoid agitated voice levels.
 - Pace your words so that you speak neither too rapidly nor too slowly for the listener.
- c. Effective words
 - Focus what you say on concrete issues.
 - Ask, "How should I address you?"
 - Ask, "Is there someone you would like me to contact so that they can be with you?"
 - Ask questions like: "How do you think that happened?" "What do you think were the reasons for that?" Never ask "why" questions.
 - Begin conversations with: "When did this happen?" "Where were you when this happened?" "Who were you with?" "What do you remember seeing, hearing, smelling, touching, or tasting at the time?" "What did you do?"

Participant's Notes

- Follow up questions, if necessary, with questions such as: “How did you react to that?” “Were you afraid?” “Were you angry?” “What did you do that makes you think you were at fault?”

d. Effective listening

Listening is an intellectual and emotional process that integrates physical, emotional and intellectual inputs in a search for meaning and understanding. The focus is on the entirety of each person's being, not just on words.

– “Effective Listening,” *NOVA Training Guide*, 1987.

Ineffective listening styles occur when listeners are affected by the following behaviors and attitudes.

- *Assumptions* are often made by listeners that they already know what will be heard so they listen carelessly.
- *Boredom* may occur when listeners do not think that what they will hear is important.
- *Concentration* is interrupted by distractions with other things.
- *Disagreement* is perceived with another's thoughts or interpretations of events.
- *Ego-involvement* by listeners so that they focus on their own words and think it is more important to hear themselves talk or teach rather than listen.
- *Failure* by the listener to understand what has been said or to interpret what was meant.
- *Generalizations* made by the listener that the survivors of one crisis are equated with the survivors of another.
- *Hearing* only what the listener wants to hear.

- *Interruptions* by the listener to complete the speaker's sentences or thoughts.
- *Judgments* of the speaker's behaviors or actions.
- *Kindnesses* that can kill when listeners respond to stories with their own emotions.
- *Listening* to words only — not the intent, meaning or physical reactions of the speaker.

Effective listening is a skill developed with training and patience. It is based on the following principles.

- *Ask* questions only to facilitate the flow of story-telling.
- *Believe* the speaker's impressions and reactions are the most important concern.
- *Clarify* what is being said.
- *Discern* unspoken messages from speakers in their body language, voice tone, and facial expressions.
- *Echo* words or phrases that survivors use to indicate that you are paying attention and following their stories.
- *Find* new or alternative words that repeat or enhance the meaning of speakers in order to respond affirmatively to their reactions.
- *Give* information that might help survivors understand the situation more clearly, if it might dispel specific concerns, without arguing with them or answering unasked questions.
- *Help* survivors remember what happened by asking them about the chronology of time during which the event took place and a chronology of what has happened since the event, or asking them to describe the contextual nature of the event, such as colors, sounds, sensations, or impressions.
- *Instill* peace through silence by waiting for survivors to decide when they may want to continue their stories.

- *Journey* with survivors through their narratives. If parts of the story are confusing, ask survivors if they can repeat those parts or remember other things that might help you understand what they are saying.
- *Keep* your personal values, beliefs, biases, and judgments to yourself, and avoid imposing them on others.
- *Listen*, summarize, and remember you are helping survivors develop a narrative for the event and to create words to describe their emotional reactions.

2. *Validation*

Crisis intervenors try to help survivors understand that most reactions to horrific events are not abnormal. Validation should be content-specific. A caregiver should refer to the actual tragedy that has taken place.

- a. Validation is based on effective hearing by caregivers.

In order to validate and affirm survivors' reactions, caregivers should not only learn how to listen but also be aware of the skill of hearing what is said. Hearing has four different registers: decoding ordinary meanings; resonating these meanings for another's lives; awakening to the meanings for the survivor who lives and speaks; and communing with that survivor through dialogue. (Egendorf, A., "Hearing People Through Their Pain," *Journal of Traumatic Stress*, January, 1995).

- i. Decoding ordinary meanings involves an effort to understand a survivor's story in terms of our own. It means listening carefully and identifying the story and the survivor's reaction with his or her past experiences and identity. Hearing requires someone willing to listen, and who brings at least some experience to the listening process.

I was in bed with the flu, totally unable to function. The phone rang and the voice on the other end told me my son had been injured in an automobile accident. I knew I needed to go to the hospital but I couldn't drive. I was so angry. I called a taxi and went to help him. He is doing okay, but I can't get over the anger.

– A mother whose son was in a drunk driving crash, NOVA Case Notes, 1991.

Hearing ordinary meaning in this case may entail listening to the anger and the reason for the anger. The mother was not angry at the son; she was angry at the fact that she could not respond as she would have liked.

- ii. Hearing resonance refers to a musical metaphor that incorporates harmonies, dissonance and counterpoints.

In resonating with another we hear the immediate sense that extends from what someone says to his or her wider ecology. This sense is given more directly than associations, conceptual schemes or interpretive linkages and develops as we appreciate more deeply what is being said.

– Egendorf, A., "Hearing People Through Their Pain," *Journal of Traumatic Stress*. New York, NY. Plenum Publishing, Vol. 8 No. 1, 1995.

- iii. Awakening to what has been heard means trying to understand the context of the trauma and what it means now for the person who survived it. It is a recognition of life and hope.

Hearing people through their pain therefore means, in this respect, that we draw them out in the midst of what obscures them from themselves, and use talk creatively ourselves to show, rather than tell them, that they, not their hurt, are foremost.

– Egendorf, A., “Hearing People Through Their Pain,” Plenum Publishing, 1995.

- iv. Communicating our abilities to hear and learn from survivors provides them with support in their process of learning to live from their pain. Caregivers can be very effective in this if they hear well since their hearing is dependent upon their ability to live from and through their own pain.

Then, ever the poet of transformation, Rilke announces the promise “But as soon as we acknowledge its dreadfulness ... with a confidence that this very dreadfulness may be something completely ours, though something that is just now too great, too vast, too incomprehensible for our learning hearts —: as soon as we accept life’s most terrifying dreadfulness, at the risk of perishing from it ... then an intuition of blessedness will open up for us and, at this cost, will be ours.” ... Giving “joyous consent” to the dreadful is not to be confused with acquiescence to or collusion with evil. Nor will any other one-sided formula dictate the way therapy, which, in the beginning, middle, and end, is a matter of cultivating and balancing timeless virtues: autonomy and affinity, fierce honesty and kindness, courage and compassion, commitment and care, and a good deal more.

– Egendorf, A., “Hearing People Through Their Pain,” Plenum Publishing, 1995.

- b. Words should be used carefully in validation.
- Let survivors find their own words and use their words in response.
Victim: *"I get so frustrated when I read about this airplane "crash." This was no crash! The airplane exploded because of a terrorist bomb."*
Intervenor: *"An airplane crash is certainly different from an airplane explosion."*
 - Allow survivors to name their own reactions, but when repeating their descriptions, provide them with synonyms for their responses.
Victim: *"I am so angry, I could kill him."*
Intervenor: *"You say that you are angry, perhaps even outraged or furious. It is not uncommon for people who are hurt so badly to think about killing the person who hurt them."*
 - Apologize if you use words that upset survivors or words that they indicate are inaccurate for their situation.
Intervenor: *"You seem to be very angry about what happened."*
Survivor: *"I am not angry. I am just very confused and frightened."*
Intervenor: *"I am sorry I misinterpreted what you said, I was trying to understand what happened. Could you tell me more about your confusion and fright?"*
 - Avoid careless phrases.
Intervenor: *"I am sorry to hear that this tragedy happened to you."* This sentence may convey the idea that you were sorry to listen to the victim, not that you were sorry that the tragedy took place.
"Thank you for sharing that feeling." "Sharing" involves both persons experiencing the same feeling. Survivors often resent caregivers who assume

Participant's Notes

that they can share feelings or stories. Some survivors also dislike discussing *feelings* while they may be willing to talk about *reactions* and *responses*.

"I would have done exactly the same thing as you did." No one knows what they will do throughout a traumatic event or its aftermath. It may be better to say, "I don't know what I would have done, but what you did doesn't seem unreasonable."

- c. At times, repeating key elements of the survivors' stories back to them may be useful validation. It also confirms what the caregivers thought they heard said.

Survivor: *"I was in bed asleep when I was awakened by a noise. I was disoriented and confused but went back to sleep for a moment because I heard nothing more. The next thing I knew was that a large man was on top of me and I could not breathe. He told me not to scream or he would kill me. I did what he said without thinking. I was just thinking about staying alive. He tied me to the bed post before he left. I was able to free myself fairly quickly but I waited for the sun to come up before I called the police. Then, I didn't know what to say because I couldn't explain why I didn't call sooner."*

Intervenor: *"Let me see if I heard you correctly. You were awakened suddenly. You went back to sleep. And then you awakened again while this man was attacking you. You were so terrorized that he would kill you so you followed his instructions and when you were able to call the police, you did."*

- d. The emphasis in the validation should be on the fact that most types of reactions such as fear, anger, frustration, guilt, shame and grief are not

unusual and that each survivor's situation is unique.

Survivor: *"I have always tried to do what was expected of me and what I expected of myself. No one ever taught me about what to do if someone broke into my house and stole everything. When I got home that night, I could not believe my eyes. Everything was gone. I was so angry. It was so unfair. Why did someone feel they had a right to my stuff? But then I became scared because whoever took my things might come back and kill me. I didn't cry because I was so frustrated and worried. I called my sister and stayed the night with her. It was when I returned home the next day and I realized that not only were most of my things gone but that the burglar had stolen my mother's wedding picture that I cried."*

Intervenor: *"Most people don't expect someone to break into their homes and steal their possessions. It is unfair and you have a right to be angry. And, it is very frightening to think that someone can come into your home, at will, to steal or perhaps to hurt you. You survived, and I cannot imagine how painful it must have been to lose everything, most particularly to lose your mother's picture. Anger, fear, frustration and grief are a part of a pattern of many reactions that victims often have to such a violation of their lives."*

- e. Although most people manage their reactions well, some may become violent or dangerous to themselves or others. Intervenor should be alert to any signs of potentially harmful responses. Of particular concern are statements of intent to harm when linked to a well-thought-out plan of action in which the victim also identifies the means to carry out the plan.

Participant's Notes

Victim: *"I have decided that I will have to kill my neighbor. He raped me. I identified him. The police have done nothing. He sees me every day and acts like everything is all right. I know how I will kill him. I have my father's gun. I have ammunition. I think I will invite him over to my house for dinner. If the gun accidentally discharges when I show it to him, it won't be my fault."*

- f. Do not validate the survivors' experiences by telling them of your own experiences. Previous experience with similar tragedies may be mentioned to help build credibility and create a sense of commonality, but everyone's experience is different. Caregivers should stay focused on the survivors and not use intervention to validate their personal reactions.

Survivor: *"I don't know why I'm talking to you. You can't possibly understand what it is like to have a child murdered. It has been hell every day. I think I see Joe coming home from school even though I know that he will never come home from school. I hear him getting ready for bed even though I know that he won't be in the bedroom when I look. I feel like I'm going crazy. I try to continue working and looking after my daughter but it seems impossible now that Joe is gone. Sometimes I put Jane to sleep reading a story and then wake her up with my own tears."*

Intervenor: *"I can't imagine what anguish you face each day. I do know how I felt when my daughter died, but the circumstances of Joe's death seem overwhelming. I don't think you are going crazy, but I would like to hear more about the problems you are facing. Can you tell me about some of your times with your daughter this last week?"*

3. **Hints for Helping**

- a. Open discussions with words such as “I am sorry that this tragedy happened to you.”
- b. Ask survivors to describe the event.
- c. Ask them to describe where they were at the time they heard of the event or saw it happen.
- d. Ask survivors to describe their reactions and responses.
- e. Ask survivors to describe reactions and responses in the aftermath of the disaster — the time period between the disaster and the point in time at which you are talking with them.
- f. Let survivors talk for as long as they want, but when there is a pause, validate what was talked about. (If you have a reason to limit the time of the discussion, indicate what those limits are at the beginning of the talk.)
- g. Don't assume anything. Survivors will tell you what happened and how they reacted.

C. **“Prediction and Preparation”**

1. **Prediction**

Assist survivors in *predicting* the practical issues that will face them in the aftermath of the tragedy. One of the most important concerns of survivors is “what is going to happen next?” Ask them about the problems they think they will have over the next few days or months. If there are some that you can predict, and that they don't realize will occur, give them as much concrete information about such issues as you can.

a. **Practical predictions**

- Some survivors will have to relocate after a catastrophe. The relocation may be temporary or permanent. They may have concerns about what to take in the relocation, how to contact relatives or friends, or what type of transportation will be provided.
- It is not unusual for financial issues to be of paramount concern. If an employment site has been disrupted, employees may be out

Participant's Notes

of a job. Serious physical injury may result in hospital or medical bills that are not reimbursed by insurance.

- If a crime has been the cause of the disaster, victims may become involved in the criminal justice system as witnesses. Many catastrophes also result in civil litigation. In either case, the survivors may be involved in the legal system for years.
 - Any medical prognosis should be made as clear as possible to survivors.
 - Often survivors are not aware that they must identify loved ones who have died or they are not prepared to deal with funeral arrangements or notification of relatives. These issues should be explained as quickly as possible.
 - Survivors should be warned about the possibility that the media will want to do interviews or may broadcast stories about the disaster. Sometimes the treatment of the disaster story by the media can cause a great deal of anger and distress for victims and survivors.
- b. Possible emotional reactions should also be *predicted*.
- It is important to describe the immediate physical and mental responses that characterize the crisis reaction and grief reactions.
 - Long-term stress reactions should be explained.
 - Stress reactions that might occur in family members or friends should be described. It is particularly useful to describe possible reactions of children. It is not uncommon for parents to underestimate the effect of a disaster on children.
 - Certain things can trigger physical and emotional reactions after a disaster. For instance, holidays or birthdays may trigger grief over the loss of a loved one. Sights or

sounds that are similar to those experienced during the disaster may trigger responses of fear or horror that were prevalent at the time of the catastrophe.

- Reassure survivors that long-term stress reactions are not unusual but that not all people will suffer all of them and many may not face them at all.

2. *Preparation*

In addition to predicting what might happen in the aftermath of a disaster, it is helpful for caregivers to assist survivors to *prepare* and plan for such events.

- a. Provide survivors with as much information as they want and need concerning financial aid, insurance, and compensation to meet financial concerns. Help them fill out eligibility forms, if needed.
- b. Help survivors with developing plans for future protection of themselves and their families. Assist them in rehearsing the implementation of such plans.
- c. Provide survivors with referrals to additional resources for counseling, advocacy, or assistance.
- d. Provide survivors with information on prevention of possible similar events in the future or the mitigation of the consequences of such events.
- e. Give survivors accurate and truthful information about the length of time you will be able to assist them and what they might do when you are no longer available.
- f. Help survivors decide what things they can do to deal with specific problems and if there are any that they do not have the capacity to deal with, provide them with assistance once they have decided upon a particular plan of action.
- g. Tell victims and survivors what their rights are in the criminal justice system. Let them know how they might enforce these rights. Let them

know what is happening in your state and in the United States concerning victim rights.

h. Do not make promises that you cannot keep.

3. Hints for helping

a. Remind survivors to focus on living one day at a time.

b. Help them explore options and use problem-solving techniques with everyday concerns.

c. Encourage survivors to talk and write about the event.

d. Suggest that survivors establish a daily routine that they can easily follow.

e. Help survivors plan time for memories and memorials.

f. For some survivors, finding a "buddy" who can support them during times when they confront practical problems is helpful.

g. Promote healthy eating, sleeping and exercise habits that can increase the ability to cope.

D. Useful phrases for crisis intervenors

1. "You are safe now" (if the survivor is safe).

2. "I'm glad you're here with me now."

3. "I'm glad you're talking with me now."

4. "I am sorry this (tragedy) happened to you."

5. "This wasn't your fault" (if the survivor has done nothing to contribute to the tragedy and its consequences).

6. "Your reaction is not an uncommon response to such a disaster."

7. "It's understandable that you feel that way."

8. "It must have been upsetting to see (hear, feel, smell) that."

9. "I can't imagine how terrible this must be for you."

10. "You are not going crazy."

11. "Things may never be the same, but they can get better, and you can get better."

12. "If you can't tell me what happened to you, try to tell me what has been happening to your family."

*Give Sorrow words; the grief that does not speak
knits up the o'er wrought heart and bids it break —
– Shakespeare's Macbeth.*

IV. Death Notification and Identification

A. Death notification

For survivors, the beginning of their reactions to the death of loved ones is the death notification process. It is important that death notification be handled as well as possible because it is the critical point of trauma for most survivors. Properly done, it can begin a healing process. When it is done improperly or without insight into the survivor's possible reactions, it may delay the process of reconstructing the survivor's life for years.

You never know when you are making a death notification. Many people think of death notification in terms of the notification of next of kin. But the "next of kin" may be a parent, sibling, or spouse. Clearly there are many additional family members who need notification and who might react with strong emotions. In addition, there are often close friends, colleagues, and even longtime acquaintances who may be severely affected by a notification.

1. General guidelines for notification procedures
 - a. Before notification
 - i. Obtain as much information about the deceased as possible: what happened, when did it happen, where did it happen, how did it happen, and what is the source of positive identification – if it is available.
 - ii. Get all available information about the person(s) to be notified. Ensure that the *appropriate* closest adult relative receives notification first. There may be a legal mandate that governs who that person is.
 - b. Notification should always be performed compassionately, quickly, and with as much accuracy as possible.

2. Parameters of Notification

- a. Whenever possible, death notification should be made in person. If it is:
 - Make notification in pairs.
 - Do not take any personal items of the deceased with you to do the notification.
 - If you or your partner have been involved at the scene of the death, try to make sure that your clothes or appearance are not dishevelled or bloody.
 - Introduce yourself and your partner, and be prepared to present credible identification, if appropriate.
 - Confirm that the person you are talking to is the appropriate person to be notified.
 - If you visit the home of a survivor, ask to enter the home before making notification.
 - Encourage survivors to sit, and sit down with them when you talk to them.
 - The person making the actual notification should take the lead in all of the discussion. The person assisting the notifier should remove objects of danger, monitor the survivors for danger signs to themselves or others, and be prepared to care for any children.
 - The notifier should tell the survivors simply and directly. Do not build up to the idea of death. For most people, your appearance, your demeanor, and the ritual involved will give them clues that something horrible has happened. Do not prolong natural anxiety. Do not use euphemisms, even if they are culturally based. Leave no room for doubt or false hope.

“We have come to tell you some terrible news. Your son was killed when a man opened fire on a bus as your son was going to work. I am so sorry.”
 - Be prepared to present confirming evidence in a convincing fashion in the face of denial. Answer all questions tactfully but directly.

- Focus on immediate needs of survivors. If survivors want, help them to notify others. Help them to explore options over the next few days as they deal with the practical aspects of death. Do not be judgmental about their reactions or thoughts.
 - Do not leave survivors alone. Leave them with someone and with a “safety net” — a point of contact. Respect survivors’ needs for privacy but ensure protection.
 - Remind survivors of their rights as victims of crime or disaster.
- b. Is the notification to be done by telephone? While notifications of immediate family members may be able to be provided through personal visits, most death notifications are conducted over the telephone. A mother whose son has died must call her own mother to tell her; or a parent whose child has died must contact their other children in other states to let them know what has happened; or when a disaster occurs, family members or friends may call survivors to find out whether any of their loved ones have been hurt or killed. Survivors themselves may give death notifications over the telephone, but they may also ask crisis responders to make those notifications. In any case, consider the following guidelines.
- Try to arrange for a trusted colleague or friend to be with the survivor when she or he receives the call, if it is possible to make such arrangements without breaching confidentiality in the notification procedure.
 - Introduce and identify yourself and be prepared to offer confirmation of your identity or a known reference, if appropriate.
 - Confirm the identity of the person called to try to ensure that you are speaking to the appropriate person in the household or family to be notified.
 - Be direct in delivering your message, but

take a moment to encourage the survivor to sit down while you talk.

“I am calling to inform you that a medical emergency involving your son has occurred. Do you have a place to sit, while I explain what has happened?”

- If no other adult is present when the notification is done, ask for permission to call a clergy member, neighbor, friend, or law enforcement officer to come to the home to stay with the survivor. That person of comfort may be called by another crisis responder while you stay on the line with survivors, or you may need to make the call. If the latter is the case, be sure to call survivors back immediately to inform them who might be visiting and to continue to talk to them, if possible, until additional assistance is available.
 - Follow the general guidelines for personal notification with regard to questions, being non-judgmental, considering immediate problems, and providing essential information.
 - If you are notifying a number of family members and friends by telephone who may know each other, let each of them know who else you have notified.
- c. Is the notification to a large group of people awaiting notice of the results of the deaths in a disaster? Employ the following guidelines.
- Try to ensure that several different trained notifiers are involved in the notification and that the group can be divided into small clusters of relatives and friends. Assign notifiers to each cluster and have them stay with their group while all wait for final information on missing survivors, injured victims and possible deaths.
 - Provide separate facilities for those who are survivors of loved ones who have died —

- after notification.
- If more than one person has died, information on all deaths should be released as simultaneously as possible. Often such simultaneous notification is not possible because it may take days to determine for sure who was killed in an airplane crash, a bombing explosion, an earthquake or hurricane. In the case of prolonged notifications, all survivors affected by the possible loss of a loved one should be given a “missing notification” and those whose loved ones are immediately identified should be given a death notification.
 - While notification should be done individually, confirm after notification with a group announcement to any survivors awaiting news. Group notifications should continue as long as any people remain missing.
- d. Are there people who need notification that their loved ones are missing?
- If people are missing after a disaster, loved ones should be given a “missing” notification. This will begin the process of unnatural anticipatory grief (described in Chapter 4), but will also be helpful if the missing are soon determined to be dead. A death notification should be provided as soon as a determination is made.
 - If there is doubt as to who was killed and the identity of the deceased needs confirmation, make it clear to the person being notified that, while you have been given evidence that the loved one has been killed, final determination of identity is being investigated. As examples:
 - “I have come to talk with you about your son. We think he was on the plane that crashed, but we are unsure. Is there any way you can help us?”
 - “I have come to talk with you about

Participant's Notes

lyour son. We have reason to believe he was killed in a car crash last night. Two people died but we need to confirm their identity. Is there a family member or close friend who might help?"

- If there will be a delay in identification or there is a possibility that there will never be a final identification, remember to keep the survivors informed of what the circumstances are.

B. Guidelines for viewing the body

Upon notification of death, survivors may want to view the body of their loved one; may need to for identification purposes; or may need to be prepared to see pictures of the body in the case of a prosecution. The guidelines for assisting viewing the body or photographs of the body should address the following issues.

1. The decision to see or not to see the body should be made by the loved ones; however, some jurisdictions do not give the survivors that decision.
2. The viewer should be accompanied.
3. If the viewer wants to touch or hold the body, encourage that, and provide privacy and time for the viewer to say farewell.
4. If the body is mutilated or distorted, tell the viewer, prior to viewing, the precise nature of the distortions and, if optional, let the viewer choose whether to see the body. If photographs are used in preparing the viewer, describe them first. Sometimes survivors decide to let a friend, advocate or family member view the body and make recommendations about their own decision whether to view. If pictures will appear in the media, make sure that survivors are given an opportunity to view the pictures prior to their release.
5. Do not be surprised at reactions: crying, laughing, anger, and the like.
6. Some survivors want pictures of the deceased at the moment of death, and may even take photographs for their own use. Crisis intervenors should make no judgments on these decisions.

7. Offer to drive the viewer to and from the viewing; remember that close loved ones may not be physically or emotionally ready to drive an automobile.
8. Be prepared to be an advocate with the coroner, medical examiner, or funeral director. Some of these professionals try to prevent viewers from having contact with the body to shield the survivors from the impact of death. An advocate can be helpful in overcoming such resistance.

I finally decided I wanted to look at the pictures of my Mother who had been murdered. So I asked my best friend to go with me to the Police Department. When I asked to see the pictures, I was refused. However, the officer said that my friend could go into another room and look at them. When she came out she was in tears. Those tears gave me the answer I needed. Her willingness to do that is the most compassionate thing anyone has ever done for me.

– Daughter whose mother was brutally murdered, Lord, J. H., *Beyond Sympathy*, Pathfinder Publishing, Ventura, CA, 1988.

V. Conclusion

Crisis intervention and death notification are the two skills most often used by crisis responders. Team after team of crisis responders have reported back from their efforts of planning, training and group crisis intervention that they were called upon to provide intervention to individuals while riding public transportation, waiting in a hotel lobby, or eating lunch at a local restaurant. There was no way to prepare for the community-wide trauma, and no methodical way to respond, except as they were called upon by people in need. Similarly, while community crisis team members are not usually the first responders chosen to provide death notification, they often are the first responders who give death notification due to the necessity of the emergency.

Chapter Seven: Crisis and the Continuum of Age

I. The Continuum

Age may play a large part in the survivors' ability to cope with crisis. Much has been written about the reactions of children to trauma, and yet, paradoxically, they remain an underserved part of a traumatized community. The elderly are similarly underserved. This chapter addresses both the young and the old through a framework that looks at the effects of development on trauma reactions. It may be useful for the crisis responder to use the chart in Appendix A of this chapter as an aid to understanding the following description of this continuum.

How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the strong – because someday you will have been all of these.

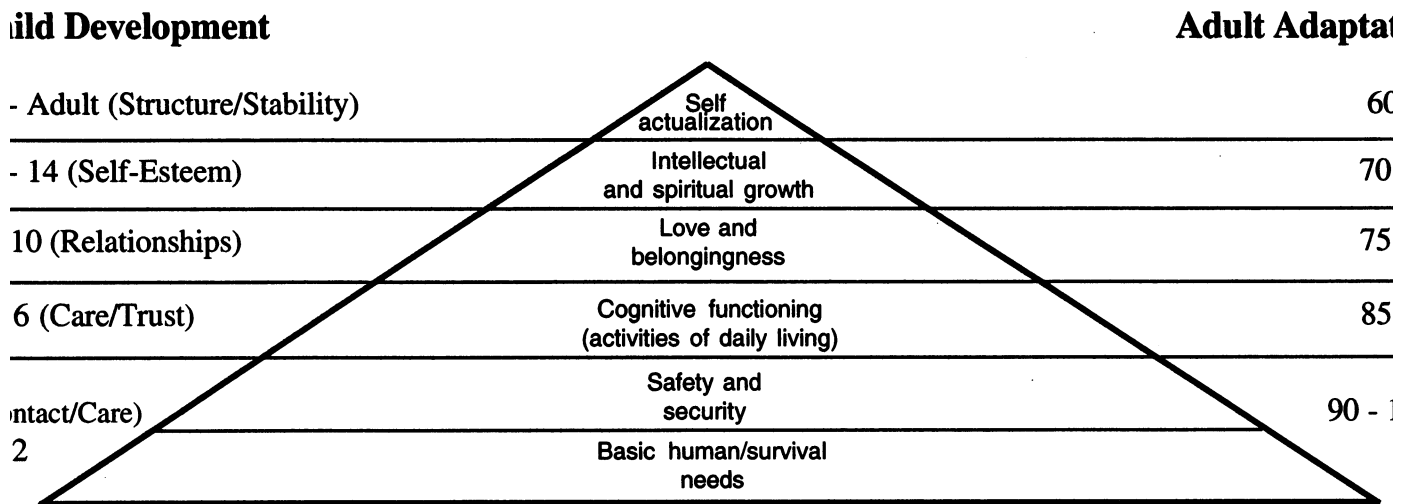
– George Washington Carver

A. Age and human needs

The effects of trauma on different age groups vary due to the biological, environmental, and psychological changes that people go through at different developmental stages. In some respects the continuum may be perceived as a circle, since many of the developmental issues facing children are similar to those faced by aging adults in reverse.

The primary needs of a healthy, functioning adult are outlined in Maslow's Hierarchy of Human Needs (see Chart, next page). It is significant that from infancy to adulthood, each developmental stage focuses on issues related to the growth of new capacities towards self-actualization. The chart on the next page shows the parallel of Maslow's "Hierarchy" with

Maslow's "Basic Hierarchy of Human Needs"



developmental stages of children and the elderly.

The developmental stages of children and the study of how they create cognitive structures in interaction with their environment achieved important prominence with the work of Jean Piaget. Early emotional development and its affect upon the nature and character of personality functioning was explored in the impressive work of Erik Erikson, Anna Freud and others. This manual focuses on the translation of their understandings and new research on the impact of trauma on both emotional and cognitive development in children. The intent to summarize clearly selected developmental factors that affect the internalization of trauma.

In infancy, the primary need is for contact with humans and the sustenance of physiological needs. Infants crave and need care and nurturing as the basis for their secure sense of safety. In preschool children,

the primary need is to grow successfully into physical independence in support of the activities of daily living. As they become independent, they also begin to learn to trust others and develop extended relationships. This ability to invest in such relationships is a major function of growth for school-age children. As children move into pre-adolescence, they begin to develop a sense of personal identity and the process of building self-esteem. Healthy teenagers use the foundation of self-esteem to begin to transcend their environmental influences and move into creating themselves through music, words, dance, the generation of beliefs – a process of self-actualization. The need for them at this stage is one of structure and stability in their lives so that they have the opportunity of creation.

While much attention has been focused on the developmental stages of children, there has been far less research on the developmental stages of the elderly. As people age, they often descend through the hierarchy of needs. Retirement from jobs or careers, decreased income, loss of relationships with friends and family due to death or immobility, and increasing health problems may affect the stability of their lives.

While many people continue to grow and create themselves, some may find that the impact of aging constricts this self-actualizing process. There is an initial need to establish new structure and routines in order to maintain involvement with life. As they become older and face changes in their physical or mental capabilities, they suffer a loss of self-esteem. As their self-image changes, there is an increased need for finding meaning in their lives and a sense of satisfaction with what they have done and who they are. Often older people become reliant on their friends, children or others to assist them, and they need, more than ever since childhood, trusted relationships. Some older people lose all physical independence and must rely upon others for activities of daily living. There is a special need for care, nurturing, and human contact among some of the very old.

Participant's Notes

Shakespeare famously captured this circular progression in his lampoon of the lives of the elite males of his age:

*All the world's a stage,
And all the men and women merely players;
They have their exits and entrances;
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms;
Then, the whiling school-boy with his satchel
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' eyebrow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth. And then, the justice
In fair round belly, with good capon lin'd,
With eyes severe, and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose, and pouch on side;
His youthful hose, well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again towards childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything,
– William Shakespeare, *As You Like It*, Act II, Scene
VII*

At either side of the age spectrum, key developmental issues are associated with the growth or decline of functioning. These issues include: physical and mental change, cognitive and emotional informa-

tion processing, attitudes toward change, communication styles, primary relationships, and perceived status or power in the social environment.

B. Developmental issues affecting the continuum of age

1. Physical and mental transformations

- a. The physical and mental changes in children and adolescents can be characterized as substantive growth.

All children grow and change physically. They grow taller and heavier; reach pubescence; and see their faces and bodies take on unique shapes. Their sensorial perceptions also grow. Infants and children learn to focus their eyes; distinguish sounds, smells and tastes; and recognize different kinds of touch. Their brain structure and chemistry is changing as they develop neuronal patterns to record information, and their experiences begin to define for them what information is relevant to their lives and what is not. Their emotions become more refined and they develop the capacity to speak and interpret the world around them.

- b. In adults, physical and mental changes relate to their abilities to build on the foundation of growth during childhood. They have the capacity to enhance their brain functioning through education and experience. They may not use this capacity, but it is available.
- c. For the elderly, physical and mental changes often are characterized by a decline in abilities. Their bodies may compact, causing them to lose some of their adult height. Their senses become less acute. Eyesight dims; hearing losses make sounds confusing; smells and tastes are muted; and the sense of touch may be altered by pain or numbness. Their brain structure and chemistry may also change. While degeneration of the brain is not

inevitable, and many people are mentally alert throughout long lifetimes, about a third of all people age 60 and older have recall problems.

*There was a time when meadow, grove, and stream,
The earth, and every common sight,
To me did seem
Apparelled in celestial light,
The glory and the freshness of a dream.
It is not now as it hath been of yore; –
Turn wheresoe'er I may,
By night or day,
The things which I have seen I now can see no more.
– William Wordsworth, "Ode on Intimations of
Mortality."*

2. Cognitive and emotional information processing
 - a. Children and youth are in a constant state of absorbing information. Since their senses are newly acute and their brain patterns are in the process of being established, their ability to take in new information is often better than people who are older. They may be more receptive to learning languages or music or acquiring physical skills. However, they do not have the cognitive foundation of knowledge to analyze the information they are acquiring. Therefore, they tend to make decisions or solve problems through trial and error. They tend to remember things well only for a short time.

It may be that long-term memory depends on the ability to form narratives of perceived information, and that traumatic events sometimes leave only emotional and physical impressions, while ordinary events leave memory traces that, with repetition, become solidified over time.

Children also have limited concentration spans for processing information. They do not

- yet have the discipline or the capacity to focus their attention for long time periods. This may be the reason that time itself is experienced as a slow process. The lack of memory of the past, and the lack of understanding of future possibilities, contribute to the fact that children are centered on present-day activities and events.
- b. Adult cognitive and emotional processing of information expands as they make associations and connections between thoughts, experiences and previous knowledge. Information becomes translated into protocols, frameworks, and perceptions. Nothing may be new under the sun, but there may be new ways of understanding. Information is no longer simply random – it becomes knowledge. With knowledge comes the ability to make decisions based on choices and the prioritization of values and options. For most people, their sense of identity and personality tends to solidify with age. Some may talk of a “new awareness” of themselves, but often the new perspectives are a revisitation of comfortable ways of living. It is in the middle years that most people have the most conscious ability to access both long-term and short-term memories. They can concentrate longer and put life in perspective. Since they now understand the concept of the future, future plans, rather than the present, often become the dominant force in adult life. The sense of time is demarcated by its routine passage in hours, the movement of the sun, the passing of days, the transitions of the seasons, all of which are based upon previously-experienced information and have been recorded in a temporal rhythm.
 - c. The elderly tend to take what they have learned and know and merge it with an understanding of a meaning in life. Many cultures look to the elderly for wisdom. Even in the United States, where there is discrimination based on age,

young people often turn to the elderly for advice on life and its meaning. Because of their experience, the elderly often rely upon routine, habit and tradition in problem-solving. New things are not always understandable. It is not unusual for the elderly to have limited, short-term memories. For many, a memory of what happened yesterday is not as much use or of as much comfort as a memory of what happened years ago. Concentration spans for the elderly may be as limited as those of a child. The elderly generally focus on life in the past and they experience life in the present as going faster and faster.

3. Attitudes toward change

A third developmental issue is people's attitude toward change. These age-related distinctions are very simple.

- a. A child or young adult experiences constant change and generally responds with an attitude of exploration and discovery. They do not have an established equilibrium in their lives.
- b. Most individuals in their middle years have acquired an equilibrium that is marked by daily, monthly and yearly routines. Even those who work in crisis situations on a regular basis learn to accommodate those crises in a routine manner. Change may be viewed as disruptive although adults often have learned coping skills that assist them in handling change.
- c. The elderly usually respond to change in one of two ways. They may cope well because they have developed coping strategies over time, or they may cope badly because change has caused so many painful losses. However, once again, they tend to rely upon a review of past behaviors as a compass for dealing with the present.

4. Methods of communication

The primary way individuals express themselves is also age-related.

- a. Children and youth initially rely on physical expression for communication, and gradually absorb language, and then become verbal. Infants communicate through noise and physical action. Throughout early childhood and into adolescence, forms of play remain the primary methods of ventilation. Games, dance, exercise, or athletics may all serve as modes of expression. As children become adults, there is a social value placed on how well they can communicate through reading, writing, or speaking. There is also evidence that linguistic ability contributes to brain development and mental functioning. Sometimes illiteracy, or the inability to speak the primary language of the country, interferes with the development of communication skills. For some, barriers to development of communication skills can also be barriers to development of adult learning skills.
- b. Adults in their middle years focus on verbal communication skills. Translating thoughts and reactions into narratives is central to the process of understanding those thoughts and reactions.
- c. The elderly may find that their communication skills decline in tandem with their physical decline. A person suffering from poor eyesight may not be able to see in order to read or write. A person who has poor hearing may find it difficult to hear what is being said. Small strokes, lack of concentration, dementia or Alzheimer's disease may make it difficult for older people to convey their thoughts to others. For this reason, many older people find comfort in a return to expression through physical means. Singing, dancing or swaying to music may be an achievable form of communication. While they may not be able to describe what happened to them on a particular day, if sights or sounds are recreated, they may be able to identify them.

5. Primary relationships

Human beings are social animals and through much of their life this is demonstrated by the relationships in which they invest most time and care. These relationships are affected by developmental stages.

- a. Children and youth begin their lives with their primary relationships based on their parents and their immediate family members. However, as they grow up, their focus changes to their peers.
- b. For those in their middle-years, the primary relationships remain with peers, whether those be friends, fellow employees, siblings, or partners. While parents often love and care for their children with great intensity, mental and emotional support is sought within their own age group.
- c. As people grow old, they retain their focus on their own age group, but gradually, the emphasis shifts to people in the younger generation. Those relationships may be with their own children or simply with young adults. It is not unusual for the relationships to “skip” a generation such that some elderly have closer relationships with people in their grandchildren’s generation than people in their children’s generation.

6. Attributes of status and power

Finally, social distinctions based on status and power change throughout the years. While these distinctions vary among different cultures, religions, and nations, the following tend to define the dominant approach to each age group in the United States.

- a. Children are usually thought of as being very important. They are the next generation – a nation’s greatest resource. However, because they have little access to true power, they may be ignored, neglected, or abused.
- b. Those in the middle years wield the highest levels of both status and power. They are old

enough to have access to sources of power and they are young enough to still be considered a valuable resource.

- c. The elderly continue to be the most discardable segment of the population. As people age they are viewed as being less important because their contributions to society are assumed to have ended. They also have little access to power. Their financial power tends to diminish, and their physical abilities decline – they represent the past, not the future.

II. Trauma in Children

[Adapted from: Young, M.A., *Working with Grieving Children After Violent Death: A Guidebook for Crime Victim Assistance Professionals*, NOVA, 1996]

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please but how they are carried out depends on him. He will assume control of our cities, churches, schools, universities, and corporations... The fate of humanity is in his hands.

– Abraham Lincoln

Lincoln's observation should be a compelling argument for providing interventions to children who have suffered or witnessed traumatic events.

Trauma overwhelms a person's sense of control, connection and meaning in life. It causes an individual to experience fear, helplessness and isolation. Traumatic events experienced by children have a particularly harmful effect. Trauma may directly affect the growth and development of responses in a child's brain. It interferes with a child's ability to develop a sense of functional equilibrium with the world. It compromises the child's sense of safety and security. It invades the construction of personal identity and integrity. It may disrupt the formation of relationships and appropriate social interactions.

The experience of death can be traumatic for a child. The death of an elderly grandfather who was the source of nurturing, caregiving, and protection may be a traumatic source of grief for a grandchild while it may be an expected moment of sorrow in the child's parent's life. Violent death is experienced as a double trauma. There is the trauma of death and there is the violence that caused the death.

It is important for crisis responders to understand the typical developmental stages of children and their reactions to trauma, and as well as how trauma reactions are related to grief reactions, in order to provide direct crisis intervention in schools and communities and for training parents, teachers, and other caregivers in how to better respond when children have been traumatized.

One of the challenges for a field of developmental victimology is to document how victimization at different stages of development can have different kinds of effects (Trickett & Putnam, 1993). Such developmental specific effects can be related to three different aspects of development, according to a formulation Shirk (1988) made in regard to physical abuse: (a) differences in the developmental tasks children are facing at the time of victimization, (b) differences in the cognitive abilities that affect children's appraisal of the victimization, and (c) differences in the forms of symptom expression available to the child at that stage of development. Each of these processes is worthy of further study

– Finkelhor & Kendall-Tackett, in press. Finkelhor, D., "The Victimization of Children and Youth: Developmental Victimology," in *Victims of Crime*, 2nd ed., eds. Davis, R.C., Lurigio, A.J., Skogan, W.G., Sage Publications, Inc., Thousand Oaks: CA, 1997 [References to Trickett, P.K., & Putnam, F.W., "Impact of child sexual abuse on females: Toward a developmental psychobiological integration. *Psychological Science*; Shirk, S.R., "The interpersonal legacy of physical abuse of children," in *Abuse and Victimization across the Life Span*, Straus, M.B. ed, Baltimore: Johns Hopkins University Press; and Finkelhor, D. & Kendall-Tackett, "A developmental perspective on the childhood impact of crime, abuse, and violent victimization," in *The Effects of Trauma on the Developmental Process*," Cichetti, D. & Toth, S., eds., Rochester, NY: University of Rochester]

A. Development stages affect the trauma and grief

1. Neurodevelopment may change.

While much more research needs to be done, there is growing evidence that there may be changes in brain circuitry, brain chemistry and physiological reactivity in the brain as a result of trauma in children. Since the brain is still constructing its pathways of information processing from the time an infant is born until late adolescence, these types of changes seem reasonable.

... brutality and cruelty to children can leave a clear mark on the chemistry of the brain. And those changes in brain chemistry may be the route by which a brutalized child becomes a violent adult.

– Goleman, D., “Early Violence Leaves Its Mark on the Brain,” *The New York Times*, October 3, 1995.

First, neurophysical alterations in traumatized children may disrupt normal biological maturation (Perry, in press). Second these alterations, along with their effects over time, may have a significant impact on a variety of other aspects of child development.

– Pynoos, R.S., Steinberg, A.M., & Goenjian, A., “Traumatic Stress in Childhood and Adolescence: Recent Developments and Current Controversies,” in *Traumatic Stress*, van der Kolk, McFarlane and Weisaeth, eds. New York, NY, 1996.

The recording, processing, and analyzing of sensory information may vary developmentally according to the specific sensory input, as well as the relative importance of sensory, kinesthetic, and somatic registration. For example, the smell of gunfire during a violent event may be registered with very little process; this is perhaps related to the underlying neuroanatomy of olfaction. Visual information ... requires more mature ability to discriminate.

–Pynoos, Steinberg & Goenjian, “*Traumatic Stress*,” van der Kolk & McFarlane and Weisaeth, eds. New York, NY. Guilford Press, 1996.

2. “Traumatic memory” in a developmental perspective might better be understood through the concept of “traumatic expectation.”
 - a. Young children may have only physical memories of an event, without words to put to the memory. Even if verbal, they may not be able to integrate sensory perceptions into a narrative understanding of what happened. Hence, often a memory may focus on one specific impression associated with the threat or harm.

...before about age twenty-eight months, a child seemed not to possess the mental capacity to take in, retain, or retrieve full traumatic images in words... [however] behavioral memory (fears, play, reenactment, dreams) is almost universal. No matter what the age of the child when he experienced a terrible event ... the child repeatedly behaved in a fashion consonant with that event. In most instances, the children indulged in more than one kind of behavioral “memory.” ...These behaviors turned out to be the truest, most accurate indicators of what traces of memory still existed in the mind of a child exposed very early in life to a traumatic event or a series of events.

– Terr, L. *Too Scared to Cry*, New York, NY:Harper & Rowe, 1990.

- b. A child’s memory of trauma often includes re-interpretations that integrate misrepresentations of the threat, incorporate intervention fantasies, and co-constructions of parents or peers.

In general, childhood traumatic experiences contribute to a schematization of the world, especially of security, safety, risk, injury, loss, protection, and intervention. The importance of traumatic memories lies in their role in shaping expectations of the recurrence of threat, of failure of protective intervention, and/or of helplessness, which govern the child's life and behavior. "Traumatic expectation provides a more powerful explanatory concept for understanding the long-term consequences of trauma on the child's emerging personality.

– Pynoos, Steinberg & Goenjian, *Traumatic Stress*.

3. Reactions tend to mirror growth stages.

There is a need to focus on the level and nature of the primary needs of a child and the developmental tasks that may be particularly vulnerable to disruption at the time of the trauma as well as the child's ability to absorb, respond to, and remember information. Children need to process their traumas through each developmental stage. If the trauma and grief inhibit, delay, or cause a child to "skip" a developmental stage, there will be a need to revisit that stage in light of the traumatic grief.

Whatever the stage at which a child may have been victimized or whatever appraisals a child may make, the subjective distress from that victimization will usually be expressed within a vocabulary of behaviors or symptoms specific to the current stage of development. Thus distress expressed by preschool-age children in the form of disruptive behavior in preschool may take the form of self-blame or depression at a later stage.

– Finkelhor, D., "A Developmental Perspective on the Childhood Impact of Crime, Abuse, and Violent Victimization," *The Effects of Trauma on the Developmental Process*, Cichetti, D. and Toth, S. eds., Rochester, NY, University of Rochester,

4. Children process traumatic reactions and grief more slowly than adults because of their developmental processes.

Children do not fully grasp the impact of trauma or the permanence of death. Children are unable to sustain conscious anxiety or sadness for long periods of time. Children do not usually deny the reality of what happened, but since they do not have an alternative reality, it may be emotionally more harmful and the cognitive impact may take years to sort out.

The childhood tendency not to deny the reality of a traumatic event makes a striking contrast to the denial one sometimes sees in an adult. The adult may be unable to accept or to remember parts of an incident to which a child responds with vivid, detailed remembrance.

– Terr, L., *Too Scared to Cry*.

B. Childhood developmental stages and trauma

1. Infants and toddlers (ages 0-2)
 - a. Infants have limited verbal capacity to express their needs or emotions. However, they exhibit significant physical distress if daily needs are not met. They also retain physical memories of traumatic events even though they may never be able to articulate these memories or retrieve clear images of the events. A physical memory (or “imprint”) occurs when the body recalls sensory perceptions of traumatic events. Much later, unexplained physical pains can occur that are related to these physical memories.

Psychic trauma appears to leave an indelible mark in a child's mind, no matter how young he is when the trauma strikes. Perhaps traumatic occurrences are first recorded as visualizations, or even, by the youngest

Participant's Notes

infants, as feeling sensations. These perceptual registrations occur long before any remembrances can be recorded in words... perhaps [there are] two different kinds of memory – one a primitive kind operational from the earliest moments of conscious life (perceptual-behavioral memory), and the other, a more developed form that does not become fully operational until some time around twenty-eight to thirty-six months (verbal memory).

– Terr, L., *Too Scared to Cry*.

- b. Infants initially experience their mothers as extensions of themselves with no clear distinction between self and other. As they grow older, they may become more aware of differentiation but they still see their primary caretakers as existing solely to meet their needs. They are dependent upon their caretakers for safety, security and daily functioning.

An infant's awareness of the world is very narrow. First, the child is aware of mother. Next, the infant is conscious of his or her own physical being, and finally, of existing as a separate being ... The infant's needs are for physical contact, warmth, and consistency. The child's fears during the infancy are only those which pose a threat to his or her survival, such as the fear of separation from the nurturer, the fear of being left alone, or the fear that comes from seeing an unfamiliar face. Up to the age of two, there is no concept of death.

– Staudacher, C., *Beyond Grief*, New Harbinger Publications: Oakland, CA, 1987.

- c. Infants lack a sense of object permanence until around one year of age. When people leave the immediate presence of infants, infants fear that they are gone forever, experiencing each

such “leaving” as abandonment. When infants lose a caregiver through trauma or death, they may retain a sense of abandonment into adulthood even though they have no cognitive memories of the person who died. As infants grow to two years old they begin to explore their own independence and autonomy. However, they need constant reassurance that their adult caregivers will be available when needed.

Sigmund Freud ... in discussing the responses of young children to their mothers' absences, referred to their crying and facial expressions as evidence of both anxiety and pain. Freud stated, with regard to the distressed child, "it cannot as yet distinguish between temporary absence and permanent loss. As soon as it loses sight of its mother, it behaves as if it were never going to see her again."

– Webb, N.B., “The Child and Death,” in *Helping Bereaved Children: A Handbook for Practitioners*, Webb, N.B., ed., New York: The Guilford Press, 1993.

- d. Death of a parent is experienced as a critical loss and leaves an infant fearful and anxious. It may also be experienced as absence – the death is defined not by the existence of a parent who is now gone but by the nonexistence of a parent who should be there. Trauma is also experienced as loss for it impedes the initial growth of autonomy and independent functioning. If the infant or toddler is exposed to a traumatic event, the exposure may leave the child numb and muted.

But what happens when a child who already has achieved some autonomy is suddenly robbed of it?... The same autonomic releases for fight or flight come about – adrenaline is released, nutrients flow quickly

Participant's Notes

to the muscles, and oxygen supply is augmented. But motoric discharge is blocked. The child's body – all ready for taking risks – cannot move. There is no hope of success. The child's mind, thinking overtime and totally on the alert, cannot fashion a plan because the shock of the ambush feels too overwhelming, the attack, too devastating, the attackers, too powerful. A child, in such circumstances, is totally helpless, and he knows that he is. He has temporarily lost a very human attribute and an early accomplishment, the ability to exert autonomy.

– Terr, L., *Too Scared to Cry*.

2. Pre-School (ages 2 to 6)

- a. Children usually become verbal between two and four. Preschool children often talk well. They can tell about what they eat and toys they play with, but do not understand less tangible concepts. Death may be thought of as a different state but not permanent. Children often believe in and experience “visitations” from the dead person through ghosts or reincarnations.

I remember seeing my mother standing at the foot of the bed. She died when I was three years old. But, she would come back to me – at first every night after I knew she was dead. Then, as I got older, until I was about 12 years old, she would only visit me when I was troubled. When I was in my teens, I lost her. I used to have nightmares in which I was looking for her and never found her. When I had my first child, she visited me again for the last time. But I always remember those first nights when I was three.

– A survivor of a murdered mother, a statement in a group crisis intervention, NOVA Crisis Response Team Report, December, 15, 1987.

- b. They may not be able to discuss events in terms of time because their understanding of concepts is related only to concrete or personal concerns. If children are asked when something happened – in terms of a month, day, or year – they may not be able to answer. But if they are asked whether an event happened before or after their birthdays, holidays, the beginning of school, or other significant events, or whether an event happened when the leaves were brown or when it was snowing, they are likely to provide a reasonable response. They may also be confused about where something happened because they may fail to identify distinguishing features in the environment around them. However, they may be very aware of their specific physical position at the time and where they might have been in relation to others.

During our early years, we do not think of ourselves as a certain age – just as a certain size, or as in a certain grade in school, or as living in a certain house. Physical placement, on the other hand, is very exact in memory, especially in memories formed under terrifying circumstances. To defend yourself to the death, you do not need to know exactly how old you are – just your approximate size relative to the threat – but you do need to know your own position. Your position helps you to plot defensive action or a retreat. Your position can save your life.

– Terr, L., *Unchained Memories*, New York, NY: Basic Books, 1996.

- c. The focus for children of this age is on their immediate life. Nonessential details, for them, are often forgotten or perhaps integrated with their own perception of important events. They think in terms of what is happening now,

Participant's Notes

not what happened yesterday or what will happen tomorrow.

Children from 3 to 6 understand their world in terms of day-to-day events that happen in their lives. Children consider time in terms of personally meaningful occurrences such as holidays, nap times, when "daddy" comes home, and "supper time."... "Future" is an abstraction that children only gradually comprehend as they move from the ability to remember past events of significance (i.e., their last birthday) to projection ahead to "next" Christmas.

– N.B. Webb, personal communication, November 19, 1992, in Le Vieux, J., "Terminal Illness and Death of Father," *Helping Bereaved Children*, Webb, N.B., New York, NY, The Guilford Press, 1993.

- d. Children at this age are actively engaged in discovering a larger world than the home or the immediate family. This role of discoverer is needed to achieve greater independence in physical abilities, but it is quite challenging. Children must learn that they can trust their environment to stay somewhat stable if they are going to venture into new worlds. Trauma and loss that affects where or how they live, who their caretaker is, or what their surroundings look like interfere with the development of an understanding of trust and security. Sometimes they create their own environments of security. Cynthia Monahan relates the following case history in her book.

Jenny [three years old] had become extremely distressed immediately following her grandmother's sudden disappearance from her life. The grandmother had left with no warning to get urgent treatment for a tumor at a hospital in a distant city. This grandmother had

taken care of Jenny daily during the mother's work hours since birth and was clearly a most important person to this little girl. The suddenness of this major loss was immediately evident in Jenny's behavior. In addition to becoming very clingy and demanding over a month's period, Jenny began making little nests out of towels and blankets all over the house. She would curl up in these nests and cuddle with her favorite bunny several times a day during the first month of her grandma's absence...No one in the family could recall exactly when the nest building had stopped, but her mother thought that the nests had disappeared....Jenny's mother had actually forgotten about the nest building until Jenny was to begin kindergarten, which involved a new and challenging separation. Jenny's fears and anxieties regarding kindergarten brought up the earlier situation of loss and anxiety with her grandmother and she returned to her nesting solution to cope with it.

– Monaham, C., *Children and Trauma*, New York, NY, Lexington Books, 1993.

- e. The most common communication device for the preschool child is play. Playing remains a key form of communication for older children as well. It is a nonthreatening language which can mask direct confrontation with nonthreatening issues. But while playing is an important mode of communication for all children, it is extraordinarily important in pre-schoolers. Their verbal ability can be good, but their security remains more intact through “acting-out” than through language.

The children rarely spoke spontaneously of their experiences. Three children played games of “burying” in the sand.

Participant's Notes

– [After the Aberfan disaster in Wales, October 21, 1966] Yule, W., “Technology-Related Disasters,” in *Children and Disasters*, ed. Saylor, C.F.; New York, NY:Plenum Press, 1993.

- f. Fantasy is an integral part of play. It serves a useful purpose in providing children with an outlet for their fears, hopes and dreams. Fantasy involves magical thinking and vivid imaginings but such thoughts are grounded in observed reality. Lack of conceptual development means that young children are unable to extrapolate well from concrete to abstract thought. Hence, many of their fantasies involve mimicry, anthropomorphisms, and variations on perceived reality.

Magical thinking and self-centered interpretation frequently combine to create some highly unlikely private explanations and meanings. Commonly these explanations involve the child's idea of just punishment for misdeeds. The child's attempts to make sense of a trauma too often end in self-blame.

– Monahan, C., *Children and Trauma*, New York, NY:Lexington Books, 1993

- g. They may also believe that what they think about something can cause it to happen. Such egocentric thoughts may cause young children to believe that something they did or said caused the death of a love one. Children may use magical thinking to construct alternative realities when the world around them is painful. Most can distinguish concrete fact from fantasy but may have more difficulty understanding real versus imaginary causes for events. In today's world, sometimes they may become

confused with what is “real” on television and what is real life.

Mom frowns. Ben thinks. “I must have done something wrong to make her so angry. It’s my fault. I’ve been such a bad kid lately!” He didn’t understand Mom had just heard bad news on the telephone. Children can’t separate themselves from the experience. They take in an adult message, “swallow it,” and “stuff it,” sometimes carrying it all of their lives.

– Goldman, L., *Life & Loss: A Guide to Help Grieving Children*, Accelerated Development, Inc.: Muncie, IN, 1994.

3. School-age children (ages 6-10)
 - a. School-age is marked by rapid cognitive and competency development. Children tend to be able to formulate and articulate concepts and understand multidimensional ideas, even though they may not be able to independently identify such dimensions. Thus, they usually have been exposed to death and have thoughts about it, but may still think of it as reversible. Death may be externalized in concrete fears and images of monsters, scary animals or people, or inanimate objects. Memories of trauma may be replayed in day- and night-dreams. But their impressions of these events may be shaped by misperceptions and myths overheard from others or seen in the media.

One of the major perceptions that occurs within (or near) this age range is that death ... is a bogeyman, a monster, a ghost, a skeleton, or an angel who comes to take people away. It comes from the outside, and in that sense it is not a person. Children think that by being clever and trying hard, they can escape personified death as they could escape an assailant.

– Staudacher, C., *Beyond Grief: A Guide to Recovery from the Death of a Loved One*, Oakland, CA: New Harbor Publications, 1987.

- b. Children become less egocentric and develop an ability to see things from another person's perspective. However, this ability may increase conflicted feelings about another person's death or a traumatic event. The death of a sibling may cause a child to fear his or her own mortality, feel bad because the sibling is gone, feel angry with parents for their preoccupation with grieving to the exclusion of the surviving child, or feel guilty about wishing the sibling dead at some time.

If your child is in this age range, he has had more years to experience sibling rivalry, more memories of fights with his brother or sister, and more death wishes.

Even more than when he was younger, he may feel that he was responsible for the killing of his brother or sister. He is not intellectually mature enough to persuade himself of his innocence.

– Lord, J.H., *No Time for Goodbyes*, Pathfinder Publishing: Ventura, CA, 1987.

- c. School-age children relate much better to time and space. In part this occurs because they begin to develop relationships with other people and things outside of their own home. The fact that they must be at school at certain times and days gives them a more precise frame of reference. Weekdays now become distinguishable from weekends. However, the growing independence of children from the home means they must increasingly trust and invest in new attachments. Traumatic events may shatter that

security and impede the capacity to make new relationships and attachments. They interfere with children's ability to trust others and their environment, especially when a child's routine, home, school or family life is destroyed. While children who have not suffered trauma may begin to develop a sense of identity, routine and equilibrium, children who have been traumatized learn that instability and disruption are reality.

With my mother's death all settled happiness, all that was tranquil and reliable, disappeared from my life. There was to be much fun, many pleasures, many stabs at Joy; but no more of the old security. It was sea and islands now; the great continent had sunk like Atlantis. [C.S. Lewis's mother died when he was nine.]

– Lewis, C.S., *Surprised by Joy*, Harcourt Brace: San Diego, CA, 1956.

- d. Children become increasingly able to respond with emotional affect but may find it difficult to tolerate the pain of grief for any length of time. They lack the ability to concentrate on any particular activity or issue for long periods of time. This inability to concentrate characterizes both their cognitive and emotional responses. Adults may view children's natural need to sporadically distance themselves from sadness as an absence of grief. Children rarely forget their sorrow but visit and revisit it in short, intense periods of time, punctuated by a determination to distract themselves with other things.

My friend kept saying, "Don't you care that your father died? Aren't you sad?" I said, "Yeah, I'm sad, but I can't cry all day." It was like she thought I didn't care, but I couldn't cry at school. [Ten-year-old girl whose father died in an auto accident]

– Staudacher, C., *Beyond Grief*.

- e. As children grow older they often become more conscious of right and wrong. Things seem to be black or white. There is little room in their thoughts for the grays. If they think that they did something wrong, guilt may be overwhelming. If they think that others have done something wrong, anger and blame characterize their attitudes toward those persons. They do not have the ability to begin to comprehend choices that adults make or to understand when certain choices are not available. Children may be angry at their parents for not protecting them or angry at them for dying and abandoning them. There is a poignant and chilling description of such anger in an biography of James Dean whose mother died when he was eight and whose father then delegated his care to an aunt and uncle. According to that account, Dean was asked why he became an actor and he replied with the following words.

Because I hate my mother and father ... I'll tell you what made me want to become an actor, what gave me the drive to want to be the best. My mother died when I was almost nine. I used to sneak out of my uncle's house at night and go to her grave, and I used to cry and cry on her grave— "Mother, why did you leave me? Why did you leave me? I need you ... I want you ... I'll show you for leaving me ... fuck you, I'm going to be so fuckin' great without you!"

– Dalton, D., *James Dean: The Mutant King*, New York, NY:St. Martin's Press, 1974.

- f. Play is an important part of communication for school-age children; however, they need to be able to explain the purpose of their play as they become more verbal. School-age children often create “savior” endings when they retell stories of trauma in an effort to reestablish a sense of safety and mastery over an event. As they grow older, they may become more interested in games or play that is governed by rules and conventions. This is a part of their developmental efforts to internalize control and become increasingly independent from adults.

Last year she [my seven-year-old] became interested in the Titanic. She poured over several of my Titanic books, and at her request we went to see an IMAX movie that shows the actual wreck lying on the ocean floor. At first I found her interest unsettling ... Then one night I came in to check on her while she was taking her bath. A wooden boat lay overturned in the water; around it floated three Barbie dolls and a dozen other plastic figurines. Susannah was pushing her inflatable teddy-bear soap dish through the water, picking up the characters and loading them on board. When I asked her what she was doing, she gave an embarrassed smile. “I’m playing Titanic,” she said. “But the way I play it, there are enough lifeboats and everybody gets rescued.”

– Colt, G.H., “The Strange Allure of Disasters,” *Life*, June, 1997.

4. Early adolescence (10-13 for girls, 12-15 for boys)
 - a. This stage may well be one of the most awkward and difficult for most children. The abruptness of physical changes, along with the related emotional upheavals that accompany increasing needs for independence and greater feelings of insecurity, are major sources of

Participant's Notes

stress for these children. Since they are already dealing with physiological changes and identity development, a trauma that changes their lives and sometimes their physical well-being may have lasting effects. Children in this age group often talk about physical stress-related symptoms: nausea, headaches, sleep disturbances, frequent crying spells, and so on.

...almost universally puberty is a time of inner turmoil as a result of psychological factors and internal sensations derived from bodily changes.

– Sarnoff, C.A., *Psychotherapeutic Strategies in Late Latency through Early Adolescence*. Jason Aronson: Northvale, NJ, 1987.

- b. Preadolescence and adolescence brings with it a solid concept of death. But sudden trauma may undermine an emerging sense of an autonomy of identity at the same time as it may propel children into early adulthood. Traumatic events are readily acknowledged as natural, accidental or cruel events. Death is not equated with imaginary monsters or incarnations but rather is perceived as a biological process. Fears about death may focus on the dying process and the consequences of the death for the living. Pre-adolescents rarely think about their own death but rather consider it as an aspect of the aging process, something that may occur in their lives – but at such a distant future it is inconceivable. Hence, if a peer is killed, the impact is intense activity, depression, and upheaval.

...children from nine to twelve years old seem capable not only of perceiving death as biological, universal, and inevitable, but of coming to an appreciation

of the abstract nature of death, and of describing the feelings generated by this quality. This complex recognition pattern associated with death is joined by an emerging belief in the mortality of the self, but for these children death is far off in the future and remains in the domain of the aged.

– Lonetto, R., *Children's Conceptions of Death*, New York, NY:Springer, 1980.

- c. The emotional roller-coaster that a child deals with at this age is manifested in wide mood swings. Their own identity is not clearly established and their self-esteem is shaky. Bravado and aggressive behaviors may be used to disguise their vulnerabilities. Traumatic events have a direct impact on the psychological construction of self-esteem and identity. While some young people may feel exhilarated as a result of trauma because they survived, in the aftermath, most acutely feel loss of control and autonomy, many times manifested in the inability to move or to feel. Thoughts of suicide, survival guilt, existential anomie, preoccupation with mortality, and loneliness are often complications for traumatized preadolescents on the emotional roller-coaster. Robert Lifton has the mindset of survivors of the Hiroshima bombing as one that contains “a legacy of lethal impairment.” (*The Broken Connection: On Death and the Continuity of Life*, Basic Books: New York, 1983) And, for many traumatized preadolescents and adolescents that legacy also holds true.

The “Aarvy Aardvark” story, while addressed to “people of all ages” connects to that impairment.

Participant's Notes

The next day the clouds hung low, like heavy grey curtains drawn over the sun. Aarvy lay in their shadow all day long.

He was tired. So tired that he barely moved. So tired that he didn't even open his eyes. But he couldn't sleep either. He didn't even daydream.

But several times he said to himself, "I just wish that I was dead."

– O'Toole, D., *Aarvy Aardvark Finds Hope*, Burnsville, NC: Mountain Rainbow Publications, 1988.

- d. In early adolescence, children become more preoccupied with peer relationships and begin to distrust or challenge adult interpretations of the world. This is particularly true when they perceive that adults failed to protect them from a traumatic event or sudden death of a loved one. They yearn to remain a young child sheltered from harm, but, when there is no shelter to be found, they may lash out at those who might have tried to help them.

My father killed Scott. He pulled me out of the car and I could've gotten out by myself. Scott couldn't have because he was unconscious. Now my father thinks I should be grateful to be alive and thankful to him. But it was his fault that Scott died and I don't care if I live or die without Scott. He was my best friend. It was my father's fault. If he helped Scott, we would all be alive today. Every time I look at my father, I think about what he should have done.

– An eleven year old boy after a car crash in which two people were killed, NOVA Crisis Response Notes, July, 1988.

- e. There is a tendency for children to become very emotional in response to events at this age. The emotional interpretation of events without a pre-defined cognitive structure causes young adolescents to perceive things symbolically. They use their brains to translate their emotions into powerful symbols for protection and security. Increased abilities to understand abstractions may result in introspective searches for the meaning of life and death. As cognitive powers increase, so does the drive to connect consciously or unconsciously the emotional truth of an event with the cognitive understanding of it. Preadolescents are prone to active dreaming and the sense of telepathic powers, particularly in the aftermath of trauma.

There is considerable psychological truth to the idea of dream prediction, but it is an internal truth, not an external one. Our deep inner drives impel us to action – certainly to future action. By giving our drives expression in dreams, Freud tells us, we do reveal something of our personal futures. But these futures are internally derived destinies, not prefixed fates awaiting outside of ourselves...

In childhood trauma, paranormal “powers” develop after, not before, the overwhelming events. By virtue of time-skew and repetitive dreaming, traumatized children come to think that they are psychic.

– Terr, L., Too Scared to Cry.

- f. Ideals and commitments are viewed as a sacred trust. Betrayal of promises, vows, or relationships is rarely tolerated, even when being faithful to them may be harmful to the children who rely upon them or when the person making such vows is incapable of honoring them. In the same way, children often feel extraordinary

Participant's Notes

commitment to fulfill any request made to them by people who are dying in the aftermath of disaster or to live the lives that their loved ones would have wanted for them. Joseph Lash wrote about Eleanor Roosevelt's life after the early deaths of her mother and father.

Because of her overwhelming attachment to him [her father], she would strive to be the noble, studious, brave, loyal girl he had wanted her to be. He had chosen her in a secret compact, and this sense of being chosen never left her. When he died she took upon herself the burden of his vindication.

– Lash, J. *Eleanor and Franklin*, W.W. Norton: NY, 1971.

- g. Words and symbols mean a great deal to the preadolescent and the adolescent child. Stories, plays, poetry, and music lyrics often serve as a basis for expression – those written by others and particularly those created by the child.

You told me to write in my diary about Joshua's death. When I did, he seemed to come alive. I described his dark brown hair, his wonderful eyes and I cried. I would never see them again. But, then the words took on a life of their own. He was alive on the paper. I used paper I had bought specially for him with lilacs in the corner because he loved the smell of lilacs.

– A twelve year old girl whose boyfriend had been killed, NOVA Crisis Response Report, June, 1988.

- 5. Adolescence (13-18)
 - a. Normally, adolescence tends to increase the emotional upheaval of preadolescence. This adjustment period seems designed biologically

to help us move to adulthood; however, the world is so complex that such growth still may seem to come too fast. Children often want independence but are unable to work within such independence and hence may simultaneously want more guidance and structure in their lives. This may be particularly true if the child has been abused and feels out of control.

There weren't any rules; the rules just kind of dissolved after awhile. I used to dread going home. I never knew what was going to happen. The threat of a beating was terrifying because we saw what my father did to my mother. There's a saying in the army: "shit rolls downhill." He would do it to her and she would do it to us. One time she hit me with a poker. After awhile I got used to it. I would roll up in a ball.

– Interview quoted in Herman, J.L., *Trauma and Recovery*, Basic Books, NY, 1992.

- b. At this age, adolescent behavior becomes inconsistent. Adolescents often love and hate the same person at the same moment. Anger may manifest itself as rage, and sorrow may become suicidal. As a corollary to their need for independence, they often have a great need for privacy and hence become very secretive. Confidences may be offered sporadically and may be peppered with untruthfulness when shared with adults. Secrecy may also become a coping mechanism when young persons are afraid that their emotions will not be tolerated by others.

Jesse [age thirteen] said it was only when she was alone at night, lying in bed, that she could let herself think about her mother and their old apartment. Then she would realize that she would never go back there,

Participant's Notes

and that her mother would never come back. Sadness and anger would flood through her. But she felt she had to be careful during the daytime. Otherwise, she and her brother and sister might get kicked out of this new home.

– Fry, V.L., *Part of Me Died, Too*, New York, NY:Dutton Children's Books, 1995.

- c. The immediacy of death when it affects teenagers is in stark contrast to their desire to see death as a part of a far distant future and their inherent sense of immortality. Sometimes their activities center around proving themselves more powerful than death. Involvement in risk-taking activities may be exacerbated by the loss of risk-inhibitions due to traumatization. They often express themselves by acting out and through experimenting with new behaviors. Violence may be used as an expression of manhood by some young males. The suicide of a peer – a friend – may be particularly traumatic because news of a suicide is usually accompanied by disbelief, hurt, guilt, betrayal and fear. The fear for adolescents may be that they have considered suicide themselves at one time or another and they now realize that this option is a real possibility.

The threat of personal mortality or the loss of loved ones may be so great that denial becomes a major defense. Adolescents' omnipotence may be viewed as counterphobic to the fear of the reality of death. Faced with a loss (whether death or another loss, such as the breakup of a relationship), the adolescent's grief may be expressed in death-defying, risk-taking behaviors such as substance abuse.

– Gudas, L.J., "Concepts of Death and Loss in Childhood and Adolescence," in Saylor, C.F., ed., *Children and Disasters*.

- d. Most adolescents are creative and energetic. Their creativity is manifested through the creation of their own symbols, activities, and words. Slang, fashion fads, and alternative music styles are all examples of this need for creative expression. It is also illustrative of teenagers' need for control over their own worlds. They are likely to question and resent adult authority and decision-making in which they are not active participants. This is why it is so important to involve adolescents in the reconstruction of communities or the plans for a new life after a tragedy. It gives them a sense of ownership of their lives as well as a way to physically and mentally express their emotions. Facilitation of peer support groups, or organization of peer crisis response teams in planning for catastrophe, provides a way for adolescents to take leadership in the aftermath of trauma. Many young people create symbolic activities to memorialize their losses and to maintain a living connection to loved ones who have died or been injured in a catastrophe.

A young teenager whose father, who was also his Little League coach, had died began to play every game for his father.

"My father has been my baseball coach for six years, that is six GREAT YEARS. It was great having him for my baseball coach. He would always warm up the pitcher before the game started. Every time I was up to bat he gave me hand signals from third base on what I should do.

"Now when I look down at third base and see he is not there to give me hand signals, I say to myself before the pitch, 'This one's for you Dad.' "

...Making something from his memories of his father helped Barry feel closer to his dad, stronger in his love for him. In the same way, it helped him feel better to dedicate each one of his hits to his father.

– Fry, V.L., *Part of Me Died Too*, New York, NY, Washington Square Press, 1959.

C. Children's reactions to trauma at any stage are affected by the impact of "parent loss"

1. Actual loss of parent(s)

A violent, traumatic event may cause the death of a parent. Children then must cope with the shock of the event but also with the sudden loss of one of the most important people in the world to them. Parents are normally the source of nurturing, care, and stability. They are the focus of a child's sense of security and protect their children from harm. If a parent suddenly dies, the child is left feeling scared and vulnerable. Infants and toddlers may only remember fleeting images or feelings associated with the parent, but they may experience the absence of a father or mother as a loss through adulthood. Some older children may regress to infant behaviors in an effort to recapture the time when they felt safe. However, many older children seem to accelerate their maturation process, taking on adult roles and behaviors.

Sometimes traumatic events separate parents from their children or cause them to abandon a child. If children can't understand why or how the separation occurred, the loss of a parent under such circumstances harms children's abilities to trust others, and also their self-esteem.

If a parent is the cause of the trauma, through accidental or criminal behavior, the loss of the parent may be complicated by feelings of alienation, betrayal, and even hate. Rage may become a dominant reaction toward the parent as well as others that the child views as conspirators with the parent. Children may blame themselves for their parent's actions and carry a burden of guilt into adulthood.

2. Perceived loss of parent(s)

Children tend to look to significant adult figures in their lives for reassurance about their own reactions and to learn how to grieve. Parents and teachers are natural models of behavior. However, often parents and other significant adults in a child's life are unavailable to the child after a traumatic event because parents are so involved with other concerns. They may also be perceived to be unavailable because they don't understand children's reactions, avoid or deny that such reactions are often intense and complex, or simply don't observe the reactions.

Parent loss may be experienced when parents become consumed with their own losses or reactions to a trauma. It is often difficult to cope with the impact of violence and to offer comfort to children at the same time. Some parents may even fall into behaviors in which they assume a child-like role while their children take on adult roles in their relationships.

3. Actual or perceived parent loss can be more traumatic than the trauma event itself

Parent loss can affect how children later cope with adulthood. Since children tend to model their own behaviors on parent behaviors, parent loss may have an impact on a child's own parenting skills. It may have an impact on how the child deals with other adversities and how children cope with trauma when they are adults.

D. Child and adult grief reactions are exacerbated by violent traumatic loss

1. Intensity of emotion increases

Since most grief reactions are similar to trauma reactions, trauma and grief have a multiplier effect on emotional responses. Anger at the traumatic event or the perpetrators of the event is made more complex by grieving protest over the loss. Fear or terror about the vulnerability of one's own life is complicated by the real knowledge of the

Participant's Notes

death of others. Confusion about what happened, how it happened, or why it happened, mirrors confusion about the meaning of life and the meaning of death. There is also grief over the trauma, compounded by the grief over the consequent death.

2. Duration of grief may be extended for years

Grieving reactions following expected death may last for a year or two. Grief spasms – when people are reminded of the death of someone whom they loved – often are felt for a lifetime. Grieving reactions following an unexpected death may be unresolved for five or ten years. The trauma of the loss must be dealt with before normal grieving may begin. This means an individual endures the crisis reactions of shock, disbelief, anger, fear, frustration, shame, guilt or grief in response to the trauma and may suffer long-term stress reactions due to the impact of the trauma. Often, in the process of coping with the trauma, people have little ability to face the finality and impact of death. Their abilities may be impeded since trauma issues are forced to be reexperienced repeatedly because of involvement in the criminal justice system, civil litigation, or reflections by the media. Grief may also be confusing because of the extent of losses. Someone loved has died, but the traumatic event may also have caused the survivor to suffer a loss of faith or trust in the world, a loss of innocence or belief in certain values, a loss of a sense of identity or purpose, or a loss of meaning of life. Each of these losses need to be mourned and marked by conscious remembrance of what existed and now is gone. This grieving process is separate and different from the grief that will be experienced as one realizes the full impact of the loss of a loved one.

E. Trauma and grief patterns of children are similar to adults but are manifested differently

1. Length of grieving extends throughout the developmental stages

As children mature, they should reprocess the impact of the trauma and loss in the context of their development. The loss of a father for a young toddler may be grieved over in terms of the loss of a loving caretaker. The loss of that father for the school-age child must be grieved over in terms of the absence of a teacher, an authority figure, as well as how the father would have been perceived by new friends and peers. The loss of the father for the preadolescent may take on new meaning in the absence of a model for sex roles or in the construction of the child's growing sense of identity. The loss of the father for the adolescent can affect his or her understanding of stability and the growth of independence. A young adult may grieve over the loss of the father in terms of a loving companion and source of friendship. The meaning of the traumatic event may also change throughout the sufferer's development. Memories of a sudden trauma are reprocessed in activities and attitudes.

2. Traumatic events may be accompanied by ongoing crises and challenges in a child's life

Children are constantly facing change and new situations. They are learning new lessons at school, changing classes, establishing new relationships, and taking on new responsibilities as they grow. Trauma may add significantly to their changing worlds. They may be sent to a new temporary or permanent home as the result of losing a parent and that may also mean they are in a new school and deprived of current friends or teachers who might have been supportive. They may be faced with a sudden change in their roles as a daughter or son, a sister or brother. They may have to go to work to help out with family finances. In addition, by nature, children must take time out from grieving to meet new challenges in life, cope with ongoing changes, establish new relationships, participate in school and to play.

3. Children's communication styles differ from the

communication styles of adults

Children engage in activities to deal with trauma and grief. With young children, these activities involve spontaneous play, usually with objects or other children who are readily available. Older children and adolescents also engage in activities to express their reactions. These activities may include sports, drama, dance or song.

Trauma- or grief-related activities may be sporadic and repetitive.

4. Some adults have spiritual beliefs that help them to cope with trauma and grief

Children may not have fully developed such beliefs, and trauma intrudes on their conceptions of life and death. On the other hand, for children who believe in God, they may become disillusioned in their beliefs. They may think God has betrayed them. The spiritual questions that may beset adults may also occur to children, but they may resolve them in ways that destroy their faith.

F. Traumatic grief reactions

1. Loss and death

The experiences and concepts of loss and death are closely intertwined. Death is often expressed as the loss of life. Someone who has died has been "lost" to his or her survivors. The end of relationships or certain periods in life are often talked about through death imagery: divorce may be experienced as the death of a marriage; memories of the past may be thought of as old, faded, or dead. Grief reactions are normal when anything has been lost. When someone or something is gone forever, the grief may seem overpowering. The concept of death for children may be more difficult to understand when there is no tangible or physical evidence of finality. It is also difficult for children to comprehend or accept the permanence of death.

2. Denial

Adults often react to notification of traumatic death with denial. They can't believe that

someone they love is dead or that they died due to violence or trauma. Denial occurs because the death does not fit into the adult's perspective of normal everyday life. Trauma may not be extraordinary – violence and death happen routinely in today's world – but traumatic death in a particular individual's life is extraordinary to that person.

Children lack the ability to deny trauma and death because they don't have a fully-formed perspective of normal life. They live in a temporal world that is the present. What occurs today is reality, even if it is an awful reality. If they have had little experience with loss or death, they have little experience in dealing with the emotions that accompany loss or death. They don't deny it, but they may be unable to sustain the sadness or the fears that they face.

Fantasy may be used to cope with those reactions and to escape from their intensity. Imaginary or magical thinking is a key source of emotional and mental processing. Children tend to replay the trauma or death through daydreams and nightdreams. They may not be as likely as adults to experience intrusive thoughts or flashbacks about the event. Rather, they let their minds wander into thoughts of the event and imagine ways to restore the past or recreate relationships that might now exist but for the event. Sometimes fantasies are scarier than reality. Images of a loved one buried alive in a coffin, confusion over the state of sleep with death, and concern over where the loved one is now are examples of sources of scary fantasies. On the other hand, younger children may create imaginary playmates or substitute parent figures in their dreams to help cope with their loneliness. Older children may idealize memories of the person who has died. Often dreams and fantasies focus on possible reunions. Some children may experience "visitations" by ghosts or spirits of the dead. Others may develop a belief in

reincarnation of the deceased. Sometimes fantasy is used to explore alternative roles they might have played in responding to the trauma or in preventing a death. Fantasy may also be used to imagine different endings to the traumatic event that could have happened and would have had more positive consequences.

3. Losses caused by death are concretely identified in a child's life; explanations about death and loss are often interpreted literally

Someone has died. If a child sees the person who is dead, they notice the absence of activity. However, the difference between life and death may not be otherwise obvious. Their concern about the physical aspect of death may be manifested through questions about how someone eats, breathes, or goes to the bathroom when she is dead. Since they don't comprehend death's permanence, they may worry about what will happen to the person when they live again. Caregivers need to be alert to behaviors or casual comments that might indicate children have unspoken questions. Simple, straightforward answers, or acknowledgments that the caregiver has similar questions, are helpful to children.

Because children's perspectives are tied to concrete, factual observations, it is particularly important to involve them in activities that acknowledge the mourning process and provide them with rituals and symbols that help to memorialize what has happened. Children sometimes think that adults don't care what happened to the deceased because adults do not involve children in funeral arrangements or memorials and may be uncomfortable demonstrating their own grief in front of children. Children often resent what they perceive as attempts to replace loved ones or to forget them. When the deceased's clothes or property are removed quickly, children may see that as a betrayal of the deceased.

As children become more aware of the fact that the deceased will not return to their life, they also become more aware of the consequences of the death. They miss the behavior of the deceased – habits, routines, activities that they had learned to expect in their lives. They may miss physical reminders of the deceased, particularly if adults have removed clothes, personal property, or photographs from the child's home or school. They also miss the deceased when they are not a part of their life. If a child's father has died, dinner time may be particularly traumatic because the father doesn't sit in his usual place. Children may long for opportunities to discuss ongoing life events with a person who has died and who served as an advisor or counselor during their life.

Loss may also be marked by increased expectations in a child's life, such as role changes or the need to become more mature. Sometimes these expectations are driven by children's own interpretation of the death and their need to behave differently in order to become safer or to substitute their own life for the one that has been lost. Sometimes the expectations are defined by family or social connections. A grieving mother may turn to her son after the death of her husband and want him to assume the role of the "man in the family."

4. Trauma reactions are related to grief reactions

Traumatic death compounds grief but reactions to the trauma often take precedence over grief. There is shock and disbelief about the nature of the traumatic event. Emotional reactions such as anger, fear, frustration, guilt, shame and grief over the traumatic event prolong efforts to begin life again. Grief may be postponed over and over again, but it is also a part of the traumatic reaction. While there are common elements of grief – just as there are common elements of trauma reactions – every child is different. Some reactions may be illustrated in the following.

Participant's Notes

a. Protest or anger over the loss or death

Anger may be directed at the person who died – *How could he do this to me? How could he leave me?* It may be directed at parents or adult caretakers who failed to protect themselves or the child. It may be addressed to God or the supernatural – *Why did he have to die and someone else is still alive?* Sometimes it is directed internally by children themselves as they worry about what they might have done to cause the death.

b. Sorrow and sadness about the loss or death

Children need to know that crying is a normal way to express sadness. They need to know that feeling lethargic or uninterested in things around them is also a sign of their grief. Some children misbehave or withdraw from ordinary activities. It is often important to reassure children that it is okay to laugh and play, and that it doesn't mean they didn't love the person who died.

c. Guilt or self-blame

Children often believe that their thoughts or feelings can *cause* things to happen. If they wish that someone was dead and then that person dies, they may feel their thoughts made death happen. They may feel that if they had been better people, God wouldn't have let this happen to them. They may have deep regrets and guilt over times when they were angry or behaved badly towards the deceased.

5. Children face additional risks which increase the traumatic grief reaction

They may experience changes in the primary adult or adults who are responsible for their caretaking. They may be forced to relocate their home or to attend a different school because of the impact of the trauma. Sometimes they are sent away to homes of relatives or friends for a temporary time to give parents or significant adults a chance to organize their lives. Excluding children

from transition activities and events adds to their sense of abandonment and isolation. Particular activities which children had enjoyed before the trauma may now cease because the person who died was the one responsible for promoting those activities or involving the children in those activities.

G. Common coping skills among children

1. Coping through spasmodic crises

Children naturally allow themselves to deal with crisis and trauma by confronting those issues incrementally. They tend to focus on their grief and distress in short time periods and then return to everyday activities. They are not prone to dwelling on events or concentrating and analyzing the aftermath. They may become overwhelmed with emotions relating to a tragedy for a while but other things often divert them.

2. Seeking and relying upon help from others

Resilient children develop strategies for finding older children or adults who might help them. They will gravitate towards people who seem to provide stability and comfort. A child whose parent has died may actively identify a surrogate parent in the neighborhood or become especially close to a teacher or religious group leader.

3. A sense of a foreshortened future

Many children after surviving trauma cannot conceptualize a longlasting life. This can be a positive coping skill when it helps them to focus on the present. It can be a negative coping skill when they believe that they may, can, or will die in the near future and contribute to that belief through their actions.

4. Retreat into fantasy

Children often use fantasy as an escape from reality. They may imagine "savior" endings to a traumatic event that resulted in death or destruction. At times their fantasies will involve seeing themselves as the savior to the event, at other

times they may imagine a loved one appearing as a superhero.

5. Education and aspiration

Some children cope well because they view the traumatic event as something to overcome through their learning or physical activities. Literacy seems to help children because it provides them a method of learning about what happened and beginning to process and understand its dimensions. School can provide a welcome relief to a traumatized child because it is routinized and the child knows what is expected. Lessons that are targeted and have definite definable goals help children to concentrate and adapt.

6. Spirituality

Children may cope better if they have a belief in God or other spirits. Children may believe that they are communicating with a loved one who has died and that they see the ghost or spirit of the loved one. This is not a frightening thought to many children but a comfort as they continue to grow and develop. Some children rely upon a belief in a loving God to help them through times when they feel alone and afraid.

H. Interventions for traumatized children

1. Caregiver communication

Initial efforts at intervention should focus on communication techniques that are age-appropriate. Children should be encouraged to express themselves in play, artwork, music, dance or drama. Verbal communication through which children explain their activities should also be sought.

- a. Attention should be paid to helping children develop a narrative or a story of the traumatic death. Key components of such a story include placing the death in the context of time, space, understanding clearly what they observed and clarifying any particular misperceptions, and assisting children as they seek to find a meaning or purpose in what happened.

- b. Caregivers should remember that children need to take the lead in defining the terms of discussion or expression. A child's questions should be answered factually and simply when possible. Caregivers should listen carefully to questions so that they don't make assumptions about what the child knows or wants to know. Often caregivers fall into the trap of providing too much information in response to a question.
 - c. Behaviors should be non-judgmental with regard to the traumatic event, the traumatic grief reaction, and the child's age-related behaviors.
2. Goals of assistance
- a. Establish safety and security
 - Respond to and provide opportunities for children to receive positive human physical contact to reaffirm needs for sensory comfort and care.
 - Help children get enough sleep. This may involve responding to a child's concern about the safety of his bedroom or home, ensuring that someone is readily available to provide assurance after nightmares or sleep disturbances, or providing a soothing and calming environment before bedtime.
 - Help children develop protective plans of action if another traumatic event were to occur. This may include educating them on what they might do if something happened again and providing them opportunities to practice their trauma response.
 - Provide them with physical symbols of nurturing, love or remembrance. Teddy bears or stuffed animals are often a source of great comfort to children of all ages. Establishing and reestablishing routines or habitual activities gives children reassurance that life has returned to a kind of order. Rituals such as prayers, a regular "memory time," or special ceremonies may also be a source of security.

- b. Allow children to tell what happened and to talk about death and loss
 - Encourage them to tell or develop stories that help them explore intense reactions such as anger or fear. It helps to give them materials to draw or paint with. Activity accompanies and inspires communication with children.
 - Ensure that children understand differences between life and death.
 - Reassure them that sadness and grief are a necessary part of surviving the death of someone they loved. Help them to describe and understand reactions to trauma and reactions to the death.
 - Talk with them about what they observed in the reactions of parents, peers, or other significant adults.
 - Don't minimize their losses after a trauma. The death of a pet or the loss of a teddy bear may be heartwrenching for a child.
- c. Predict what will happen and prepare children for the future
 - Encourage the establishment and reestablishment of comforting routines.
 - Provide them with tangible comfort items: a photograph of a loved one who died, a stuffed animal, or a favorite blanket.
 - Educate them about trauma, death, and loss.
 - Help them develop reasons for living.
 - Help them take time to think about their future.
 - Support adult caregivers in their efforts to react appropriately.
 - Work to help children solve problems they face because of the trauma.
 - Address what can and can't be done.
 - Help mitigate other changes in their lives.
 - Address estrangement or their removal from peers and friends.

- Help children frame their loss in the context of all of their relationships and their life as a whole.
- Help children focus on the future.
- Give concrete aid and factual information.

3. Methods of intervention

Much of what caregivers do when intervening is to try to help children tell the story of what happened and how they feel about it. The following methods can help children feel comfortable telling about their thoughts, emotions and concerns.

a. Oral storytelling

Caregivers encourage children to tell a short story about the traumatic event, the person who died or about themselves. Caregivers can suggest the following types of introductory sentences or phrases:

- “Once upon a time there was a little girl named Mary who was very sad because...”;
- “A few days ago I woke up and it was bright and sunny and I was very happy, but then...”;
- “I’d like to tell you a story about the bombing.”

With younger children, caregivers may need to model telling a short story. It may be useful for caregivers to consider telling a story about their own life when someone they loved died. While this technique is not usually suggested for use with adults, children are often exceedingly curious about adults who have suffered traumas similar to their own.

b. Guided free play

Traumatized children will often automatically use toys to reenact their trauma and their concerns. If caregivers have a range of toys available in a special box, shelf, or a bag, children can pick and choose their favorite mode of expression. Young children will run to the toys or immediately ask what is in the bag so

they can start to play as soon as possible. Caregivers can observe children begin to play without prompting while doing preparatory things such as putting out refreshments, or hanging up coats. They can join the children with neutral questions such as, "That looks interesting. What are you playing?" Toys that are often helpful story tellers are: building blocks, cars, trucks, airplanes, human figures, dolls, stuffed animals, simple puzzles of people or people's faces.

c. Stimulating discussion

For children who are articulate and verbal, discussions can have a healing effect similar to that experienced by many adults who "talk out" their concerns and reactions. Caregivers can help children begin to discuss the trauma by showing photographs of the deceased, showing a video story about death and trauma, reading a short story, poem or parable relating to death and trauma, or presenting a news story or media article about the event for critique.

d. Creative writing

School age children and adolescents often find it helpful to write about what concerns them. Outlets for creative writing include journals, letters to loved ones, prose, poetry, articles, or memory books. Caregivers can help suggest titles for pages in memory books that may help children express potent feelings.

Some ideas are:

- "Mary's Name" [the child spells Mary vertically down the page and attaches a word to each letter that reflects what Mary meant to the child].
- "The thing I loved most about Mary is..."
- "My saddest memory of Mary is..."
- "My happiest memory of Mary is..."
- "My funniest memory of Mary is..."
- "Mary's favorite hobby, color, bird, music, food, sport was..."

- “If you had been able to say good bye to Mary, what would you have said?”

e. Creative art

Children love to draw, paint, play with clay, and do crafts. All can serve as useful media for expressing the message of grief and trauma. Finger painting and working with clay are both messy arts but can be particularly helpful because they seem to offer children a more interactive, visceral sense of expression. Clay is often soothing to the touch, although some children like to pound or stab it in anger. One imaginative caregiver offered children the opportunity to finger paint shower stalls in the school locker rooms. They had plenty of room and the finished product could be washed away easily. The negative side of using impermanent art is that some children want to keep their creations because the expression of their feelings is so meaningful to them. However, sometimes it is feasible to take a photograph of the artwork to preserve its memory. When working with groups, caregivers might suggest that the group create a community mural.

f. Dramatic enactments

Most children like to play-act, particularly if props, costumes or makeup are available to enable them to become totally involved in being another person. Puppets can also be used. Young children may simply use the opportunity to reenact funerals or portions of the trauma stories. Older children and adolescents may want to create their own “mini” plays. Adolescents may also find playing parts, or reading scripts from classic and modern tragedies, helpful in expressing their concerns over death.

g. Music

Listening to, playing or singing music can be a wonderful release for children. It provides a reconnection to the sense of rhythm as well as the fact that certain musical instruments

may echo sounds of grief reactions: anger might be expressed through the sound of drums or a blaring trumpet; reed and string instruments might remind children of weeping or feelings of loneliness; drum rolls and cymbals may reflect tensions, anxieties and fears; harps, flutes, and piccolos often sound like spirits talking, and so forth. Death-related lyrics are found in music as diverse as country-western, rap, opera, or hymns.

h. Prayer, repetitive meditations, and chants

The power of prayer for many children rests in the affirmation of spiritual beliefs, but also in relaxation responses triggered by the repetition of familiar and comforting words. They add an air of solemnity and gravity to rituals and memorial activities.

III. Trauma for the Elderly

To know how to grow old is the masterwork of wisdom, and one of the most difficult chapters in the great art of living.

– Henri Frederic Amiel.

The fear, helplessness and isolation that trauma may evoke in an individual may become overwhelming in older people because it may complicate their increasing sense of vulnerability in life.

Someone who is competent in dealing with everyday activities but who has experienced some decline in physical or mental functioning may suddenly feel that he or she is not capable of even simple tasks. A disaster may also cause the deaths of important loved ones or destroy a familiar environment. Elderly people may feel isolated for lack of supportive contact or sensory perceptions. Trauma may also shatter previously-held concepts of a safe world or beliefs in a secure future for children or grandchildren.

Some older people who have experienced victimization in the past are at greater risk for current trauma because the aging process leaves most people less resilient physically, financially, emotionally, and mentally. While death or trauma for a child may be experienced as a “double trauma.” Death or trauma for an elderly person may be experienced as the continuing consequence of a “season of losses.”

Stressful life events – not only retirement and the subsequent loss of status and activities and reduction in income, but also illness and disease; the deaths of spouses, siblings, and friends; and children leading their own lives away from the parental home – are to some extent inherent to the life cycle. In fact, such events are more or less age-related, since they are more likely to occur and/or to accumulate during the later decades of the lifespan ... Life events may well trigger a delayed onset or exacerbation of PTSD in trauma survivors, as has indeed been observed in many instances, but they are certainly not a sufficient cause in themselves.

– Aarts, P.G.H. and Op Den Velde, W., “Prior Traumatization and the Process of Aging: Theory and Clinical Implications,” van der Kolk, B.A., McFarlane, A.C. and Weisaeth, L., eds., *Traumatic Stress*.

For many years, crisis intervenors have responded to elderly victims as a group – those over the age of 65 were treated alike. It is important for crisis responders to understand the typical developmental stages of aging and kinds of trauma reactions that may occur at different stages as well as how trauma reactions are related to grief reactions in order to provide direct crisis intervention in nursing homes and community centers and training for caregivers, children and grandchildren in how to better respond when their significant elders have been traumatized.

A. Developmental Stages of Aging Affect Trauma and Grief

There are specific development issues to be addressed at every stage of life. For children there is ultimately the developmental issue of mastery over their environment and control over their daily lives. To achieve this, they must gradually obtain the capacities to meet the human needs diagramed in the Maslow Hierarchy. For elderly people, the tasks of ongoing development are complicated by the fact that their capacities for meeting their needs are compromised by the aging process. They must face the decline in their capacities even as they face the challenges of successful adaptation to aging which include:

- *Mourning for losses*
 - *Giving meaning to past and present experiences*
 - *Accepting one's past and present states*
 - *(Re)establishing self-coherence and self-continuity*
 - *Achieving ego integration"*
- Aarts and Op Den Velde, Traumatic Stress.

This adaptation is dependent upon the integration of cognitive and emotional memory with present circumstances. If the memory is deficient or wholly or partially destroyed, the adaptation to aging and eventual death may never be accomplished. While adaptation is incremental and continuing until death, it is possible to construct a loose chronology of the interaction of developmental stages of aging with the tasks at hand.

B. Elderly developmental stages and trauma

1. The maturation of middle-age (ages 60-70)

This is a reflective period for many older adults. It is a time to begin to assess what they have done in their lives and what has given them gratification or sorrow. It is also a time when they begin to realize that, while they have survived the

vicissitudes of youth, they will not live forever and to consciously consider the imminence of their own death. Their potential deaths are usually put in prominence because they have already survived the deaths of some or many of their loved ones from the past. This developmental stage marks the beginning of conscious mourning for existing losses and anticipatory grieving for losses that are soon to come. This is also an age when there may be an assessment of the cumulation, so far, of physical and mental decline. Older persons may be incapable of running for three miles and have reduced their exercise routine to walking. They may have acquired glasses to compensate for vision deficiencies. Often they realize that they are suffering from aches and pains in their bodies from old injuries or simply the stress from daily living. It may also be a time when they realize they no longer look like they did when they were younger and that they have become an old person.

It is this very awareness that one is no longer an attractive object that makes life so unbearable for so many elderly people.

– Simone de Beauvoir.

A traumatic event may interrupt the completion of age-related tasks by causing survivors to regress to earlier life stages that no longer apply in their present. It may injure them in a way that exacerbates their decline in physical functioning radically and abruptly such that they may no longer feel they have reason to live. It may invalidate their sense of purpose and meaning in the world and suddenly shake their faith in their own existence. It may cause them to believe there is no hope in their lives for happiness or contentment. It may also remind them of former traumas that they had “forgotten” or had sought not to re-

Participant's Notes

member. They then may face the conundrum of trying to integrate parts of their unwanted past with their current present in a consistent way. That conundrum may result in intrusive thoughts, nightmares, and pervasive physiological symptoms of emotional turmoil.

After the hurricane, I began to dream, no, that is not the right word. I began to remember in the dark of night strange fantasies about my life when I was a child. I dreamed of human monsters and remembered strange places. They were places I never had been. But the dreams haven't stopped. They are always waiting when I go to sleep. Not dreams of hope but dreams of how to defend myself against the terror. I don't want to go on to defend myself. I'm 69 years old, successful in my family life and I continue to work. I don't want the dreams and memories of something I can't describe. I am sick during the day and sick during the night."

– Survivor, after Hurricane Andrew, NOVA Crisis Response Notes, 1992.

2. The young elderly (ages 70-75)

Healthy elderly at this age tend to have completed the mourning process for their losses. They focus on developing an understanding of the meaning of their lives and perpetuating their self-actualization processes within the range of their competence. There is a reconciliation with the fact that they have suffered a decline in some abilities but a realization that they have other strengths.

Because they continue to suffer a diminution of former physical abilities, they are often impressed with the need to consolidate their experiences and to attempt to make sense out of them. This means remembering their youth and past traumas as well as assessing what challenges exist in the present. The process of

remembrance may be painful if they have endured traumatic events during their lives. It can also be a part of long-term healing as they begin to understand the nature of their life story. This is a particularly good age for encouraging autobiographical reminiscence.

The impact of trauma at this age can be ambiguous. The elderly may draw upon former experiences and successes in overcoming them to dramatically reformulate their lives or to continue to survive in good health although grieving over the trauma itself. On the other hand, if they are already somewhat depressed and have constricted their emotional connections, the trauma may precipitate a sudden spiral into total dependency and incapacitation.

To grow old is to pass from passion to compassion.
– Albert Camus.

3. The maturing elderly (75-85)

Elderly people at this age may be faced with coping with decreased independence and the need to rely upon others for help with routine tasks such as driving, housekeeping, taking care of financial needs, or even some health care. This dependency state may frighten some maturing adults and they may need reassurance that those upon whom they rely will live up to the trust that is invested in them. Dependable relationships with others are critical to their sense of well-being.

As the maturing elder copes with his or her present state there is a need to review the past, accept it, and accept his or her personality and character as it is now. What is left to be accomplished in life may need to be defined. What has been accomplished needs to be emphasized. Acknowledgment of the possibility of death, illness, and the process of dying may need to be revisited. Often,

maturing elders find it comforting to know that not only their current loved ones are with them but their past loved ones are “waiting to be with them.” It may be a time of revisiting spiritual issues and faith.

The maturing elderly are often more judgmental of others than they were in the past. Their rigidity may be related to their need to re-establish their past identity which was rooted in values and perceptions from their youth. Acceptance of this rigidity by caregivers and loved ones is essential. This is not a time for changing attitudes of an elderly person but rather providing them with an affirmation of their life.

Despite this tendency to rigidity, the maturing elderly often are in desperate need of companionship. Too many younger people think that an occasional visit, letter or telephone call suffices for this need for connection. In fact, maturing elderly often live for that moment of contact, which is so carelessly bestowed. In part, that is the reason that maturing elderly often bond so closely with pets, the comfort of feeding birds or squirrels in their window, or plants. Those living things are there every day and come back – seemingly grateful for the attention they receive.

When trauma occurs at this age, it often is disorienting and serves as a final severing of connection to the world. Physical incapacities may deteriorate into physical incompetence. Mental flights of fancy or memories of the past may collapse into beliefs that memories of secure places and associations exist now or are altered to meet present needs. Caregivers should be aware that this reconstruction of old memories with present perceptions is not unusual. It is a coping strategy to continue to establish a sense of coherence.

I want to pet my dog. [A demand to pet the dog with the crisis intervenor.] I remember my dog was there when the bombing happened. His name is Henri. He was there. He helped me escape. I'm glad I found him again ... this is not Henri, I don't know who this dog is, but I'm glad he is here. I was so afraid when I came downstairs and found everything in a mess. Its nice to have a dog ... It makes me feel okay. If the dog is not afraid, then I won't be afraid. But I don't know how I will put everything back. I don't know what to do ... I wish Henri could be here now. He would help me find things I want ... what's this dog's name?"

– Interview with an 75 year old burglary victim conducted by Young (Rifai), M.A., Multnomah County Sheriff's Office: Portland, Oregon, 1975.

4. The elderly (85-90)

As people near the end of their eighth decade on earth they may be faced with the frightening prospect that they can no longer care for their daily physical needs. They may not care about eating and are incapable of controlling defecation or urination. This is particularly demeaning to those who still remain mentally alert.

Even for people who are active, mobile and alert, the definition of those states may have changed. They used to jog around the park, and now they walk up the block and back. They used to be able to best their children at a card game and now they occasionally draw even. Life has gradually become less demanding for those who have resources and loved ones. But, life has also become more demanding as they continue the efforts to survive with dignity. Verbal and expressive communication with this age group is critical. Telling their life story is a process of not only remembering but establishing their internal narrative of their life's significance.

If people at this age must be physically assisted in their care, they may confront discrimination. They may be ridiculed or become the subject for laughter and jokes. Even their loved ones may join in derisive comments – in part due to their own sense of powerlessness over the processes of age. There is a need for friends and family to help the elderly to focus on their own sense of competence and continuity as well as to provide them with the same care and nurturing that one would provide for a young child.

This is also an age when the introduction or maintenance of pets or plants into their lives may be particularly useful. Cats or dogs with appropriate temperaments may become valuable companions. They can be warm, soft and loving. Raising plants, even on a small scale, can help elderly persons to connect with life. They have a reason to continue. They have a reason to wake up in the morning and ensure that life goes on.

When trauma strikes older people, their first thoughts may focus on their own well-being, but just as likely their concern will be for the others in their lives who may need care. If the others do not survive, they may be desolate in the aftermath. Survivor guilt may predominate. The “others” here may be loved ones, children, pets, plants, or the community. Elderly people who are mentally alert may grieve for the rest of their lives over what was lost, unnecessarily, when they survived. Spiritual faith is critical for many elderly as they seek answers in their efforts to continue. Most people not only regress to childhood in their trauma reactions but also in their beliefs and coping strategies. For many elderly, those coping strategies rest on their spiritual beliefs.

*Twilight and evening bell,
And after that the dark!
And may there be no sadness of farewell,*

*When I embark;
For tho' from out our bourne of Time and Place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crost the bar.
– Alfred, Lord Tennyson.*

5. The elderly survivors (90-100)

Many people who survive over the age of 90 may face physical and mental debilitations that demand from caregivers only physical contact and care. They may be bedridden, incapable of movement and consideration of their own needs. Even if they have no friends or loved ones to provide such contact and care, there is a need for others to love, hold, and assure such elderly survivors.

Disruptions and disasters that interfere with daily functioning can be fatal. Even if the disaster itself does not kill a person, in the immediate aftermath the person may not find the will to live or may be deprived of life-giving care. However, elderly survivors who continue to have strong connections to life and are engaged in positive cognitive and emotional relationships may serve as inspirations for younger people. Despite their infirmities and limitations, they may exhibit hope and dignity even after disaster.

*I am not afraid of tomorrow, for I have seen yesterday and I love today.
– William Allen White*

*Tomorrow is the most important thing in life. Comes into us at midnight very clean. It's perfect when it arrives and it puts itself in our hands. It hopes we've learned something from yesterday.
– John Wayne*

C. Elder reactions to trauma are exacerbated by the season of losses

An elderly person's life situation often dramatically changes as a result of the circumstances accompanying a traumatic event.

1. Loss of peers, loved ones, and "descendants"

In many cases, catastrophes result in the deaths of others who are closely related to elderly people. If the deaths of peers or loved ones represent the last remaining contact the elderly person had to their childhood or adult world, they will be devastating. If the deaths of others involve people whom they thought of as their children, their acolytes, their voice to the next generation, then that loss will also be catastrophic. While the elderly may have grown to accommodate "ordinary death" in their lives, the sudden random destruction of natural disasters or humanly caused violence may cause a blizzard to descend in their seasons of loss.

2. Perceived loss of connection

Children often suffer traumatic effects from the distraction of parents after a trauma. Elderly people also suffer from the sudden disconnection with loved ones who are still living but do not have time to visit or see them because of the demands of a catastrophe. They are abandoned by children who think that they are old enough to take care of themselves and who fail to realize the growing challenges of aging.

3. Role changes

Elderly survivors of a catastrophe may find themselves pushed into roles they used to assume in their middle years. They may be in the position of assuming parenthood of grandchildren, or even great-grandchildren, at an age when they themselves feel vulnerable. At times they may take on the care of multiple generations because they have financial assets that can help an extended family but at the sacrifice of their own security. At other times, they may be dismissed from family or loved

ones they knew because they are disposable “extras.” The sudden change of roles may be more threatening than the trauma they survived.

4. Destruction or diminution of values

Often elderly survivors have watched the values of their culture or society change over time and have resented or rejected such changes. This change in values may cause them to have less self-esteem and feel more isolated from others. That destruction of values may become even more difficult when a tragedy or catastrophe suddenly exacerbates their perceptions of values. An elderly woman, a widow, who was raped felt that her marriage vows had been violated even though she had been assaulted. An elderly couple whose home was destroyed in a community-wide arson interpreted the event as a destruction of their family since all their sentimental remembrances and pictures had been destroyed as well as their home.

5. Physical and mental ailments

Due to the physical changes that aging brings, the elderly are more vulnerable to the consequences of disaster. Immobility, illness, and sensorial decline all may be exacerbated by catastrophe. Elderly persons who were not previously impaired may be jolted into disability. Caregivers need to be aware of the physical problems of older people in order to better communicate with them. Problems with memory loss may also be increased with tragedy. Since trauma interferes with ordinary memory processing, it can especially interfere with the memories of elders. They may confuse the current tragedy with tragedies of the past. They also can simply forget what happened but be aware of their emotional or physical distress and not know why they are distressed.

D. Elder grief is different when it is occasioned by traumatic loss

1. Lack of understanding of what happened

The elderly often cope well with loss when it is incremental, if it is sudden, the surprise may overwhelm

them. Confusion over why a disaster happened at this particular time may preoccupy them. They may have enough past experiences to recognize the reality of what happened but consciously or subconsciously choose to ignore it.

2. Fear of additional traumatic loss

The elderly may become increasingly afraid of what might happen to them or their loved ones. They may not want to watch television or read the news because it alarms them. They may be confused about where an event happened and worry that an earthquake in Mexico will occur in the near future in New Jersey. They may become fearful of doing new things or meeting new people because such new experiences will bring danger into their lives.

3. Reliving previous losses

For many elderly, a serious loss, death or traumatic event may cause them to relive other traumatic events or losses. They may need to process and re-process memories that have long remained dormant.

E. Natural coping skills of the elderly

1. Spasmodic crises reactions

The elderly often retreat in and out of a crisis when it happens. They do not concentrate on the crisis itself for certain periods of time and may focus on survival needs of food, sleep and shelter rather than the traumatic event. They may be unwilling to talk or discuss what happened, but, then intermittently, become overwhelmed with it. These reactions are helpful in many cases because it allows elderly people to take the event and cognitively process it slowly.

2. A sense of a foreshortened future

For some elderly, a disaster is the precursor to a recognition that they will die relatively soon. Their internalization of death's imminence can be frightening. However, for some, they cope with the recognition by preparing for death. They may begin to say good-byes to loved ones, distribute assets, and take more interest in the people they feel special love. There may be a need for them to tell stories from the past and reminisce about activities

and relationships because they realize that these stories will pass with them at their deaths. They may also begin to prepare and plan for their funerals and other memorial activities.

3. Retreat into fantasy

The elderly often use fantasy as a method of coping. Their fantasies usually differ from children and young people. While youth focus on savior endings to current traumas, the elderly often retreat into fantasies of the past and how they survived. At times, these mental excursions are a review of coping skills that they used, but, at times they reflect revisionist personal histories. In either case, fantastical thinking can be a great aid in overcoming the emotional turmoil of trauma for older populations.

F. Interventions for traumatized elders

1. Caregiver communication

The development of specialized communication skills for working with the elderly is critical. Caregivers need to be aware that for many elderly, it is difficult to listen to loud voices or to hear soft voices. While they may have a hearing impairment, yelling does not help them to hear. Distinction of phrases, enunciation of vowels, modulation of tone, and clear articulation are key to being heard. Elderly people with vision problems need to have written materials or other visual communication conveyed in large letters, bright or contrasting colors, and with distinct images.

Just like children, the elderly should be encouraged to express themselves in play activities, artwork, music, dance or drama. Music seems to be a powerful tool for evoking emotional reactions and reassuring older people. Caregivers should know that the music that one learns, creates, or absorbs as a teenager or young adult is often the most memorable in later years. If an older person can articulate their reactions to various forms of expression, it assists in their construction of a narrative about what happened.

- a. Key components of a narrative for older people may be placing the trauma in the context of their past. Hence, when working with the elderly, caregivers may find themselves listening to a series of trauma stories from the past that relate to the current interpretation of this particular trauma.
 - b. Questions from older adults should be answered factually and simply when possible. Caregivers should listen carefully to questions so that they can distinguish questions that relate to the older person's concern about care from questions that relate to a need to know pertinent information about what happened.
 - c. Behaviors should be non-judgmental with regard to the traumatic event, the traumatic grief reaction, and the older person's behavior behaviors.
2. Goals of assistance
 - a. Establish safety and security
 - Respond to and provide opportunities for older people to receive positive human physical contact to reaffirm needs for sensory comfort and care. Often older people are "touch-deprived." While many caregivers will instinctively and spontaneously hug a child who looks forlorn, often they ignore the indications of the need for physical touch from older persons.
 - Help older people find a secure place to rest and relax. Older people may not need as much sleep as younger people but they need rest. Older people also tend to sleep in sporadic patterns so that opportunities for napping should be sought.
 - Help older people develop protective plans of action if another traumatic event were to occur. This may include informing them of who will take care of them, providing them with information on escape routes, ensuring that adequate food or blankets are available,

- and allowing them to decide what they would do if the event happened again.
- Provide them with physical symbols of nurturing, love or remembrance. Teddy bears or stuffed animals are often a source of great comfort to all ages. As with children, older people rely upon routines to give them a sense of order in their lives. Daily meal functions at specific hours, “obligatory” social functions and specific tasks such as doing laundry, gardening, or walking a dog assist with the “return to normal.” Rituals, prayers and ceremonies are also particularly important with older people.
- b. Allow elders to tell their stories
- Encourage them to talk. It helps to give them something to do while they are talking. Many older people like to have coffee, tea, snacks, or meals while telling their stories. Throughout many cultures, food serves a function in setting the stage for social interaction.
 - Understand that older people may want to tell stories that have nothing to do with the current trauma. Reliving the past is a part of their way of integrating the present in their total life story.
 - Most older people have suffered grief and survived the death of loved ones in the past so encourage them to draw on their memories to find coping strategies for the present.
 - Let them tell you what is important to them. Their perspective may be dramatically different from the perspective of younger people. The destruction of an historical monument in a natural disaster may have more significance than the deaths of twenty community members because the monument was more intimately connected to the older person’s life history.

- Don't minimize their losses after a trauma. The death of a plant, the loss of a radio or television set, or the death of a pet may represent to them the loss of their connection to the world and to life.
- c. Predict and prepare older people for their future
 - Establish or reestablish comforting routines. These routines should be punctuated by reminders of the routine. Large calendars and clocks may be used to identify times of important functions, ceremonies or obligations. Repetitive statements of what is happening now and what will be happening next may be useful with some older people.
 - Provide new ideas or activities. While change may be resisted, older people are often encouraged when they have new opportunities. New positive possibilities stimulate and energize their cognitive and emotional abilities.
 - Encourage involvement with other people.
 - Identify items that may have sentimental value and put them where they can be easily seen or touched.
 - Review what older people have learned over the years about trauma, death, and loss.
 - Develop reasons for living. For some, this may be difficult. It is not unusual for elderly survivors to decide that it is time to die in the aftermath of tragedy. Caregivers should be aware that suicide is often prominent in the minds of older people who are in physical or emotional pain. They should also take care to avoid judgment on the ethics or morals of people in their eighties or nineties who might be already facing death if they decide death is preferable to life. However, many times, elderly survivors will

choose to live if they have found a reason for continuing.

- Support caregivers in their efforts to react appropriately. Most caregivers are younger than the elderly they serve. They have no experience with aging and may not have any education in working with older persons. Children are forgiven by caregivers for their behavioral transgressions and their lack of social skills in many situations while adults who commit similar errors are not. Adult caregivers need to be reminded and educated about the process of aging and what they can or cannot expect of the elderly.
- Work to help older persons solve immediate problems.
 - Identify resources
 - Help mitigate life changes
 - Provide companionship
 - Help frame loss in the context of life
 - Encourage a vision of life as a continuum in which this disaster is another episode
- Give concrete aid and factual information.

3. Methods of intervention

In order to accomplish the goals of intervention, crisis responders should experiment with the following tools.

a. Oral history making

Caregivers encourage older people to relate their life history as they remember it after the immediate tragedy. Caregivers can suggest the following types of introductory sentences or phrases:

- *“When I was little, I remember...”*
- *“This flood scared me because of what happened before...”*
- *“Let me tell you a story about the flood...”*

While it may be useful for caregivers to stimulate story-telling by telling their own story

with children, with the elderly, this method is counterproductive. Older people may be interested in someone else's story, but is rarely as compelled by that story as by their own stories. Allowing older people to tell their stories, and tape recording them, is often an inspiration for the elderly.

b. Pet intervention

Pet animals often open up the hearts, minds, and thoughts of the elderly. Pets tend to give love and affection as well as respond to and crave touch from humans. The healing power of the human-animal bond can be extraordinary. Crisis responders who use pets should be appropriately trained, but if they use pets as co-counselors they will find that many elderly people will become more alert and more attentive to life.

Eyes sparkle and hands reach out when P•A•L [People•Animals•Love] pets come visiting. Mrs. Knight, a resident of Mariner Nursing Home, says "Wednesday are my best days, because 'my girls' (P•A•L volunteer Linden Tucker and her basset hound Summer) come to visit. I love to feel her velvet ears, see her roll over and feel her head on my foot when she snoozes! It makes me forget all my aches and pains."

– Strimple, E.O., P•A•L, Washington, D.C.

c. Creative art

Many older adults appreciate the opportunity to draw, paint or sculpt. Even if they cannot do detail work, they may thrill in the blending of colors or the feel of clay beneath their fingers. Each medium can be a useful tool for expressing immediate grief or trauma or long-term anxieties. Caregivers should be alert to the concern that many older people have that they may not be able to create anything worthwhile.

Older people may need extra reassurance that their efforts are appreciated and valuable.

d. Dramatic enactments

Older people may love the opportunity to participate in enactments, particularly if they are in the position of “mimicking” others. Acting also provides them with an audience. Even if they have no audience, the fact that they are “acting out” what happened or what may occur means that they are their own audience.

e. Music

Listening to music, singing or playing music, or dancing/moving to music may open up communications with older people. Music can provide an almost magical connection between feelings and thoughts. It can soothe or invigorate. It may facilitate laughter or tears as a release from stress. It may stimulate memories of hope or memories of sadness. Many times music may be the key to helping elders find ways to integrate their life story if the narrative has been lost due to trauma.

f. Prayer

The nature of aging involves the necessity of putting one's life and the lives of others into perspective. This is why most elderly believe in some kind of spiritual connection to the world or to God. The power of prayer and the hope or solace it may offer can be a critical refuge for the elderly in the aftermath of tragedy. It is no wonder that for many older people who believe in the Bible that the Psalms of David strike such a resonant chord.

*The Lord is my shepherd; I shall not want.
He maketh me to lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul: He leadeth me in the paths of
righteousness for his name's sake.*

Participant's Notes

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; Thy rod and thy staff they comfort me. Thou preparest a table before me in the presence of mine enemies: thou anoinest my head with oil; my cup runneth over. Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever.

–The Holy Bible, King James Version, “Psalm 23”
Nashville, Tennessee, Regency Publishing House, 1976.

Appendix A: The Effects of Trauma on Different Age Groups			
Age Groups	Child	Adult	Elder
A. Developmental Issues:			
1. Growth	Substance	Sustenance	Decline
2. Thought:			
Development	Information	Knowledge	Wisdom
Problem-Solving	Trial and error	Choice/prioritization	Experience/habit
Self-Understanding	Acquisition of identity	Sustenance, expansion of identity	Change in identity
Memory	Short-term	Short- and long-term	Long-term
Concentration	Spasmodic	Sustained	Spasmodic
Timeframe/ Life Pace	Present/ Slow	Future/ Normal	Past/ Fast
3. Attitude toward Change	Exploration	Settlement	Review
4. Communication	Physical	Verbal	Physical
5. Needs	Contact Care Trust Self-esteem Structure/stability	Order Equilibrium	Structure/stability Self-esteem Trust Care Contact
6. Primary Relationships	With elders With peers	With peers	With peers With children
7. Attributes of Status and Power	High status/ Low power	High status/ High power	Low status/ Low power
B. Reactions to Crisis:			
1. Attitudes toward Death	Belief in self's immortality Transience	Denial Permanence	Accepting mortality Separation Connection

The Effects of Trauma on Different Age Groups (cont.)			
Age Groups	Child	Adult	Elder
B. Reactions to Crisis (cont.)			
2. Typical Trauma Responses:			
Regression	Sporadic	Brief	Drawn-out, sporadic
Scale of Loss	Double loss	Single loss	Multiple losses Competency Future Past values
Turmoil	Disorientation Abandonment Slight denial Fear Anger	Adaptation Estrangement Denial Anger Fear	Disorientation Isolation Slight denial Fear Anger
Physical Reactions	Sleep disturbances Appetite disturbances	Psychosomatic illnesses	Sleep disturbances Appetite disturbances
3. Coping Strategies	Spasmodic crises Foreshortened future Retreat into fantasy	Avoidance by routine Planning Change life	Spasmodic crises Foreshortened future Retreat into fantasy
C. Crisis Intervention			
1. Safety	Give direction Restore attachments Trust	Empower Restore identity and control Privacy and confidentiality	Solicit concerns Restore attachments and control Trust
2. Ventilation	Specific concerns Re-enactments	Event Talk	Life concerns Physical therapy Music, Paints
3. Prediction	Predict short-term Establish routine Reaffirm future & hope	Solve problems	Predict short-term Establish routine Restore confidence & dignity

Chapter Eight: Cultural Perspectives on Trauma

I. Introduction

Culture is a double-edged sword. Because of human beings' dependence on it, its loss becomes traumatic. The power of culture as a protector, integrator, and security system is evident in studies where the degree of cultural assimilation is a key variable. In these studies, individuals who were strongly identified with cultural values benefited from increased social support; culture buffered them from the impact, and even the occurrence, of traumatic events ... However, culture provides protection at a cost. Strong attachments to persons and lifestyles leads to a deeper sense of loss when the life of the culture is disrupted. When people adhere to a system and bond to the other individuals within it, the loss of those persons and the disintegration of the system become traumatic.

– deVries, M.W., "Trauma in Cultural Perspective," in van der Kolk, B.A., McFarlane, A.C., Weisaeth, L., eds., *Traumatic Stress*, New York, NY, Guilford Press, 1996.

I. Understanding Cultural Diversity

A. A definition of culture

1. How is culture defined? Many people think as culture in terms of national identity or racial origin. *The American Heritage Dictionary of the English Language* offers a broader conception.

"The totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population."

2. Cultures are a means for sharing wisdom and skills that are necessary to the survival of the community, the individual and the community's view of humanity.

Culture ... appears to refer to the shared practices of groups that govern their relations to exploiting and defending a territory. Furthermore, cultures are defined by being transmissible not only within a group but across time and generations. Finally, they seem to serve to bond groups in a common purpose thereby providing protection not otherwise available to individuals in response to threats to survival.

– Chemtob, C.M., "Posttraumatic Stress Disorder, Trauma, and Culture," *International Review of Psychiatry*, Volume 2, Chapter 11.

B. Our own cultural diversity

1. Today, the typical American has ties to more than one one culture. Our parents may be of different races or ethnicities. Our national heritages come from all over the world. While for some, English is a first language, for others English is a second or even a third learned language. There is a growing recognition that hearing, seeing, mobility, or mental impairments tend to result in different cultural characteristics. Religious affiliation shapes behavior, patterns, arts, beliefs, and attitudes. Sexual orientation creates bonds and distinctions that govern perceptions of the world. And even those who justly claim a narrow cultural heritage in terms of race, ethnicity, language, ability, religion, or gender are also products of shared cultures through the media and our interrelationships with others. So, when we eat out, as we do often, we often choose "ethnic" restaurants. When we listen to popular music, it is likely to be rock 'n roll's amalgum of black and white "folk" music.

...the fact that culture change through culture contact is now ubiquitous means that we have an opportunity to evaluate the extent to which people who are not embedded in intact and cohesive cultures are affected in respect to their resilience after catastrophic events. It is fast becoming the norm for people today to identify with multiple cultures. Such multiple identifications have the potential to affect the cohesion of the self by increasing the cognitive complexity required to integrate the much larger number of elements that are referenced by multiple cultures. Certainly, the growth of culturally diverse populations requires that one navigate cultural environments that can change rapidly and unpredictably. In itself, this increases life stress and may decrease the capacity of people to screen and moderate the impact of catastrophic events. In contrast to the predictability and continuity that culture imposes on our lives, including the prescription of rules for obtaining and maintaining social support, living within multicultural environments is a challenge.

– Chemtob, C.M., “Posttraumatic Stress Disorder, Trauma, and Culture,” *International Review of Psychiatry*, Volume 2, Chapter 11.

2. Whatever our cultural backgrounds, one thing seems true: cultural references and identity shape how we identify the threat of traumatic events, interpret them, and manifest our distress at them.
3. It is important for crisis responders to attempt to understand their own cultural identities, to begin to acknowledge beliefs, values and judgments they may have about others, and to recognize where similarities in cultural influences may enhance the ability to communicate with and understand others in the aftermath of trauma.
4. To assist intervenors in identifying their own and others' cultural mix, an exercise in constructing a cultural matrix can be helpful. The purpose of this exercise is to stimulate individuals in their efforts

Participant's Notes

to see the connections between their own cultural backgrounds and beliefs as well as to consider how strongly various cultural influences affect their everyday life and values. The “Matrix” below is designed to help responders think through the development of a similar one for themselves.

A Matrix of Cultural Influences

Sources of Cultural Identities:

Attitudes and Beliefs Shaped by Culture:	Sources of Cultural Identities:												
	Nationality	Income	Education	Rural/urban	Gender	Ethnicity	Religion	Age	Sexual orientation	Sexual abilities	Mental/physical	Profession	“Location in life”
Birth													
Marriage													
Death													
Male/female													
Language/ Dialect													
Spirituality													
Individualism													
Communitarianism													
Ambition													
Acquisitions													
Power													
Wealth													
Children													
Elderly													
Homosexuality													
Dress													
“Differentness”													

- a. Issues that help define culture identity include attitudes towards spirituality, birth, dress and other factors such as those listed in the left-hand column of the chart. As you look at the chart create your own questions about each category of attitudes and beliefs. The following questions are some that might arise when thinking about the categories outlined in the chart.
- Birth: Is birth order significant? Is creating birth important?
 - Marriage: Is making a lifelong commitment through marriage important? Are marriages simple a matter of convenience or necessity? Should one consider marriage as an experiment or a commitment?
 - Death: Should death be consecrated or memorialized? Does it matter if someone remembers the dead? Is death an end to life or is it a beginning?
 - Gender: Is there a higher value in being male or being female? Are genders equally capable of doing the same tasks in life? Should there be designated roles for each gender?
 - Language/dialect: Does the ability to speak a language correctly matter? Is there a preferable language or dialect for communication?
 - Spirituality: Do you believe in God? Do people have everlasting spirits or souls?
 - Individualism: Do you believe that self-fulfillment is the greatest achievement? Should everyone be guaranteed the right to free speech?
 - Communitarianism: Is there ever an incident when an individual's needs should be sacrificed to the needs of others? Does the majority of a community have the right to dictate behaviors of individuals?

Participant's Notes

- **Ambition:** Should people strive to live up to their potential?
- **Acquisitions:** Is personal property important to you? Does the accumulation of property appeal to you?
- **Power:** Is strength equivalent to power? Is power something to be sought after?
- **Wealth:** Is being rich better than being poor? Is wealth based on material possessions?
- **Children:** How many children should one have? Is it necessary to have children?
- **Elderly:** Should old people be allowed to commit suicide if they want to? Are old people disposable?
- **Homosexuality:** Should same sex couples be allowed to be married? Is homosexuality a crime against nature?
- **Dress:** Does dress make a difference to you? Are there ways in which people might dress that would be offensive to you? Do you stereotype people based on their dress?
- **“Differentness”:** Are strangers welcome in your home? Are there customs or rituals that others observe that you find offensive?

Each set of questions or thoughts that are stimulated by these categories of attitudes, beliefs, and behaviors arise because of ideas formed through cultural orientations.

- b. Sources of cultural orientation include race, ethnicity, nationality and religion, but also include such attributes as age, gender, language, sexual orientation, and other categories listed across the top of the matrix. For instance, a person in their eighties may find it offensive when an adolescent wears a miniskirt or shorts simply because in the elderly person's mind it is inappropriate for someone to show their thighs in public. Someone who had been poor and born into an uneducated family and now is wealthy and has a higher education may have

different attitudes towards wealth and language because of their new cultural influences. A person who resides in Toledo may have different attitudes and beliefs about power than a person who resides in Washington, D.C.

- c. Crisis intervenors are encouraged to use the matrix to identify important sources of cultural identity in their lives. Address the issues listed or others that may be important to you. Rate on a scale of one to ten the importance of each source of culture and how it has shaped the way you think about an issue. For instance, If your religion has contributed strongly to your belief that it is important to give birth and to have as many children as possible, put a “10” in the boxes connecting religion and children. If you believe that your income level has no affect on your beliefs in God, place a “0” in the box that connects income and spirituality. Finally, notice where you have high numbers in the various boxes. These numbers indicate the strength of certain cultural influences.
- d. This matrix can be useful in three ways. First, service providers can use it to identify the key cultural influences in their own lives. Second, service providers can use the matrix to initially assess the cultural backgrounds of individual victims or groups they serve. Third, intervenors can use it as a guide to find significant commonalities between themselves and others in order to establish a basis of communication.

II. Cultural Narcissism as an Inhibitor to Understanding Other Cultures

A. The brain is narcissistic

The brain takes in only sensory perceptions – what we see, hear, smell, or touch – without narrative or interpretation until cognitive connections organize the perceptions and give them meaning. They are interpreted by social and envi-

ronmental circumstances, and then become “reality.” Reality is framed in the initial cognitive and emotional senses based on those circumstances. Intrusions in that reality must be approached cautiously – buffered by social support – but innocently until those intrusions bring danger.

Culture may in many ways be viewed as a protective and supportive system of values, lifestyles, and knowledge, the disruption of which will have a deleterious effect on its members. During social and cultural upheavals, drastic changes occur in people’s expectations, ‘the meaning of life,’ and communal values. Cultures, however, are powerfully resilient to the stresses of the environment and resistant to change. Culture thereby buffers its members from the potentially profound impact of stressful experiences. It does so by means of furnishing social support, providing identities in terms of norms and values, and supplying a shared vision of the future. Cultural stories, rituals, and legends highlighting the mastery of communal trauma, the relationship to the spiritual realm, and religion itself are important mechanisms that allow individuals to reorganize their often catastrophic reactions to losses. Culture, as a source of knowledge and information, locates experience in a historical context and forces continuity on discontinuous events.

– deVries, M.W., “Trauma in Cultural Perspective,” in van der Kolk, B.A., McFarlane, A.C. and Weisaeth, L., eds, *Traumatic Stress*.

B. Stranger caution

Caution around strangers develops naturally, and stranger aversion develops naturally as certain flora and fauna are identified as dangerous ... The single most powerful impediment to the study of cultural influences is ethnocentrism. People tend to assume that their experience of the world is the world. In a sense, this assumption confuses the cognitive map with

the world it depicts. This naive realism is reassuring to people as it confers on their world view a solidity that serves to increase their sense of psychological security.

It seems likely that ethnocentrism represents the vestiges of an ancient avoidance of strangers. Brown (1969) described this ancient pattern as it pertains to early Greece:

“In primitive Greece, as in other cultures where the basic unit of society is not the individual but the family or the clan, religious and social institutions were strongly affected by distrust of the stranger, the member of an alien family group. Intercourse with strangers was surrounded with magical safeguards: meetings occasioned magico-religious ceremonies; points of habitual contact were regarded as hallowed ground; natural or artificial boundaries, where the friendly world of one’s own kindred ended and the inhospitable world of strangers began, could not be safely passed without the aid of ritual.”

... It is ... possible that this stranger avoidance is reflected in the developmental phase of stranger anxiety among children. Emergence from the cocoon of the familiar and safe can be aversive and frightening.

– Chemtob, C.M., “Posttraumatic Stress Disorder, Trauma, and Culture,” *International Review of Psychiatry*, Volume 2, Chapter 11.

C. Patterns for accommodating difference

1. Pre-exposure to difference may predispose reactions to difference, either negatively or positively, depending upon individual experience with encountering difference and social reaction to that difference.
2. Exposure to difference may either confirm or deny negative or positive responses.
3. Extraordinary responses may provoke zealot defensiveness or zealot conversion – casual responses may allow for accommodations .
4. Cultures and individuals will eventually integrate

Participant's Notes

responses into a pattern of meaning and a prototype for future actions.

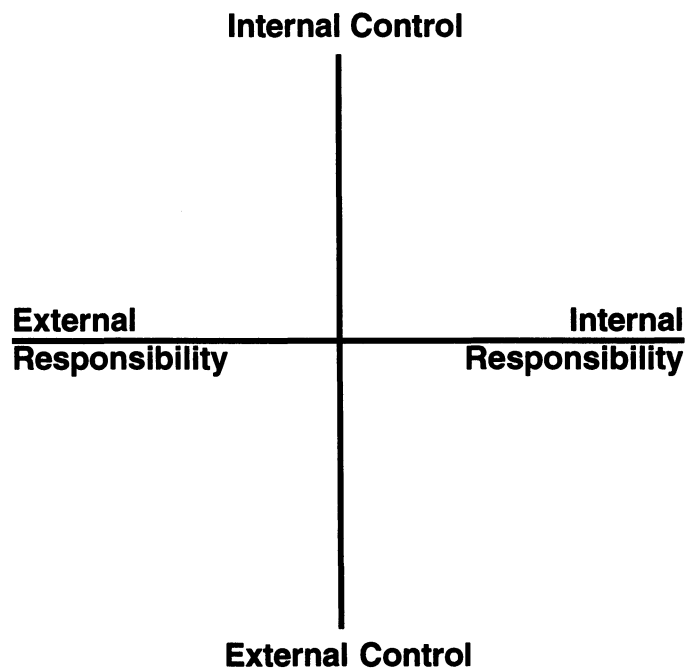
5. Likelihood of defensiveness will be high based on pre-exposure conditioning due to the need for security and social resonance.

III. Culture Affects Philosophies of Life and of Trauma

Several conceptual schemes provide some insight into how different cultures may need different types of intervention or strategies for service delivery. Some are illustrated in the charts of the Axis of Control, the Axis of Conflict, and the Axis of Life. The following is a description of each of these tools of analysis.

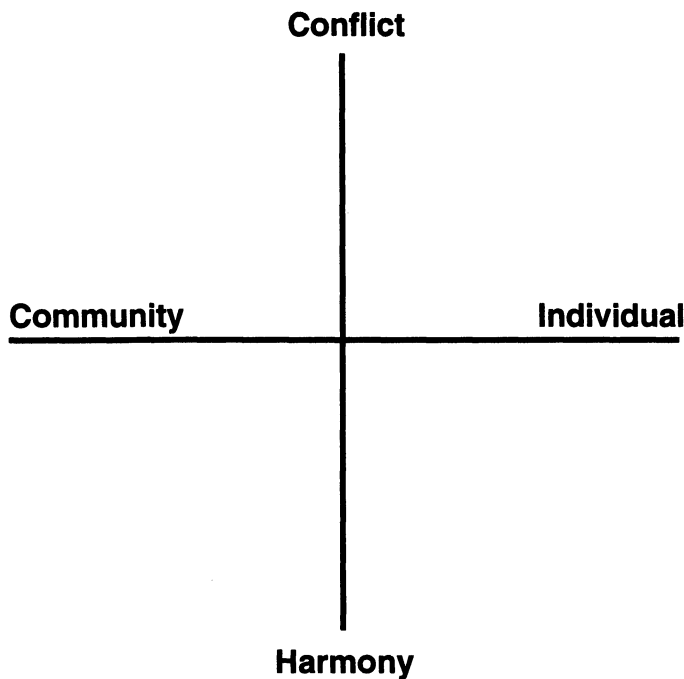
- A. **The axis of control**, below, describes the degree to which individuals feel in control of their lives, and the degree to which they may feel personal responsibility for what happens to them or their community. (This chart appears in Parsons' work, cited above.)

The Axis of Control



- B. The axis of conflict**, below, describes how people tend to react to conflict in their lives and the goals they seek in resolving it.

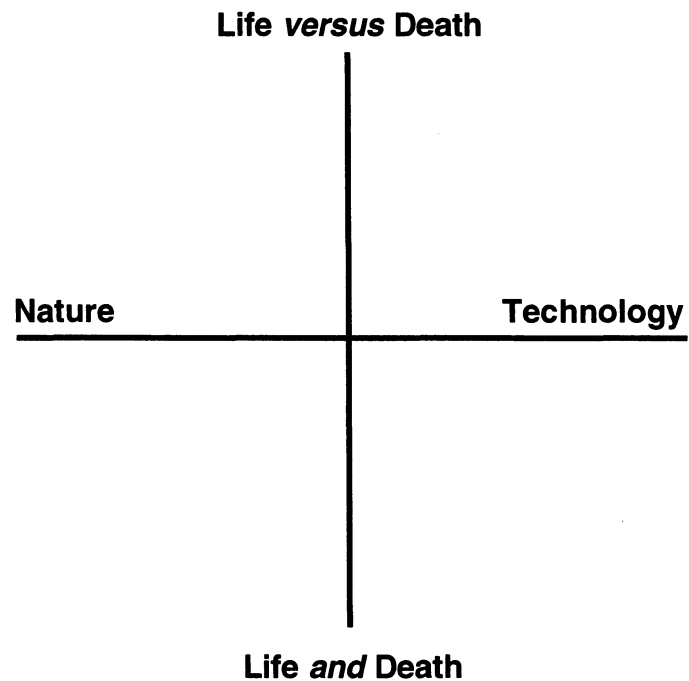
The Axis of Conflict



- C. The axis of life**, on the next page, attempts to illustrate different perspectives on life and death issues and whether individuals seek to resolve their concerns about life and death through commune with nature, God or technology.
- D. Each perspective illustrated in these charts suggests differences in attitudes, philosophies, and values** that one encounters when providing outreach and service to culturally diverse groups.

Participant's Notes

The Axis of Life



IV. Trauma and Culture

A. Basic concepts

1. Threats and trauma events are perceived as traumatic based on the individual's capacity to integrate such events into his or her experience – cognitively and physiologically. This capacity is affected by the cultural context of the affected person. In the United States, most literature on trauma and appropriate intervention strategies is based on theoretical and philosophical paradigms drawn from a white, Anglo-Saxon, Judeo-Christian perspective in the United States. Yet it is clear that people with different cultural backgrounds – including backgrounds not defined by race, ethnicity, nationality or religion – may perceive trauma and appropriate treatment differently.

All ethnically focused clinical, sociological, anthropological, and experimental studies converge to one central conclusion regarding ethnic America: Ethnic identification is an irreducible entity, central to how persons organize experience, and to an understanding of the unique "cultural prism" they use in perception and evaluation of reality. Ethnicity is thus central to how the patient or client seeks assistance (help-seeking behavior), what he or she defines as a "problem," what he or she understands as the causes of psychological difficulties, and the unique, subjective experience of traumatic stress symptoms.

Ethnicity also shapes how the client views his or her symptoms, and the degree of hopefulness or pessimism towards recovery. Ethnic identification, additionally, determines the patient's attitudes toward his or her pain, expectations of the treatment, and what the client perceives as the best method of addressing the presenting difficulties.

– Parsons, E.R., "Ethnicity and Traumatic Stress: The Intersecting Point in Psychotherapy," in *Trauma and Its Wake*, ed. Figley, C.R., Brunner/Mazel: New York, 1985.

2. The capacity for integration is expanded, developed and maintained in the context of social relations.

Regardless of the relative value a society places on individualism or conformity, there seems to be a universal tendency for people under threat to form very close attachments to other people or communities. Freud observed that the more terrifying the external threat, the stronger the allegiance to the group becomes; under extreme conditions, such as war, people may go so far as to sacrifice their own lives in order to assure survival of the group. Ernest Becker called the resulting deep sense of belonging the "taming of the terror." In analogy to Freud's notion that trauma results in

rupture in the “membrane of the mind,” Lindy and Titchener have called the social support that surrounds victims “the trauma membrane.”

– McFarlane, A.C. and van der Kolk, B.A., “Trauma and Its Challenge to Society,” in *Traumatic Stress*.

3. Social relations through cultural composites may be defined explicitly or implicitly. Explicit manifestations include ideologies or laws. Implicit understandings are found in rituals, practices, and behaviors.

Cultures also create meaning systems that explain the causes of traumatic events. “Fatalistic” cultures believe that traumatic events have external causes that must be continually faced during life; causes and consequences do not disappear. Rituals and symbolic places are necessary to ratify and support group members during times of inevitable difficulty. Traditional cultures assign causation either to a god or gods, to others (witchcraft), or to ancestors (breaking of rituals or taboos). Such concepts of external causation have the social function of linking an individual’s experience of illness and trauma directly to the larger society.

– deVries, M.W., “Trauma in Cultural Perspective,” in van der Kolk, B.A., McFarlane, A.C. and Weisreth, L., *Traumatic Stress*.

B. Impact of culture on trauma

If the threats to life associated with psychological trauma are universal, then what varies across cultures is the perception of what type of threat is traumatic, the interpretation of the threat’s meaning, the nature of the expression (presentation) of symptoms in response to such threats, the cultural context of the responses of traumatized people, as well as the cultural responses by

others to those who have been traumatized, and the culturally prescribed paths to recovery from experiencing life-threatening events. Finally, it is also useful to consider the process by which the exposure of individuals and groups to traumatic events is made useful for the entire culture.

– Chemtob, C.M., “Posttraumatic Stress Disorder, Trauma, and Culture,” *International Review of Psychiatry*, Volume 2, Chapter 11, 1997

1. Culture influences what type of threat is perceived as traumatic. A young woman in a Housing Authority apartment with her mother and five siblings wants a place of her own. Her knowledge and experience tell her the only way out is to have a child and thus qualify for her own apartment. She has derived that experience from a mother and grandmother who have spent their lives in public housing. Her definition of what is traumatic is different from others.

I'm not upset about the rape, if that's what you want to call it. It doesn't matter. All I care about is getting out of here. I thought they would make me pregnant and they didn't. I could kill them for that. If I had a baby, I could leave this place and get an apartment of my own.

– Thirteen year old victim of a gang rape, NOVA Crisis Notes, Philadelphia, 1993.

Cultural filters on the perception of threat and how it is interpreted show up in many different ways:

For example, Carlson and Rosser-Hagan (1994) described a group of Cambodian refugees, nearly half of whom had been physically assaulted, 60% of whom

Participant's Notes

had a family member killed, and 86% of whom met the criteria for PTSD. Carlson and Rosser-Hagan were surprised to find that refugees rated food shortage more distressing than the death of a close relative.

– Chemtob, C.M., “Posttraumatic Stress Disorder, Trauma, and Culture,” *International Review of Psychiatry*, Volume 2, Chapter 11.

2. Culture influences how individuals interpret the meaning of a traumatic event. In some cultures particular kinds of tragedy are a part of mythology and legend as well as daily life. If the potential of a traumatic event is integrated into cultural expectations, the occurrence of it may not be as distressful for survivors as for those who have not planned for the event. On the other hand, the prediction of disaster in the lore of a culture may cause some survivors to despair unless that prediction and their experience of its fulfillment is accompanied by a prediction of hope. Many cultures document reports of individuals who have a gift for “seeing” and reporting coming events of death or disaster. It is legendary among Celts, American Indians, Buddhist monks, Australian Aborigines, and other populations. What might be a trauma under other circumstances, may, in fact, be a comfort to an individual who “understands” the event.

A Maori woman once told me that she was crossing a stream on her return to her village (Waikane), after a short journey, when she saw in front of her a thin, trembling mist. In this midst she beheld the dim face of her father. This was broad daylight. The fog-wraith faded away, and weeping, she hurried home to her kainga, to find that her father – whom she had left in perfect health only hours previously – had suddenly died, about the very time the misty apparition had appeared to her.

– Pomare, M., in collaboration with Cowan, J., *Legends of the Maori*, Southern Reprints: New Zealand, 1987.

3. Culture influences how individuals and communities express traumatic reactions. While reactions to trauma seem to be common throughout all cultures, having a common base in human physiology, manifestations of responses may differ significantly. It is emphasized that the dominant responses may vary and be labelled somewhat differently than responses in the primary cultural milieu of the United States, but that the symptoms are often similar to posttraumatic stress reactions.

In contrast to the universalistic perspective is the view that trauma responses vary from one ethnocultural group to another. Referred to by Simon and Hughes as “unfamiliar ways of being crazy,” the so-called culture-bound syndromes (or “culture-originating affective-behavioral syndromes”) are found in many countries. Ness described the “Old Hag” or “Ag Rog” syndromes in descendants of immigrants from the English West Country to Newfoundland: being awake but being unable to move and experiencing great exhaustion and fatigue. Hispanics, especially Mexicans, are known to suffer a condition called susto, or fright, which has been understood in the West as the equivalent of an “anxiety state.” The Japanese psychoanalyst Yasuhiko Taketoma reintroduced the concept of Amae, a characterological state of passive-dependency, insecurity, and helplessness. China has its shenjing shuairuo, a somatopsychic manifestation involving headaches, weakness, irritability, poor appetite, and concentration difficulties.

– Parsons, E.R., “Post-Traumatic Ethnotherapy (P-TET): Processes in Assessment and Intervention in Aspects of Global Psychic Trauma,” in Williams, M.B. and Sommers, J.F., Jr., eds., *Handbook of Post-Traumatic Therapy*, Greenwood Press: Connecticut, 1994

4. Culture forms a context through which traumatized individuals or communities view and judge their own responses. If people think that their society will not accept them as victims, they tend to withdraw and be silent. Worse, they may accept the group's view that people with those adverse reactions are themselves to blame.

Reason and objectivity are not the primary determinants of society's reactions to traumatized people. Rather ... society's reactions seem to be primarily conservative impulses in the service of maintaining the beliefs that the world is fundamentally just, that people can be in charge of their lives, and that bad things only happen to people who deserve them. Bearers of bad tidings are generally considered dangerous; thus, societies tend to be suspicious that victims will contaminate the social fabric, undermine self-reliance, consume social resources, and live off the strong. The weak are a liability, and, after an initial period of compassion, are vulnerable to being singled out as parasites and carriers of social malaise. Society can only make a commitment to victims if it accepts these two ideas: (1) that victims are not responsible for the fact that they were traumatized; and (2) that if victims are not helped to deal with the memories of their trauma, they will become violent or anxious people, unreliable and easily distracted workers, inattentive parents, and/or people who use drugs and alcohol to help them cope with unbearable feelings.

– McFarlane, A.C. and van der Kolk, B.A., “Trauma and its Challenge to Society”, in van der Kolk, B.A., McFarlane, A.C. and Weisaeth, L., eds., *Traumatic Stress*.

5. Culture may affect the response of the immediately traumatized. This is a critical issue for many people who are victims. Their own culture or the culture in which they exist may reject or stigmatize them. Holocaust survivors faced accusations of apathy, compliance, acquiescence, and even blame for their survival. Viet Nam war veterans were cursed for their participation in the war. At times, that social blaming is perceived as an additional injury. At times, for some survivors, it may be a rally call to consolidate their grief and trauma and begin again. It may also reflect the trauma of the “non-traumatized” – those who wish to deny participation or involvement in the events of the world but realize that their denial is a self-condemnation.

Traumatic events do not exist in a vacuum. Like other social phenomena, they should be understood within the social and cultural context in which they occur. It seems that society reactions toward Vietnam's returning veterans had undoubtedly been affected by the strong objections toward that war. In the same manner, the attitudes of society toward survivors who reached Palestine after the war may be understood in light of historical and cultural process that took place in preceding years. The glue which was to join the Jewish settlers into a cohesive community was a common identity and a common goal: to become New Jews. In the period between the two world wars, the heroic figure of the 'New Jew' was portrayed in stark contrast to that of the Diaspora Jew, the identity that they were desperately trying to shed. The Diaspora Jew was seen as a

debased, weak, cringing, conniving soul, a despicable character whose personality had been distorted by centuries of persecution, while the New Jews were to be free people living in their own country – tall, proud, just, and strong. According to the historian and Holocaust survivor, Saul Friedlander, the ethos of the New Jew led to a repudiation of the diaspora which bordered on contempt. This ideology, which preexisted the Holocaust, gave birth to the patronizing and disdainful attitudes toward ... Holocaust survivors.”

– Solomon, Z., “From Denial to Recognition: Attitudes Toward Holocaust Survivors from World War II to the Present,” *Journal of Traumatic Stress Studies*, April, 1995.

6. Cultures may help to define healthy pathways to new lives after trauma. The routines and traditions of the culture may aid survivors of a tragedy in feeling reoriented. This is particularly true when cultures have formalized ways of reentry after a traumatic event, or when cultures have a means of integrating an individual's trauma story with the mythology of the culture. Cultures have a way of rendering life predictable. They set the parameters of action. When they fail due to a traumatic event, then their members are more vulnerable. Yet by the same token, cultures that respond to a particular disaster with a survival ethos are likely to carry with them many members who might otherwise collapse. The defiance or despair of a given culture's reaction to trauma will certainly influence the fate of its most committed members.

When cultural protection and security fail, the individual's problems are proportional to the cultural disintegration. The avenues of vulnerability resulting from trauma follow the routes vacated by culture.

Paranoia substitutes for trust; aggression replaces nurturance and support; identity confusion or a negative identity substitutes for a positive identity. Social bonding becomes a regression to nationalism and tribalism, thereby permitting individuals to deny the experienced losses or to defend themselves against expected additional losses. Compounding these problems in most areas of the world is that at times of cultural disintegration, the population is often physically depleted and fatigued as well. For example, the citizens of Bosnia, Somalia, and Rwanda are both physically and psychologically traumatized. These psychological and physical consequences will strongly affect their lifestyles and mental states in the future, even if the norms and values of their given cultures are reinstated. Yet, paradoxically, the members of a culture will always (or most often) rebuild on a templar or remanent of cultural customs and values.

– deVries, M.W., “Trauma in Cultural Perspective,”
in van der Kolk, B.A., McFarlane, A.C., and Weisaeth,
L., eds., *Traumatic Stress*.

C. Trauma and culture are particularly complicated today

1. Multiple identifies impose more cognitive complexity for negotiating the environment. Many immigrants to the United States face the demands of negotiating between two cultures, as do people in the United States who have been born in rural cultures and then enter urban cultures. However, in today's world, those cultures are more diverse. An American Catholic Indian raised in an isolated portion of a South Dakota reservation may be exposed through television and radio to experiences that seem unreal, and then may move to New York City to pursue educational or career opportunities. The vastness of possibilities are endless. Gertrude Bonnin (Zitkala-Sa), a Sioux woman who lived from 1876 until 1938, articulated many of these

Participant's Notes

challenges in her efforts to bridge the gap between traditions of her own society and assimilation in other societies.

She spent her life in balance between two worlds, using the language of one to translate the needs of another. She was in a truly liminal position, always on the threshold of two worlds but never fully entering either.

– Fisher, D., “Foreword,” *American Indian Stories*, Zitkala-Sa, University of Nebraska Press: Lincoln and London, 1985

2. There is an increase in life stress and a decrease in the capacity to screen and moderate the impact of catastrophic event.

It seemed so impossible to live. I needed to help my children, to make sure that they went back to school. I needed to write letters at work. I needed to buy groceries and fix the car. I needed to find a place to live. I needed to be able to communicate with people in another language. I needed to find a private place to bathe. The most important thing was to find someplace warm to gather my family so that we could be together. But, it all seemed impossible. Problems rained down and no answers to go with them.

– Survivor of the Kobe earthquake, NOVA Crisis Response Report, February, 1995.

3. Cultural traumas are transmissible across time and generations – as a bond for survival.

The resolution of a traumatic experience requires considerable investment by individuals in the processes of assimilation and accommodation. Similarly,

cultural groups are challenged to make sense of traumatic experiences. Among the most primitive functions of trauma in a cultural context is to provide information about the world through harm to one or many individuals for the benefit of the group. For example, the warrior who survived a battle, at considerable personal cost to himself, can transmit information about the enemy's battle dispositions that may benefit the group in later encounters. Similarly, the cost incurred by a warrior is a potent lesson about the direct costs of war, which can act to regulate the likelihood (probability) of future conflicts. Such information transfer, both latent and explicit, serves to increase the fitness of the group. Furthermore, as societies evolve, the mechanisms of information diffusion may change, the symbolic abstraction may increasingly become detached from direct communication, but the basic nature of the fundamental messages do not change.

– Chemtob, C.M., “Posttraumatic Stress Disorder, Trauma, and Culture,” *International Review of Psychiatry*, Volume 2, Chapter 11.

V. Action Planning for Working in a Cross-Cultural Perspective

A. Education

All cross-cultural encounters are potential learning experiences. They may result in the discovery of new information or in an enhanced understanding of something not fully appreciated before. Systematic learning depends on whether the worker-as-health-provider is willing to adopt the role of worker-as-learner.

– Green, J., *Cultural Awareness in the Human Services*, Prentice Hall, 1982.

Prior to cross-cultural work, education is needed on differences about a culture's routines, traditions and impact of family relationships. Be prepared to accommodate and integrate such cultural standards into crisis and counseling work. Attention should be paid to the following issues.

1. Geography, climate and environment.

Environment affects interpretations of trauma, individuals' interpretation of their experience, and their pathways to new lives. Someone born and raised in the desert does not find as much comfort in an environment of mountains and trees as someone who was born in the mountains. Someone who is used to seasons of extreme cold and rainy weather may accept the catastrophes related to cold and rain better than someone who has been used to a hot, dry environment. Plant and animal life contribute to cultural interpretations of the world. Beliefs based on nature are apparent in all cultures.

At the beginning of time a buffalo was placed in the west in order to hold back the waters. Every year the buffalo loses one hair, and every age he loses one leg. When all his hair and all his legs are gone, the waters will rush in and the cycle will end. It is believed that the buffalo currently stands on one leg and is very nearly bald.

– Brown, J.E., *The Sacred Pipe*, Penguin Books: Baltimore, 1971.

2. History of a culture.

Every culture carries with it a history of trauma. Irish-Catholic-Americans have cultural memories of the Irish potato famine, persecution because of their religion in the late 1800s, and discrimination after immigration because of their religion and poverty. Palestinians have cultural memories of being displaced from their homeland

and of persecution and discrimination. African-Americans have cultural memories of slavery and persecution. Refugees from Central America have cultural memories of victimization due to abuses of power. Cambodians have cultural memories of the killing fields. Armenians have cultural memories of genocide. Jewish people have cultural memories of the Holocaust. These memories and histories are important in understanding the traumatic events of today. But histories also bring hope and coping skills. The Maoris inhabited New Zealand before the years of war with European immigrants, but for all their traumas, continue to exhibit cultural strengths.

The culture of every nation, it has been said, must arise out of its background. The Maori life and traditions, the response of the Maori race to its very beautiful and wonderful environment, supply that distinctive background in New Zealand. Here is a people with a culture possessing many features different from those evolved by any other primitive race, a people with remarkably original sense of artistic values in decoration and craftsmanship. A people of keen intellect who had the creative faculty very highly developed and who have given the world ...a literature rich in poetic fancy.

– Pomare, M. and Cowan, J., *Legends of the Maori*, Southern Reprints: New Zealand, 1987.

3. Language of culture.

... I have been satisfied that traditional perspectives on justice flow out of traditional understandings that the languages themselves contain ...if you can only speak of justice in one way, you cannot be expected to do justice in any other way.

– Ross, R., *Return to the Teachings – Exploring Aboriginal Justice*, Penguin Books, Toronto: Canada, 1996.

Language differences and patterns among diverse cultures are common and complicated. One can learn Spanish, French, English or Russian but not understand the synthesis of verbs, nouns, adjectives, adverbs and phrases that result in common understandings among those who are a part of the culture. Some languages have multiple nouns for the designation of the sun. Others have various phrases that signify beauty. Languages dictate how one forms ideas, translates sensory perceptions, and interprets the world. The phrasing, silences, speed of delivery, and pitch or tone of voice, even when using the same word or phrase, mean different things to different people. These nuances assist in constructing language and dialect. Crisis intervenors need to be aware of such differences even if they are not able to speak the language.

Training is needed for speaking through an interpreter. Interpreters or translators contribute to the ambiance of any crisis setting. They become the interpreters not only of the survivor but also of the intervenor. In some cultures it may be appropriate for them to translate with additional flair. In other cultures such interpretation may be offensive. It is wise for crisis intervenors to try to train translators in elementary crisis intervention, if possible. It is also important to work with translators after they have interpreted so that they are not vicariously traumatized.

4. Routines and rituals of culture

Eating and sleeping patterns, spiritual practices and beliefs, dress, and social behaviors are a part of cultural integration. Some cultures care about the hours of awakening or going to sleep. Some focus on types of foods and their preparation, while others care about day-to-day routines. Some cultures are based upon spiritual beliefs, and designate the type of dress and adornments to wear. Crisis intervenors should try to understand different rituals and routines and to accommodate

cultural mandates when they are present in different social environments.

We learned not to visit a center between 12 and 2:00 p.m. because lunch was very important. In fact, for the refugees lunch was dinner. If we came at that time they would think they had to share their food. There was no doubt that they would share it – they believed in making everyone welcome and at home – but being there at that time meant that they would not have enough to eat.

– NOVA Crisis Response Reports, Bosnia, February, 1995.

B. Entrance to a different culture

1. Establish a basis for caregiving through relationships established before a disaster, if possible.

The fact that NOVA had a relationship with people in Japan before the earthquake was important in the arrangements of the crisis response team efforts in the earthquake's aftermath.

2. Respond to tangible needs.

In the 1997 floods in Fargo, North Dakota, the town was most interested in help to reconstruct their homes and businesses, and how they could attend to building dikes. Their concerns in the middle of disaster were focused on everyday needs.

3. Identify a friend or colleague who is a respected insider in the culture and who can help make connections with that culture.

This may be a long time friend or a colleague who recognizes the potential impact of the tragedy. In the aftermath of the Edmond, Oklahoma, tragedy in which 14 people were killed, it was Michael Turpen who called to ask for help. He had been affiliated with the victims' movement and was the Attorney General of the state of Oklahoma at that time – a recognized leader and “one of us” among the affected victims.

Participant's Notes

In the aftermath of the serial murders committed by Jeffrey Dahmer in Milwaukee, Wisconsin, the intervention of a gay man was useful in establishing connections with the homosexual community, a number of whose members had been Dahmer's prey.

When NOVA provided services to the Chicago Housing Authority, it was helpful to have preexisting connections with officials and residents of that agency prior to arrival.

C. Convey respect and good will

No matter what the preconditions to introduction to other cultures, caregivers should always convey respect and goodwill. Respect and professional courtesy are particularly important when dealing with people who have negative views of caregivers.

1. Say hello and request the opportunity to talk with people.
2. Acknowledge differences and apologize for discrepancies between your behaviors and those of the people with whom you are talking.
3. Be aware of your own cultural biases and try to be non-judgmental.
4. Always say please and thank-you when appropriate; always request permission to do things.

D. Protocol

1. Orientation to caregiving interventions
 - a. Participate in access rituals, which often involve ceremony, food, and expressions of goodwill.
 - b. Explain purpose of intervention and the need for reciprocal questions. Many cultures find questions intrusive. Yet for the caregiver, they may be essential in the establishment of understanding. Some cultures resist questions because they protect themselves through a "healthy paranoia" concerning the questioner. However, questions and answers are often the only way to clarify differences in language, customs, and unconscious behaviors.

- c. Express an appreciation for the culture's strengths in coping with trauma. Every culture has means to deal with trauma and can explain those means. Their understanding of trauma and its implications is inherent in their eventual integration of tragedy into their lives.
 - d. Express a willingness to learn about the ethnic group involved. One method to convey this is to ask "If I were a victim of this trauma, how would you expect me to deal with it?" The answer may provide cultural insight and lead to a question about how they might think others in their own culture might deal with the trauma.
 - e. Acknowledge your limitations and differences. These may include the inability to speak or understand the language, confusion over certain customs or rituals, or spiritual understandings.
 - f. Establish your competence in understanding trauma's impact whether or not you understand the cultural context of the event.
2. Practical problems
 - a. Build trust.
 - b. Deal with immediate environmental problems such as financial loss, secure shelter, family conflict and the like that group members are having difficulty handling.
 - c. Assist the survivors or victims with financial resources or compensation, if possible.
 - d. Help the survivors focus on something tangible that they can accomplish in the next few days.
 3. Crisis intervention with cultural focus.
 - a. Be aware of culturally-specific communication techniques, such as the use (or avoidance) of eye contact, the integration of food and drink in discussions, the pace of conversation, body language, and so forth.
 - b. Ask survivors if their families should be present during discussions or if they would like to have clergy members present.
 - c. Openly acknowledge your limitations with language or other communication concerns, and

Participant's Notes

- ask the survivors to tell you if you say something wrong or do something offensive.
- d. Ask survivors to tell their story and talk to them about the crisis reaction.
 - e. Ask survivors to describe what they would like you to do to help them and then tell them truthfully what you can and cannot do.
 - f. Search for the meaning of suffering and pain relevant to the cultural group involved.
 - g. Search for the meaning of death in the culture.
 - h. Search for the meaning of life.
 - i. Ask survivors if they would like to go to a place of worship or if there are any ceremonies or rituals that are particularly directed at crisis in their culture.
 - j. Useful cross-cultural interventions include: reduction of isolation, relaxation techniques, education about crisis and trauma reactions, reframing the crisis in culturally-relevant terms, helping individuals develop control, and increasing self-esteem and self-regulation.
 - k. Leave information in the primary language of the culture.

VI. Hints for Helping

A. Dress appropriately.

Men should wear suits and women should wear dresses in most cultures. In the aftermath of tragedy, these forms of dress may not be available. Nevertheless, an outside team of crisis responders may convey their respect by dressing appropriately.

B. Establish commonality with survivors through access rituals and mutual interests.

Eat and drink what is offered. Ask about family, friends, pets, plants, and loved ones.

C. Search for linguistic equivalency even if you do not know the language of the culture.

- D. Greet and say good-bye to survivors in their own language.**
- E. Allow survivors to direct you through cultural protocols and follow their direction.**
- F. Participate in defined rituals, as allowed or requested.**
- G. Apologize when you do something wrong.**
- H. Clearly define your objectives and make reference to other situations similar to this in which you were helpful. Remember, this is different than working in a familiar culture.**
- I. Find out, and use, appropriate body language.**
- J. Bring a gift of commemoration.**
- K. Be aware of spiritual beliefs in the culture.**
- L. Ensure that written communications are either in the appropriate language or are linguistically and structurally correct to facilitate translation.**

VII. Different Ethnic and Cultural Contexts

The purpose of this section is to highlight some of the different ethnic and cultural environments that crisis responders may encounter after a disaster. It is not a definitive description of various cultures. It is included to stimulate thought, debate, and learning between participants and instructors. Three things should be noted.

- The observations are drawn from NOVA staff and volunteers who have worked with disaster survivors and who live in a multicultural environment. NOVA welcomes additional comments for future editions of the manual.
- Crime victimization is often more prevalent within minority populations than between the dominant population group and minorities. Therefore, crime

victimization is included as a context for understanding cultural environments. While minority group members suffer victimization, they often also become victims of the system when accused of crimes.

- The population characteristics, historical experiences, and values of four major cultural groups – American Indians, Asian Americans, African Americans, and Hispanic/Latino Americans – are provided in sketch form. Participants may want to look at the lists and add their own observations.

A. Native Americans/American Indians

(Drawn from “Cultural Aspects of Working with American Indian Youth” in *Indian Child Welfare Digest Model Practice Approaches*, August-September, 1989, a publication of Three Feathers Associates; and *Counseling the Culturally Different, Theory and Practice*, 2nd ed., D.W. Sue and D. Sue, John Wiley & Sons: New York, 1990.)

1. Population characteristics:
 - a. This may be the fastest growing population in the nation.
 - b. The population is youthful with 50% being 17 years and younger.
 - c. One fifth of all families have a single parent as head of household.
 - d. The crime rate is not well measured, but Native Americans serving victims on reservations report that it is very high. Domestic violence, child abuse, and assault are often unreported.
 - e. Many Native Americans living on reservations live in physical isolation from other cultures. They may also live in rural areas where they are isolated from access to the traditional American justice systems.
 - f. For many years, there have been limited employment and educational opportunities for Native Americans.
 - g. There are 530 distinct Native American tribes, of which 478 are recognized by the U.S. Government and 280 have a land base. Value sys-

- tems are often similar between tribes, but rituals and traditions differ greatly.
- h. 50% of Native Americans live on reservations. Some people have suggested that the Native American population living outside a reservation tends to assimilate more than any other minority in the United States.
2. Historical experience in the United States:
- a. Racism and extermination. Only 10% of the original number of the American Indian population was alive by the end of the eighteenth century. Certain tribes, such as the Yosemites in California, were completely obliterated. Others, like the Nez Perce, were driven out of the United States (although descendents of that tribe remain).
 - b. Factors contributing to the population reduction were infectious diseases, government policies of eradication and forced migration, and the establishment of reservations. The Cherokee migration on the "Trail of Tears," from Georgia and the Carolinas to Oklahoma, was one of the most documented.
 - c. Policies that forced American Indians to be educated in English-speaking boarding schools separated children from their culture.
 - d. Federal statutes have replaced tribal customs as the primary legal grounds for defining who is identified as an American Indian/Native American.
3. Values of culture:
- a. Sharing.
 - b. Cooperation.
 - c. Noninterference with others.
 - d. Time orientation is toward the present not the future.
 - e. Extended family relationships have priority over nuclear family.
 - f. Harmony with nature.
 - g. Life is inextricably intertwined with other life and the world. God(s) or spirits control

- destiny but can be appealed to. Therefore, behavior in this world is important.
4. Analysis of “assimilation” in the context of the continuum of cultural influences. (This analysis is drawn from the work of Three Feathers Association cited above. It could be used with any culture by analyzing the variables for the “stages” and noting their manifestations.):
 - a. *Traditional*: Individuals maintain language, cultural traditions and perform Indian dances. They are not likely to be influenced by non-Indian forces. Humor and hospitality are valued. Individuals usually marry within the tribe or follow clan or tribal guidelines. They have personal control of emotions and aggression, self-acceptance and acceptance of others. They demonstrate quiet autonomy.
 - b. *Traditional Adaptive*: Individuals maintain a strong affiliation with tribe. They follow the Indian life-style. They speak or understand tribal language. Individuals participate in tribal customs and traditions. They may practice non-tribal religious beliefs. They are more likely to accept interracial marriages. They have developed “coping skills” in dealing with non-Indian standards.
 - c. *Contemporary*: Individuals have no firm identity with either Indian or non-Indians worlds. They may exhibit “generic” Indian attributes. They probably associate with others who are Contemporaries or Traditional Adaptives. They are more likely to have been educated by non-Indian standards than those who are Traditional or Traditional Adaptive. Individuals may participate in Indian social, political and athletic organizations which are used to further establish their identity. They tend to develop stronger tribal orientations as they grow older.
 - d. *Contemporary Adaptive*: Individuals do not usually carry “Indian” identity, but may be recognizable as Indian by non-Indian society.

They are usually multicultural and of multiracial heritage. They may practice Christianity or other religions. They have social contacts with non-Indian communities. They may claim to be Indian when social or other benefits may be obtained, e.g., college scholarships. They often have parents or relatives who are Contemporaries. Extended family relationships are infrequently maintained.

- e. *Assimilated*: These individuals may be found throughout mainstream non-Indian society. They are not usually recognized as Indian. They normally do not live within or associate with Indian communities. Their personal values and beliefs are developed from a non-Indian perspective. They may be considered a "lost Indian" or a "successful Indian" depending on the speaker's point of view.

B. Asian Americans

(The following material is drawn from *Color of Justice*, by Brian Ogawa, Office for Criminal Justice Planning: Sacramento, California, 1990, and *Counseling the Culturally Different, Theory and Practice*, 2nd ed., D.W. Sue and D. Sue, John Wiley & Sons: New York, 1990.)

1. Population characteristics:
 - a. In 1985, there were approximately 5 million Asian Americans in the United States. That figure is expected to double over the next 10-20 years.
 - b. While Japanese Americans have been the largest group for many years, Chinese Americans are now predominant. Demographers predict that Filipino Americans will be the largest group within the next 30 years. While some communities have experienced the impact of relatively large numbers of people immigrating from Southeast Asia, the effect of that immigration is still to be assessed.

- c. Except for Japanese Americans, the Asian populations are now principally foreign born.
 - d. There are at least 29 distinct subgroups among Asian American population, and these differ in language, religion, and values.
 - e. There is little data on the rates of crime victimization among Asian Americans. It is expected that much crime goes unreported because of fear of reprisal. The Bureau of Justice Statistics does not break out statistics on victimization of Asian populations in a useful way for crisis responders.
2. Historical experiences in the United States:
- a. Racism towards Asian Americans was initially apparent in the indentured servitude among the first Chinese immigrants and the animosity towards their immigration characterized by the media denomination – “The Yellow Peril.”
 - b. The Japanese bombing of Pearl Harbor and the ensuing war was used as a reason to intern 110,000 Americans who had immigrated from Japan or were born in the United States of Japanese parents.
 - c. Issues concerning Asian Americans were made more complex by the Vietnam War. Some 700,000 refugees have arrived in the United States since 1975. The majority are Vietnamese (66.6%); the others are Khmer (20.5%), Laotian (13.5%), and Hmong (7.8%).
3. Values of culture:
- a. Focus on interdependence and community.
 - b. Values favor discreetness, and non-imposition of feelings upon others.
 - c. Harmony with nature.
 - d. Reference to cosmic forces.
 - e. May view world situation fatalistically but rely upon God(s) or ancestors for assistance in coping.

C. Black or African Americans

1. Population characteristics:

- a. The black/African American population is estimated at over 23 million people; the vast majority are descendents of slaves brought into the U.S., though some are voluntary immigrants from Africa, the Carribean, and Latin America.
 - b. 86% live in cities or in census tracts that have over 50% or more black/African American populations.
 - c. Crime victimization rate is highest of all ethnic groups and the majority of crime is perpetrated by other members of the same population. The highest cause of death among young black males is homicide. 42% of the prison population is black/African American males. This population may be overrepresented by such offenders due to the impact of racism.
 - d. 35% of black families live below the poverty level; 40% are in the middle economic class, and 10% of black families are members of the upper economic class.
2. Historical experiences in the United States:
 - a. Slavery and racism: This is the unique sub-population of Americans based on migratory history. For most African Americans, their ancestors were a part of the only population that arrived on this continent as enslaved immigrants. Some whites arrived as indentured servants. Many Native Americans were taken as slaves in their own land. But the impact of the importation of slaves from Africa continues to affect the culture of black America.
 - b. Disconnection of families: because of slavery, African American families were often torn apart. A marriage could be broken up at the will of the slave owner. Children might be taken from their parents and sold. For many African Americans family unification and values are a priority. To some extent these values have been preserved through matriarchy.

Participant's Notes

- c. Color has been a defining issue. “African American” is only a recent self-description of this specific ethnic population. True, color has been used with others to give demeaning racial labels – “Red Indians” or “Redskins,” and “The Yellow Peril” are examples. But African Americans alone were for centuries officially described by color – “Negro” – the Portuguese word for black – while the hateful perjorative “Nigger” was the common term used among the majority population. Beginning in the Civil Rights revolution in the 1960s, many African Americans replaced the “Negro” euphemism with “black,” a descriptor they used with pride.
 - d. By the end of the 1990s, many blacks chose to call themselves African Americans as a neutral descriptor, like German American. As this is written, both “black” and “African American” are deemed terms of respect by the millions who apply them to themselves – finally being addressed on their own terms, and *in* their own terms.
3. Values of culture:
- a. Time orientation is towards the future.
 - b. Belief in duty.
 - c. Religion is a source of strength – primarily Christian beliefs but these are often supplemented by belief in spiritualism. (See below concerning the “afterlife” beliefs about death.) A growing number are adherents to various Muslim sects.
 - d. Family connections, with special respect for mother figures, are important.
 - e. Distrust of system. Other ethnic groups may believe in the justice system, but there is a traditional distrust of the judicial system by many African Americans because of the history of slavery in the United States.
 - f. Stress between black middle class and black poor. There seems to be a distressed relation-

ship between African Americans who have become successful and those who feel trapped in their circumstances of poverty and hopelessness – a reflection that the black middle and upper classes have been growing at historic rates, but that the circumstances for the large black underclass have been growing worse.

D. Hispanic/Latino Americans

1. Population characteristics:
 - a. Population of about 14.6 million.
 - b. About 9 million are of Mexican descent, 3 million are from Puerto Rico, 1 million are Cuban, and the rest are from other Latin-American countries.
 - c. Terms of self-identification are not uniformly accepted. Many prefer “Hispanic” to the exclusion of the Spanish “Latino,” and many are of the opposite view, while most treat either descriptor as respectful. A minority of those of Mexican descent speak of themselves as “Chicano.”
 - c. The Hispanic/Latino population is greatly underestimated due to the number of undocumented aliens. It is estimated that the Hispanic/Latino population will be the largest minority population in the U.S. by 2030.
 - d. Hispanic/Latino Americans suffer a higher robbery rate than other population groups, and there is evidence that Hispanic/Latino males suffered the highest rate of violent crime of demographic groups analyzed by the National Crime Survey.
 - e. The population is very young and most households include more than four people.
 - f. The population is very religious and most are Roman Catholic.
2. Historical experiences in the United States:
 - a. Racism complicated by perceptions of migrant farm laborers and illegal immigrants.

- b. Mexico and the United States were at war in determining boundaries in the defining stages of both nations. South America and the United States have also had a tense and conflict-related history.
 - c. Like European immigrants of the 19th century, Hispanic immigrants of this century, both legal and undocumented, have faced extreme poverty and exploitation.
 - d. Many of the recently migrating populations have experienced abuse in their homelands because of political oppression. Many of the nations from which these populations migrate have experienced long histories of political turmoil.
 - e. Many immigrating or first generation Hispanics/Latinos speak little or no English. There is often conflict in communities over whether Spanish should be an official second language.
3. Values of culture:
- a. Time orientation tends to be present and past.
 - b. Strong extended family relationships. Family may include “comadres” and “compadres” – honorary parent figures who may not be biologically related. Family and community is built on a patriarchal structure.
 - c. Harmony with nature.
 - d. Fate is determined by God. But one is responsible to God for how one responds to fate.
 - e. Deeply religious in everyday life but belief in God may coexist with belief in a spirit world.
 - f. Sacrifice in this life may be perceived to lead to salvation in the next.
 - g. It is important to adhere to rules defined by culture.

VIII. Cultural Observances Concerning Death

A. Ethnic-specific characteristics

1. African Americans have traditions concerning death that draw from many different ethnic and religious backgrounds. There are many different

religious faiths in black America and many diverse races. Hence, like white Americans, any particular family may draw from a number of different cultural backgrounds. Some common patterns include:

- a. High involvement of a funeral director in preparations for mourning and for burial.
 - b. A gathering of friends and members of the family at the home of the deceased to offer support to the living and to share their grief.
 - c. A wake in which music is played or songs are sung. Some African Americans hold a worship service known as a "Home-Going" service. It usually reflects the personality of the deceased and celebrates the conviction of going home to Jesus and being reunited with relatives and friends.
 - d. A shared meal among grieving loved ones after the wake and funeral.
 - e. A funeral service followed by a burial. Cremation is less accepted in the black community than in some other cultures.
 - f. A deep religious faith and integration of church observances.
 - g. Memorial services and commemorative gifts.
 - h. Many in black communities mourn by dressing in white as a sign of resurrection and celebrate with music and hope.
 - i. African Americans often express grief at death with great emotion.
 - j. Some African Americans believe in the concept of the "living dead," people who have died but whose spirits live on in the memories and thoughts of those still living. These people are the ones who will help others who die move to the next world.
2. Hispanic populations also have cultural backgrounds as diverse as the many countries from which they come. Most but not all practice the Roman Catholic faith. Common patterns in the aftermath of death are:

Participant's Notes

- a. High involvement of the priest in funeral plans.
 - b. Family and friends are encouraged to be a part of the commemoration.
 - c. The rosary is said by surviving loved ones, often at the home of the deceased. Among some Hispanic groups the rosary is said each night for nine nights after death. Some families say the rosary every month for a year after death and then repeat it on each anniversary.
 - d. Catholic funeral services include a Mass. Loved ones are encouraged to express grief and many are involved in the procession to the grave.
 - e. Many Hispanic survivors commemorate the loss of their loved ones with promises or commitments. These promises are taken very seriously and those who fail to honor them are considered sinners.
 - f. Money gifts to help cover the expense of the funeral and burial are not unusual.
3. American Indian observances also vary considerably in their traditions, religions, and rituals. But there is a strong commonality among many tribes that centers on the natural world – the earth, the animals, the trees, the natural spirit. Even among those who have been converted to Christianity, there is an emphasis on the reunion with nature that occurs with death.
- a. The medicine man, shaman, or spiritual leader usually moderates the funeral or death service. It may or may not follow a particular order since each individual is unique. In some tribes or clans burial is not traditional; hence, there may be resistance to laws that require burial or cremation of the body.
 - b. Some tribes call on their ancestors to come to join the deceased and, in effect, help in his or her transition.
 - c. Most Indian cultures are not concerned about preserving the body and so embalming is not common. However, dismemberment and muti-

- lation outside the natural deterioration of the body is taboo.
- d. There is a belief that the spirit of the person never dies and so sometimes sentimental things and gifts are buried with the deceased as a symbolic gesture that the person still lives. The spirit of the person may be associated with a particular facet of nature – animal, bird, plant, water, and so forth. Symbols of such spirits may be a part of the ritual in the death ceremony.
 - e. It is important to ensure that the burial of the person takes place in their native homeland so that they may join their ancestors and inhabit the land to which their loved ones will also return.
 - f. In some tribal cultures, pipes are smoked at the grave sites.
 - g. In some, there is significance to burying people with symbolic reference to a circle.
 - h. In some tribal cultures there is significance in non-burial, allowing the deceased to pass on to the other world in a natural way.
4. Asian Americans may follow Buddhist, Confucian, or Taoist practices regarding death with some elements of Christian traditions. Common practices include:
- a. A family gathering at the funeral home to make arrangements with the family elders assuming ultimate responsibility for the ceremony.
 - b. There is great respect for the body. Warm clothes may be used for burial and watertight caskets are used to keep the elements out.
 - c. Stoic attitudes are common and depression may result from the internalization of grief.
 - d. An open casket allows for respect to elders and often poems in calligraphy are left for the deceased. Among Chinese Americans, a cooked chicken may be placed by the casket as a last meal for the deceased and spirits. The chicken will be buried with the body.

Participant's Notes

- e. Music is often used – a band may wait outside the funeral home and accompany the procession to the cemetery.
- f. The funeral route is important.
- g. The burial plot's location is very important, as is the choice of the monument. Incense may be burned at the grave. Among some Asian American populations, sacrifices may be made at the funeral.
- h. A gathering of family and friends for a meal after the funeral shows respect for the spirit of the deceased and thanks those who came to pay their respect.
- i. A picture or plaque is usually kept in the home and displayed with items that create a shrine.
- j. Forty-nine days after death is important to more traditional Chinese families. Incense will be burned and other traditions of commemoration observed. Twice a year, either at the grave or at the home shrine, a ceremony is observed.
- k. Among some Southeast Asian populations, blue is the color of mourning.

B. Religious observances of death

1. The role of religion is important for most victims/survivors because their answers to religious questions form their view of life, death, and meaning.
2. Many people do not know their position on religion until disaster strikes, and then their religious faith and beliefs are formed.
3. Some religions give individuals more power over life than others. Some religions give collections of individuals power over life. Some religions give spirits more power over life than the living. Some give free will. Some give fatalism. Whatever, all have defined ways of dealing with death.
4. Some religious differences.
 - a. Jewish observances
 - i. All customs are designed to treat the body with respect, so autopsies and embalmings

- are generally prohibited. Viewing the corpse is also considered disrespectful.
- ii. The emotional needs of the survivors are very important.
 - iii. There is variance among Reform, Conservative, and Orthodox Jewish practices.
 - iv. No funeral is allowed on Saturday (the Sabbath) or on major religious holidays.
 - v. Music and flowers are not encouraged.
 - vi. Eulogies are given by rabbis and family and friends. When the deceased person is held in high regard, there are usually several eulogies.
 - vii. Family members and others accompany the casket to the grave and family members are encouraged to place a shovel of earth on the casket as a sign of the finality of death.
 - viii. The period of mourning lasts for one year. The mourner's "Kaddish" or declaration of faith is said at the gravesite: "Blessed, praised, glorified and exalted; extolled, honored, magnified and lauded be the name of the Holy One. May abundant peace from the heavens descend upon us, and may life be renewed for us and all Israel, and let us say Amen."
 - ix. "Sitting shiva" refers to the seven-day mourning period immediately following burial. No food is cooked by the family. A candle or lamp is kept burning in the memory of the deceased. The Kaddish is said every day during this time.
 - x. Some people observe a period of three days following the burial during which visitors are not received and the time is devoted to lamentation.
 - xi. After the first seven days, survivors are encouraged to rejoin society but still maintain mourning by reciting the Kaddish twice daily for thirty days.

Participant's Notes

- xii. Many mourners may wear black pin with a torn ribbon is worn during the funeral and for the next week as a symbol of grief. Others may wear a torn garment.
- xiii. Newborn babies may be named after the deceased. (This is important to remember since many cultures believe it improper to name people after the dead and, in fact, adults may change their names to avoid being named after someone who has died.)
- xiv. The first anniversary is marked by the unveiling of a tombstone at a special ceremony.
- b. Roman Catholic observances
 - i. Since the Second Vatican Council, the terms “last rites” and “extreme unction” are no longer used by the Catholic Church.
 - ii. The Sacraments of the Sick are prayers that are said as the person is dying, and involve confession and communion. If a person dies before the sacraments are given, the priest will anoint the deceased conditionally within three hours of the time of death.
 - iii. There is often a wake and, if so, the priest will conduct the service or say the rosary.
 - iv. There are distinct phases to “The Mass of Christian Burial”
 - Prayers at the funeral home.
 - Welcoming the body to the church.
 - Covering the casket with a white cloth.
 - Sprinkling the casket with holy water.
 - The Eucharist is celebrated.
 - Prayers are said after the Mass.
 - Casket is escorted to back of church.
 - At the cemetery, the grave is blessed. Consecration is a reaffirmation that the person will rise again. Prayers address not only the dead but the survivors – their faith in eternal life is encouraged.

- v. One-month anniversary of the death is often celebrated by a Mass, as are those of other anniversaries.
- c. Protestant observances
 - i. There are a wide range of Protestant observances.
 - ii. For many, after death, there is a family gathering at the home or funeral home.
 - iii. Caskets, open or closed, are a part of passage. Memorial items may be placed in the casket.
 - iv. Cremation is an accepted option for some.
 - v. Black dress is a part of mourning.
 - vi. Funeral services include music and testimonials.
 - vii. Gravesite visits may be made.
 - viii. Memorial services are common, and sometimes replace funerals and other immediate observances of death.
 - ix. Flowers and donations are preferred ways to express condolences.
 - x. There is no formal structure to observe death month after month, year after year.

IX. Conclusion

Responding to a disaster in a community where the traumatized are of a different culture is challenging. If crisis intervenors can focus on similarities instead of differences, and show respect for the people they serve, the challenge becomes manageable. A Chinese Buddhist prayer can guide caregivers in their service to diverse cultural groups:

O, that I might become for all beings the soother of pain! O, that I might be for all of them that ail the remedy, the physician, the nurse, until the disappearance of illness! O, that by raining down food and drink, I might soothe the pangs of hunger and thirst, and that in times of famine I might myself become drink and food! O, that I might be for the poor an inexhaustible treasure! All my incarnations to come, all my goods, all

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

my merits, past and present and future, I renounce with indifference, so that the end of all beings may be attained.

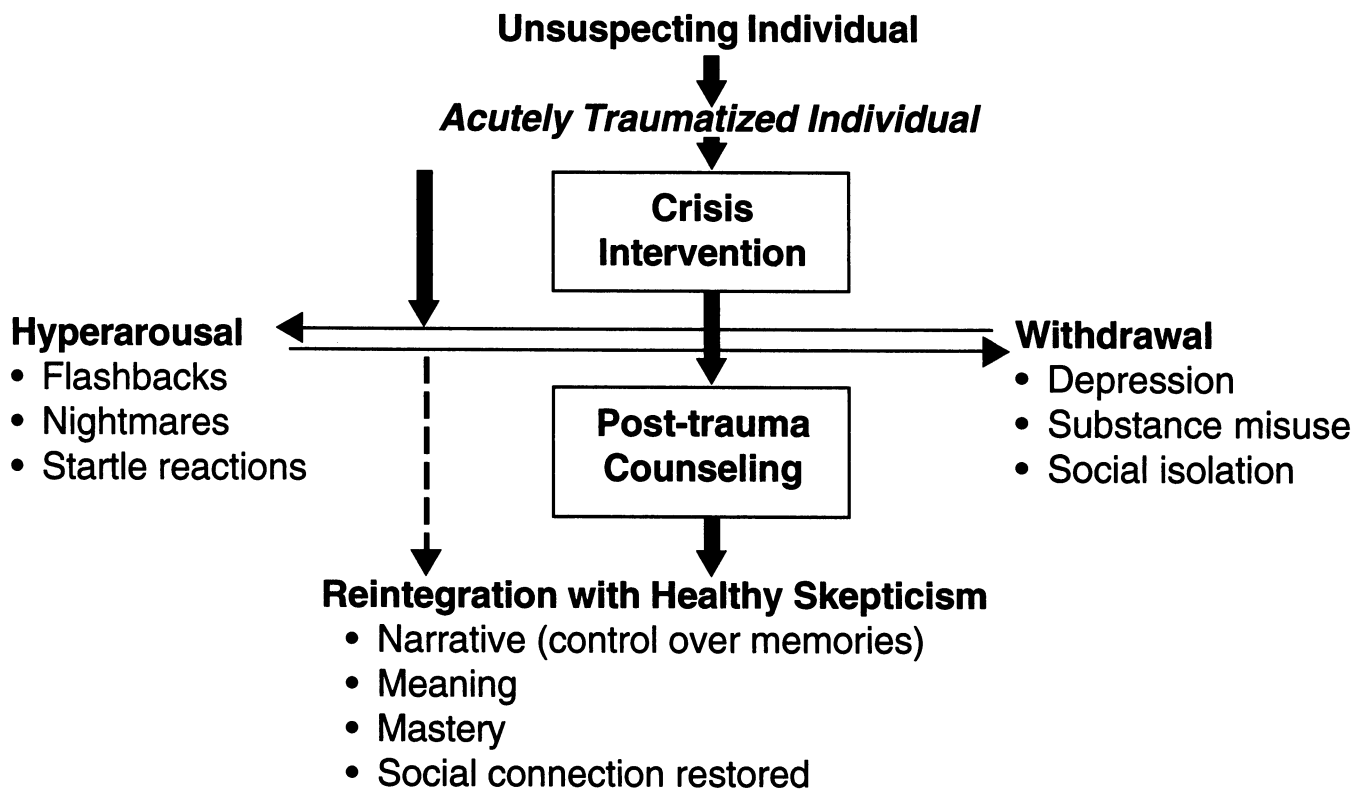
– *The Asians: Their Heritage and Their Destiny*,
Rev. ed. Philadelphia: J.B. Lippincott, W.P.T. Welty,
1963.

Chapter Nine: Post-Trauma Counseling

I. Why Do Crisis Responders Need to Know About Post-Trauma Counselling?

A. In many communities, immediate crisis responders are also caregivers.

1. They will continue to provide supportive counseling after a major community catastrophe.
2. Post-trauma counseling is related to crisis intervention in the integration of an individual's health with new hope and meaning. [See the chart below.]



– Adapted from materials developed by CDR Michael Dinneen, M.D., Ph.D.

- B. Crisis responders from other communities need to understand the dimensions of the long-term stress effects.**
- C. Crisis responders are often called on to provide community members with an understanding of coping strategies.**
- D. Crisis responders should not provide trauma counselling unless they have had specific training and education on each technique or therapy that they try to provide.**

II. Foundations of Post-Trauma Counseling

A. Trauma specific counseling

The focus of counseling interventions should be directed at the trauma itself. Other pre-existing problems such as marital issues, alcoholism, drug abuse, employment problems, and the like should not be addressed except as they relate to this trauma. If there is a need for counseling or help in those areas, the survivors should be referred to an additional counselor for assistance.

An exception to the trauma-specific nature of counseling intervention is when there are other traumas in the individual's life that may affect that victim's coping abilities in dealing with the current trauma.

B. Normalization

Post-trauma counseling should focus on reassuring the survivors that they are not "crazy" and that their traumatic reactions are not uncommon. In this way, post-trauma counseling is an extension of crisis intervention. The goal of post-trauma counseling is to assist individuals mobilize their own capacities to deal with the experience. Labels that are used to describe those who have experienced trauma as "victims" or "survivors" may be counter-productive. Counselors should follow the lead of individuals as they describe themselves.

C. Collaboration with the victims or survivors

The post-trauma counselor serves as a partner to the sur-

vivors in their effort to reconstruct a new life. The counselor should be involved as a listener and as a resource in developing and suggesting options – not a decision-maker – in response to the survivors' questions. Trauma focused counseling is an extension of the natural processes of mutual support which occurs in post-disaster contexts.

D. Unique pathway to reconstruction or healing

Each survivor will find a unique way to develop a new life. Counselors should be non-judgmental, supportive and open in their response to decisions. Some survivors choose negative coping methods – becoming involved in substance abuse, considering suicide, or destroying existing relationships. Counselors should be prepared to deal with ethical issues and to refer survivors for appropriate in-depth mental health counseling if necessary.

III. Elements of Post-Trauma Counseling

A. Education, experience and energy are keys to learning to live with trauma and its aftermath.

1. Education

a. Content of education

- **Safety education**

Traumatized people are unable to regain a sense of equilibrium or master to the trauma experiences if they continue to feel unsafe. Counselors should help survivors assess their safety and to develop safety plans if they remain in dangerous situations. Safety plans are also useful for confronting trigger events such as “anniversary” dates or holidays. Education about the importance of routines, boundaries, social activities, and self-destructive behaviors is also crucial to re-establishing feelings of safety.

- **Trauma education**

Survivors of traumatic experiences also need to know that exposure to trauma affects their physical, emotional and mental abilities. Information useful for survivors include understanding of the crisis reaction

and long-term stress reactions. Symptoms of PTSD, grief, or depression do not mean that they are going crazy. They may be suffering from pain and anxiety but these are the result of trauma. It is also important to underscore that the impact of trauma varies. While there is much to be learned from the experience of others, each person will have their own reactions based on the dimensions of the trauma, their adaptive capacities, pre-existing sources of stress, and post-trauma experiences.

- Second assault education

Survivors also need to know what happens after a disaster and how they might deal with it. Knowledge of civil and criminal law or legal proceedings, social institutions, media behavior, financial options, and useful resources or referrals can be helpful as they plan their lives.

- Symptom management

Strategies for handling trauma related symptoms should be discussed. These may include prescribed medications when symptoms are severe enough to diminish the functional capacity of individuals. However, education in behavioral and cognitive techniques such as arousal management, stress inoculation, modification of sleep patterns, relaxation exercises or biofeedback can help survivors regain a sense of control and diminish symptom anxiety.

b. Methods of education

- It is helpful for survivors to educate themselves by reading articles or books on the effects of trauma and its aftermath. Not only can such readings stimulate the processing of individual trauma experiences, they can form the basis of discussion sessions in which experiences can be compared and contrasted. Going to classes or

seminars often provides additional educational stimulus.

- Some people find that watching tapes or films on disasters or educational tapes on trauma experiences is also useful. However, for some this can be re-traumatizing if survivors do not have caring, understanding support from counselors, family members or friends.
- Similarly, writing or dictating journals or stories of their experiences, tape recording their thoughts or reactions can be helpful. Writing about trauma experiences is educational and serves as testimony for many victims. It helps them to preserve their memories as well as to bear witness to what happened.

Jean Paul Sartre, in What is Literature?, asserts that the writer does not write for himself alone. Writing is a fundamental act of commitment to the world; through writing, the person is thrown into the world. In contrast, the act of the trauma separates the person from the world. Writing is thus a public act that represents the return of the victim to the world, confronting the sufferer with the reality that bad things can happen for which responsibility must be taken. Writing gives this testimonial solidity and validation, which provide a foundation for transcending shame ...

– Feldman, S.C., Johnson, D.R., and Ollays, M., “The Use of Writing in the Treatment of Post-Traumatic Stress Disorders,” in *Handbook of Post-Traumatic Therapy*, eds. Williams, M.B. and Sommer, Jr., J.F., Greenwood Press, CT, 1994.

- Some survivors find taking self-administered personal assessment tests to be revealing. Such tests help to focus the survivor on thinking introspectively. Goal-set-

ting challenges such as physical fitness exams or problem-solving quizzes are also helpful.

2. *Experience*

- a. It is useful to help survivors think of past experiences that have been traumatic or extremely stressful and to consider the coping strategies they have used with such experiences – whether they were helpful or harmful – to assess whether such strategies may be relied upon in the present. A poignant example of this appeared in an Ann Landers column:

Dear Ann Landers:

On October 15, 1983, my 21-year-old son, Kevin, was killed in an automobile accident. At that time I thought nothing could be as painful and devastating as that loss. I was wrong.

On March 3, 1989, my son, Leo, 28 years old, died suddenly. The death of this second son reopened the wounds of my previous loss. It was a struggle to hang on to my sanity. I knew in my heart that my sons would not want me to give up on life. They were so full of fun and laughter. They would expect me to pull myself together and carry on. I knew I had to do it for them. The night after Kevin died I wrote some words to be read at his funeral. When Leo died, I reread them. I would like to share them with your readers. Here they are:

“If God said to me, ‘You can choose or not choose to have a son, Kevin. If you choose to have a son, Kevin, he will have red hair and shiny eyes and a great sense of humor. He will be a ray of sunshine in your life and cheer you on when you are down.

“ ‘But you can have him for only 21 years. And when he leaves, you must pay a great price for those 21 years. That price will be deep sorrow.’

“I would choose to have Kevin.

“And if God said to me, ‘When he goes, you can choose for him to have a lingering, painful death, one that would help you adjust to his leaving and give you

a chance to say goodbye ...

“ ‘Or you can choose for him to go quickly and painlessly.

“ ‘But if you choose for him to go quickly and painlessly, you must pay a great price, and that price is deep sorrow.’

“I would choose a quick and painless death for Kevin.”

These words were read at Kevin Brown's funeral. October 18, 1983.”

– Barbara Brown, Millington, N.J.

- b. Many survivors learn a great deal by talking with others who have experienced similar things in the past. Such survivor support is useful in identifying how to cope with holidays, anniversaries of the tragedy, everyday routine, and practical issues.
- c. Survivors may also benefit from new experiences that help them learn new skills and practice new routines. Indeed action-based approaches in the treatment of PTSD have been very powerful for some survivors.

The origins of action-based approaches can be traced back to two main roots: the theories and philosophy of experiential education and the principles and techniques of the Outward Bound program. ...Although hard evidence is lacking, the success of programs employing action-based therapy provides compelling testimony of their effectiveness.

– Stuhlmiller, C.M., “Action-Based Therapy for PTSD,” Handbook of Post-Traumatic Therapy, eds., Williams, M.B. and Sommer, Jr., J.F., Greenwood Press, 1994.

3. *Energy* is derived from general good health and helps survivors cope with trauma better.
 - a. Physical activity

I believe there is an essential element of wellness that involves action ... behaving, taking action, acting on the world ... You're not just concerned with getting enough to eat or feeling safe, but you're reaching out for stimulation. You're seeking growth.

– Suter, S., in *Live Arts Experiences: Their Impact on Health and Wellness*, Spencer, M.J., Hospital Audiences, Inc., New York, NY, 1997.

- Exercise often heightens one's sense of self-esteem and self-discipline. It is also a way of integrating routine and control into life. Physical activity helps survivors establish a connection with life, and even small amounts of activity can help survivors to resume functioning in the midst of depression or sorrow.
- Exercise also may induce the physiological production of endorphins and opioids that heighten a sense of well-being as well as diminish the effects of physical pain.
- Physical activity should not be seen as limited to exercise but should include the engagement of survivors in the translation of their experiences into physical form through art, music, dance/movement, or psychodrama. Creative arts may serve as a method for expression, the reinforcement of positive beliefs, and the creation of new meanings. A three-stage model of treatment for the creative arts therapies, involving (1) access to the traumatic material, (2) working through, and (3) integration into society, has been proposed by one therapist. (Johnson, D., "The role of the creative arts

therapies in the diagnosis and treatment of psychological trauma," *Arts in Psychotherapy*, Volume 14.) If the art form is also a method of communication between the artist and a counselor, peers, or an independent audience, then there is potential for even more dynamic transcendence of a trauma experience. Art may be the mode of reframing the experience and for eliciting new associations with traumatic memories.

Art elicits pleasure by acting on arousal, that is on a person's level of attention, alertness, or excitement. Art affects arousal through three different properties. First, its psychophysical properties, such as brightness, saturation, size, loudness, or pitch. The second is through its ecological properties, its association with experiences recognized as helpful or harmful to survival, such as food, war, sex, or death. The third is through 'collative' variables, such as arousal heightening devices as novelty, or the newness of the elements; surprise, or frustration of expectations; and complexity, or the heterogeneity, irregularity, and asymmetry of the elements. These elements are "collative" because, in order to determine the novelty, surprise, or complexity inherent in a pattern, the perceiver must compare, or collate, information from more than one source.

– Winner, E., *Invented Worlds*, Harvard University Press, Cambridge, MA, 1982.

b. Nutrition

- Vitamins B and C are particularly important in reducing stress.
- High fiber carbohydrates help maintain energy and health.
- High intake of water and juices are stress reducers.

- Large amounts of sugar in the diet may produce fatigue, weakness and confusion.
- Survivors should try to avoid large doses of caffeine, alcohol, cigarettes, and sugar.

c. Humor

Laughter and humor tend to invigorate and renew people's energies. Caregivers and survivors both testify to the relief that laughter can provide, even at the worst of times in catastrophes.

Jokes are no laughing matter to the brain. They are a type of release valve that enables us to think the unthinkable, accept the unacceptable, discover new relationships, adjust better and maintain our mental health. They are also funny. Without them we probably would be a dull, dimwitted society, trapped in a harsh world too serious to bear.

– Ronald Kotulak.

d. Tears

- Crying helps to cleanse the body of chemicals that build up during emotional stress.
- Studies by William Frey, director of the Dry Eye and Tear Research Center, include collections of tear samples on hundreds of women and men. He distinguishes between emotional tears and irritant tears. However, all tears remove manganese from the body a mineral that has been associated with mood alteration. Both kinds of tears also contain three chemicals known to be released by the body during stress: leucine-enkephalin, an endorphin thought to modulate pain sensation; ACTH, a hormone considered the body's most reliable indicator of stress; and prolactin, a hormone which also regulates milk production in mammals. (Frey, W., *Crying: The Mystery of Tears*, Minneapolis, MN:Winston Press, 1985.)

B. Rehearsal, reassurance, and referral are functions of post-trauma counseling that relate directly to ventilation, validation, and preparation elements of crisis intervention. Counselors should continue the process as well as seek additional assistance, when necessary or appropriate.

1. Rehearsal

Rehearsal is accomplished by revisiting the trauma event in the mind, physical and mental review of the trauma, and going to the scene of the trauma to reframe the event. Rehearsal allows victims to begin to understand the event and to integrate positive thoughts or feelings with the event and its aftermath. Many of the therapeutic interventions that may be provided by trauma therapists and are described below focus on either mental or physical rehearsal of the event.

- a. The elements of crisis intervention focus on “rehearsal” and “recall” when crisis intervenors assist victims or survivors to remember the event with clarity and in chronological fashion.
- b. Counselors should be aware that safety of the survivors is critical any time that they may physically walk through a reenactment of what happened or mentally replay the scenes of what happened. Skilled support and assistance during those re-enactments should be available in case survivors re-experience the trauma with physical and emotional reactions. There are cautions about rehearsal that intervenors should consider when working with victims.
 - i. Rehearsal is a voluntary and controlled event when used as a post-trauma counselling tool. Survivors should be allowed to stop at anytime when their feelings or reaction become too painful or intense. They should be allowed to be in control of the rehearsal which also means that if they want to continue, even if in some distress, counsellors should support

- i. The workplace or school support systems can be as important as family support.
- ii. If tensions exist in the workplace or school prior to a disaster, those tensions will increase the trauma of the catastrophe.
- iii. The demands of the workplace or school may also mean that trauma is repressed and normal work is emphasized. Some elements of generating workplace support that employers might consider are:
 - Pre-existing policies that provide for temporary absence of employees suffering from a traumatic event.
 - Mandatory counseling for all employees involved in an event while doing work associated with their job or at the workplace.
 - Official recognition through newsletters or other communications that trauma has affected the workplace and acknowledgment that some people will have crisis reactions or long-term stress reactions to such trauma.
 - Group crisis interventions of high-risk populations within the workplace.
 - Peer counseling programs that address all aspects of trauma-inducing events and can be accessed by employees on request.
 - Health insurance that covers mental health and other counseling services.
 - Endorsement and support for absolute confidentiality in all communications concerning emotional reactions to trauma.
- e. Peer support groups with family, friends, and community members who have suffered the same catastrophe, or with people in similar situations, can provide new opportunities for human connections. The post-trauma counselor may want to assist victims in establish support groups.

- i. Such groups provide people in similar circumstances with an opportunity to describe their experiences with the emotional aftermath of crime and to discuss effective coping strategies.
- ii. The focus is on confrontation and acknowledgment of grief, crisis, and trauma, and on support for efforts to reconstruct new lives.
- iii. Dr. Alan Wolfelt outlines the developmental stages of support groups as the following:
 - ***Stage One: Warm-up and establishing of group purpose and limits.*** Leadership roles: clarifying the purpose of the group; gently encouraging each member to tell his or her story; assisting in the creation of ground rules for the group; modeling listening and helping everyone feel as if they belong; facilitating details such as time of meetings, formats, etc.
 - ***Stage Two: Tentative self-disclosure and exploration of group boundaries.*** Leadership roles: continuing to model listening, openness and caring; continuing to clarify member expectations; reminding members of the ground rules; providing a group format and facilitating any activities or homework to be discussed; being responsive to conflicts and problems that might evolve.
 - ***Stage Three: In-depth self-exploration and encountering the pain of grief.*** Leadership roles: continuing to model listening, openness and caring; being supportive of continued participation of group members; assisting the group in dealing with any conflicts and problems that might evolve; making appropriate adjustments to content and format; allowing and encouraging the group to be more self-responsible.

- **Stage Four: Commitment to continued healing and growth.** Primary leadership roles: continuing to model listening, openness and caring; being supportive of continued participation of group members; modeling of shared leadership principles; assisting the group in dealing with any conflicts and problems; and making appropriate adjustments to content and format as the group evolves.
 - **Stage Five: Preparation for, and leaving the group.** Leadership roles: creating safe opportunities for members to say good-bye to each other and to the group; recognizing the dynamics that occur when a group begins to end; encouraging reflection on individual group growth; providing referral for additional resources to those in need; conducting a summary evaluation of the group.
3. **Referral** to mental health professionals may be needed for victims who are suffering intense trauma or who have other complicating conditions.
- a. It is advisable for post-trauma counselors who are not mental health therapists to develop a reciprocal referral network with mental health professionals in their area. Such a network should include professionals who are educated in trauma work and have experience in working with survivors of trauma events. They should be willing to work with counselors, peer support groups or victim advocates if the survivors so desire. Some referral networks involve reciprocal trainings for mental health professionals and trauma counselors or advocates so that partnerships can be formed in the best interest of the survivors.
 - b. Symptoms of the need for referral include:
 - Sustained decrease in physical functioning or physical illnesses.

- Sustained or repetitive thoughts of suicide or one's own death.
- Substance abuse or self-injury.
- Inability to move beyond the trauma event or traumatic events in the aftermath.
- Sustained depression or sadness.
- Sustained impairment of daily functioning
- Constriction of activities.
- Constriction of social circles.
- Lack of spiritual beliefs or a connection with former beliefs.
- Despair over the future.

C. Advocacy, activism and actualization

1. *Advocacy* refers to focused efforts to accomplish specific goals on behalf of victims or survivors either by them or their representatives.
 - a. As a tool in crisis counseling is predicated on three things.
 - Often the second injuries perpetuated in the aftermath of catastrophe force survivors or their advocates to fight back.
 - Advocacy may be the only avenue to solving problems faced by victims or survivors.
 - The search for meaning in life is often inextricably connected with trying to change things so that the tragedy cannot be repeated in the future.
 - b. Sometimes dealing with secondary assaults involves *case advocacy*.
 - i. Victims or survivors may be their own advocates but also may want or need assistance. (Guideline: The more control survivors have over choices and solutions, the better.)
 - ii. Elements of *case advocacy* include:
 - working with individuals or collections of individual clients;
 - direct, defined and tangible conflict with another individual or agency because of behaviors, attitudes, values, traditions, regulations, or laws;

- focus on behaviors, attitudes, values, or policies that can be an example for the future;
 - a resulting action that may be explicitly restricted to one case with no affect on other cases, or can be used as precedent, or can be merged with system advocacy.
- iii. An advocate's purpose is to change behaviors, attitudes, values, traditions, or laws through specific actions that apply to this one specific case.
- c. Advocacy that focuses on seeking change as a part of a search for meaning will become *system advocacy*.
- i. working on behalf of classes of individuals or society as a whole.
 - ii. seeking changes in the system after an actual conflict and prior to the repeat of a similar conflict.
 - iii. working in a legislative, legal, programmatic or educational arena.
 - iv. merging with case advocacy after general change has occurred.

Victim rights legislation have been expanded significantly in the last two decades due to advocacy by victims and survivors. In most states, victims have rights to information, participation, and restitution in criminal cases. A federal constitutional amendment is now being sought to provide victims of all crimes – state or federal – such rights in adult, juvenile, administrative, and military criminal proceedings. The importance to victims of such an amendment was underscored when a survivor of a daughter killed in the Oklahoma City bombing, testified in a hearing before the U.S. Senate Judiciary Committee:

In my mind, there were only three other times when the need for constitutional change was so pressing: when the Bill of Rights was written; when slavery was abolished; and when women were granted the right to vote.”

– Marsha Kight, Testimony before the U.S. Senate Committee on the Judiciary, April 16, 1997.

2. *Activism*

- a. Activism may be employed as a part of advocacy but does not need to be limited to it. Charlotte and Bob Hullinger became activists when they founded Parents of Murdered Children as a system of peer support groups. Many victims and survivors become activists when they choose to tell their stories at forums or conferences to help others learn about trauma. Some people employ activism as a basis for choosing new vocations or avocations in life.
- b. There are ten reasons why victim activism can be therapeutic for survivors.
 - **Focus** – When one’s world has been thrown into chaos by trauma, there is a need to restructure order through focus on specific functional activities.
 - **Catharsis** – Activism can provide a way to express intensely frightening emotions in a safe and socially-acceptable way. For instance, anger may be expressed in outrage at laws and a determination to change them – instead of venting at family members.
 - **Relationships** – Many victims and survivors lose touch with once-close friends and family. Those friends or relations may be afraid of the emotional upheaval in the victim’s life, may not know what to do or say, or may blame the victim. Victim activism often gives survivors a chance to form new “families” and relationships bound together by trauma and commitment.

- **Repetition** – A vital part of healing is “telling your story.” Victim impact panels, legislative testimony, speak-outs, support groups and so forth, all provide opportunity for telling and retelling the story.
- **Self-Esteem** – Victimization is often a humiliating, degrading experience. Activism can give victims tangible evidence of their accomplishments and self-worth.
- **Testimony** – Victims not only need to tell their story but to have it validated through the knowledge that someone listened to and believed the story, and it made a difference.
- **Insight** – Activism provides a way to hear from others who have suffered similar traumas as well as from people who work in the field. Hearing other people’s experiences can help clarify one’s own experiences.
- **Integration** – An important therapeutic goal for many is to be able to incorporate the story of their own tragedy into their lives. Activism allows victims to restructure their lives and recognize how their victimization and survival has altered them forever.
- **Purpose** – For many, the impact of crime shatters their sense of meaning and purpose in life. Their plans are thrown asunder. A person whose life has been centered around her child dies a special kind of death when the child is murdered. Activism can be the key to developing a sense of triumph over tragedy and providing meaning for both that woman’s life and her deceased child.
- **Hope** – Activism may provide survivors with hope. The nine elements of activism described above and its positive benefits lead to a re-establishment of hope and a new life for victims and survivors.

*To suffer woes which Hope thinks infinite;
To forgive wrongs darker than death or night;
To defy Power, which seems omnipotent;
To love and bear; to hope till Hope creates
From its own wreck the thing it contemplates;
Neither to change, nor falter, nor repent:
This, like thy glory, Titan, is to be
Good, great and joyous, beautiful and free;
This is alone Life, Joy, Empire, and Victory.
Percy Bysshe Shelley.*

3. Actualization

It is difficult to describe the concept of self-actualization, but essentially it seems to represent the goal that survivors have of integrating their lives such that they include the past, the present, and future visions. Recognition of the ability, capacity and tenacity to survive and the perpetuation of faith in the existence of one's self, one's children, and others is central to most human lives. But actualization goes beyond simple survival, it involves finding meaning in the trauma event and drawing upon the positive aspects of it that can lead to personal growth and transformation.

IV. Therapeutic Interventions

Some crisis responders may also be mental health therapists experienced in trauma. Others may be experienced in law enforcement, nursing care, teaching, victim assistance, or other professions. However, no matter what their background, all should be acquainted with some of the therapeutic mental health interventions that might be available to survivors with long-term stress reactions in order to more effectively respond to questions about appropriate treatment. This manual does not attempt to describe all such interventions but outlines some of the newer techniques used over the last decade. These techniques are presented with no attempt to evaluate their effectiveness but rather to describe some of the protocols involved, and to alert crisis responders to the

fact that therapists certified or trained in these techniques are available for referrals. Counselors should not attempt to employ such techniques without comprehensive training. In most cases, such training is provided only to mental health professionals so that the techniques can be used in conjunction with other therapy, as needed.

A. Eye Movement Desensitization and Reprocessing (EMDR)

1. EMDR seems to have effect due to physiological and cognitive processes of the brain. The explanation for its effect is not fully understood. According to the EMDR Institute's Training Manual,

The EMDR methodology, as a form of Accelerated Information Processing, may unblock the brain's information processing system through a number of ways. It may tap into the same mechanisms used in learning and memory now identified with REM sleep. Another possibility is that blocked processing is manifested as phase discrepancies between equivalent areas in the brain's hemispheres and that the EMDR rhythmic intervention results in improved hemispheric communication with the result that the blocked material is finally processed (Nicosia, 1994). On the other hand, EMDR may initiate an orienting reflex change in neurophysiological functioning leading directly to desensitization (Armstrong and Vaughan, 1994; Lipke, 1992).

– Citations to Armstrong, N., and Vaughan, K. (1994). "An orienting response model for EMDR." Paper presented at the meeting of the New South Wales Behavior Therapy Interest Group, Sydney, Australia; Lipke, H. (1992). "Manual for teaching of Shapiro's EMDR in the treatment of combat-related PTSD." EMDR Institute; Nicosia, G.J. (1994). "The QEEG of PTSD with EMDR" Paper presented at the International EMDR Conference, Sunnyvale, California. Reprints available from Neuro Diagnostics, 4927 Center Ave., Pittsburgh, Pennsylvania, 15213

– Shapiro, F., May, 1997.

2. The model for treatment involves eight phases that are all predicated upon a therapist with certification in psychology, social work, or psychiatry doing the work with clients. This emphasis on mental health professionals relates to the need for assessment and care in treating any trauma victim, and the fact that not all trauma victims will respond to the treatment.
3. The following description of EMDR is included as a summary of what happens and is not intended to be used without full training in EMDR techniques.
 - a. Phase One: establishing the history of the traumatic event.
 - i. What happened.
 - ii. What caused the person to seek additional help.
 - iii. How he or she learned of the possibility of EMDR.
 - iv. What he or she would like to accomplish.
 - b. Phase Two: preparation for treatment.
 - i. Obtaining informed consent.
 - ii. Providing information on when the person can stop the treatment or intervene.
 - iii. Education on relaxation techniques and how people can find a safe place to go in and out of distress.
 - c. Phase Three: assessment of distress and beliefs caused by the trauma.
 - i. Distress over a memory of trauma is assessed through the survivors' attribution of the measurement of the disturbing emotion on a subjective scale of 1-10, rating a neutral or no disturbance as one and the highest level of disturbance as ten. It is called the SUDS (Subjective Units of Disturbance Scale) measurement.
 - ii. Survivors' beliefs regarding their own self-assessment and positive cognition about themselves as a result of the original trauma is measured by a seven point scale where one is completely false and seven is completely

- true. The scale is referred to as the Validity of Cognition (VoC). It allows survivors to present in their own words the worst belief they have about themselves now because of this disaster, and provides clinicians with an opportunity to measure how this belief may change after intervention.
- d. Phase Four: desensitization of negative reactions to the traumatic event.
 - i. Eye, sound, or touch movement from left to right is used to trigger brain reactions.
 - ii. Survivors are asked to focus on an image of the event or if they do not have a “picture” in their minds, the sense of the event.
 - iii. Simultaneously they are asked to remember the negative cognition and where they have bodily sensations.
 - iv. The caregiver guides the eye, sound, or touch movement while the survivor thinks of the image and the negative thought and gradually the distress decreases.
 - e. Phase five: installation.
 - i. The survivor is asked to focus on the original event and the positive cognition.
 - ii. Eye, sound, or touch movement is once again used to “install” the positive thought and gradually the positive cognition strengthens.
 - f. Phase six: body scan.
 - i. The survivor is asked to focus on the original event and the positive cognition, and mentally “scan” the body.
 - ii. If any sensation is reported, eye, sound, or touch movement is once again used. If it is a positive or comfortable sensation, then the movement assists in strengthening the positive feeling. If it is a negative sensation, then the movement and reprocessing are used until the discomfort subsides.

- g. Phase seven: closure.
 - i. The survivor is provided with information about what may happen after the reprocessing and asked to keep notes or to remember thoughts over the next few days or weeks.
 - ii. The survivor is given a telephone number where he or she can get in touch with the clinician if further distress occurs.
- h. Phase eight: re-evaluation.
 - i. Survivors are encouraged to check in with the clinician again to evaluate the elimination of the distress.
 - ii. At this time, survivors may report that distress over the traumatic event has not occurred again or they may report additional distressful memories that can be addressed through additional EMDR techniques.

B. Traumatic Incident Reduction (TIR) Technique

1. This technique focuses on traumatic events through cognitive measures designed to allow survivors to generate their own insights.
2. The following overview of the technique is provided to give readers an understanding of the nature of the technique but it should not be employed without appropriate education and training.
 - a. Survivors are asked to “view” in their mind a specific trauma – one traumatic incident is viewed at a time.
 - b. The clinician gives survivors instructions that are formulaic, specific and neutral.
 - i. Survivors are asked to focus on when the incident happened.
 - ii. They are instructed to close their eyes.
 - iii. They are asked to move to the start of the incident and begin viewing without talking or explaining what they are seeing.
 - iv. They are asked to report when they are at the event in their mind.
 - v. After they have a chance to look at and think about the start of the event, they are

- asked to tell the clinician what they are aware of at the beginning of the event.
- vi. They are then asked to move the scene in their mind to the end of the event without talking or explaining what they are seeing.
- vii. After they have had an opportunity to re-view the event from the perspective of its ending, they are asked to tell the clinician what happened.
- viii. Finally, they are asked to report on how the incident seems to them now.
- c. This process of viewing the event is repeated over and over again, sometimes as many as twenty times.
- d. There is no validation, questions, comments or encouragement to the survivors during the process.
- e. The repetition of viewing is done until a point of closure when survivors may report relief, insight, or a reframing of the event.

C. Visual Kinesthetic Dissociation (VKD) Technique

1. The premise for this technique of intervention is that trauma survivors are often locked in a sense that time stopped when the trauma happened. They can only act in the present, as though the trauma is still continuing. They are too associated with the trauma memory to relinquish it.
2. VKD has a basis in Neuro-Linguistic Programming and represents an attempt to “deprogram” the trauma survivor.
3. Again, the description here is not meant to provide crisis responders with the training needed to conduct VKD but to give them an understanding of what a trained clinician might do when using the technique.
4. VKD is a step-by-step process of dissociation.
 - a. The clinician first establishes a rapport with survivors by taking a history of their lives before the traumatic event and their lives after the event.

- b. Survivors are asked to describe what they lost as a result of the trauma. Such losses may include physical, material or intangible losses.
- c. Survivors are asked what they would like to have back after the trauma.
- d. They are then asked what they have to gain by keeping the trauma alive in their minds.
- e. During this process, the clinician is always monitoring the physical reactions of the survivors to ensure their safety as well as to note manifestations of trauma.
- f. Then survivors are asked to establish in their minds a “here and now” anchor. Such an anchor may be physical contact or a mental image.
- g. Survivors are then asked to view the trauma as a movie, and to watch the movie of what happened.
- h. After they have watched the movie, they are instructed to look at it again, but in reverse.
- i. When they have looked at the movie both as it occurred chronologically and then backwards, they are asked what they know now about that event that they did not know then.
- j. Survivors are instructed to think about their lives now, what they have learned in thinking about the trauma, to go back to their younger selves who underwent the trauma, and to retrieve any information that might have been helpful to them then. This information might involve positive changes in their lives since the trauma, information on how they might have reacted, or information on how they might have prevented either the trauma or certain aspects of its aftermath.
- k. Finally, survivors are instructed to bring the younger person back to their current life and to “fold them into their hearts.”

D. The Counting Method

1. The counting method was developed by psychiatrist

Frank Ochberg; an instructional videotape is available entitled, "Frank Ochberg on post-traumatic therapy: The counting method," *Varied Directions & Gift from Within*, Camden, ME, 800-888-5236. The first description of it was published in the *Journal of Traumatic Stress* in 1996.

2. Theoretically, the counting method works because it ties the traumatic memory to the therapist's voice and the security, dignity and partnership of therapy; it involves a brief encounter with the traumatic memory; and deliberately, through the self-control of the survivors, it allows them to begin to master their distress.
3. The counting method is used as a technique within a more generalized plan of post-traumatic therapy.
4. Ochberg describes the counting method as follows:

Counting affords the client a relatively short interval (100 sec), with a beginning, middle, and end, in which to deliberately recall an intrusive recollection.

1. *Silent recall allows privacy.*
2. *Hearing the therapist's voice links the painful past to the relatively secure present.*
3. *Feelings of terror, horror and helplessness may recur during counting, but they will be time limited and, most likely, modulated by connection to the therapist.*
4. *The traumatic memory itself may be modified. That, after all, is the ultimate objective. If and when the memory emerges spontaneously at some future time, it may be attenuated by the experience of the Counting Method. The client will associate the dignity and security of therapy with the intrusive recollection."*

–Ochberg, F., "The Counting Method for Ameliorating Traumatic Memories," *Journal of Traumatic Stress*, October, 1996.

5. Guidelines for the counting method.
 - a. The therapist counts at a steady pace of one number a second from the number 1 to 100.

- b. The survivors are instructed to think of the memory from the time the trauma happened until its end.
- c. At about the numbers of 93 or 94, the therapist may remind the survivors to come back to current reality.
- d. After the survivors return to the present, it is advisable to wait until they begin to talk about their experience, but if they do not, they should be asked if they can describe what they just remembered.
- e. In closing, the therapist and survivors discuss what happened and end the session on a positive note, reassuring survivors of their control over the memory as well as a plan for future sessions with or without the use of the counting method.

V. Counseling Suggestions

A. Counselors should be aware of, and accept, traumatic reactions.

Fighting emotional flooding or numbing is doomed to failure by the survivor. Emotions are integral and physiological. The counselor should be aware that survivors may not like their own reactions, but they will have reactions, and such reactions need to be acknowledged. They may not be able to define their reactions. The counselor can suggest words or alternative ways to describe sensations.

B. Reviewing the traumatic event may involve thinking about the event, telling about the event, or re-visiting the site of the event.

Re-exposure to the trauma is most likely to be helpful when the re-exposure is voluntary and the survivors are in control of the process. Even then re-exposure to the trauma may cause distress or discomfort.

C. Stress inoculation programs are helpful to some survivors.

Such counseling programs involve identifying the

primary causes of stress reactions and helping survivors to modify their responses to these causes through relaxation techniques and deep breathing exercises.

D. Sometimes mental health professionals consider medication to suppress certain disturbing symptoms associated with the trauma.

Suppressing symptoms may be useful if the symptoms are causing survivors to become dysfunctional in daily life. However, medication should only be used under a doctor's supervision and trauma counselors should be alert for signs of over-medication.

As a general principle, I feel psychotropic medications in both civilian and military stress syndromes should not be prescribed as a matter of routine. They should be used to treat those symptoms of anxiety, depression, and sleep disturbance that seriously interfere with other modalities of treatment and so impair the individual that he or she cannot function adequately in the work place or in daily social activities.

– Yost, J. F., “The Psychopharmacologic Management of Post-Traumatic Stress Disorder (PTSD) in Vietnam Veterans and in Civilian Situations,” *Post-Traumatic Stress Disorders: a handbook for clinicians*, ed. Williams, T., Disabled American Veterans, Cincinnati, Ohio, 1987.

E. Counselors may encourage survivors to confront trauma-related cues or issues in order to make them less intrusive and bothersome to the survivors.

Often people behave in a manner contradictory to their intentions. For instance, if survivors are told to avoid thinking about something, they may find it impossible to do so. On the other hand, if they are told to think only about something that bothers them, they may find it impossible to keep their minds from wandering on to other things.

“Stand in the corner,” his brother told young Leo Tolstoy, “until you stop thinking of a white bear.” It seems a simple enough command, but Tolstoy was unable to do it. Instead he found himself standing helplessly in the corner, consumed with thoughts of a white bear. Innocent child or experienced adult, we don’t have much luck suppressing unwanted thoughts. They keep flooding back, becoming more insistent the more we push them away... The idea that thinking unwanted thoughts might be good for us seems a little like prescribing a disease as a cure for itself. But this therapeutic technique has a successful history... Victor Frankl reasoned that if people accept their unacceptable thoughts they would then have to begin to think through what those thoughts meant. But most of the time, remember that an unwelcome thought will go away only when you welcome it back. Then, like a child with a bedraggled toy, you will tire of carrying it around and lose track of it quite naturally.

– Wegner, D.M., “Try Not to Think of a White Bear...” *Psychology Today*, June, 1989.

F. The sense of meaninglessness or emptiness may create barriers to a reconstruction of life.

If survivors can identify unique meanings in their lives, they are better able to begin a new life. For some, the recognition that they still have choices in life and still have control over some aspect of their life is important. Choice and control may be limited to one’s own attitude. Survivors may not have control over environmental circumstances or biological or physiological characteristics but they can have a choice over how they decide a traumatic event will affect their attitudes and responses to their situation. Attitude is a product of awareness, imagination, will, and conscience.

To be sure, man’s search for meaning may arouse inner tension rather than inner equilibrium. However, precisely such tension is an indispensable prerequisite

of mental health. There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst of conditions as the knowledge that there is a meaning in one's life. There is much wisdom in the words of Nietzsche: "He who has a why to live for can bear almost any how."

– Frankl, V., *Man's Search for Meaning*, New York, NY: Washington Square Press, 1959.

VI. Hints for Helping

- A. Be aware of the range of traumatic reactions and assist victims in putting words or names to their emotions.**
- B. Try to ensure that rehearsal or re-exposure to the event is voluntary and that the survivors are in control of the process.**
- C. Try to ensure that there is support for survivors whenever they are re-exposed to the event.**
- D. Provide survivors with information and relaxation techniques, deep breathing exercises, and other forms of physical stress reduction.**
- E. Help survivors re-establish routines and maintain daily schedules.**
- F. Make sure that the physical needs of survivors are being met when they face potential second injuries in the aftermath of the event.**
- G. Remind survivors to predict and prepare for issues that might arise.**
- H. Plan 24-hour safety-nets on which survivors can rely, including protection action plans.**

- I. Encourage and facilitate peer support groups.**
- J. Encourage survivors to confront trauma-related cues or issues.**
- K. Provide survivors with educational materials to help them understand long-term stress reactions and to develop personal coping strategies.**
- L. Encourage survivors to explore issues associated with the meaning of life or the sense of meaninglessness.**
- M. Refer survivors to mental health therapists or consult with mental health professionals when needed.**

VII. Conclusion

Crisis responders do not have to know how to provide post-trauma counseling, but they should know about methods and know how to make good referrals for survivors after a crisis or trauma event. Counseling or therapy may be the only option for some survivors who find it difficult to overcome trauma reactions or to integrate traumatic memories. When someone seeks such help it should be encouraged. Some people may not seek such help because of the fear of being stigmatized. A good referral entails identifying an appropriate person to which to refer. It also involves explaining the referral option in a positive way that focuses on the concrete building blocks of surviving and integrating a traumatic event. It has often been said that the willingness to seek or accept help when life seems most desolate is the first step in survival. It reflects a hope that things might get better. The goal of trauma therapy or counseling is to nurture that hope to help rebuild lives after disaster.

Hope, it is the lifeblood of therapy – the vital force motivating the client and the most valuable inducement the therapist can offer; without hope, therapy hardly makes sense. Even the unhappy, desperate act of calling a therapist is an act of hope: the client not only

wants, but expects, to feel better. Almost necessarily, the client's hope rests upon trust – in the goodness of human beings and in the possibility for mutual connection. It is hard to imagine anyone beginning therapy without a belief, however tattered and ragged, that life can be worthwhile, that joy, peace, freedom, love are still part of the natural order of things. People come to therapy not because they don't believe in life's possibilities, but because they themselves are unable to share in these riches.

– Jeffrey Jay, "Terrible Knowledge," *Networker*,
November, December, 1991.

Chapter Ten: The Spiritual Dimension of Trauma

I. Introduction

Beliefs and values are at the heart of spirituality. The legend of the Sky Maiden, derived from West Africa, provides insights into different belief systems and their impact on everyday existence. While it may appear to be a morality story about trust or curiosity, it is clear from the Sky Maiden's statement that she expected her husband to break his promise, his failure to recognize what she valued broke their relationship.

Once upon a time there was a tribe that was greatly blessed. It owned cattle and lands that produced fruits and vegetables in great abundance. But over time, tribe members noticed that their lands and cows were producing less and less milk and food. They could not understand why. The harder they worked, the less was available.

One young warrior decided to find out what was happening. He thought that perhaps someone in the tribe was taking more than his share of food or that thieves from other tribes were stealing the food at night. So he stayed up all night day after day looking for the thief. Finally, one night he saw a wondrous sight. A beautiful young woman descended from the stars carrying several large baskets. She milked the cows, picked vegetables and fruits and filled all of the baskets to the brim. She then returned to the stars.

The warrior was entranced. So he set a trap for her and continued his vigil until she returned again. When she descended, he captured her. He asked what she was doing and where she had come from.

She said that she was a member of a tribe in the stars. She told him that they had little food of their own

and so she came down to find food for her community. She asked him to release her and let her go home.

He agreed on the condition that she return and marry him. She promised to return in three days.

When she came back she was carry a large box. She told the young warrior that she would marry him, but he must promise never to look in the box.

For months the couple was very happy with one another. But, one day when his wife had left to gather food, the warrior's curiosity got the best of him and he opened the box. He was amazed! There was nothing in it.

When the young woman returned, she soon realized that her husband was staring at her as though she was very, very strange. She gasped and turned pale. "You looked inside the box. I can't stay here anymore."

He replied, "That's ridiculous. There is no reason for you to leave. There was nothing in the box."

She said sadly, "I am sorry. Its not that you looked into the box. I expected you might grow curious. But, you see, I filled my box in the stars with everything that was important to me in my world: the air, the smells, the sights, the sounds, the tastes."

"I can't love you anymore now that I know that you find those treasures to be nothing."

II. Why Spiritual Issues are Important

A. Spirituality defined

The spiritual dimension of life refers to the essential core of values and the animating force within human beings. It is the source of connection between people, nature, and the world. For some people, their spiritual essence may relate to a belief in God or Gods. For some, religious principles guide their understanding of spirituality. For most, their sense of spirituality helps to define their value systems. The term spirituality is used in this manual to encompass the understanding of the meaning of the universe and the meaning of life. While much of this chapter refers to concepts in

traditional religion, it does so by way of illustration rather than to suggest any particular belief system. Because the Judeo-Christian faith systems are dominant in the United States, many of the references are to theologians and researchers of this tradition. However, most of the conceptual questions that are raised or discussed seem to apply within other belief systems, although cultures based on such belief systems may arrive at very different answers.

All religions teach us to help people whenever we can. All religions teach us to play fair and not to hit or kill or steal or cheat. All religions teach us we should be forgiving and cut people some slack when they mess up, because someday we will mess up too. All religions teach us to love our families, to respect our parents and to make new families when we grow up. Religions all over the world teach the same right way to live.

– Rabbi Marc Gellman and Msgr. Thomas Hartman,
How Do You Spell God?, New York, NY: Morrow & Co.

Spiritual beliefs combine concepts of philosophy or theology that seek to explain being (existence), nothingness (nonexistence), relationships, time and eternity, space and infinity, life, death, and afterlife. Spiritual beliefs are most often determined by culture.

Any attempt to combine spirituality with psychotherapy must make a distinction between spirituality and religion ... spirituality is seen as our search for purpose and meaning involving both transcendence (the experience of existence beyond the physical/psychological) and immanence (the discovery of the transcendent in the physical/psychological). Religion can be considered as the organized attempt to facilitate and interpret that search.

– Larry Decker

B. Traumatic events are an attack on meaning systems. (The following constructs were developed with the assistance of A. Robert Denton)

1. One's meaning system is comprised of four factors:
 - a. What one believes about the universe.
 - b. The nature of reality.
 - c. One's relationship to the universe and reality.
 - d. The search for meaning within that reality and universe.
2. Meaning systems are axiomatic.
 - a. They are assumed to be philosophical or faith statements.
 - b. They are the paradigms or world views which circumscribe reality by providing explanations for experience, and have a particular structure.
 - c. Considerations of such paradigms lead directly into the realms of spirituality, religion and philosophy.
3. The structure and function of the spiritual as a system of meaning.
 - a. Structure

The structure might best be understood as a vertical framework or ladder of varying types of knowledge in which each type is legitimated by that which supersedes it. See the "Structure of Knowledge" Chart on the next page.
 - b. Function

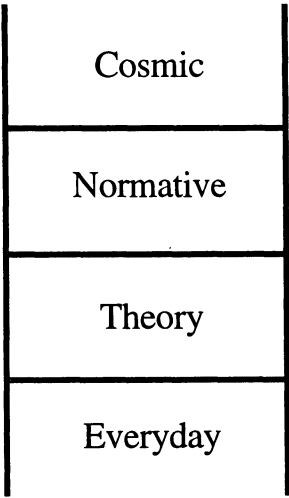
At each rung of the ladder, each type of knowledge has a specific function to perform in creating an understanding of what has happened at any particular time.

 - Everyday life knowledge relies upon ordinary information being organized and processed in the cognitive systems as well as the emotional experience of traumatic events.

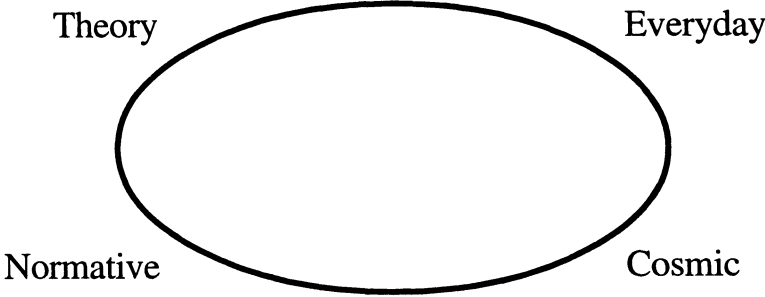
Survivors of homicide victims know the pain and grief of sudden, random arbitrary loss caused by human violence.

The Structure of Knowledge

Viewed as a hierarchy



Viewed as an interactive process



- Theoretical knowledge helps to frame everyday life knowledge into typologies, patterns, and organizational constructs that provide expanded abilities to describe, intervene or cope with the totality of the experience.

Survivors of homicide victims may better understand their own reactions, and how they relate to others, through an understanding of crisis theory or posttraumatic stress theory.

- Normative knowledge is derived from cultural values of good or bad, right or wrong, just or unjust, harmony or disharmony, and individual or social ethical constructs. These ethical or moral precepts may be perceived as absolutes in which actions may be juxtaposed or judged, or as everchanging in which actions are a part of a process in which there may be shifts and changes in the flow towards evolving understandings.

Survivors of homicide victims usually respond to their reactions and understandings of those reactions based on their normative knowledge. In different cultural contexts, some may see justice as being done when an offender is given the death penalty; others may see justice done when offenders can be restored to society.

- Cosmic knowledge is garnered by understandings of relationships between people and things in the universe, their nature, their connections and their meanings.

Survivors of homicide victims may interpret their need to see justice done through the execution of the death penalty because their pain is viewed as injustice and God has dictated that, when injustice is done, it is only remedied through a similar punishment of the offender.

4. Many in the helping professions limit their understanding and interest in what happens in a traumatic event to the everyday life knowledge and the theoretical knowledge. In doing so they miss two vital species of knowledge that are necessary to order and legitimate the common sense and theoretical levels of understanding.

Individuals facing trauma usually reexamine their beliefs and their sense of meaning in the immediate aftermath of tragedy and over time. Sometimes their faith in their values and beliefs is shattered by a personal or community disaster.

Most people grow up believing or thinking they should believe in a just and fair world. Random, arbitrary tragedy is not just. Some people develop a belief that there is a purpose to all things but after a severe trauma, feel abandoned by God and bewildered when they try to divine a higher purpose in agony or massive suffering. Some people may have found their reason for being in caring for their family and loving their children. If their children are killed or their family destroyed by a catastrophe, they may feel lost, alone and betrayed.

Some people find meaning in their connection to cultural communities or cultural identities. When hate violence and genocide threaten or destroy those cultural ties, they may feel they have nothing left to live for. The reconstruction of a meaning system is sometimes the most difficult challenge victims and survivors of disaster face. It requires an inward search into one's past, one's identity, and one's faith. It is no wonder that many turn away from previous meaning systems or that many seek out clergy, elders, shamans, philosophers and others to help them in their quest.

Traumatic events challenge the presuppositions about the world held by individuals, communities and cultures. These challenges include:

- a. Assumptions about the relationships and connections between the universe, the world,

Participant's Notes

people, things, or God, spirits, being or nothingness.

- b. Assumptions about life, death, or afterlife.
- c. Assumptions about principles and values.
- d. Assumptions about how the world may be understood.
- e. Assumptions about how everyday life should be lived.

Meaning is not something you stumble across, like the answer to a riddle or the prize in a treasure hunt. Meaning is something you build into your life – out of your past, out of your affections and loyalties, out of your own talent and understanding, out of the values for which you are willing to sacrifice something. You are the only one who can put these ingredients together into that unique pattern that will be your life. Let it be one that has dignity and meaning for you.

– John W. Gardner

5. If tragedy may shake an individual's meaning system, it may also shatter communities' faith systems. Faith communities may become divided by the differing reactions of their members to a disaster. Often the leadership in a faith community has a pivotal role in mitigating divisions and providing guidance in sustaining spiritual ties among the membership. This may be difficult since trauma's effects are not only physiologically, emotionally, and cognitively in each individual but the effects may provoke profound individual spiritual change.

From a faith perspective, tragedy may impact its victims in one of three ways.

1. *Faith is unchanged...*
2. *Faith is rejected. A rejected faith is often the result of a conviction that "God has done this to me" and "I'll get even by rejecting Him ..."*

3. Faith is transformed. This faith may have a basis in prior belief, or it may not. It is a faith, however, that has been radically transformed and deepened by a tragedy that could have been totally destructive of one's spirituality. It has not come without struggle or doubts, questions or even momentary denials ...A transformed faith implies that one's belief that "that which has broken me can help to transform me."

– Rev. Michael T. Mannion, "Making Sense of Victimization Through a Spiritual Vision", in *2001: The Next Generation in Victim Assistance*, Young, M.A., Stein, J.H., Kendall/Hunt: Dubuque, IA, 1994.

C. Evidence of effectiveness of religion or spiritual faith in coping with trauma

1. Preventive and healing effects of spiritual faith.

More doctors and scientists seem to be recognizing the positive benefits of faith in responding to physical and emotional distresses. An explanation of why there is a connection between a sense of spirituality and health is less clear. It could be because it tends to be associated with optimism and hope which are antidotes to negative emotions. It could be because spirituality is often based on beliefs in universal connections among others, and hence bolsters the positive effects of social support. It could be because spirituality usually reduces the fear response in the body and mitigates the constant ravages of stress and anxieties. Whatever the reasons, more studies are taking place to document the effects of spiritual faith.

- a. In a 1995 report on 232 people who underwent elective open-heart surgery, those who received no strength or comfort from religion were more likely to die within six months.
- b. A decade-long study of 2,700 people showed that, after accounting for risk factors, only one social attribute – increased church attendance – lowered mortality rates.

Participant's Notes

- c. Among women recovering from hip fractures, those with stronger religious beliefs and practices were less depressed and could walk further at discharge.
- d. In a rigorously controlled study of elderly women, the less religious had mortality levels twice that of the faithful.
- e. A review of 200 epidemiological studies suggests that religion has positive effects on diseases, ranging from cervical cancer to stroke. ["Faith in Psychiatry," *Psychology Today*, July/August, 1995 citing to studies done by David Larson, psychiatrist and president of the National Institute for Health Care Research.]

Prayer is a force as real as terrestrial gravity. As a physician, I have seen men, after all other therapy has failed, lifted out of disease and melancholy by the serene effort of prayer. It is the only power in the world that seems to overcome the so-called "laws of nature"; the occasions on which prayer has dramatically done this have been termed "miracles." But a constant, quieter miracle takes play hourly in the hearts of men and women who have discovered that prayer supplies them with a steady flow of sustaining power in their daily lives.

– Dr. Alexis Carrel in *Fields of Gold*, compiled by Priscilla Shepard, The C.R. Gibson Co:Norwalk, CT, 1975.

2. Research indicates that people in trauma utilize spiritual "tools" to come to grips with overwhelming events. The following summary of some of the existing research is drawn from "Trauma and Spirituality: Structure, Some Research Implications for Intervention and Coping Styles" a paper by Robert Denton, Adjunct Professor of Sociology, The University of Akron.

- a. Meaning and purpose are critical forces in stress resistance.

The variable of commitment (meaning and purpose) is one of three critical forces which determine stress resistance. (Maton, K. I., "The stress-buffering role of spiritual support: cross-sectional and prospective investigations," *Journal for the Scientific Study of Religion*, 1989)

- b. Causal explanations of trauma are a function of religion and abnormal events trigger religious attributions.

The attributional theories of religiosity concern themselves with the individual's need to make sense of the world. The causal explanations are a hallmark of religion and a person's need for such meaning is a motivating factor in behavior. Religion is a basic source of meaning and an agency of control through worship and prayer.

There is an important distinction between people's predisposition to use both religious and nonreligious attributions to make sense out of life's events. The nature of the event influences which style of attributions will be drawn upon. Abnormal events or those beyond the everyday coping system tend to trigger religious attributions. (Splika, Bernard, Shaver, Phillip, & Kirkpatrick, Lee A., "A general attribution theory for the psychology of religion," *Journal for the Scientific Study of Religion*, 1985)

- c. Religion is used as emotional support and assists cognitive structuring.

The role of religion in an individual's life is used most extensively for emotional support and as a means of making sense of a problem cognitively. Deaths and injury elicit increased religious problem solving in many cases. (Newman, Jon and Pargament, K.I., "The role of religion in the problem-solving process," *Review of Religious Research*, 1990)

It is important to note that cognitive perception is one the critical variables of crisis theory that both influences the extent of a crisis reaction and the construction of a narrative after a crisis experience. Hence, religion is used in cognitive restructuring after trauma.

- d. Religion is used by victims to cope emotionally and solve problems.

The results of Newman and Pargament's study was replicated in a study of victims of violent crime. It was concluded that victims cope emotionally with death and injury or other crisis situations by using religion as either an emotional support or problem solving tool. 67% of victims of violence reported turning to God for help in coping and 47% indicated they turned to their church for assistance. (Bulan, H., *Victimization and Forgiveness: The Role of Religiosity in the Coping Process*, Master's Thesis, Dept. of Sociology, the University of Akron, 1993)

- e. Three problem solving styles are used when utilizing religion as a coping strategy.

Three distinct styles of problem solving which underlie individuals' relationships to God in terms of locus of control have been identified: self-directing, deferring and collaborative. The collaborative style was the most common form of religious coping. The perception of God as a partner in the coping process was associated with positive outcomes. (Pargament, Kenneth I., Kennel, Joseph, Hathaway, William, Grevengoed, Nancy, Newman, Jon, & Jones, Wendy, "Religion and the problem-solving process: three styles of coping," *Journal for the Scientific Study of Religion*, 1988)

- f. The potential of religious assistance is a positive operative force.

Just knowing that one can seek the help of God if needed facilitates the buffer process

against stress. The same is true of religious support systems, e.g., knowing the availability of a pastor, church, parish, etc. (Maton, *Journal for the Scientific Study of Religion*, 1989)

- g. Measures of religiosity are strong predictors and positively relate to the quality of life.

Measures of religiosity are strong predictors of personal ability to handle deliberate injury and are positively correlated with quality of life variables. Individuals who engage themselves in meditative, colloquial or ritual prayer “are more likely to respond in a healthy manner when wronged than those who do not.”

Poloma, Margaret & Gallup, George, *Unless You Forgive Others: Forgiveness, Prayer and Life Satisfaction*, Paper presented at the meeting of the Society for the Scientific Study of Religion, Virginia Beach, VA, November, 1990; Poloma & Gallup, *Varieties of Prayer*, Philadelphia: Trinity Press International, 1991)

D. Reconstruction of life through prayer and ritual

1. The power of prayer

- a. Prayer, in the religious sense, may be a source of ventilation and validation for people of faith.
- The idea of communicating with God and having a “ready ear” for our sorrows, our joys, our search for understanding, and our quests for assistance is well-documented in the Scriptures, Greek mythologies, the Talmud, the Koran, and other religious texts. “Hear my prayer, O Lord,” is an example of asking God to listen to one’s ventilation. Praying to ancestors or the spirit world is another form of ventilation. In describing the ritual of the sweat lodge used by traditional Oglalas, one author uses the following song of prayer as an illustration of how the sacred person addresses the spirits:

*Wankatakiya hoyewaye lo.
Cannunpa kin yuha hoyewaye lo.
"Mitakuye ob wani ktie ca lecamun welo,"
Eyaya Tunkasila cewakiye lo.*

*I send a voice above.
With this pipe, I send a voice above.
"I do this because I want to live with my relatives,"
Saying this over and over, I pray to grandfather.*

After each round of prayers and songs, the participants say, "Mitak`oyasin" (all my relations) .

– Powers, W.K., Oglala Religion, Lincoln, NB:First Bison Book Printing, University of Nebraska, 1982.

- When someone prays with another, the experience of prayer is also one of communion with others. Not only is there ventilation to God, but there is validation with the others who also partake in the service.

A patient of mine was dying. The day before his death, I sat at his bedside with his wife and children. He knew he had little time left, and he chose his words carefully, speaking in a hoarse whisper. Although he was not a religious person, he revealed to us that he recently had begun to pray. "What do you pray for?" I asked him. "It isn't 'for' anything," he said thoughtfully. "It simply reminds me that I am not alone."

Prayer is like that. It is a reminder of our unbounded nature, of the part of us that is infinite in space and time. It is the universe's affirmation that we are not alone.

– Dossey, L., Healing Words, San Francisco, CA:Harper, 1993

- b. Prayer also serves as a source of stress moderation.

- Meditation has long been noted as a form of therapy for dealing with stress. Although meditation therapy or interventions have been controversial because some people have used them to make substantial profits, research suggests that repeating words or phrases can replace arousing thoughts and have beneficial physiological effects. Prayer explicitly is meditation.

*Give ear to my words, O Lord, consider my meditation.
Hearken unto the voice of my cry, my King, and my
God: for unto thee will I pray.
– The Holy Bible, Psalms, 5, 1-2*

- Repetition is a key factor in prayers. Most major religious traditions use simple repetitive prayers as a central part of meditation. Some people feel that meaningful phrases are also effective because they keep the attention of the person praying.
 - The process of prayer often incorporates elements of relaxation techniques that assist in stress reduction.
- c. Prayer is a form of spiritual processing.
- Prayer allows individuals to present their perceptions and reactions to God or a spiritual being, and pray for answers or understanding.
 - Prayer provides a period of time in which the whole focus of the survivors or victims is concentrated on developing their understanding of what happened as well as trying to integrate that understanding with their belief systems.
 - Incorporating the prayers of others in an individual's prayer may provide an opportunity to integrate new perspectives that are consistent with existing beliefs.

Spiritual processing embraces a holistic view of the person ... as the individual analyzes the traumatic event, personal behavior, and emotional experiences in terms of seven essentially spiritual dimensions: (1) distrust and fear, (2) rejection and betrayal, (3) futility, (4) alienation and estrangement, (5) loss and grief, (6) guilt and shame, and (7) isolation and withdrawal.

– Robert D. Parlotz, *Trauma Pastoral Care: Part 1 – An Affective-Cognitive-Spiritual Adaptation Theory.*

2. The power of ritual
 - a. Ritual is a primary source of social integration and support. Most spiritual rituals involve connecting and strengthening the bonds of individuals to the community and traditions in which they live. They help people face joys and sorrows together. Traditional rituals are participated in by all community members from the time of birth, thus providing a ready mechanism for processing distress or disaster, and celebration or hope.
 - The customs of sitting shiva, having a wake, or having a funeral procession are all examples of rituals that bring together community support for loved ones after death.
 - Rituals of atonement, forgiveness, or remembrance serve purposes of release and commemoration.
 - b. Ritual may be a way to continue communication with loved ones.
 - c. At times, rituals are developed with a specific goal of integrating tragedy into an individual's life and belief systems in the aftermath of the disaster. They may be enshrined in traditional ceremonies but given specific meaning in relationship to a particular event or person. This use of ritual has been applied to the treatment of traumatic stress syndromes with Vietnam veterans.

The [Native American] ceremonial and purification rituals used to reintegrate warriors into their communities have been found particularly valuable for Vietnam veterans. These rituals involve community support, giving the warriors a meaningful place within the cultural context, honoring them for their sacrifices, and diminishing their sense of isolation and withdrawal.

In addition, purification in the sweat lodge ritual also holds physical, symbolic, and metaphysical significance. The extreme heat, sensory deprivation, singing, and restricted mobility in the sweat lodge may contribute to the altered production of biogenic amines, endogenous opioids, and catecholamines, thereby contributing to improved mental states.

– Stuhlmiller, C.M.

- d. Rituals may be developed in new ceremonies that then become traditions for later generations. Ritual and ceremony have been created in programs for sexual assault victims, child victims, battered women and survivors of homicide victims. An example of such a ritual is included in the appendix of this manual.

Because therapeutic rituals are intentionally designed to enhance the self-esteem of the participants, they must give more room for the expression of feelings by the individual members. Therapeutic rituals provide specific times for spontaneous, individual actions or comments by members. Therapeutic rituals also allow for greater arousal of the disturbing situation, and therefore for greater emotional catharsis. The content of the threatening situation is less suppressed or cloaked.

– Johnson, D.R., Feldman, S.C., Lubin, H. & Southwick, S.M., “The Therapeutic Use of Ritual and Ceremony in the Treatment of Post-Traumatic Stress Disorder,” *Journal of Traumatic Stress*, April, 1995.

- e. Ritual also serves to remind people of their faith and belief systems. It may integrate ventilation through common prayer. But, it can also provide alternative methods of ventilation through actions such as dance, song, or designated tasks. Respect for ritual is a powerful form of communication. That respect can be conveyed by participating in rituals in some cultures or, in others, by non-participation. Interveners should take care to find out what is appropriate in a particular disaster.

III. Ethical Guidelines for Interveners When Survivors Raise Spiritual Questions

A. The vulnerability of survivors

At the time of trauma, many victims are extremely vulnerable to spiritual conversions or changes. Some intervenors may be tempted to respond to such vulnerable states by suggesting new beliefs or introducing new religious ideas. Such behaviors are unethical. A counselor's or intervenor's role is to help survivors develop their own answers to spiritual questions, not to impose the intervenor's beliefs on the situation. Beware of patronizing a victim's beliefs. Beware of others who might use survivors' vulnerabilities for their own purposes. Beware of your own inclinations to offer answers or to help them believe as you do "for their own good." This is not a time to preach but a time to listen.

B. Survivors tend to invest a great deal of trust in intervenors

Counselors and intervenors are often perceived as parent figures – someone who will know what to do and show survivors how to respond. Survivors may ask an intervenor to judge how they or others acted, to place blame on people, or to interpret symbols, omens or thoughts. Interveners should give factual information only, not make value judgments on the disaster or its consequences.

C. Involvement in rituals or spiritual practices

Counselors and intervenors will often be asked or ex-

pected to join in a community's rituals and commemoration ceremonies after a catastrophe. Crisis responders should examine their own beliefs prior to responding to disaster. If their beliefs prevent them from participating in other people's practices, they should make it clear to survivors and community leaders prior to actual interventions and they should try to find an appropriate referral person who may be ready and able to participate if asked.

D. Intervenors have an affirmative ethical responsibility to meet the spiritual needs of survivors by finding appropriate spiritual support for them. One agency has recorded written policies and procedures on this obligation.

1. Our staff will inquire as to whether the victims have any religious persuasion and, if so, do they have a clergy member with whom they would like to talk in the aftermath of crisis.

2. With the permission of the client, the staff member will call that clergy member and facilitate a meeting or discussion between the two.

3. If the client wants to talk to a member of the clergy but does not want to talk to his or her regular pastor, we offer the option of identifying some other clergy member from their denomination with whom the client can talk.

–Rev. A. Robert Denton, "Spirituality and Trauma," in 2001: The Next Generation in Victim Assistance.

IV. Spiritual Issues That May Arise Among Survivors After Disaster

The following is a list of spiritual questions that are often asked after a tragedy. They are followed with some possible discussion points or thoughts. It is suggested that responders review the questions in order to assess how they deal with such issues. If spiritual or religious questions make responders uncomfortable or uneasy, they are less likely to be able to deal with them when they arise. The discussion points are presented because, at times, they may be used as questions with survivors to allow survivors to continue to try to sort out their own ideas and feelings. While most crisis teams include members of the clergy to assist in addressing spiritual needs and issues arising after a disaster, it should be emphasized that all crisis team members should be prepared to respond to spiritual concerns. At any particular time, you may be the only assistance available.

A. "Why me?" "Why is God doing this to me?"

This is one of the most common questions after tragedy. It is particularly perplexing to people who feel they are essentially good people. Harold Kushner's book, *When Bad Things Happen to Good People*, is devoted to this kind of question. He writes:

Let me suggest that the bad things that happen to us in our lives do not have a meaning when they happen. But we can redeem these tragedies from senselessness by imposing meaning on them. In the final analysis, the question is not why bad things happen to good people, but how we respond when such things happen. Are we capable of accepting a world that has disappointed us by not being perfect, a world in which there is so much unfairness and cruelty, disease and crime, earthquake and accident? Are we capable of forgiving and loving the people around us, even if they have let us down? Are we capable of forgiving and loving God despite his limitations?

If we can do these things, we will be able to recognize that forgiveness and love are the weapons God has given to enable us to live fully and bravely in this less-than-perfect world.

– Kushner, H., *When Bad Things Happen to Good People*, New York, NY: Schocken Books, 1981.

Perhaps one of the more eloquent illustrations of the frustration behind this question are the words of Jesus spoken from the cross, “My God, my God, Why hast thou forsaken me?” (St. Mark, Chapter 15, Verse 34). This echoes Psalm 22, a prayer for deliverance based on the feelings of being forsaken and forgotten.

My God, my god, why hast thou forsaken me? Why art thou so far from helping me, and from the words of my roaring? O my God, I cry in the daytime, but thou hearest not; and in the night season, and am not silent...I am poured out like water, and all my bones are out of joint: my heart is like wax; it is melted in the midst of my bowels. My strength is dried up like a potsherd; and my tongue cleaveth to my jaws; and thou has brought me into the dust of death.

– Psalm 22, Verses 1-2, 14-15

Discussion thoughts:

1. Should the reverse question be asked: “Why *not* me?”
2. Is God the cause of or the solution to our suffering?
3. Is a tragedy cosmically directed at one individual or community?
4. Are there random acts or events, or is there an overarching plan guiding our fate?
5. Is the way to heaven and salvation through suffering here on earth?

B. “If God is just, why isn’t what happened just or fair?”

The issue of fairness and justice is also central to the experience of disaster. There is a tendency for people to expect life to be fair even though evidence seems to indicate that it is not.

Abandoning my expectation that justice must prevail has been my most difficult concession resulting from Mother’s death. Early in childhood I believe I subconsciously began forming my paradigm of the world through which I perceived that good must somehow triumph over evil. Because right was right and wrong was wrong, God must be on the side of those who practiced what was right and good.

– Davis, J.M., *The Shadow of Evil – Where is God in a Violent World?*, Kendall/Hunt: Dubuque, IA, 1996.

Discussion thoughts:

1. What is the standard for justice?
2. If all were good and just, wouldn’t it remove any choice from our life?
3. Should justice be defined in terms of victims, bystanders, or perpetrators? What is just for one group may not be perceived as just for another.
4. Can true justice be attained in this world?

C. “Is this disaster an act of God’s will?”

Sometimes catastrophes are seen as acts of retribution for lack of faith or belief in God. Many religions include stories of people who, because of a failure of faith, suffer extreme consequences. Some cultures explain community-wide disasters as being caused by the invocation of spirits.

There is a legend among the Maori called “Te Ake’s Revenge” that tells of a warrior chief whose young daughter is killed by the incantations of a spurned lover, Turaki-po, a chief of another tribe. Te Ake goes to a great sorcerer to ask for greater powers which enabled him to call the gods to his aid, the gods of earth, sky and ocean. Through the

use of these powers he causes a great whale to be beached on the shores of the other tribe. The tribe quickly works to cut up the meat and feast upon it. For some reason, Turaki-po does not partake of the meal, but all of his tribe does, and by the next morning they are all dead.

“Ha! Kua ea te mate!” was Te Ake’s exclamation, when the news reached him. His words meant that his daughter’s death had been paid for, that vengeance had been wrought. That Turaki-po had escaped the fate of the rest was a pity, but to the Maori mind it was perfectly just and correct that his tribe should suffer for his misdoings. In Te Ake’s heart there was no possible doubt that it was his powerful karakia that had brought the death-dealing whale ashore at the camp of his enemy’s tribe. And Turaki-po – he, too, divined the hand of the gods in that tipi or death-stroke from the ocean.

– Pomare, Maui and Cowan, James, *Legends of the Maori*, Wellington, NZ:Fine Arts, LTD., 1930.

Discussion thoughts:

1. How would this disaster serve a purpose of God?
2. In disasters involving human error or cruelty, how can God allow one person to cause the deaths of hundreds?
3. Can we expect to divine God’s purpose?
4. Frederic Buechner suggests there are three propositions: God is all powerful; God is all good; and terrible things happen. Can all three be reconciled?

D. “Why does God hurt little children?”

Some people can accept the idea of the death of a child easier than the idea that a child suffers pain or agony in the dying process. Most people cannot understand why a small child is victimized or killed in a catastrophe. For some people, the death may be synonymous with the child ascending to heaven, and so they may derive some solace in their faith. However, if the death was painful, the pain is difficult to comprehend.

Discussion thoughts:

1. Is God the cause of any suffering?
2. Is pain necessary in the lives of children?
3. Can pain be avoided in life?

E. “Why doesn’t God answer my prayers or, at least, send me a sign?”

As indicated in the chapter on death and dying, many people when confronted with the death of a loved one seek to barter with God. And, in sudden, arbitrary disaster when the consequences of the catastrophe cannot be reversed, they may seek an answer from God indicating why the tragedy happened. They may want God to give them something in return for what is taken away. The question may preoccupy some survivors more if others are perceived to have received answers from God.

Sister Rejeanne Kelley, a Roman Catholic nun, tells of the home in which she was raised: “My mother had a vigil light and a statue of St. Anthony. When she didn’t get what she wanted, she would blow out the light and turn St. Anthony to the wall. When she got what she wanted, back he’d come and she’d light the candle again.”

– Kushner, *Who Needs God*

However, interestingly enough, most people do not expect God to answer their prayers all the time even though most think he answers them some of the time.

Fifty-four percent of adults said they pray every day (29 percent more than once a day). Eight-seven percent said they believe God answers their prayers at least some of the time. An astounding 86 percent said they accept God’s failure to grant their prayers. And only 15 percent said they have lost faith – at any time – because their prayers went unanswered.

– Kenneth L. Woodward, *Newsweek*, March, 31, 1997.

Discussion thoughts:

1. What type of sign does the survivor seek?
2. Should God answer all prayers?
3. Can you expect to understand God's answers?

F. "Why is there evil in the world?"

Time magazine ran a cover story on evil on June 10, 1991. It included a thought-provoking description of the evils in the world. The following is an excerpt:

I think there should be a Dark Willard [Willard Scott, the television weatherman].

In the network's studio in New York City, Dark Willard would recite the morning's evil report. The map behind him would be a multicolored Mercator projection. Some parts of the earth, where the overnight good prevailed, would glow with a bright transparency. But much of the map would be speckled and blotched. Over Third World and First World, over cities and plains and miserable islands would be smudges of evil, ragged blights, storm systems of massacre or famine, murders, black snows. Here and there, a genocide, a true abyss.

"Homo homini lupus", Dark Willard would remark. "That's Latin, guys. Man is a wolf to man."

Dark Willard would report the natural evils – the outrages done by God and nature (the cyclone in Bangladesh, an earthquake, the deaths by cancer). He would add up the moral evils – the horrors accomplished overnight by man and woman. Anything new among the suffering Kurds? Among the Central American death squads? New hackings in South Africa? Updating on the father who set fire to his eight-year-old son? Or on those boys accused of shotgunning their parents in Beverly Hills to speed their inheritance of a \$14 million estate? An anniversary: two years already since Tiananmen Square.

The only depravity uncharted might be cannibalism, a last frontier that fastidious man has mostly declined to explore. Evil is a different sort of gourmet.

The oil fires over Kuwait would be evil made visible

and billowing. The evil turns the very air black and greasy. It suffocates and blots out the sun.

The war in the gulf had an aspect of the high-tech medieval. What Beelzebubs flew buzzing through the sky on the tips of Scuds and smart bombs, making mischief and brimstone? Each side demonized the other, as in every war: Gott mit Uns. Saddam Hussein had George Bush down as the Evil One. George Bush had Saddam down as Hitler. In most of the West, Hitler is the 20th century's term for Great Satan. After the war's quick obliteration, Hussein hardly seems worthy of the name of evil anymore.

Discussion issues:

1. Are there natural evils?
2. Are there moral evils?
3. What is the source of evil?
4. Thomas Aquinas said, "The existence of evil is the best argument against the existence of God." How do you feel about that?

G. "Who brings God to justice?"

When people get angry at God, they often want to hold God accountable. Yet there seems to be no way to accomplish that. One way to express the frustration and anger is to reject God and renounce faith.

I still battle every day with the urge to blame God for this sordid state of affairs, for not intervening for the sake of every person in this world who has to live with the frustration of injustice ...Every time I hear a survivor's tale of tragedy, I battle for the self-control to keep from demanding of God that He do something to stop this madness ... Each day that passes without seeing the one who murdered my mother brought to account for his actions, represents another test of my faith in the ultimate wisdom of God to do what is right in His own timing.

– Davis, J.M., *The Shadow of Evil – Where is God in a Violent World?*

Discussion issues:

1. What does your faith mean to you?
2. Does your faith allow anger at God?
3. What kind of judgment would God deserve?

H. “Why or how should I forgive?”

Many people raised in the Judeo-Christian religions think they must forgive wrongdoers. Some assume responsibility for forgiveness and work emotionally to gain the peace they derive from it. Others choose not to forgive. The issue of forgiveness is one of the most complex spiritual questions for many victims, survivors and intervenors. Judith Herman speaks of the fantasy of forgiveness:

Like revenge, the fantasy of forgiveness often becomes a cruel torture, because it remains out of reach for the most ordinary human beings. Folk wisdom recognizes that to forgive is divine. And even divine forgiveness, in most religious systems, is not unconditional. True forgiveness cannot be granted until the perpetrator has sought and earned it through confession, repentance, and restitution.

– Herman, *Trauma and Recovery*

But some have said that forgiveness is therapeutic. If it is, Donna Davenport offers some guidelines to insure that forgiveness does not become relegated to capitulation or destructive anxiety:

1. *The realities of the injury to self and others must be fully acknowledged.*
2. *Self-blame is minimal and mostly replaced by self-compassion.*

Participant's Notes

3. *Anger to abuser has been fully experienced with a minimum of defenses.*
4. *Greater sense of power has led to a more proactive stance in relation to abuser which at least means the victim has a much greater sense of self limits and a sense of assurance that further injury will not occur.*
5. *Forgiveness is experienced in the context of increased vitality and "appropriate" hope.*
6. *Offender is seen as a complex, three dimensional human being rather than stereotyped and simplified. Dehumanization was a factor in the victimization and if the victim can avoid counter-dehumanization a major psychological victory can be obtained.*
– Davenport, D.S., "The functions of anger and forgiveness: guidelines for psychotherapy with victims," *Psychotherapy*, 1991

But crisis responders should be careful in addressing this issue. Many intervenors recognize the need to be non-judgmental with victims who are not willing to forgive or resist the question but exhibit negative judgments about those who seek to forgive.

It is said that after Dr. Martin Luther King, Jr., was murdered, Daddy King called the family together and said that his son's vision of peace would die along with Martin unless they each forgave the murderer. They cried together – they had already cried alone. They grieved together until they could pray. They prayed until they could forgive. Then they knew that even though the murderer killed his body, he did not destroy his spirit and his vision.

– Rev. Michael T. Mannion, "Making Sense of Victimization Through a Spiritual Vision," 2001: *The Next Generation in Victim Assistance*.

Dr. L. Gregory Jones, Dean, The Divinity School, Duke University suggests the need to begin “to learn the steps of a beautiful, if sometimes, awkward, ‘dance’ of forgiveness.” He outlines the following six steps:

(1) We become willing to speak truthfully and patiently about the conflicts that have arisen.

(2) We acknowledge both the existence of anger and bitterness and a desire to overcome them.

(3) We summon up a concern for the well being of the other as a child of God.

(4) We recognize our own complicity in conflicts, remember that we have been forgiven in the past, and take the step of repentance.

(5) We make a commitment to struggle to change whatever caused and continues to perpetuate conflicts and crimes.

(6) We confess our yearning for the possibility of reconciliation.

– Paper prepared for Presentation at the Neighbors Who Care, *Theological Forum on Crime Victims and the Church*, October 10-11, 1997

Discussion issues:

1. Must people forgive others who make mistakes or purposely do harm?
2. What is the purpose of forgiveness?
3. Is it humanly possible to forgive?
4. Do humans have the right or capacity to forgive or is that right and capacity solely God's?

I. “Will God forgive me for what I feel?”

This question usually revolves around feelings of anger – particularly at God. But it may also involve guilt over inability to function, or behaviors and actions that seem to be unacceptable. In Morita Therapy used by many Japanese, a key element is the acceptance of emotions and feelings in spite of their intensity. Acceptance of one's feelings can allow people raised in the Judeo-Christian faiths

to understand God's forgiveness or acceptance of them. Consider the fact that most of us believe that violent assaults are wrong. Then did God forgive Jesus when he assaulted the moneychangers?

And Jesus went into the temple of God, and cast out all them that sold and bought in the temple, and overthrew the tables of the money changers, and the seats of them that sold doves. And said unto them, "It is written, My house shall be called the house of prayer; but ye have made it a den of thieves.

– The Holy Bible, Matthew, Chapter 21, Verse 12-13

Discussion issues:

1. What wrongdoings are beyond forgiveness?
2. Does God expect perfection?
3. Does God hold grudges?
4. What rituals or prayers might be useful to atone for wrongdoings?
5. Is there redemption after wrongdoing?

J. "Is there life after death?"

The belief in life after death – or the lack of belief in eternal life – is a critical problem for many people who confront death. Some religions support such beliefs and some do not.

Many people have asked me to tell them about heaven and the afterlife. I sometimes smile because I do not know any more than they do. Yet when one young man asked if I looked forward to being united with God and all those who have gone before me, I made a connection to an old memory.

The first time I traveled with my mother and sister to my parents' homeland of Tonadico di Primiero in Northern Italy, I felt as if I had been there before. After years of looking through my mother's photo albums, I knew the mountains, the land, the houses, the people.

As soon as we entered the valley, I said, "I know this place. I am home." Somehow I think crossing from this life into life eternal will be similar. I will be home.

– Bernardin, Joseph Cardinal, *The Gift of Peace*, Chicago, IL:Loyola Press.

Often concern about what life after death involves is as troublesome as the question of belief in immortality itself.

Discussion issues:

1. Does worry about lack of immortality cause more or less fear of death?
2. If there is an afterlife, what do you think it is like?
3. Does life after death involve a time of judgment?

K. "God did this, therefore I am bad;" or "What did I do to deserve this?"

This statement usually reflects guilt or self-blame. God is often perceived as a parent figure and a disaster is perceived as punishment. Some people may perceive God as a vengeful God and consider their acts subject to immediate retribution. Others may see themselves as instruments of God's will to further a higher purpose.

O Lord, rebuke me not in thy wrath: neither chasten me in thy hot displeasure. For thine arrows stick fast in me, and thy hand presseth me sore. There is no soundness in my flesh because of thine anger; neither is there any rest in my bones because of my sin. For mine iniquities are gone over mine head: as an heavy burden they are too heavy for me...

– *The Holy Bible*, Psalms, Chapter 38, Verse 1-4.

And as Jesus passed by, he saw a man which was blind from his birth. And his disciples asked him, saying, Master, who did sin, this man, or his parents, that he was born blind. Jesus answered, "Neither hath the man sinned, nor his parents: but that the works of

Participant's Notes

God should be manifest in him. I must work the works of him that sent me, while it is day: the night cometh, when no man can work. As long as I am in the world, I am the light of the world.” When he had thus spoken, he spat on the ground, and made clay of the spittle, and he anointed the eyes of the blind man with the clay. And said unto him, “Go wash in the pool of Siloam,” ...He went his way, therefore, and washed, and came seeing.”

– *The Holy Bible, St. John, Chapter 9, Verses 1-7*

Discussion issues:

1. Does God make an individual an instrument of his punishment for others?
2. Does God use individuals to demonstrate his will and his way?
3. Are the sins of the parents visited on their children?
4. Does God single out certain individuals to suffer?

L. “Is there good in suffering?”

Many people feel that if they are to be happy, they must suffer. Sometimes people even worry when everything is going well. They worry about when they’ll have to “pay” for their happiness. In some cultures, the way to salvation is only attained through suffering here on earth. Other cultures may not condone suffering but recognize that it is a part of life and see it as a way of strengthening individuals and communities.

The Kaddish proclaims that this is a “world which He created according to His will.” Though sorrow may temporarily dull our vision or threaten to rob life of meaning, we affirm that there is a plan and a purpose to life because there is God at the heart of it. Moreover, if we do not permit sorrow to embitter us, we can use it creatively. Sorrow can help us become more sympathetic to the hurt of others, more compassionate toward the afflicted, more sensitive to life’s spiritual values – realities which never die ...

The Kaddish challenges the mourner to work for the fashioning of a better world.

– Adler, D., *We Remember the Holocaust*, New York, NY:H. Holt, 1989.

If there is meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death human life cannot be complete.

– Frankl, Viktor, E., *Man's Search for Meaning: An Introduction to Logotherapy*, New York: Simon and Shuster, 1959

Discussion issues:

1. Does God require sacrifice as part of redemption?
2. What types of sacrifice are demanded?
3. Are sacrifice and suffering a part of bartering with God for a better life or a better death?

M. “Why live in a world full of pain?”

Suicide is often considered an option after a disaster. Sometimes thoughts of suicide are precipitated by loneliness, or by emotional or physical pain. Some people who want to commit suicide may not do so because of religious teachings or spiritual beliefs. Other people may see suicide as the proper choice in certain circumstances.

When we have lost everything, when we have no more hope, life is a disgrace, and death a duty.

– Voltaire

Discussion issues:

1. What will suicide accomplish?
2. What effects will suicide have on other survivors?
3. Is there a way to live with meaning even in the absence of hope?

V. Operationalized Styles of Religious Coping Mechanisms Used by People in Trauma

Robert Denton has summarized the following types of religious coping mechanisms in his paper "Trauma and Spirituality: Structure, Some Research Implications for Intervention and Coping Styles." The summary is based on research performed by Dr. Kenneth Pargament at Bowling Green University. It is included here as an indication of some of the ways people use their spirituality or religion in times of stress and the types of philosophical frameworks they may use to answer some of the above questions. Dr. Denton recommends that intervenors in most circumstances should affirm and build on survivors' coping strategies, but emphasizes that most strategies involve the use of multiple mechanisms. It is also emphasized that the strategies and the supporting mechanism may be changed and altered at different stages in the reconstruction process.

A. Benevolent religious reappraisal

1. Refers to redefining the event through religion or spirituality as something less terrible or less threatening; redefining the event as something more positive.
2. Operationalization: the victim or survivor
 - a. Tries to find a lesson from God in the event.
 - b. Thanks the Lord for the other blessings He has given them.
 - c. Tries to see how God might be trying to strengthen them in this situation.
 - d. Looks for God's greater purpose in the event.
 - e. Tries to view the situation in a spiritual light.

B. Seeks God's loving presence

1. Extent to which individuals seek empowerment, comfort, or reassurance through the love and support of God.
2. Operationalization: the victims or survivors
 - a. Look for God to be with them.
 - b. Seek God's love and care.
 - c. Pray for God to be with the ones they love.

- d. Seek comfort from God's gentle hand.
- e. Ask God to strengthen their loved ones.
- f. Look to God for strength and support.

C. Spiritual leaders' or affiliated members' presence

1. Extent to which the individuals receive emotional, spiritual, or social support from spiritual leaders or others who believe the same thing.
2. Operationalization: the victims or survivors
 - a. Look for spiritual support from their spiritual leaders.
 - b. Look for love and concern from others who believe the same thing.
 - c. Ask spiritual leaders or members to pray with them.
 - d. Know that spiritual leaders or members are praying for their loved ones.
 - e. Share their fears and hopes with their spiritual leaders.
 - f. Look for support from others with the same spiritual beliefs.

D. Plea for direct intercession

1. Extent to which individuals ask God directly for a positive outcome for the event, or asked God for emotional strength or support.
2. Operationalization: the victims or survivors
 - a. Ask God to take away their pain.
 - b. Ask God to take the pain away from their loved ones.
 - c. Ask God for a miracle.
 - d. Bargain with God to make things better.
 - e. Plead with God to make things turn out OK.

E. Acts of purification

1. Extent to which individuals sought spiritual cleansing through religious rituals or acts.
2. Operationalization: the victims or survivors
 - a. Confess their sins.
 - b. Try to be less sinful.

- c. Ask forgiveness for their sins.
- d. Look for ways to become more spiritual.
- e. Ask forgiveness for the sins of their loved ones.
- f. Try to rid themselves of their impurities.

F. Religious helping

1. Refers to the ways people use religion or spirituality to help others because of the event.
2. Operationalization: the victims or survivors
 - a. Share God's love with others.
 - b. Pray with others to help them feel better.
 - c. Pray for others in the same situation.
 - d. Offer spiritual help to their family or friends.
 - e. Pray for other unfortunate people.
 - f. Try to give spiritual strength to others.

G. Conversion

1. Refers to the extent to which individuals have experienced a dramatic or significant shift in what their religious experience, faith or belief means to them.
2. Operationalization: the victims or survivors
 - a. Search for a whole new way of being religious or spiritual.
 - b. Look for a spiritual awakening.
 - c. Pray for a reawakening of religious or spiritual feeling.
 - d. Try to find new life through religion or spirituality.
 - e. Try to place much more importance on religion or spirituality in their lives.
 - f. Look for a whole new approach to spirituality.

H. Blaming God or spirits

1. Extent to which individuals change from believing God is loving and powerful to believing that God is powerless to help in the situation or God is apathetic and not caring.
2. Operationalization of reappraisal of God's love: the victims or survivors

- a. Question God's love for them.
 - b. Feel God does not care about their problem.
 - c. Wonder whether God truly cares about them.
 - d. Feel angry with God for deserting them.
 - e. Question whether God is all-loving.
 - f. Wonder whether God has abandoned them.
3. Operationalization of reappraisal of God's power: the victims or survivors
- a. Question the power of God in this situation.
 - b. Wonder whether God has the power to change the situation.
 - c. Think that some things may be beyond God's control.
 - d. Wonder whether God has the power to intervene in all situations.
 - e. Realize that God cannot answer all prayers.
 - f. Decide that God does not control everything.

I. Demonic assignment

1. Extent to which the devil is blamed for the event.
2. Operationalization: the victims or survivors
 - a. Decide the devil made this happen.
 - b. Feel that the devil is trying to turn them away from God.
 - c. Realize the devil is making bad things happen.
 - d. Feel the devil is at work here.
 - e. Believe the devil is responsible for the event.
 - f. Feel the devil is persecuting them.

J. Punishment from God

1. Extent to which individuals see the event as God's way of punishing them for something that they have done; belief that they are being punished by God for their sins.
2. Operationalization: the victims or survivors
 - a. Feel punished by God for their lack of devotion.
 - b. Decide God was punishing them for their sins.
 - c. Feel that their sins have caught up with them.
 - d. Wonder whether their loved ones were paying for their sins.

- e. Think about what they did for God to punish them.
- f. Feel punished by God for their failings.

K. Religious avoidance/distraction

- 1. Extent to which individuals engage in religious activities to distract themselves or to keep their minds off the event.
- 2. Operationalization: the victims or survivors
 - a. Focus on the world-to-come rather than the problems of this world.
 - b. Pray to keep their minds off their problems.
 - c. Think of God instead of their situation.
 - d. Repeat prayers to keep themselves busy.
 - e. Read religious literature to keep themselves occupied.
 - f. Focus on religion rather than their own problems.

L. Problem solving/deferral

- 1. Extent to which individuals hand over or relinquish dealing with the event to God.
- 2. Operationalization: the victims or survivors
 - a. Let God decide how to deal with the event.
 - b. Wait for God to take their anxious feelings away.
 - c. Wait for God to take control.
 - d. Let God make sense of their troubles for them.
 - e. Leave their troubles with God.
 - f. Let God provide solutions to their problems for them.

M. Problem solving/self-direction

- 1. Extent to which individuals believe God has empowered or given them the ability to handle the problem.
- 2. Operationalization: the victims or survivors
 - a. Try to make sense of the situation without relying on God.
 - b. Try to deal with the problem without God's help.

- c. Decide what the situation means to them without God's help.
- d. Try to come up with solutions without God's input.
- e. Make decisions about what to do without God's input.
- f. Try to deal with their feelings without God's help.

N. Problem solving/collaborative

1. Extent to which individuals work or share responsibility with God in dealing with the problem.
2. Operationalization: the victims or survivors
 - a. Work together with God as partners.
 - b. Work to gather with God to think of possible solutions.
 - c. Try to make sense of the situation with God.
 - d. Try to put their plans into action together with God.
 - e. Work with God to find a way to relieve their worries.
 - f. Work together to decide what the situation means.

VI. Talking with Survivors about Spiritual Issues

A. Dos and don'ts

1. Don't try to explain or give answers to spiritual questions. Most victims know that there are no absolute answers. Most victims will find their own spiritual answers in order to go on with life. They do, often, need permission to confront the questions they are raising and want someone to "understand" that God or their own spirituality is in question.
2. Don't impose *any* spiritual answers on victims/survivors. They do not want to be told that their loved one is better off with God or is without pain now. If they express those thoughts, assure them that such thoughts often are comforting to people.

- Remind them that sometimes such thoughts are *not* comforting in case they are “testing” your reactions.
3. Do help them focus on thoughts of an afterlife and an eternal presence *if that is a part of their belief system*. Explore how the belief may help them cope with the disaster.
 4. Do affirm their right to question their God’s judgment. They may be angry with God. They may feel hate. They may feel betrayed. Anger is documented in the Koran, the Old Testament, the New Testament, Native American religions and others. The anger is part of the search for a new understanding.
 5. Do affirm their search for spiritual answers. If they decide to change their spiritual orientation, that is their choice. Many victims find new hope and new life in a different religion or in a new philosophy of life. Many victims find a new hope in their existing religion or philosophy – it takes time to sort through those thoughts.
 6. Do allow them to discuss issues of forgiveness.
 7. Do affirm the wrongness or injustice of what has happened. This is particularly important when the trauma has been caused by human cruelty or brutality. “The technical neutrality of the therapist is not the same as moral neutrality. Working with victimized people requires a committed moral stance ...it involves an understanding of the fundamental injustice of the traumatic experience and the need for a resolution that restores some sense of justice.” (Herman, *Trauma and Recovery*)
 8. Do give them materials that may help them in their search for meaning or their search for a spiritual reality: passages from the Old Testament or New Testament, passages from the Koran, existential literature, and so forth.
 9. Do emphasize that everyone must find their own way of understanding the causes, nature, and aftermath of catastrophe, but if they ask what your beliefs are, tell them as concisely as possible.

B. Caveats

1. *Victims need an opportunity to piece their lives back together again in light of their religious and spiritual beliefs.*

2. *Victims need to look beyond the immediate here-and-now and take a longer view of their reactions, their feelings, and their lives.*

3. *Victims need permission to discuss religious and spiritual beliefs.*

4. *Victims need to know that God isn't necessarily bashing them over the head and that God will not turn away simply because they are angry with someone and want to kill that person.*

5. *Victims need to know that they do not have to feel guilty for being angry.*

There is a delightful poem by a Presbyterian minister, Thomas Carlyle, about Emily Dickinson, in which she talks about how people were aghast when she railed at God. Carlyle writes that it's all right to rail because these conversations are acceptable among lovers. We need to let victims know that even their railing against God is acceptable among lovers and friends – the long view.

6. *Stay away from a lie. If you can't answer a question, don't. A friend and fellow clergy member, Reverend Richard Lord, says, "You know, when people are in distress and asking the hard questions, and when you're up against those questions without any answers, ask yourself, 'If you were in crises, would you want someone to come in with all the answers or would you want someone who is not going to run out on you when times are tough?'"*

7. *You can't speak for God. In all likelihood, if He wants to speak, He'll speak to the victim – and He probably won't tell you what He said.*

8. *Address the forgiveness issue. If you don't bring it up, people are going to be castigating themselves because they feel like they ought to forgive the offender and they feel guilty because they can't. Remember*

victims need to work out their own thoughts on forgiving or not forgiving – and going on with life in either case.

–Rev. A. Robert Denton, “Spirituality and Trauma.”

VII. What I Want to Say to Clergy: A Victim's Perspective

[The following collection of feelings expressed by victims was written by Rev. Dr. Richard P. Lord in a paper entitled “Out of the Depths: Help for Clergy in Ministering to Crime Victims.”]

A. Don't explain.

As deeply as I cry out “Why?” I know there is no rational explanation. My “Why?” is more a longing for God to hold me in His arms and give me some comfort than it is a question I want answered. I don't want you to try to give me answers. What has happened is absurd. It is surely not as God intended life to be. It doesn't make sense. God didn't cause it. The devil didn't cause it. It could not have been God's will.

Therefore, let us together try to explain the cause of the tragedy as factually and honestly as possible. I want God, and you as my pastor, as companions who will stand with me in my longings, not as sources of explanation.

B. Don't take away my reality

My pain seems unbearable to me and yet, in light of what has happened, it feels right that I should be in pain. I know it is uncomfortable for you. I know you want to take it away. But you can't, so please don't try. The pain is a sign to me of how much I have loved and how much I have lost. If I have doubts, if I am angry, understand that these are normal reactions to a very abnormal situation. I will not always be like this, but I am now. These are my feelings. Please respect them.

C. Stay close

Just as a one year old child learns to walk with someone close by to steady him when he stumbles, stay close enough so I can reach out and steady myself on you when I need to. Understand my need to grieve, my need to withdraw, my need to agonize, but remind me that you're there to lean on when I want to share my pain.

D. Remember me ... for a long time

This loss will always be a part of me. I'll need to talk about it for years to come. Most people will be tired of hearing about it after a period of time. Be the person who will invite me to share my feelings about this after others have moved on to other concerns. If my loved one has died, mention his or her name from time to time and let us remember together.

E. Don't be frightened by my anger

Anger isn't nice to be around. But it's part of what I'm feeling now, and I need to be honest about it. I won't hurt myself or anybody else. I know my anger doesn't threaten God. People got angry in the Bible. Even God got angry at certain things. The one to worry about is the one who has experienced violence but *hasn't* become angry.

F. Listen to my doubt

You stand for faith, and I want you to, but listen to my doubt so you can hear the pain it is expressing. Like anger, doubt is not pleasant to be around, so people will want to talk me out of it. But for right now, let me express the questions which are measured by the depth of the loss I feel. If I cannot doubt, my faith will have no meaning. It is only as I move through doubt that a more meaningful faith will develop.

G. Be patient

My progress will not be steady. I'll slip back just when everyone thinks I'm doing so well. Be one to whom, on occasion, I can reveal my weakness and regression. Let me be weak around you and not always strong. I'll make it, but it will take much longer than most people think. I'll need your patience.

H. Remind me this isn't all there is to life

My pain and my questions consume me. I can think and feel nothing else. Remind me there is more to life than my understanding and my feelings. Speak the word "God," not to dull my pain, but to affirm life. I don't want God as an aspirin but as a companion who shares my journey. Stay beside me and remind me of that Eternal Presence which can penetrate even my grief.

VIII. Conclusion

The following description of spiritual relationships in an American Indian culture provides an interesting perspective on life, interconnections, relationships and the continuum of time and nature. The spiritual perspective which differs from and may be interpreted as critical of the Judeo-Christian traditions should serve to remind intervenors of the need to be open and non-judgmental of various belief systems.

To us the ashes of our ancestors are sacred and their resting place is hallowed ground. You wander far from the graves of your ancestors and without regret. Your religion was written upon tables of stone by the iron finger of your God so that you could not forget. The Red Man could never comprehend nor remember it. Our religion is the tradition of our ancestors – the dreams of our old men, given them in the solemn hours of night by the Great Spirit; and the visions of our sachems, and is written in the hearts of our people.

Your dead cease to love you and the land of their nativity as soon as they pass the portals of the tomb and wander way beyond the stars. They are soon forgotten and never return. Our dead never forget the beautiful world that gave them being. They still love its verdant valleys, its murmuring rivers, its magnificent mountains, sequestered vales and verdant lined lakes and bays, and ever yearn in tender, fond affection over the lonely hearted living, and often return from the Happy Hunting Ground to visit, guide, console and comfort them ...

We will not be denied the privilege without molestation of visiting at any time the tombs of our ancestors, friends and children. Every part of this soil is sacred in the estimation of my people. Every hillside, every valley, every plain and grove, has been hallowed by some sad or happy event in days long vanished. Even the rocks, which seem to be dumb and dead as they swelter in the sun along the silent shore, thrill with memories of stirring events connected with the lives of my people. And the very dust upon which you now stand responds more lovingly to their footsteps than to yours, because it is rich with the blood of our ancestors and our bare feet are conscious of the sympathetic touch.

Our departed braves, fond mothers, glad, happy-hearted maidens, and even our little children who lived here and rejoiced here for a brief season, will love these somber solitudes and at eventide they greet shadowy returning spirits. And when the last Red Man shall have perished, and the memory of my tribe shall have become a myth among the White Men, these shores will swarm with the invisible dead of my tribe, and when your children's children think themselves alone in the field, the store, the shop, upon the highway, or in the silence of the pathless woods, they will not be alone.

In all the earth there is no place dedicated to solitude. At night when the streets of your cities and villages are silent and you think them deserted, they will throng with the returning hosts that once filled them and still love this beautiful land. The White Man will never be alone.

Let him be just and deal kindly with my people, for the dead are not powerless. Dead, did I say? There is no death, only a change of worlds.

*– Chief Seattle, Suquamish and Duwamish Tribes,
The Indians' Night Promises to be Dark*

Participant's Notes



Addendum

A Liturgy of Cleansing, Healing, and Wholeness

Prayer of Invocation

(Participants stand in a circle facing the center point. Hands may be joined in the circle, uplifted in prayer. They turn to each of the directions to pray the prayer of that direction.)

Leader: Many and Great, O God, are your things, maker of earth and sky; grant unto us communion with you, you star-abiding one. Come unto us and dwell with us.*

People: Come unto us and dwell with us.

L. (Facing east) Hear, Spirit of the East, Great Spirit, source of light, place of the sun's rising, from whom the solar eagle flies through the crack of dawn calling us to prayer for a new beginning and a new life. Great Spirit, come as in the beginning, when at the dawning of the world you came, bringing light and illumination, insight, vision, and hope. Come with all the creatures of your direction, with all that gives light and renewal to our spiritual centers.

P. Come, and give to your children what we need.

L. (Facing south) Hear, Spirit of the South, Great Spirit of new life and growth, from whose keeping the birds return as they came in the beginning to scatter the seeds of all plants. Spirit of warmth and nourishment and comfort, renew your creative act by making new our emotion-torn hearts.

P. Come, and give your children what we need.

L. (Facing west) Hear, Spirit of the West, Great Spirit of the sun's declining and setting, spirit of wisdom and old age, spirit of the people's past and knowledge they have gained, doorway to the departing, bring understanding and vision to our darkness.

P. Come, and give to your children what we need.

L. (Facing north) Hear, Spirit of the North, Great Spirit of the strong winds and the cold, spirit of testing and

ordeal, spirit of discipline and cleansing, spirit of healing and strength, come as in the beginning to empower each of us to once more have control over our own bodies, to bring balance and harmony to the world.

P. Come, and give to your children what we need.

L. (Facing center) Hear, Father Sky, home of our brother the sun and our sister the moon and of all the wheeling stars, home of the clouds, where the strong thunder begins, home of the rain and snow and the cleansing winds, Great Spirit of the Sky.

P. Come, and give to your children what we need.

L. Hear, Mother Earth, dressed in the green of trees and grasses, decked with the beautiful flowers, through whose veins the waters run and from whose bounty food is given to all, gathering into your arms all creatures large and small,

P. Come, and give to your children what we need.

Ritual of Purification and Renewal

The Leader may speak words of explanation of this ceremony, such as these:

Sweetgrass, sage, and cedar are used by different Native people for cleansing and purification. Pipes are purified with sweetgrass before being used for prayer. Homes are cleansed each morning with prayer while smoke from the sage is brought into each room. Smoke from the cedar can be washed over a person to heal a spiritual, emotional, mental, or physical problem. The teaching is that the scent of sweetgrass, sage, or cedar as it rises on the winds is pleasing to the creator. Good spirits are attracted and bad spirits depart.

Many Indian people use water as part of the morning prayer ritual. The grandfathers and grandmothers share that in the old days, as the sun began to lighten the eastern sky, one journeyed alone to a nearby stream or lake. One washed one's body and let the breath of the creator, the winds, dry the water. While drying one stood, arms lifted to the sky, praying and singing, spirit pouring from the body

into the sky to meet a greater spirit above, becoming one with the new light of the new day.

Flute music, or the winds outside, remind us that the song of dawn is also the song of the rainbow, which calls us to complete the circle of life in harmony.

Let us share this ceremony, combining these two traditions into one of cleansing and centering.

(Singly, each walks forward to the bowl of water, washing the physical body with it. Each moves to the burning sweetgrass, sage, or cedar, to cleanse the spiritual self with its healing smoke. Each washes the smoke over the entire body, concentrating on any area that might need special cleansing. As the community shares this ritual, prayers for all or songs of healing are appropriate.)

Prayer for Going Forth

- L.** Great Spirit, Creator, behold us! You have placed a great Power where we always face, and from this direction many generations have come forth and have returned. There is a winged One at this direction who guards the sacred red path, from which the generations have come forth. The generation that is here today wishes to cleanse and purify itself, that it may live again!
- P.** We have burned the sweetgrass as an offering to you, O God, and the fragrance of this will spread throughout heaven and earth. It will make the four-leggeds, the wingeds, the star peoples of the heavens, and all things, as relatives. From you, O Grandmother Earth, who are lowly, and who supports us as does a mother, from you this fragrance will go forth. May its power be felt throughout the universe. May it purify the feet and hands of the two-leggeds, that we may walk forward upon the sacred earth, raising our heads to the creator! So be it!

All: Your spirits,
My spirit,
May they unite to make
One spirit in healing.**

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

*Originally from the **Dakota Hymnal**; may be found in the **United Methodist Hymnal** (Methodist Publishing House: Nashville, 1964)

A prayer by Ojibwe medicine women when gathering plants. From Basil Johnston, **Ojibwe Heritage (McClelland & Stewart: Toronto, Ont., 1976)

Liturgy from: **Sexual Assault and Abuse: A Handbook for Clergy and Religious Professionals**, ed. Pellauer, M.D., Chester, B., & Boyajian, J.A., Harper&Row:San Francisco, 1987

Chapter Eleven: Group Crisis Intervention Techniques

I. Introduction

Group crisis intervention builds upon the lessons of individual crisis intervention while opening avenues for building stronger communities and increasing the depth of understanding in human tragedies. While the focus of such group work is often portrayed as simply the overwhelming emotions of trauma and helping survivors gain cognitive control and understanding of what happened, group sessions should always include not only listening to reactions and allowing participants to tell their stories but assisting them in facing their futures. Reestablishing human connections and affirming hope is critical. It is useful for the crisis responder to remember the words of Helen Keller:

The marvelous richness of human experience would lose something of rewarding joy if there were no limitations to overcome. The hilltop hour would not be half so wonderful if there were no dark valleys to traverse.

II. Goals of Group Work

- A. Guiding the release of emotional steam after the pressure-cooker of trauma.
- B. Addressing great numbers of individuals after a community tragedy.
- C. Peer group validations of individual reactions enhance the effectiveness of the validations provided by crisis intervenors.

D. Group work helps establish social support; rebuild a sense of community bonds; and repair the social fabric rent by the disaster.

E. Education of community members about trauma and its aftermath.

F. Affirmation or reaffirmation of hope in the future.

III. Scope and Nature of Group Crisis

Intervention Services

A. Definition

NOVA has adopted the term “group crisis intervention” rather than using the term “group debriefing” because there is a growing reluctance to refer to “debriefings” in a community crisis response effort for several reasons. First, the term is often confused with what is known in military and law enforcement populations as “logistical debriefings” which are used to obtain from participants details of an operation. Second, for many community members, “debriefing” sometimes carries with it mental health connotations that may inhibit participation. Third, even among crisis responders, there is often debate over what the “debriefing” process implies. And finally, it is often used carelessly to describe social exchanges that have little value in addressing trauma or crisis.

B. NOVA’s protocol

Group crisis intervention is useful both as an immediate response to acute crisis and as a way to continue to integrate the trauma into community life. NOVA’s protocol for group crisis intervention relies upon a chronological approach for addressing the crisis event. Group participants are asked to remember what happened at the time of the trauma, what has happened in the aftermath, and what they expect to happen in the future. If the trauma is particularly intense, it may be useful to pace the group session to avoid initial feelings of being overwhelmed again. To avoid premature exploration of trauma material, group facilitators may want to start group sessions with the question, “What

was life like before the event happened?” While facilitating this review, the group leader constantly seeks to ensure the group’s sense of safety and security, to provide opportunity for ventilation and validation, and to help participants predict and prepare for problems in the future.

C. Critical Incident Stress Debriefing (CiSD) protocol

CISD uses a similar process to that used by NOVA but most people using CISD models address trauma by guiding groups through the following phases:

- Introduction,
- The facts of the incident,
- What participants think about the incident,
- How participants reacted to the incident,
- What stress symptoms have been experienced,
- Education about the incident and subsequent stress, and
- A conclusion and preparation for the group to go back to their lives.

IV. Description of NOVA Protocols

If a catastrophe such as a serial murder or massive bombing takes place, it is likely that many victims and survivors may not have a great deal of time to focus on group work. Intermittent sessions may be better than one lengthy group session. However, in some cases, a horrific crime can occur in a matter of minutes and community members may find time to participate in comprehensive group sessions. If a catastrophe is a no-low-point tragedy or lasts over an extended period of time, there may be a need for repetitive interventions. When there is no opportunity for repetition, the sessions may be focused on somewhat different issues than those used in immediate post-trauma situations. Because of these variables, several types of group crisis intervention protocols have been developed. This chapter will first review the basic NOVA protocol used in the immediate aftermath of sudden, immediate, low-point tragedies and then when and how NOVA employs modifications of this protocol.

A. Group crisis intervention – basic protocol

1. Overview

Group crisis interventions often take place at or near the site of the community trauma coincident with the first days or week of the trauma event. The technique allows the facilitators to address thoroughly all of the elements of crisis intervention; to educate participants on the common pattern of crisis reactions and what long-term stress reactions are to be expected; and to help participants consider coping responses. The group sessions usually last between 1½ hours and 3 hours. All victim and survivor populations can benefit from participation. NOVA conducts sessions for both homogenous groups, such as school personnel, firefighters, or survivors of those who have died in the tragedy, and heterogenous groups for any victims, survivors, caregivers, or community members who want to attend. Although groups of 20-25 participants are ideal, group sessions have been conducted with as few as five people and as many as 600 people. In extremely large groups, not all members can participate verbally, but most benefit from listening to those who choose to participate, hearing the commonalities in stories and reactions, and observing the process itself.

2. Timing of Sessions

- a. Try to arrange sessions so that they do not conflict with events such as funerals, memorials and the like.
- b. Night sessions are generally better for community-wide group meetings. Day sessions are generally better for school personnel, children, and employees.

3. CRT group sessions are usually no more than two hours in length. The following estimates of how that time might be spent will vary based on group participation but are included as a guide for crisis responders.

- a. 1½ hours of group work.
 - 10 minutes: introductions by facilitator focused on providing guidelines for discussion and establishing parameters of *safety and security* for participants.
 - 35 minutes: questions designed to help review immediate physical sensory perceptions and emotional reactions of shock and disbelief and to give an opportunity for *ventilation and validation* of these reactions.
 - 25 minutes: questions designed to help review reactions reflecting emotional turmoil, including fear, anger, frustration, shame, guilt or grief, and to provide an opportunity for *ventilation and validation*.
 - 10 minutes: questions designed to elicit participant expectations for future coping strategies and to help *predict and prepare* group members for what may happen over the next few weeks, months or year.
 - 10 minutes: summary by facilitator of what has been said in order to review validation and emphasize preparation for the future, and conclude the session.
- b. Post-group session.

Allow 15 to 30 minutes for distributing handouts, answering individual questions, talking to individuals, and saying good-bye to individual participants.
4. Logistics

The following logistical guidelines are listed in order to describe ideal situations, but crisis responders should be aware that in many disasters, group sessions will be conducted under onerous conditions.

 - a. The room should be accessible and comfortable for group members.
 - b. Mental health and other caregivers intersperse themselves among the participants. NOVA conducts most sessions with two intervenors but encourages local caregivers to participate

in order to assist individuals who may need to take a “time out” during the session and to identify the caregivers to participants if they need additional assistance or referrals in the future.

- c. Sessions should be conducted with the participants in a horseshoe or circle configuration where possible.
 - d. Flipcharts are used to record reactions of participants if possible and with permission of participants. Flipcharts will be destroyed after the session unless the participants want to keep them.
 - e. Sessions are conducted by a pair of intervenors.
 - f. Handouts are provided but should not be distributed until the end of the session.
 - g. Make sure tissue is easily accessible.
 - h. Make sure water is available.
 - i. Let people know where the nearest toilet facilities are located.
 - j. Let people know where they can smoke.
5. Group Intervention Team Roles
- a. Group facilitator (one person should be “in charge”).

The group facilitator is the only team member who talks during the group session. Facilitators are responsible for introducing the session, stating the guidelines, asking the questions, providing validation, assisting group members in validating each other, summarizing the session, and concluding it. If possible, the facilitator should be seated with the group either at the open-end of the horseshoe or in the circle.

The facilitator:

- Begins with “I am sorry it happened” to you.
- Introduces self and other team members.
- Introduces NOVA, gives NOVA references, if needed, describes NOVA’s role in the

community and the team's voluntary involvement.

- Introduces local caregivers who are present.
- Gives permission to the group to say what they want and to come and go as they please. Reminds them that if they leave, someone will follow them out to see if they are alright. Emphasizes that while they are not confined to the room, it would be helpful if they would return after taking a break.
- Defines ground rules for session.
- Facilitates the session.
- Summarizes and concludes the session.

b. Supporting team member – “The Scribe”.

This person is not a facilitator, but he or she is an active member of the group crisis intervention team. NOVA has designated this member as “the scribe” because of his or her role in taking notes during the session. However the scribe does far more than simply taking notes. The scribe should stand while taking notes and be as unobtrusive as possible.

The scribe:

- Provides emotional and practical support to the facilitator, if needed. For example, a facilitator may begin to cough and need water – the scribe would make sure that water was available.
- Assists with individuals who may go into crisis within the group by distributing tissue, providing physical comfort, or helping them leave the room. (If local caregivers are assisting, they would take on this role as described below.)
- Records notes on a flipchart of participant crisis reactions.
- Takes over the group if the leader cannot continue. For example, if the facilitator becomes ill – the scribe would provide immediate assistance and perhaps relieve the facilitator for the rest of the session.

- Contributes only when called upon by the facilitator. For example, the facilitator may know that the scribe has particular expertise in helping elderly people cope with disaster and may ask the scribe to address a question on this subject during the prediction and preparation stage of the session.
- c. Other crisis intervention team members (optional).
 - Local caregivers, when available, should be prepared to assist with individuals in crisis.
 - Other CRT team members, if available, should be prepared to assist with individuals in crisis.
 - Other CRT team members, if available, should be prepared to replace the scribe if the scribe must replace the facilitator.
- 6. Ground rules for group session are established.
 - a. Confidentiality of communication.

NOVA team members are expected to assure the group that all discussions in the group will be confidential. This does not mean that issues raised in the group cannot be talked about outside the group but rather that no story or concern will be attributed to any specific group member or described in a manner that can be used to identify that group member. NOVA team members cannot guarantee that all group members will abide by such promises of confidentiality but they can encourage the group to make a sign of assent to confidentiality to help underscore the importance of it. The facilitator should indicate that participants will not be allowed to take notes or to record the session.
 - b. Agenda for session.
 - The session is designed to help the group define the crisis reaction, provide some crisis intervention, and to predict and prepare the group for possible future events

- In describing the agenda, the facilitator indicates that the group will talk about:
 - How the participants reacted or are reacting.
 - How their family or loved ones reacted or are reacting.
 - Expectations for the future.
 - c. Permission should be given to participants to express any thoughts or reactions they might have, but the facilitator should make it clear that no physical violence or verbal abuse will be allowed.
 - d. Ask that individuals identify themselves when they talk, if they are willing to do so. However, assure them that they may participate anonymously if they prefer.
 - f. Remind them that this session is not designed to be a critique of what happened but a review of reactions.
7. Session Procedure
- a. After the introductions and orientation, the facilitator should:
 - Ask participants to tell about their experience during the event.
 - Where were they when it happened?
 - Who were they with?
 - What did they see, hear, smell, taste, or touch at the time?
 - What did they do? How did they react at the time?
 - Wait patiently through silences.

These questions are asked as a group to prompt participants to remember and to think about their initial reactions. They are not individual questions for which the facilitator awaits a response. After the questions are reviewed, the facilitator may ask if any participant would like to volunteer to tell what he or she remembered. At times, there may be an initial silent period. The facilitator should simply allow the silence to

Participant's Notes

- take place until a volunteer begins to talk. After one person participates, in most cases, others will follow rapidly. If that does not happen, the facilitator may repeat the series of questions again.
- Respond to each participant by thanking him or her for telling about his or her experience.
 - Listen and validate any statements that fit within the crisis reaction framework.
 - Underscore similarities between participant responses.
- b. After the first series of questions, the facilitator should:
- Ask participants to describe what has happened to them in the aftermath of the event.
 - Since the time of the disaster, what are some of the memories that stand out in your mind?
 - What has happened in the last 48 hours? What do you remember seeing or hearing during that time?
 - How have you reacted?
 - Listen, respond, validate.
- c. After the second series of questions, the facilitator should:
- Ask participants to think about what has happened; to think about what will happen in the next few days or weeks; and consider what possible reactions they might have to those issues.
 - After all that you have been through, what do you think will happen at your job in the next few days or weeks?
 - Do you think that your family has been or will continue to be affected?
 - Do you have any practical concerns about what will happen next?
 - Ask participants about how they think they will deal with problems or issues that they have raised?

- In many cases, they will have developed coping strategies in the past that they will refer to.
- In some cases, they will seek information about how to deal with specific problems.
- As they identify coping techniques, reinforce positive methods and suggest alternatives to negative methods.
- Answer questions about problems, if possible, and tell them about written information that is available.
- Suggest referrals if they are available.
- Avoid making promises that cannot be kept.
- d. After each set of questions has been addressed, and reactions or issues explored, the facilitator should move to summarizing what has been said during the session.
 - The scribe stops making notes on the flipchart.
 - The facilitator stands to review the notes and uses them to identify:
 - descriptions of acute sensory perceptions.
 - descriptions of shock and disbelief.
 - descriptions of emotional turmoil.
 - concerns about the future.
 - coping strategies that might be used to address such concerns.
 - The facilitator indicates that the descriptions of reactions are all reflective of crisis or trauma reactions.
 - The facilitator talks about expectations for the future that were mentioned but adds others not addressed that may arise.
 - The facilitator reassures participants of useful coping strategies.
- e. The facilitator closes the session by sitting down again with the group, and then:
 - Thanks the group for participating in the session.

- Repeats “I am sorry that this tragedy happened to you.
 - Gives participants a safety net for the future:
 - a plan for future group meetings.
 - a contact with community caregivers.
 - NOVA’s telephone number and other resources.
 - If needed, ideas for a rumor control mechanism through which the community can get accurate and prompt information in the future.
 - Indicates that the session is over but that the facilitator and scribe will remain in the room for a few minutes if anyone has additional questions or concerns.
8. Session Process
- a. Be prepared for emotional reactions and behavioral symptoms of trauma as manifested by the following:
- Fear, anger, confusion, shame, guilt, or grief. All six responses may emerge during group sessions, but occasionally only one is predominant.
 - Inability to articulate reactions. Participants are trying to sort through their reactions and organize them into a story, but often that process is sporadic and words cannot be found to describe what they have experienced.
 - Physical agitation. Participants may find it difficult to sit or stand still for discussion. They may need opportunities to get up, move around, smoke cigarettes, or drink water. They may also fidget, bite fingernails, laugh or cry at seemingly odd moments.
 - Speech agitation. Sometimes participants find themselves stuttering, talking very rapidly, or being choked up when trying to say something. Facilitators should use patience

- and silence to allow participants to gather their thoughts or words.
- b. Provide emotional support and understanding.
 - Project competence, calmness, authority, and encouragement.
 - Maintain a non-judgmental attitude about situations and responses.
 - Promote physical comfort.
 - Establish rapport through active listening, eye contact, and empathic responses.
 - If children were involved in the trauma or the event, allow them to attend sessions with their parents.
 - Listen and validate.
9. Special Issues
- a. Dealing with anger: anger at you or anger at each other.

It is not unusual for participants to direct anger at the facilitator or at other people in the group. This is particularly true if the session takes place a number of days after the tragedy. Participants consolidate their anger and outrage at the event and channel it towards others. Remind participants that violence is unacceptable but that anger is not uncommon. Facilitators are often perceived as “safe” persons to express frustration towards, and should be prepared to listen to all concerns. It can be useful to apologize for any things that participants think have been done wrong and to try to explain how such things might have happened.
 - b. Dealing with grief: extent or hierarchy of grief.

Sometimes participants start to compare notes on their feelings of grief in a manner that suggests that certain group members have a right to feel greater sorrow than others. The facilitator should try to encourage the group to recognize that many are grieving and that everyone should have a chance to define their own grief. If sadness becomes overwhelming in the group, it is sometimes

helpful to encourage the group to remember positive experiences with the persons for whom they are grieving. This, at times, can lead to laughter instead of tears.

- c. Dealing with practical issues: financial, criminal justice, and the facts surrounding the event.

The facilitator should address any practical issues that are raised in the group succinctly with whatever information he or she has available. If nothing is known about the issues, the facilitator should simply say something like, "I don't know, but I will try to find out. Please feel free to get in touch with me at NOVA (or a local number) tomorrow."

- d. Dealing with multiple traumas.

If participants raise other tragedies that they have been reminded of due to the current disaster, allow them briefly to tell about those tragedies. If they need to discuss those previous events in more detail, refer those participants to crisis intervenors in the room or make time to talk with them after the group session. Refocus the group on the event at hand.

- e. Dealing with issues of God or the world beyond.

Be accepting of all beliefs. Sometimes facilitators can be accepting, but other group members ridicule beliefs. Encourage the group to recognize that faith isn't scientific. Everyone has their own concept of values and the cosmic universe. Two issues are common.

Many people believe in an afterlife. There may be differing concepts regarding heaven or the spirit world, but the concept of life beyond death is not unusual. In some cases, survivors believe that their loved ones contacted them as they died through supernatural means. In some cases, victims believe that they had a message from God that saved them from death. The facilitator may want to allow the group to explore such experiences while confirming that

each person searches for meaning in their own way.

At times, the experience of the group process may be powerful enough that someone may be moved to offer a group prayer. Prayer can be an inhibitor to the group process. It also is difficult to ascertain whether everyone in a group will feel comfortable in prayer. It is advisable to suggest that a prayer might be appropriate for those who wish to participate after the group session is concluded.

- f. Behavioral problems: silence, monopolization, hysterical behavior.

Silence is golden. Accept silences as moments when groups are thinking and processing their reactions.

If a participant tries to monopolize group conversations, use judgement to discern whether the rest of the group is interested in what the participant is saying. If they are not, suggest that the participant talk to someone after the meeting or take a break to talk to another crisis responder. In most cases, facilitators can find something in what the participant is describing to link his or her reactions to others in the group. Facilitators may say something like, "Is it okay if I stop you there, because you have just talked about being frightened and I heard someone else say he was frightened. I wonder if anyone else here might have been frightened?"

If participants become out of control or hysterical during a group session, the Scribe or another crisis responder should offer to talk to them outside. If they resist leaving the group, allow the group to help reassure them that their story is heard and their reactions are reasonable.

- g. Use of humor in group crisis intervention.

Facilitators should let the group lead the way in using humor. Facilitators should not try

to be humorous. The only time when facilitators should intervene in the use of humor is when it is used maliciously against another group member or an absent person who the group knows. Facilitators should try to defuse reactions that have precipitated cynical or sarcastic remarks and focus on the group process as a way of exploring reactions.

B. Group defusing protocol

1. Overview

Group defusings usually are conducted at or near the site of the community trauma coincident with the first days or week of the crime. They are purposely short in length, lasting between 30 and 45 minutes. Often the primary target populations for such defusings are emergency workers who face competing demands on their time, but short defusing sessions can be helpful to others as well. Because of the time limit involved in defusings, they do not address all elements of crisis intervention. Their focus is on immediate issues of safety and security, flash-points of trauma reactions, and thoughts on how to continue to live through immediate re-exposure to the crime scene or its aftermath. It is usually recommended that participants in defusing sessions also participate in follow-up group crisis intervention sessions.

2. Timing of group defusings.

- a. Defusing are usually done immediately after shift rotations.
- b. They last for no longer than 30 to 45 minutes.
- c. The following is an example of the timing of various segments of a 45 minute defusing.
 - 3 minutes: introduction and orientation emphasizing *safety and security* issues for the group.
 - 10 minutes: *ventilation and validation* of immediate reactions to announcement of disaster.
 - 20 minutes: *ventilation and validation* of

- flashpoints and reactions to them.
 - 7 minutes: *prediction and preparation* for continuing work at the trauma event.
 - 5 minutes: summary and conclusion.
3. Questions used during defusings.
- a. Ventilation of immediate reactions.
 - Where were you when you first learned of the disaster?
 - What do you remember seeing, hearing, smelling, touching, tasting?
 - What did you do?
 - b. Ventilation of flashpoints.
 - Many people who do emergency work find that there is a specific incident during their immediate response that sticks in their minds or troubles them. Can you think of any such incidence that has occurred during your work over the last shift (or use relevant time frame such as 8, 12 or 24 hours)?
 - Do you have any thoughts or reactions about that incident now?
 - c. Prediction and preparation.
 - As you go back to work, do you think that incident will continue to trouble you?
 - Are there things you can do or think that can help you to cope with such thoughts or reactions?
4. Key issues for facilitators.
- a. Validation of reactions.
 - b. Reassurance of workers' competence.
 - c. Education on coping strategies.
 - d. Reassurance of continuing support for workers.

C. Extended trauma protocol

1. Overview

In prolonged disaster situations when the crisis intervenors arrive in the middle of an extended trauma event – such as war (in the former Yugoslavia, for example), disease (the impact of HIV/AIDS in some communities), a natural disaster

with thousands of deaths and massive destruction requiring months or years of cleanup and rebuilding (The Great Hanshin earthquake in Kobe, Japan), long-term or ongoing intense criminal activity such as unsolved serial murders (Gainesville, Florida, coed murders) – the questions used to elicit the crisis reactions, and to prepare to cope with a radically changed future, will be different from standard ones. This is particularly true when there is no opportunity for crisis responders to provide repetitive group interventions and there are no local caregivers prepared to continue repetitive interventions.

2. Timing of the extended trauma protocol.
 - a. These group interventions may take place at any time during the trauma event, but usually occur some weeks or months after the event affected the session's participants.
 - b. Because such interventions often are used when it is expected that these sessions may be the first or only ones made available to survivors, the sessions last for as long as it takes for everyone who wants to have an opportunity for active participation.
 - c. The minimum time for such a protocol is usually 3 to 4 hours.
 - d. The following is an example of how a 4 hour session might be paced.
 - 10 minutes: introduction and orientation addressing *safety and security* issues.
 - 35 minutes: review of memories of pre-disaster life in order to provide a *temporal anchor* with life before the event.
 - 1 hour: *ventilation and validation* of reactions to the most significant event that precipitated victim or survivor involvement in the disaster.
 - 1 hour: *ventilation and validation* of significant incidents and reactions to them that have occurred since the survivor became involved.

- 30 minutes: *prediction and preparation* for future stresses and review of coping strategies.
 - 30 minutes: generation of dreams and hope.
 - 15 minutes: summary and conclusion.
3. Sample questions for facilitating the sessions.
- a. Establishing a temporal anchor.
 - Can you remember and describe what life was like before this catastrophe started?
 - Are there events from that time that stand out in your memory as particularly happy or good?
 - b. Reactions to event that precipitated participation in the disaster.
 - What event made you realize that you or your family were a part of this ongoing tragic situation?
 - Can you describe where you were when it happened, who you were with, what you remember seeing or hearing at the time, and how you reacted?
 - c. Reactions to ongoing incidents and events.
 - Since the disaster began, can you describe some of the most significant illustrations of its impact on your life? Where you were when they happened, and what you remember doing in response to them?
 - Can you describe any other incidents or events that affected you or your family and how your family or you have reacted?
 - d. Identification of future stresses and possible coping strategies.
 - What are some of the problems you expect to face as this disaster continues?
 - Are there ways in which you or others can prepare to deal with such problems?
 - e. Establishment of a framework for hope.
 - What kind of life do you expect when the immediate impact of this disaster begins to subside?
 - What kind of life do you dream of for you

- or your family when this disaster is over?
 - Are there specific steps that can be taken now to begin to prepare for a better life in the future?
4. Key issues for facilitators.
 - a. Establishment of temporal anchor.
 - b. Validation of reactions.
 - c. Reassurance to participants that people care about their plight.
 - d. Education on coping strategies, problem-solving, and resources.
 - e. Affirmation of spiritual beliefs.
 - f. Affirmation of hope.

D. Repetitive group intervention protocol

1. Overview

The process of repetitive group crisis intervention sessions is employed when a community perceives itself as being under siege as a result of numerous different disasters have taken place in the same community in a relatively short time period, or when there is a high level of ongoing criminal behavior that has caused community members to live in fear and feel helpless, or as a supplement to one-on-one crisis counseling. At times it is used after a crisis response team has done an initial group session and local caregivers plan ongoing group sessions until the state of siege seems to subside or is terminated. At other times, local crisis response teams can initiate the process through an initial session and follow-up sessions. It is particularly useful in crime situations when an offender is not yet identified or apprehended because it can help community members cope with ongoing feelings of fear and dread. It can also be helpful when communities are awaiting delayed identification of victims who have died or information after abductions.

All the elements of the crisis reaction and long-term stress reactions are covered in the first session with a particular emphasis on safety and se-

curity concerns. In follow-up sessions, the focus is on one or two dominant crisis reactions each time, as the participants identify them. Since the disaster(s) or crime(s) continue, the participants describe high significance incidents that have occurred during the ongoing experience. Short-term coping strategies are reviewed.

2. Timing of repetitive sessions

- a. The process is predicated on the fact that a number of group sessions will be held. These may be set up in advance on a regular schedule – weekly or bi-weekly. The length of the first session which is used to orient group participants to the goals of the sessions and to plan the logistics of future sessions runs 1½ to 3 hours. Succeeding sessions are usually shorter and last from 1 to 2 hours.
- b. The following are examples of the pacing of the protocols for both the initial session and the follow-up sessions

Repetitive group debriefing protocol – 3 hours (First Session)

- 30 minutes: introduction and orientation and establishment of *safety and security*. This segment is longer than in other protocol because time should be taken to explain the repetitive group process and to establish group-developed rules for participation and involvement. The group may want to set guidelines for attendance and develop their own procedures for assuring confidentiality.
- 30 minutes: *ventilation and validation* of initial reactions to the beginning of the trauma event.
- 1½ hours: *ventilation and validation* of current and ongoing crisis and long-term trauma reactions.
- 45 minutes: *prediction and preparation* for continuing trauma incidents and coping strategies.

- 15 minutes: summary and conclusion.
Repetitive group debriefing protocol – 1½ hours (Follow-up Sessions)
 - 10 minutes: introduction and updates. Often in repetitive group sessions, a small amount of time needs to be allotted to ensure that all group members are aware of any updates in the progress of the disaster or the criminal case. Review of *safety and security* guidelines.
 - 30 minutes: *ventilation and validation* of ongoing crisis and trauma reactions to incidents that have occurred since the last time the group met.
 - 20 minutes: *ventilation and validation* on a priority crisis reaction identified by group such as fear or anger.
 - 20 minutes: *prediction and preparation* for new issues associated with the trauma and reminder of useful coping strategies.
 - 10 minutes: summary and conclusion.
3. Sample questions for repetitive group sessions
- a. Initial session: same questions as used in basic group protocol.
 - b. Follow-up sessions
 - Ongoing crisis and trauma reactions to incidents that have occurred since the last time the group met.
 - Can you describe any incidents or events relating to this disaster that have happened since we last met and which have particularly troubled you?
 - Can you explain what you saw or heard and how you reacted?
 - Priority crisis reaction identified by group such as fear, anger, confusion, or grief.
 - Can anyone describe what they think is the most serious disaster-related reaction in this community today?
 - Can you explain why you think this is the most serious reaction and tell me

- what, if anything, has caused it?
 - Can you tell me how this reaction is being expressed by you or others?
 - Addressing new issues associated with the trauma and reminder of useful coping strategies.
 - What do you expect to happen between now and when we meet again that may cause additional problems or reactions in the community?
 - How do you think the community will react?
 - Are there things that you or others might do to address those problems and reactions before they happen?
4. Issues for facilitators.
- a. Providing information updating disaster progress.
 - b. Validation of reactions.
 - c. Generating group cohesion around relevant reactions or issues.
 - d. Education on coping strategies, problem-solving, and resources.
 - e. Affirming group and community peer support for addressing problems.

E. Retrospective group crisis intervention protocol

1. Overview

The concept of retrospective group intervention developed due to several factors. First, many communities that survive a violent criminal attack face ongoing traumatic events connected to the crime similar to those faced by individual crime victims. Such events include the response of the criminal justice system, media scrutiny of the community or replays of the event itself, the “anniversary” of the event, the deaths of key players in the event, or the occurrence of a similar event in the same or another community. These separable events often cause the community to relive the original trauma, creating a need for some commu-

nity members to process the crisis reactions once again. Second, because knowledge of the impact of crisis and appropriate responses has only recently been developed, some communities bear the scars of disasters or crimes committed in the past and request assistance now to address the old pain. Third, some communities do not request immediate assistance but realize six months or a year later that assistance might have been useful.

Retrospective group crisis intervention usually takes place in the community where the crime occurs, although if the community has been destroyed or was transitory in nature, it can take place elsewhere. It may occur months after the trauma but also can take place years later. Because of the nature of the extended memories that are elicited, the session may be extended over a number of hours. With a very small group, it may take only 2-3 hours to process the issues, but on occasion, the session could last 5-8 hours. The target population for such interventions are community members experiencing current distress attributable to the trauma. Since the trauma event happened in the recent or distant past, it is useful to ask group members to close their eyes and think about the event for up to one minute prior to discussion. While they are doing this, the facilitator can ask them the first series of questions. When the minute is over, they open their eyes and the facilitator again asks the first series of questions.

2. Timing of group sessions

- a. In most cases, safety and security are no longer issues so the group focuses on ventilation, validation, and integration of the trauma experience. The crisis reaction, long-term stress reactions, and community-oriented coping strategies are addressed as well as concerns about inter-generational transfer of trauma. It is likely that survivors will respond to facilitated questions about the tragedy by telling

their stories from beginning to end, without need for prompts. In most cases, they will have begun to extrapolate the story framework, or completed it, as a part of their unconscious or conscious integration of the story into their lives. Most sessions last between 3 to 4 hours; however, some sessions have lasted as long as a day, with a break for lunch.

- b. Suggestions for pacing a retrospective group session (3 hours)
 - 15 minutes: introduction, orientation and establishment of *safety and security*.
 - 1 minute of focus on the trauma event while participants close their eyes.
 - 1¾ hours: review of memories of the impact of the disaster; *ventilation and validation* of common reactions.
 - 30 minutes: reflection on how the disaster affected community and individual lives over time and assessment of positive changes.
 - 20 minutes: *prediction and preparation* for helping the next generation cope with the aftermath of the disaster in question or with future disasters.
 - 10 minutes: summary and conclusion.
3. Sample questions for retrospective group work
 - a. Review of memories of the disaster. Facilitator suggests all participants focus on the memory of the event and asks the following.
 - Where were you when the disaster happened?
 - Who were you with?
 - What do you remember seeing, hearing, smelling, touching, tasting?
 - What did you do or how did you react?
[Note: these questions normally result in each participant telling the story of the beginning of the disaster as well as key events in the aftermath and their reactions throughout both periods.]

- b. Reflection on how the disaster affected community and individual lives over time.
 - In retrospect, how do you think the disaster affected or changed you, your family's or the community's life?
 - Do you think there were negative changes?
 - Do you think there were positive changes as a result of the disaster?
 - c. Helping the next generation cope with future disasters.
 - If you or others learned lessons from the disaster, what do you think are the most important lessons that you could tell your children or grandchildren?
 - Can you identify practical lessons, lessons that affect coping strategies, and lessons that reflect hope?
4. Issues for facilitators
- a. Validation of reactions.
 - b. Education about crisis and trauma reactions and coping strategies.
 - c. Reassurance of individual and community competency in the face of disaster.
 - d. Reaffirmation of community and spiritual connections.
 - e. Education and preparation for the next generation.

F. Specialty group techniques

1. General thoughts

All of the above group crisis intervention techniques can be modified to address unique population groups. Groups for children utilize art and play as methods of ventilation and validation. Elderly group sessions may incorporate special visual or auditory aids, and may integrate long-term memories into the interpretation of current trauma. Non-English speaking groups may require facilitation through translators or creative nonverbal expression. Coping strategies and interpretation of crisis reactions should take into account differences in cultural backgrounds.

2. Homogeneity or heterogeneity in group work

For many years victim assistance professionals have conducted peer groups for survivors and victims with an emphasis on bringing survivors or victims together who have suffered similar crimes or disasters. Examples of peer group counseling have been found in support groups organized by Parents of Murdered Children, Mothers Against Drunk Driving, rape crisis centers, and domestic violence programs. While it may be that crisis response group work is most effective when done initially in homogeneous groups of victims, survivors or emergency responders, there is growing evidence that over time integrating groups with different types of victims, survivors of different types of disasters, and different age groups of victims or survivors may have particular advantages.

“I’m challenging the notion of homogeneity [in groups],” says Hadar Lubin [a psychiatrist with Yale Psychiatric Institute]. [He] works with women assembled into small, heterogeneous therapy groups in which, for example, someone trying to recover from domestic abuse may be sitting next to the traumatized witnesses to a deadly fire or a shooting. For 16 weeks of collective psychotherapy, the women work with their disparate experiences, and although many professionals would hold that such differences might prevent, rather than facilitate, recovery, Lubin says “patients report that they’re feeling better. Their morale is up, they’re more hopeful, and their esteem has increased. In such a short time, it’s not our goal to cure their trauma or make them forget it. Rather, we want to provide these women with the tools they need to deal with the effects of trauma in their lives. We can’t answer the existential questions, but we can do something to help them tolerate having the questions.”

V. Helpful Hints for Caregivers

A. Hints for the Scribe

1. Record precise language used by participants. Do not paraphrase.
2. Denote in the record when there is a change in speaker: the use of bullets, different colored markers, arrows or such can help make that denotation.
3. Underline words or phrases that stand out as illustrations of crisis reactions, long-term stress symptoms, effective coping strategies, spiritual issues.
4. Record at least one comment from every group member who participates.
5. Record at least one phrase that can help identify the participant who is speaking: "my father died in the crash," "walking nearby when the building blew up," "eating lasagna when the shots rang."
6. Write legibly and spell accurately.
7. Record words and phrases – not complete sentences.
8. Record selectively; do not try to record whole stories.
9. Stand to the side of the flipchart so participants can see their words recorded.
10. Do not react to the stories or the description of reactions.
11. Watch the facilitator for signs of distress or physical needs.
12. If you must leave the room to care for a distressed participant, draw a double line underneath the last comment that was written so that, if you return and continue writing, this break is clearly illustrated for the facilitator.

B. Hints for the Facilitator

1. Make sure you have the factual details of the disaster as accurately as possible. Know the names of relevant locations, the names of victims who have died, and any notable leaders in the community. Know when the disaster happened and how

- many people are dead and injured.
2. Prepare for any unique issues with which a particular group may be concerned due to the nature of the disaster or its aftermath. For example, after a fire-related disaster, many participants may be distressed about viewing or knowing about burned victims or survivors. After a disaster involving drowning victims, participants may be overwhelmed by seeing bloated and distorted bodies.
 3. Do not emote in response to what is said. Show sympathy and concern through body language or validation of reactions.
 4. Remain and act calm and assured.
 5. Establish eye contact with the speaker and hold that eye contact throughout his or her story.
 6. When asking questions of the group, look at as many group members as possible. If one or two members are conspicuously silent, be sure to include them in your eye contact.
 7. Do not be afraid of silence.
 8. Respond to individuals in the group when they tell their story by saying "I'm sorry."
 9. Do not argue with participants whose version of the story differs from the facts as you know them.
 10. Be prepared to answer factual questions concisely.
 11. Do not elaborate on extraneous details.
 12. Do not probe for further explanations or descriptions of participants' stories, but if they describe a part of the event without indicating reactions, ask them if they had any reactions at the time that they are willing to tell the group.
 13. Validate key reactions verbally if the participant gives you the opportunity. Seek validation from other group members by asking questions such as: "Did anyone else have a similar experience?" "Joe talked about being angry and Mary just said she found herself screaming at a police officer who wasn't doing anything. Mary, were you angry when you were screaming?" If the participant does not give anyone an opportunity to validate verbally, nod affirmatively in response to key reac-

tions.

14. Practice validating responses with a variety of words. Sample responses are:

- *“I can’t imagine how upset you must have been.”*
- *“Anger is not uncommon. Some people even talk of being outraged or furious when they are so distressed.”*
- *“Fear is not unusual. Many people are terrorized when they think their lives or someone they love is threatened.”*
- *“Everyday life is shattered by senseless murder.”*
- *“I’m not sure anyone can fully understand how much agony this disaster has caused you and your family.”*
- *“Pain is a common bond in disaster, but its experience can’t really be shared.”*
- *“It can be terribly frustrating not to know what happened.”*
- *“It must be very difficult to believe yourself to be to blame for this tragedy. It’s not unusual for us to think back on ways that we could have avoided a disaster, but you are not responsible for the behavior of a murderer.”*
- *“Some people are ashamed and humiliated when they are helpless to prevent or respond to tragedy. But tragedy often makes people helpless and you didn’t have any control over what happened.”*
- *“Disasters like this don’t make sense.”*
- *“It is difficult to comprehend anything as terrible as what happened to you.”*
- *“Sometimes it’s hard to put words to an awful event. Tears can serve as a useful alternative.”*
- *“Take your time, it’s all right to cry after someone you love has been killed.”*
- *“It’s not unusual to feel like a little child or baby when something this awful overwhelms you.”*

- *“It’s very difficult to think you will ever feel good again when such a bad thing has happened to you.”*
15. Do not tell the group of your own experiences or those of others in this or other disasters to validate their own stories. Their experience is unique.
 16. Sometimes a quotation or line of poetry can serve to offer validation or a helpful response. Examples:
 - You have to live through a time when everything hurts.*
– Stephen Spender
 - In our sleep, pain which cannot forget falls drop by drop upon the heart until, in our own despair, against our will, comes wisdom through the awful grace of God.*
– Aeschylus
 17. Keep track of time so that you can end on time.
 18. Try to remember at least four or five names of the participants if the group members choose to identify themselves, and use those names in response or in the summary of the session.
 19. Tie all comments back to the crisis reaction or long-term stress reactions.
 20. Summarize the session with reference to the scribe’s notes, but retain the crisis reaction as a framework for the summary. In the summary, you should not necessarily follow the order of the speakers; rather draw the crisis reaction out of the notes in the order of your training and your hand-outs.
 21. Remember to predict important events that will be facing the community in the summary of future concerns. Inform them of any problem issues that may arise and make concrete suggestions for sources of further information if such referrals are available.
 22. Underscore positive suggestions or thoughts that some participants might have raised during the segments focused on the future.

23. Thank the group members for participating in the session – include all group members in the thanks, those who told about their experiences and those who listened to others.
24. Distribute handouts to the group members as they leave the session.
25. Give them NOVA's telephone number along with a local referral if available for further information.

VI. Conclusion

Facilitators and participants in group crisis intervention sessions can learn much from the philosophies behind traditional Indian teachings of group and community life and communication.

Traditional teachings seem to carry a suggestion that people will always have different perceptions of what has taken place between them. The issue, then, is not so much the search for "truth" but the search for – and the honouring of – the different perspectives we all maintain. Truth, within this understanding, has to do with the truth about each person's reaction to and sense of involvement with the events in question, for that is what is truly real to them. And if that is so, then justice processes [and perhaps crisis intervention] must somehow deal with and validate their reality while also giving them the chance to understand how others see things...

Speaking in that way constantly declares an understanding that part of the richness of life rests in the fact that all human beings are likely to respond in unique and interesting ways to the same events, things and people.

*– Rupert Ross, *Dance with Ghosts**

Chapter Twelve: Coordinating a Crisis Response Team

I. Introduction

A. Commitment

NOVA is committed to responding to any community-wide crisis, no matter what its source, if it receives a community-based invitation for service. It will attempt to raise the funds necessary to support a team's travel expenses. At times, these funds will be derived from membership dues, donations, or independent fundraising. At times, NOVA will request funding from governmental agencies such as the Department of Education or the Department of Justice. The Office for Victims of Crime has established a Community Crisis Response program to support travel expenses for volunteer teams who provide crisis assistance in the aftermath of crime and terrorism disasters. The Department of Education, in cooperation with the Department of Justice, has established funding for responding to school-related disasters. NOVA's commitment extends to all kinds of communities including employees of private, profit-making businesses. In order to sustain NOVA's continuing volunteer work, NOVA encourages communities to contribute what they can to defray team expenses with the understanding that no such contributions will be used to pay for salaries or personal expenses of team members.

There's a difference between interest and commitment. When you're interested in doing something, you do it only when circumstances permit. When you're committed to something, you accept no excuses, only results.

– Art Turock

B. Definitions

1. A NOVA Community Crisis Response Team: a trained group of NOVA volunteers who are available to respond within 24 hours to a call for assistance in the aftermath of a community-wide trauma-inducing event.
 - a. NOVA maintains a roster of active volunteers who have received NOVA's basic five day training and who have submitted to NOVA a statement of their ability and willingness to participate, their resumes or biographies, and a list of references. Volunteers may also be required to sign a contract with NOVA prior to participation, identifying NOVA's responsibilities and volunteers' responsibilities.
 - b. NOVA volunteers may serve on other crisis response teams but when they do, they may not identify themselves as NOVA volunteers unless NOVA is involved in the coordination of the community crisis response and authorizes their participation.
2. A community-wide trauma-inducing event: a community-wide traumatic event is one that causes life-threatening injury or death. Criteria to consider when determining whether the event may cause widespread trauma include the following non-exclusive attributes:
 - a. Incidents that occur within communities where people are strongly-affiliated with each other;
 - b. Incidents in which there are multiple eye (or other sensorial) witnesses;
 - c. Incidents in which the direct victims have a special significance to the community affected, as may happen with the assassination of a public figure or the killing of a child in a day-care center;
 - d. Incidents in which the community is subjected to exposure to carnage or misery;
 - e. Incidents which attract a great deal of media attention.

- C. Examples of community crises include** the devastating losses in “tornado alley,” the murders of two high school students in upstate New York, mass murder on the Long Island Railway, the robbery and murder of an Assistant District Attorney in New Jersey, the fires in Santa Monica, the floods in the Dakotas, and the derailment of the Amtrak train in Alabama.

II. Substance

A. Goals of a CRT:

1. To assist the local caregivers plan their immediate and longer-term activities in the aftermath of the catastrophe.
2. To give support to local caregivers in their efforts to respond to the catastrophe.
3. To train local caregivers in immediate crisis response and long-term stress reactions to trauma.
4. To help local caregivers by modeling and providing debriefing sessions to critical population groups.

B. Levels of service

1. Sending materials on disaster assistance, including handouts, training outlines, videos, and lists of resources in the area.
2. Providing telephone consultation, based on the following agreements with the community:
 - a. A local agency will agree to take the lead and will identify a contact person through whom NOVA can provide assistance. The contact person will keep NOVA advised of what is happening during the disaster response by telephoning twice each day with an update.
 - b. NOVA will be available 24 hours each day for reference and consultation.
 - c. NOVA will be available to do telephone debriefings of local staff and volunteers.
 - d. NOVA will write recommendations for future action after the immediate crisis response is finished.

3. On-scene response in support of local Crisis Response Teams, based on the following guidelines.
 - a. A local agency will be identified to organize the response and a lead contact person will be named.
 - b. The lead contact person must have received NOVA training and understand the NOVA model of crisis response intervention.
 - c. The local agency must have trained staff or volunteers capable of following the NOVA model of crisis response.
 - d. NOVA will provide 1 or 2 individuals from the National Crisis Response Team to go to the community. Their role will be limited to providing consultation, leadership and training assistance. They will not be involved in direct individual or group counseling interventions.
 - e. NOVA will provide the community with recommendations for use in long-range planning immediately after the representatives from the National Team have returned to their home jurisdictions.
4. On-scene crisis response team deployment. The remainder of this chapter is devoted to how this level of service is carried out.

C. Guidelines for selecting appropriate team members for deployment

1. Assess the type of catastrophe involved and the individual's experience with that kind of tragedy. Sometimes survivors of a similar disaster should not be used on a team because the crisis response effort may trigger unresolved reactions. On the other hand, some survivors of similar disasters can bring particular insight to the intervention as a result of their own experiences.
 - a. The following professional affiliations are represented on most CRTs (although one person can often credibly fill more than one role):
 - i. a law enforcement representative (patrol officer experience is preferred even if the

- representative is now a commanding officer)
 - ii. a psychologist or psychiatrist
 - iii. a victim service professional
 - iv. a member of the clergy
 - v. a member of a medical profession
 - vi. a child counselor or teacher
 - vii. a person experienced with media relations.
- b. Attempt to match the team's attributes to the demographics of a community, including the racial or ethnic mix; the socio-economic background; the educational background; its rural or urban nature; languages; religious background, and so forth.
 - c. Take the personalities of the individuals into consideration. Ideally, CRT members are charismatic, flexible, diplomatic, patient team-players; have common sense; and are not egotistical or concerned about recognition for their contributions.
 - d. All team members will be trained community crisis intervenors, and will agree to follow NOVA's crisis response guidelines, debriefing guidelines, and training outlines.
 - e. All team members are volunteers for NOVA.
2. Roles of team members.
- a. Team leader: serves as the official liaison between the team and community; makes arrangements for team members at the site; serves as spokesperson for the team with the media when a separate media person is not assigned on the team; debriefs and cares for team members when necessary; writes and submits final report to NOVA on crisis response intervention. In most cases the team leader will be a mental health professional who has a Ph.D. or M.D.
 - b. Team manager: this person is usually a NOVA headquarters' staff member, paid or unpaid, or an experienced NOVA volunteer consultant who has served three or more times on NOVA

- CRTs. The manager handles all logistics; is liaison between the team and headquarters – calling headquarters at least twice each day while in the field; provides briefing papers and other support to the team leader; is responsible for supplies and NOVA materials; makes reports to the headquarters at the conclusion of the response.
- c. Media liaison: this person handles all media inquiries; sets up media conferences when necessary; and serves as spokesperson for the team unless the team leader is designated to do so. The media liaison may be the same person as the team manager or the team leader.
 - d. Other team members: all team members must perform all assignments as given. They are expected to be able to provide a three-hour training seminar on the key issues of crisis response; do group or individual crisis intervention sessions (previously referred to as “debriefings”), either as group leader or group scribe, as necessary; and to understand the NOVA model of response for planning purposes. They are also expected to participate in practical assistance activities to the community, as assigned.
3. The length of stay in a community in response to a disaster of limited time duration will generally be approximately forty-eight hours. For disasters that span days, weeks or months, the length of stay may be longer. However, any team will probably stay no more than five days at a time. If a longer stay is necessary, a second team may relieve the first team.
 4. If local, regional or state teams exist, guidelines for when a NOVA team might be used are:
 - a. when local caregivers are in trauma
 - b. when an outside team may minimize political hostilities or regional animosities or facilitate logistical support

- c. when a national “presence” is wanted to convey support to the community or to handle issues with which the existing teams have little experience
 - d. NOVA will not respond to a disaster where a local team exists without the permission of the local team leadership unless there are clear reasons given by the local host for why the local team is inappropriate.
5. Behavior guidelines for team members at the site:
- a. All team members will go to the site of the disaster, if possible.
 - b. No team member will talk to the media without permission of the team leader.
 - c. No morgue humor will be used outside of the privacy of the team.
 - d. Team members should not make individual appointments without clearing them with the team leader.
 - e. Team members should remember that breakfast dinner and are normally spent together as a team, unless other commitments have been approved by the team leader.
 - f. Team members should avoid making derogatory remarks about any behavior or actions by local contacts, although problems should be noted and shared with other team members.
 - g. Team members should not make individual demands on local hosts such as asking for food, transportation, copies of materials or other support. Such requests should go through the team manager.
 - h. Physical comfort for team members is not a priority. This means that members may go without food, sleep, or exercise. Team members may be subject to weather extremes. Accommodations may not be great and the food may be second-rate. Complaints should not be made to local contacts and complaints within the team should be kept to a minimum, if possible.

- i. Team members are to act as representatives of NOVA and should participate as directed and take no actions except those authorized by the team leader or team manager.
- j. Team members must agree to abide by NOVA's victim assistance Code of Ethics appended to this chapter.
- k. Team members must follow all rules set by the team leader or team manager. The rules are designed to ensure the delivery of high-quality services to the community and, to the extent possible, the safety of the team members. Team members who violate established rules may be required to return home immediately. Extra expenses incurred to send a team member home before the completion of the crisis response will be the responsibility of the team member, and the team member's name will likely be removed from the National Team roster.
- l. Team members will be expected to be dressed professionally whenever possible. However, at times team members will need sturdy, casual clothes appropriate to the disaster site, the culture of the community or the weather. NOVA staff (or the team manager) will inform prospective team members of special needs (such as insect repellent), and will encourage team members to watch the weather reports on the news to determine what to bring. In general, the dress code for team members is:
 - men: suit coat or sport jacket, dress shoes, sturdy walking shoes, casual wear as needed.
 - women: dresses or suits, no outfits that are predominantly red, pink or all black, dress shoes, sturdy walking shoes (no open-toed shoes or sandals). No excessive jewelry. Slacks and casual wear as needed.
 - weather-related needs such as rainwear or overcoat.

- any symbols of a particular profession, for example, clerical collar or pins, law enforcement badge, nurse's pin, uniform jacket or the like. These may be worn at selected times, based on various populations and cultures.
- m. All team members are expected to contribute a written report to the team manager for inclusion in the final report. The report does not have to be typed; it does have to be legible.

D. "How-to's" of CRT response (see appended chart)

1. Outreach or response to cry for help:
 - a. Call: a victim assistance program, law enforcement agency, prosecutor, county commissioners, mayor, fire services, disaster response agency, etc., to identify a lead contact person.
 - b. Offer: identify self and NOVA. Explain briefly Crisis Response Team Project. Ask if he or she thinks they would like help.
 - c. Offer referrals to other sites that have received NOVA assistance in the past.
 - d. Contact 10-12 prospective team members. Find out who is willing to go on standby alert.
 - e. If lead local contact thinks a CRT is needed, put team members on standby for the next 72 hours. Ask them to pack bags and be prepared to go until further notice.
 - f. Begin travel printouts for prospective members.
2. If lead local contact thinks a CRT is needed, ask her or him to:
 - a. Clear it with local leadership; leadership might include:
 - police and sheriff departments
 - mental health agencies
 - emergency management services
 - mayor/chief executive of local jurisdiction
 - prosecutor, if the disaster involves a crime
 - governor or attorney general, if disaster is statewide or has implications for statewide response

- state office on victim assistance
 - victim assistance programs
 - school administrator or superintendent
 - other appropriate organizations
- b. Give NOVA a description of the community including:
 - demographics (ethnicity, socio-economic group, chief employment, education level, age, religious affiliation)
 - previous trauma history
 - political concerns
 - major local figures in the disaster response
 - c. Locate a headquarters for the team at or near the site. Team headquarters should have access to copier, fax and several telephones.
3. NOVA Crisis Response Team Coordinator works with information from local contact person and makes final choice of team members.
 4. Contact chosen team members and give them their travel information. Place order for prepaid plane (or train) tickets for team members, if necessary.
 5. The NOVA CRT staff and volunteers should begin packing supplies as soon as it appears that NOVA might be responding.
 6. The local contact person should be asked to collect the following supplies and services:
 - a. Flipcharts, markers, and masking tape for all training and group crisis intervention sessions.
 - b. Coffee and soft drinks for group crisis intervention sessions. Ashtrays and boxes of tissue will also be needed.
 - c. Depending on the nature of the crisis, the team may need walkie talkies or cellular telephones.
 - d. Local vehicles for use by the team. Often, these are provided by local governmental agencies which also provide a driver.
 - e. Identification of lodging for the team. While NOVA can pay for lodging, it often is unavailable in crisis and the local contact person may know alternatives.

7. The crisis should be monitored on the news from the time NOVA makes outreach until after NOVA returns. All national newspaper articles should be clipped and saved.
8. The local contact person should be asked to save all local newspaper articles as well.
9. The team members should be advised (or reminded) of the following issues:
 - a. Who is the team leader and who is the team manager
 - b. Behavior and dress guidelines
 - c. Any local political or organizational concerns that they might find in the community
 - d. All team members are restricted to *one* carry-on luggage bag.
 - e. NOVA in-house staff/volunteer is responsible for providing a written summary of the key issues, brief biographies of team members, and people that the team will meet at the site.
10. The strategy for responding to a crisis generally involves the following activities:
 - a. Team meeting at the first gathering point (team members should meet with each other prior to any other meetings). Meet local contact person and any other host representatives.
 - b. Team visit to the site
 - c. Planning meetings with the local contact person/people
 - d. Training sessions for all local caregivers
 - e. Group crisis intervention sessions for identified high risk groups – possible groups will include:
 - victims/survivors
 - emergency services personnel
 - rescue workers
 - law enforcement officers
 - fire fighters
 - local victim assistance helpers
 - children
 - elderly
 - f. One or more group crisis intervention sessions for the community as a whole

- g. Nightly group crisis intervention sessions for team members
 - h. Final group crisis intervention sessions for the local contact person and any local team members prior to leaving
 - i. Ad hoc meetings with local caregivers
 - j. Press conference(s) and press interviews
11. NOVA in-house staff undertakes the following follow-up procedures:
- a. Thank you letters to team members
 - b. Thank you letters to local hosts and helpers
 - c. Outreach (where possible) to victims/survivors who could not be served at the site
 - d. Touching base with local contact person at minimum:
 - within week after site visit
 - at months one, three, and six after site visit
 - one year after site visit

E. Guides for CRT response

On the pages following this text are three guides for managing a Crisis Response Team effort.

The first is a chart depicting the steps followed in making outreach and fielding a team. While no CRT service is ever as “tidy” as the chart suggests, it is important for NOVA headquarters staff and CRT team members to have this schemata in mind when responding to a disaster.

The second guide is the Code of Professional Ethics promulgated by the NOVA Board. While, normally, this Code is voluntarily adopted by individual victim assistance professionals, it is a mandatory standard for all CRT members.

The third guide is a detailed description of the roles team leaders and managers are expected to perform when serving on a CRT.

III. Conclusion

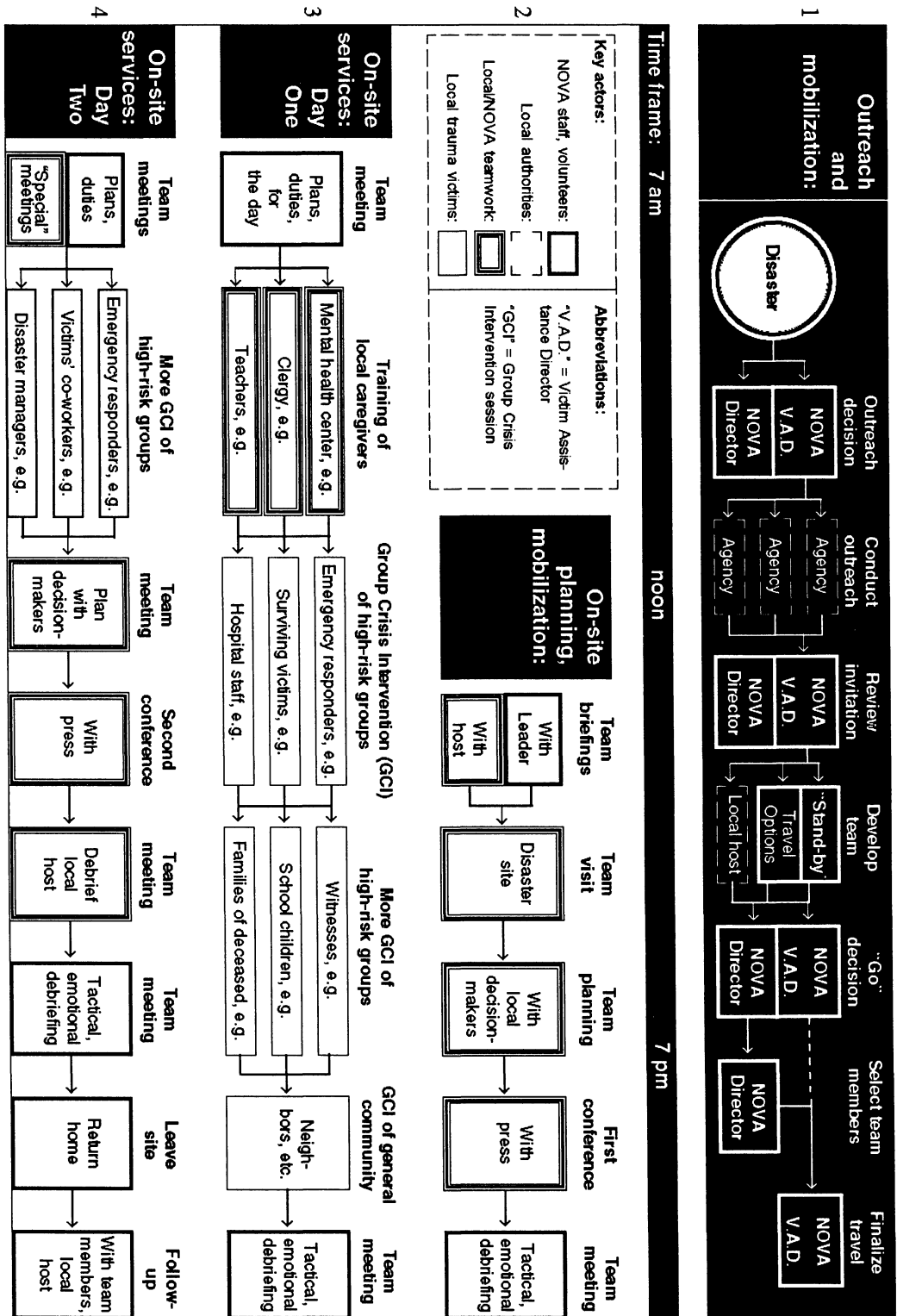
NOVA's rules and guidelines for organizing and coordinating a Crisis Response Team are designed to reflect a step-by-step process for providing community crisis intervention. NOVA has found that if they are methodically followed they produce efficient and expeditious results. In

some cases, the circumstances of a disaster will make it imprudent to follow the process exactly; however, it is NOVA's expectation that team leaders, managers and members will abide by the rules and guidelines wherever possible. The implicit hierarchy and explicit planning of the organizational protocols helps to provide structure and calm in the midst of the chaos of catastrophe.

Organizing is what you do before you do something so that when you do it, it's not all mixed up.

– Christopher Robin in Milne, A., *Winnie the Pooh*, New York, NY:Dutton Children's Books, 1994.

The NOVA Community Crisis Response Team Process





Code of Professional Ethics for Victim Assistance Providers

Adopted by the NOVA Board of Directors, April 23, 1994

Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer, to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:

I. In relationships with every client, the Victim Assistance Provider shall:

1. Recognize the interests of the client as a primary responsibility.
2. Respect and protect the client's civil and legal rights.
3. Respect the client's rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources.
4. Respond compassionately to each client — withholding opinion or judgment, and accepting the client's statement of events as it is told, whether or not an offender has been identified, arrested, convicted, or acquitted.
5. Provide services to every client without attributing blame, no matter what the client's conduct was at the time of the victimization or at another stage of the client's life.
6. Foster maximum self-determination on the part of the client.
7. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client's stated needs without regard to personal convictions and within the social and legal parameters of the advocate's agency.
8. Provide each client with personalized services, working for the client's welfare without concern about personal gain.
9. Should one client's needs conflict with another's, act with regard to one client only after promptly referring the other to another qualified Victim Assistance Provider.
10. Observe the ethical imperative to have no sexual relations with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process.
12. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client.

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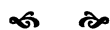
II. In relationships with colleagues, other professionals, and the public, *the Victim Assistance Provider shall:*

1. Conduct relationships with colleagues in such a way as to promote respect and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the victim assistance field.
4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.
5. Share knowledge and encourage proficiency and excellence in victim assistance among colleagues and allied professionals, paid and volunteer.
6. Provide professional support, guidance, and assistance to Victim Assistance Providers who are new to the field in order to promote consistent quality and professionalism in victim assistance.
7. Seek to ensure that volunteers in victim assistance have access to the training, supervision, resources, and support required in their efforts to assist clients.
8. Act to promote crime and violence prevention as a public service and an adjunct to victim assistance.
9. Respect laws of one's state and country while working to change those that may be unjust or discriminatory.

III. In her or his professional conduct, *the Victim Assistance Provider shall:*

1. Maintain high personal and professional standards in the capacity of a service provider and advocate for clients.
2. Seek and maintain proficiency in the delivery of services to clients.
3. Not discriminate against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, disability, ethnicity, race, national origin, religious belief, or sexual orientation.
4. Not reveal the name or other identifying information about client to the public without clear permission or legal requirements to do so.
5. Clearly distinguish in public statements one's personal views from positions adopted by organizations for which he or she works or is a member.
6. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages.
7. Report to competent authorities the conduct of any colleague or allied professional that constitutes mistreatment of a client or that brings the profession into disrepute.
8. Report to competent authorities any conflict of interest that prevents oneself or a colleague from being able to provide competent services to a client, or to work cooperatively with colleagues or allied professionals, or to be impartial in the treatment of any client.

IV. In his or her responsibility to any other profession, *the Victim Assistance Provider will be bound by the ethical standards of the allied profession of which she or he is a member.*



Duties of a Crisis Response Team Leader

1. Assemble and meet with the team members as soon as possible upon arrival.

2. Brief team members on details of the disaster and distribute briefing packets, if available. Make a list of any team concerns or ideas that might be useful in the planning of the response.

3. Meet with the local host to get update on disaster details, logistical arrangements for team transportation and housing arrangements, and details on site visit or any scheduled meetings.

4. Lead the team on a visit to the site of the disaster, when possible.

5. Attend planning meeting with local host or planning committee to outline plans for team activities for the duration of the stay. The leader should be the primary spokesperson for NOVA at this meeting. To the extent possible, other team members should raise questions or contribute comments through the team leader. The team leader should be thoroughly familiar with the goals of a NOVA CRT and the standard protocols of implementation.

6. Based on the plan, the team leader should make assignments to team members concerning their duties. Such assignments should include designating:

- a media manager to handle media requests and to arrange for press conferences should the community request such assistance.
- specific team members for each segment of each training session for caregivers. It is desirable to include multiple team members in training sessions to better acquaint the community with team member skills. The standard three-hour training has four separable components. Ideally, a different team member would be assigned for each segment.
- group crisis intervention teams of two for each group session, identifying in each team who is to be the facilitator and who is to be the scribe.

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

- specific team members, according to their expertise, to offer assistance to and meet with representatives of various population groups that may benefit from services even if they were not represented at the planning meeting.
 - specific team members to work with individual victims or surviving families, if needed.
 - specific team members to assist with practical needs of the local host or community, as needed.
6. Serve as the spokesperson with any media should the community request NOVA involvement with the media.
 7. Meet with any local officials, upon request, to provide them with information on team plans and feedback on execution of those plans.
 8. Supervise and monitor team members behavior and give feedback on compliance with NOVA guidelines and ethics.
 9. Meet with team members each evening to discuss the day's events and activities and to provide a team GCI session addressing trauma reactions. During the team GCI, the leader should serve as the facilitator but should also begin the session by discussing his or her own reactions first to ensure that other team members feel comfortable in the session.
 10. Encourage team cooperation and mutual support. The leader should look for opportunities for the team to enjoy laughter or fun together to keep spirits high.
 11. Provide leadership through such activities as introducing team members at training sessions and participating in training segments with key caregiving populations or serving as facilitator for community group crisis intervention sessions, when possible.
 12. Serve as consultant to team members when problems arise in trainings or group crisis intervention sessions.
 13. Conduct final group crisis intervention with local host.
 14. Serve as NOVA spokesperson and submit any team recommendations at final planning meeting prior to leaving the community.
 15. Write and submit final report to NOVA following the crisis response intervention.

Duties of a Crisis Response Team Manager

1. Maintain “black box” during site stay.
2. Provide team leader with briefing papers prepared by NOVA, if available.
3. Maintain log of all flight arrangements for team members and ensuring that they are picked up from the airport or have alternate transportation to site, if needed.
4. Arrange for transportation and lodging arrangements, if local host needs assistance or alternatives to NOVA arrangements are needed.
5. Identify a headquarters for the team and ensure that the team has access to a copier, fax, and several telephones.
6. Keep log and schedule of team assignments made by team leader, including when team members are due at assignments and when they will return; log all completed assignments by noting what kind of group was trained or counseled, how many were present, and an estimate of any one-on-one counseling during the day.
7. Work with local host to arrange for any logistics necessary for training sessions or group crisis intervention sessions. This includes assisting with implementing plans for disseminating information to the community for community crisis intervention sessions.
8. Provide training materials, hand-outs or supplies to team members, as needed.
9. Work with media manager to set up any press conferences.
10. Provide advice to team leader, upon request of the leader or the NOVA headquarters. Such advice should be given discretely and should not undermine the leader’s authority with the community or other team members.
11. Arrange for team meals at designated time determined by team leader.
12. Report to NOVA headquarters at least twice each day or any time when additional direction or information is needed.
13. Keep file of all local press coverage of the disaster and disaster related materials to be included in final NOVA report.

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

14. Keep file of all local contacts who should receive letters or certificates of appreciation upon the team's return.

15. Ensure that all team members have transportation arrangements to return home.

16. Write and submit final report to NOVA headquarters upon team return.

17. Be prepared to do any service required of other team members, upon assignment, but management duties should take priority over other activities.

Chapter Thirteen:

Managing the Media in Crisis Situations

(The following section has been excerpted from NOVA's basic textbook, *Victim Assistance: Frontiers and Fundamentals*. NOVA has also published a manual on victim assistance and the media that can be requested from the Office for Victims of Crime.)

I. The Media in Crisis

A. The media's coverage of a crisis situation can cause harm to all concerned. The victims of the crisis may feel violated and betrayed. Their privacy is invaded, their character or lifestyle questioned, and the facts of the situation distorted.

1. The daughter of a woman who had been murdered told of her shoulder being dislocated when a reporter forced his way into her home to try to get a story.
2. The publication of the name of Patricia Bowman during the William Kennedy Smith rape trial was a violation of her privacy rights, as were the scurrilous stories in the press concerning her background and character.

B. Victims and their advocates often are frustrated because the media broadcasts gruesome photographs, inadvertent death notifications and misinformation.

1. A photograph of the body of a victim, still strapped into his seat by a seatbelt, hanging from a tree near Lockerbie after the Pan American Flight 103 explosion in 1988 was widely disseminated by the press.
2. Family members of a victim in the Palm Bay, Florida, mass murder in 1987 found out about the death of their loved one when a television camera-

man videotaped the face of the victim lying on the pavement.

C. The community suffers because useful information about available resources or predictable actions and reactions tends to take second place in the media to more sensational descriptions of the event. While some media representatives are conscientious about serving as an educational conduit to inform the public, such information may become a back page story while speculations and rumors occupy primary coverage, causing hours or days of anxiety to families, friends, survivors.

1. In the 1993 disastrous siege of the Branch Davidians' compound in Waco, Texas, many were distressed by rumors surrounding who might have set fire to the Davidian complex.
2. During the same time period, when the prison in Lucasville, Ohio, was beset by a hostage crisis, rumors that ten or twenty may have died in the prison uprising, and that infrared cameras had picked up evidence of hangings and other atrocities, leaked out through media sources – to be disproven when the crisis was over.

D. Finally, public perception of the media and its role may become increasingly negative. The questions raised about the coverage of the Stuart murder/suicide case in Boston, Massachusetts, is a recent example of not only the public, but the media, questioning their own response to a crisis situation. From the front page photographs that ran in major newspapers across the country of pregnant Carol Stuart bleeding to death in her car, to the issues of racism, sensationalism, lack of investigative reporting, and trying the case in the press, everyone was left asking, "Why does this need to happen?"

Media coverage of a crisis does not have to leave permanent injury or ill feelings on the part of the victim and the community. If properly managed, the media's coverage of a crisis can have a positive effect on the disaster.

The National Organization for Victim Assistance (NOVA) has learned a great deal about managing the media during a crisis situation. In 1986, NOVA sent its first crisis response team to Edmund, Oklahoma, to help the community respond to a mass murder where twelve postal workers were killed. Since that time, NOVA has responded to over 55 communities in the aftermath of a community trauma. In addition to providing help through conducting planning, training, and group debriefing sessions, NOVA's crisis response teams also assist in managing the media during the chaotic aftermath of a tragedy.

II. How a Disaster Unfolds: An Overview

Although each crisis is unique, there often is a common pattern to the media's response in the aftermath of any tragedy that affects whole communities. The type of information sought by the media as the trauma unfolds often follows the following pattern.

- A. **0 - 12 hours:** In the immediate aftermath of a community crisis the media is scrambling to get information to answer the question – *What happened?* The media attempts to piece together a story, based on eye-witness accounts, monitoring police radios, and, in many cases, grabbing anyone to talk about what happened. This results in incomplete, conflicting and inaccurate accounts of what actually happened. In the worst case scenario, the media has monitored the police radio frequency and arrives at the scene of the crisis before the police or rescue workers, thus obtaining unrestricted access to the crime or disaster scene.
- B. **12 - 24 hours:** As the crisis unfolds, the next question the media seeks an answer to is *Who?* – who are the victims? There is often a struggle over the timing of the release of the names of injured and killed victims as the authorities try to notify the surviving family members. No one is immune from the media's search for identifying information about the victim.

The media will seek this information from a variety of sources, including hospitals, the police, rescue workers, families, neighbors, schools, passenger lists, co-workers – or through encampments at the crisis scene – all in an effort to identify who has information about the crisis and its victims.

C. 24 - 36 hours: The next question the media tries to answer is the question of *Why?* – why did this tragedy happen? It is a normal reaction on the part of many people, including victims, survivors and community members, to try to understand what happened by finding someone or something to blame. Everyone has their own version of who is to blame and the media feeds into this hysteria by speculating on who or what may have caused the crisis well before the actual facts of the situation emerge. In cases of criminal acts of violence, where the obvious person to blame is identified suspect, the media will run stories laying blame on a variety of sources such as lax security, questioning whether the victim in some way contributed, or about those who could have foreseen or prevented this tragic crime. In crises involving natural disasters, where there is no offender to blame, issues of faulty construction, inadequate disaster preparedness capability, or why the victims did not carry adequate insurance coverage often arise.

D. 36 - 72 hours: At this point during a community crisis the media continues to speculate on what happened and why, and in addition, often begins to evaluate the rescue efforts as to whether they were effective and timely. Often, this occurs even as the rescue or cleanup operations continue. Ensuring privacy for victims as they are released from the hospital, return to work, or begin to make arrangements for funerals or memorial services is critical at this time.

E. 72 hours - Forward: The details of what happened at the crisis site is now old news, and the news story that is current concerns the funeral services of the de-

ceased. In addition, the crisis story is now old news. In order to continue coverage, the media often tries to put a “spin” on a story to keep it in the news. The media looks for twists, or a new angle by which to present the same information. Issues concerning the lifestyle, social and religious pursuits of the victim, stories about victims who have suffered through similar misfortunes as well as any previous doubts about the employer, business, government agency or whoever is currently being blamed for contributing to the crisis, now all surface.

The above time periods are encountered during what might be termed “immediate” crises. When crises occur over extended periods of time, such as in hostage-takings, war, hurricanes and the like, the media has even more opportunity to serve as an educator and also to become more involved in “victim” stories. This was starkly illustrated by the media coverage of the war in the former Yugoslavia. While the victims of war and genocide are dependent upon the media to get the word out about the atrocities that take place and, thus most cooperate willingly with the press, they also are fatigued and beleaguered by the media intrusions. Cover stories with the names and faces of rape victims or child victims are shocking. Some victims tell of being interviewed by various media sources twenty or more times.

III. Managing the Media

The following overview of media management guidelines represents many of the lessons NOVA has learned in responding to communities in crisis.

- A. During a community crisis it is important to designate one person to serve as a spokesperson and media liaison for the team.** This person should be trained in handling the media and able to state psychological issues facing the community in understandable terms. It is critical to have one voice speak for the team so that consistency is established and the public does not receive confusing information.

- B. Advance preparation is the key to being prepared** for managing the media during a crisis. Before crisis strikes, assemble lists of local and state media contacts. Prepare information that can easily be assembled into press kits in an emergency situation, including the following: the impact of a community crisis, the psychological impact on the victims, rescue workers and the community, any publications that the media can use for background on community crisis, as well as the names of victims and experts who can speak about issues relating to a crisis situation.
- C. Hold a press conference as soon as possible** after the announcement of a tragedy. The goal is to take the offensive and get control quickly by inviting the media to attend and giving them a roadmap of what public policy officials, leaders in the community and you will do in response to the crisis. The media liaison for each agency involved should be identified, and the rules for media coverage should be established, including issues dealing with the privacy rights of victims. A victim service professional should be designated as a resource for expert opinion to reduce speculation and misinformation about the psychological issues involved in the crisis. Press conferences should be held daily during the crisis with the intention of focusing the media's attention on factual information about the tragedy. In the chaos of a community crisis, certain basic technical and logistical concerns about the location and timing of a press conference may be overlooked. Do not forget about deadlines of the different media, electrical needs for television, providing an agenda of speakers, and other basic necessities of a press conference.
- D. In managing the media during a crisis it is critical to understand the media's need for information** and to give the media positive, factual information. Offer suggestions on interesting perspectives that the media may want to cover as they search for stories. For example, provide an articulate expert who can

describe a victim's emotional reaction or identify a survivor of a similar crisis who will not be thrown into crisis by speaking to the media.

E. The more specific and less technical the information, the more likely the media will accurately communicate your message. Offer prepared statements, if possible, following any press conferences. Develop press releases and one-pagers each day as the trauma unfolds that highlight issues you feel should be brought to the community's attention. Continue to give the media information about resources that are available for help, your role, as well as disaster and trauma specific information.

F. Although it is impossible to completely protect all victims from the media in the aftermath of a crisis, there are many ways to reduce the trauma, or what we call the second injury, by the media. Maintaining privacy for the victim is critical. During a crisis, pay close attention to creating a "zone of privacy" whenever and wherever it is possible. Create private waiting areas for family members who may be waiting at hospitals or at the scene of the crisis for information about their loved ones – or worse, waiting for death notification. Create a "zone of safety" around any debriefing sessions so those attending can leave the session without walking straight out into the waiting glare of cameras. This includes making sure there is protection for victims on the way to bathrooms or their parked cars.

Even in a crisis situation, let victims know about their specific rights with respect to the media. Provide victims with the suggested media code of ethics which is published at the end of this chapter. Let victims know the following:

1. they do not have to talk to, pose for pictures or provide photographs to the media;
2. they can choose the time and the place for an interview – it does not have to be immediate or at the media's convenience;

3. they can refuse to answer a question even if they already agreed to discuss the topic;
4. let victims know that they have the right to ask to review a story before it goes to press or on the news although most media during a crisis situation operate on too tight a deadline for this.
5. in addition, quickly teach victims the difference between:
 - a. “on the record” – when everything they say is subject to publication;
 - b. “off the record” – when nothing they say should be subject to publication, although unscrupulous reporters may publish it with impunity; or
 - c. “for background only” – where the information may be used without attribution to the victim.
6. emphasize that victims should make sure which rules they are being interviewed under prior to answering any questions.
 - a. techniques to shield their faces with coats, arms or whatever it takes to prevent the media from filming them;
 - b. an understanding that no reporter is your friend when she or he is after a story.

G. The media liaison/spokesperson needs to be well versed in handling the media and, before responding, should always ask the questions outlined earlier in this section – what happened, to who, and why.

H. Distribute the code of ethics (appended to this Chapter) for the media with respect to covering issues involving victims of crime and crises.

IV. Conclusion

Many representatives of the media do a fine job of recognizing the trauma of survivors of victimization. Others focus on sensationalizing the tragedy that victims survived. It brings to mind the words of William Cullen Bryant.

The press is good or evil according to the character of those who direct it. It is a mill that grinds all that is put into its hopper. Fill the hopper with poisoned grain and it will grind it to meal, but there is death in the bread.

One could add, fill the hopper with nutritious grain and it will grind it as well, and the bread will give life.

Chapter Fourteen:

Pre-Crisis Planning for Local Communities

When a community crisis occurs, chaos ensues. It is important for every community to have a well defined plan for response that details in writing what resources are available, who will coordinate a response, and what responsibilities will be assumed by which agencies or individuals. The plan should include the following twelve elements.

I. An Inter-Agency Task Force

An interagency task force or coordinating body should be established that will be responsible for implementing the designated action steps in the plan. A hierarchy of authority and responsibility should be outlined. An organization should be identified that can provide leadership and on-site coordination at any time. Mass tragedies often occur on weekends or at night so personnel should be available twenty-four hours a day.

A. Important groups to include in the task force or coordinating body are:

1. Representatives of law enforcement, firefighters, other emergency responders, the coroner's office, the prosecutor's office, the school system
2. Health and mental health professionals and agencies
3. Hospitals and emergency room personnel
4. Clergy and spiritual leaders
5. State or local victim assistance or compensation programs and professionals
6. School teachers, counselors and administrators
7. The coroner's office and representatives of funeral directors
8. The prosecutor's office
9. Representatives of the media

B. The Task Force should serve as a networking force with other disaster response groups

Local crisis response groups should plan to deal with crisis by working with other disaster response organizations. Information on the following groups may be helpful.

1. Government

- a. In most states and communities, there is a disaster response plan. It involves how firefighters and law enforcement will provide rescue assistance; how evacuation will take place; and how shelter will be provided.
- b. Most of these plans deal only with the immediate physical needs of a population after a disaster.
- c. Many plans are designed to deal with expected disasters, such as hurricanes in Florida or earthquakes in California. Plans should be designed to deal with the unexpected.
- d. State or federal government provides assistance to disasters when a disaster is declared by the governor or the President. Money assistance is often provided but there is still little funding for crisis intervention. Local crisis group leaders should know how to reach their regional Federal Emergency Management Agency (FEMA) office as well as their state emergency management coordinators. (NOVA can provide this information.)
- e. FEMA is the official agency for federal response to disasters. In most cases funding for assistance on a local level is directed through that agency.

2. Military installations

If military installations are in or near the local jurisdiction, it is important to coordinate with them and attempt to assess what their resources are and how community and military and cooperate effectively to respond to disaster.

3. The Red Cross

- a. Many people expect that the Red Cross will provide all the assistance that is needed in a

- disaster. The Red Cross does an admirable job of responding to disasters; however, it often does not have the resources to provide a complete response to emotional trauma.
- b. Local crisis responders should find out the nature and the scope of disaster response that they can expect from the Red Cross.
4. National Voluntary Organizations Active in Disasters (NVOAD)
 - a. There should be one point of contact designated to receive all communication in the case of catastrophe. That point of contact should have an alternate point of contact if its representatives are not available in disaster. NVOAD serves as that contact point nationally for voluntary organizations including NOVA, the Salvation Army, the Red Cross and others.
 - b. Almost all states have a "VOAD": a coalition of Voluntary Organizations Active in Disaster. Local community crisis planners should network with their state VOAD coordinator.

II. Directory of local, state and national resources

- A. A directory should be organized with listing of local, state and national resources** that can be used for assistance during a mass tragedy.
 1. It should be prioritized based on what resources should be contacted within the first twenty-four hours, in the two days, and in the first week.
 2. Each listing should identify key contact people, telephone and facsimile numbers, and the types of help that can be provided. If possible, communities should begin to develop a database with such information such that it can be routinely updated.
- B. The directory will be an aid when additional resources are necessary to the community.**

1. While local crisis response teams may respond well to local traumas such as a child's death or a community arson, massive catastrophes may need outside resources.
2. Outside resources may be needed when:
 - a. There is national interest in the tragedy
 - b. There are multiple deaths or many serious injuries
 - c. There are many caregivers on the crisis response team who are also directly affected by the tragedy;
 - d. It is expected that the tragedy will continue to affect people for a long time;
 - e. Caregivers do not feel ready to do group crisis intervention sessions for the local population because they have not had recent experience
 - f. The media is causing additional grief for the community.

III. An Emergency Fund

A permanent revolving emergency fund should be developed to assist victims and survivors who suffer physical or financial losses or who may need mental health counseling as a result of a traumatic event. It is recommended that the fund solicit annual contributions to establish a community trust account for future emergencies. Establishing a permanent fund will allow communities to ensure that all legal, administrative, and banking requirements are met prior to a mass tragedy and that the community can immediately solicit and process additional donations or contributions. Guidelines for application for emergency funds and methods for disbursement of funds should also be developed to facilitate response to victim needs. Computerization of application and disbursement processes can ensure speedy turnaround of monies.

IV. A Community Crisis Response Team

A. The nature of a CCRT

A team of crisis intervenors who are available twenty-four hours a day to respond to tragedy should be organized.

The team should involve enough people so that eight or ten members can be ready to serve at any time. Such intervenors should receive a minimum of eighty hours of training in community-wide crisis response, participate in regular preparedness exercises, and be familiar with ongoing changes in community demographics, dynamics, and resources.

B. The functions of a CCRT

CCRT's usually fill one or more of four functions at the scene of a community crisis: planning, training, crisis services, and victim advocacy. In order to ensure that they are most effective, there should be a mechanism in place through which designated victim assistance providers are called to the crisis scene as soon as possible after it has happened. To the extent possible, without harming possible investigations, they should be fully briefed on what has happened, who the victims who have died or been injured are, any points of controversy concerning the tragedy, and any particular issues that might face the survivors. It is advisable to allow them to view the scene of the crisis so that they can get a better understanding of the incident.

C. Arrange a training for CCRT volunteers who want to be involved

1. The NOVA training manual might be useful as a basis for the training.
2. Be sure to modify training to meet specific needs of your community.
3. Training programs should include practice exercises in responding to a disaster call as well as conducting individual or group crisis intervention sessions.

D. Screen and contract with CCRT volunteers

1. All volunteers should be screened to assess their capacity to cope with traumatic events; ability to work cooperatively with others; and their ability accommodate sudden change.
2. Contracts detailing responsibilities and duties of volunteers and obligations of the crisis response team should be developed. Issues such as insur-

ance, liability, potential for injury, commitment to training and participation in activities, and so forth should be addressed.

E. Stay in touch with CCRT volunteers

1. Disaster does not happen every day. Sometimes months or even a year or two may separate disaster calls. Keep volunteers involved by monthly meetings and practice group crisis interventions sessions.
2. Quarterly newsletters can help volunteers stay in touch with each other.
3. If a disaster has happened and your team has not been involved, keep volunteers apprised of what is going on.
4. If a disaster has happened and your team has been involved, keep the volunteers who were not on-scene responders apprised of what went on.

V. Response Identification

Badges, uniforms, or other identification materials for all potential responders to the site of mass violence should be designed so that only those designated in the plan are allowed at the site of the tragedy, shelters, or meeting places to work with victims and survivors. Guidelines for authenticating credentials at the site should be developed so that clearance of personnel is expeditious and efficient.

VI. Guidelines for identifying high-risk populations

As a part of preparedness, communities should give thought to what groups within their community be most in need of immediate services as well as methods for providing such services as soon as possible. Such populations may include children, elderly, rescue workers, people with mental or physical disabilities and specific cultural groups. If certain cultural groups within the community are non-English speaking, plans should be made to ensure that emergency translators can be available during a tragedy.

VII. Designation of response facilities

Facilities should be identified that can be used for crisis response coordination, group meetings, training sessions, or special services while responding. Such facilities might include schools, churches, community buildings, training centers, hotel space. Agreements with owners of such facilities to allow their use during emergencies should be in writing.

VIII. Designation of shelters and evacuation procedures

Current emergency plans for many jurisdictions have designations for shelters in case of natural disasters, however such plans may not include pre-designation of alternative sites for schools or workplaces should there be a criminal attack that would necessitate it nor identification of lodging for crisis intervenors or rescue workers who may be asked to travel to the community to assist local care providers. Due to the phenomenon of convergence, it is important for communities to think through how such alternative space will be provided. Concern for how food and clothing will be distributed should be coordinated with the Red Cross and other concerned responders.

Similarly, most jurisdictions have identified evacuation routes in cases of emergency, but may not have alternative transportation routes for crisis workers who need to enter the disaster area. Types of transportation both for evacuation and for needed responders should be identified.

IX. Communication.

Designation of a communication center and equipment for use by crisis responders prior to a tragedy is essential. Constant communication among caregivers is essential as they come in contact with individuals and groups needing assistance. Telephone communication may be difficult without a coordinating facility; cellular communication is often blacked out due to the excessive demands on service. Designate an emergency telephone number that victims and survivors can call for information and assistance. Establish a link through the Internet, and consider using shortwave radio as a backup if all other equipment fails.

X. Dissemination of information

A public information team should be established and trained to help manage media coverage and disseminate information on emotional aftermath of the tragedy. It is useful if the team could be made up of public information representatives from each of the key decision-makers that might be called upon in a tragedy, as well as a crisis response media specialist. Key decision-makers might include: a mayor's office, county commission office, law enforcement agencies, prosecutor's office, and key state officials.

XI. Morgue facilities

Incidents of mass murders have averaged some two each month in the United States where four or more people have died. Three tragedies in recent history have far surpassed that number: the drunk driving crash in Carrolltown, KY, May 14, 1988, which killed 24 children and 3 adults; the mass shooting in Killeen, TX, October 16, 1991, in which 23 people were killed and 14 more injured; and the Oklahoma City bombing, April 19, 1995, where 168 people died and over 500 were injured. Many communities lack the facilities to deal with the bodies of the dead and arrangements need to be considered in advance for how morgues will be established and coroners will be able to accomplish their tasks. Plans for body identification and death notification should be well thought out prior to disaster.

XII. Medical care

Hospitals and medical emergency response care is available in most urban and suburban jurisdictions. However, immediate care may not be available in semi-rural and rural areas. Even in communities where hospital and emergency staff are available, they may not be prepared to cope with the shear numbers of injured people that a crisis involving mass violence can generate. It is essential to identify priority care facilities that are easily accessible from anywhere in the jurisdiction. Staff at such care facilities need special training in dealing with response to mass injuries.

Chapter Fifteen: Simulating a Group Crisis Intervention Session

I. Reasons for Simulation

- The simulation will demonstrate the NOVA protocol.
- It allows participants to experience a similar perspective as victims.
- It provides an opportunity for participant caregivers to think about and review their own reactions to traumatic events.
- It helps to develop trust crisis response team members.

II. Rules for Simulation Session

- There is to be no notetaking by participants.
- There will be no questions about the process of the simulation during the simulation itself.
- The general guidelines used in NOVA's protocols for conducting a group crisis intervention will be observed.
- Participants are encouraged to actively participate in the simulation.

Chapter Sixteen:

Class Presentations: Response Plans for Communities in Crisis

Class assignment:

Design a crisis response plan and outline how you would implement it.

Your plan should include answers to the following questions:

1. What unique injuries or issues arise out of this fact description?
2. What questions do you have for your local host/contact person before you arrive?
3. What will the team make-up be?
4. What are the likely high-risk population groups?
5. What issues do you intend to cover in the community planning meeting upon arrival?
6. What services will you provide to the community?
7. What problems do you foresee for implementing your plan and how do you intend to overcome them?
8. What recommendations do you think you might leave with your host when you leave?
9. What issues do you expect to address at your press conferences?

Case # 1: Working Group A

Rapid City, South Dakota, is one of the select targets for nuclear strikes by other nations because it contains one of the most sophisticated Air Force and nuclear facilities in the country. Senator Ralph Smith, Ranking Minority Member of the Senate Armed Services Committee, arrived yesterday to visit the Air Force base and get an update on security. He was talking to a group of ten high-ranking military men over lunch when an employee at the base walked in with a semi-automatic gun and opened fire. The Senator was killed immediately and so were six other people at the meeting, including the supervisor of security. The four remaining people were critically injured.

Lloyd Small, the assailant, was leaving the building when he was confronted by security troops who had been alerted by a secretary in the building upon hearing the shots. The security troops asked Lloyd for his identification, which he showed them, and also said that he had heard shots on the second floor.

The troops went upstairs and found the people dead and wounded. They called for medical aid and issued a "red alert."

No one knew about Lloyd's involvement in the event at that time. But, Lloyd went to a nearby building and shot two other people — this time without killing them. One called for help. Lloyd was confronted in a third building and, in an exchange of gunfire, shot and killed an Air Force pilot before he killed himself. He shouted to all who could hear, "This is for you! I can't stand to live any longer in this country. I can't stand for anyone else to live! The Air Force is to blame!"

A representative of the Air Force has called on NOVA to respond to the base with a Crisis Response Team.

Case # 2: Working Group B

On Sunday afternoon at 5:00 p.m., CosmosAir Flight 23, originating in Los Angeles, was arriving at Washington National Airport after stopping in Pittsburgh, when its landing gear did not drop down. The plane landed on its belly and bounced and slid along the runway. It finally crashed into the terminal after hitting a small commuter plane along the way. The commuter plane exploded, killing the nine passengers and crew that were in it. Five of those passengers were members of a teenage barber shop quartet and their choir leader who had been heading for the national barber shop quartet competition in Virginia Beach, Virginia.

The CosmosAir plane did not explode, but six of the 120 passengers were killed on final impact. One gate agent was killed in the terminal. The pilot, co-pilot and two airline attendants were critically injured, along with 84 passengers. All were rushed to area hospitals. The remaining 2 airline attendants and 30 passengers were virtually unscathed. Three of the dead were unrelated French citizens. Ten of the injured were German citizens who were touring together.

When the plane hit the terminal a wing tip flew off, landing in the nearby marina and sinking one of the boats.

The CosmosAir crew members were highly praised for their calmness and competence in handling the disaster, especially the pilot for landing the plane so well.

The CosmosAir terminal was immediately closed for the day and all flights were cancelled. Flights were on regular schedule the next day.

NOVA did outreach to the Airport Executive at National Airport and he responded by requesting a NOVA team. Shortly thereafter, CosmosAir's Employee Assistance Department called NOVA and asked for a team to deal with CosmosAir employees.

Case # 3: Working Group C

St. Petersburg and the surrounding area was hit by Hurricane Harold yesterday. Warnings to evacuate had been issued twenty-four hours ahead of the actual onslaught, and over 2,000 individuals fled. But at least 22 people were killed. Two had been swept off of the seawalls in the midst of the gale. Three children and an adult were drowned when their car was swept off the St. Petersburg bridge. The driver of a car behind it witnessed the event and reported it to police. Identification of the individuals has yet to be confirmed.

The winds were clocked at over 120 miles an hour and 10 inches of rain fell in less than five hours. Much of a commercial mall was destroyed and over 47 homes were ripped apart. An elementary school and a nursing home were also demolished. Flooding continues today, and as many as 150 homes are partially or completely under water. Fifty-two people have been hospitalized.

There is no electricity and public telephone lines have yet to be repaired. Fresh water and food is in short supply. Rescuers continue to search for stranded, wounded or dead. Early this morning two rescuers in a boat found a 7 year old girl's body floating face down in the flood. A wet and shivering kitten was huddled on top of her.

In one of the commercial sections of town that was only partially damaged, there have been reports of looting. Law enforcement officers have been in short supply since they have been assisting with rescue attempts.

Public officials are worried because more heavy rains are expected tomorrow and the water level is predicted to rise another 9 inches. Individuals are advised to stay away from the area until further notice. The Mayor and the Governor have declared St. Petersburg a disaster area.

The Mayor called NOVA for assistance.

Case # 4: Working Group D

A fire raged through the 20-story Horizons Hotel in downtown Los Angeles early this morning. Fifty-one people died and 120 were hospitalized for burns or smoke inhalation. Occupants were alerted by fire alarms at 3:00 a.m. The hotel was fully occupied at the time because of the annual conference for the National Association for Mutual Aid. Of the 300 known lodgers, 256 were able to escape, as did 13 hotel employees. Forty-four out-of-towners and seven hotel employees were killed.

The fire started in the hotel's kitchen sometime after the hotel bar closed at 2:00 a.m. but the cause is not yet known. Those people occupying rooms on lower floors were able to exit through the lobby or leap from windows, but many suffered burns or broken limbs. One woman, covered with flames, threw herself out of the fifth floor into the swimming pool below. She was rendered unconscious on impact but was rescued from the water by a man nearby. Another woman almost died of smoke inhalation when she went back into the hotel to rescue a close friend who hadn't made it out yet. Those people on the highest floors were rescued by helicopter lifts off the roof of the building. Most of these were uninjured. Many had been enjoying a late-night party with the President of the NAMA in his suite when the alarm went off. They started to descend but were deterred by smoke when they reached the 15th floor. Helicopter rescue workers flying outside the hotel urged everyone on the top floors to go to the roof, and so they did.

Almost all individuals who were trapped and severely injured or died occupied rooms on floors, 10, 11 and 12.

The hotel employees who were killed included the hotel bartender, two cocktail waitresses, a cook, a dishwasher, and two room service waiters. The hotel was destroyed beyond repair.

NAMA is an organizational friend of NOVA so an outreach was done immediately to NAMA's headquarters. NAMA's President, Executive Committee, and Executive Director are all in Los Angeles but when they called into headquarters, they urgently requested NOVA's help.

Chapter Seventeen: Practice Group Crisis Intervention Sessions

Practice groups should focus on the following things.

Facilitators:

- Introducing the group process
- Eliciting from participants the six key crisis reactions and providing validation
- Helping participants to focus on the future and re-viewing crisis issues with them
- And summarizing the session and closing it.

Scribe:

- Identifying and writing down precise phrases that give words to the crisis reaction.

Working Group A

Group Crisis Intervention with Air Force Disaster Survivors

Session 1

The group is made up of security troops. It includes Captain Tom Jersey, deputy to the supervisor who was killed; Bill Smith, one of the troops who confronted Lloyd Small; John Laing, one of the troops who saw Small kill himself; and Terry Neal, a troop member who had been posted as guard at the first building Small had entered after the massacre.

Captain Jersey is 38 years old. He is married and has two kids. Prior to the shooting, the Captain has been having some problems in his marriage and had been planning to move to an apartment this week. He is a Viet Nam vet.

Bill Smith is 23 years old and has never been involved in a shooting before. He has been engaged for six months and is planning to be married in June. He was recently assigned to this Air Force base and didn't know anyone well.

John Laing is 27 years of age. He was a good friend of one of the troops who had confronted Small at the first building. John is single and is very much a tough guy. He is a superb athlete.

Terry Neal is 33 years of age. He has been working with the security troops for 12 years. He's always been a team player and is very popular with most of the troops. He is married but has no children.

Session 2

This group is made up of Senator Smith's staff. The debriefing will take place in his Washington, D.C. office. His administrative assistant, Dan Burke, is 42 years old. He's worked with the Senator for the last six years. He would have been with the Senator in South Dakota but his wife had been unwell and so he stayed back.

Mary Kay is a legislative aide. She's quite attractive and is 25 years old. She is single. She and the Senator have carried on an innocent flirtatious relationship for the last three years. Just before he went to South Dakota, the Senator had dropped by her desk to tease her about one of her recent dates.

Ann Ring is a press aide and has been handling dozens of telephone calls about the Senator's death. She's had to tell the story repeatedly. She is 30 years old and has worked on the Hill for the last nine years. While she has been in the Senator's office for only a year, previously she worked for one of his close friends and was asked to call him to let him know about the murder.

Susan Knight is the Senator's state liaison officer and handles most of the critical constituency calls. She was responsible for making the death notification to the State office staff. She is engaged to be married but her fiancé is overseas at this time. She is 28 years old.

Session 3

This group is made up of staff from one of the school systems in Rapid City. Gregory Lucas is the school system Superintendent. He is 45 years old, married, and has three children. He has lived all of his life in Rapid City and has friends everywhere. He has long been concerned about the nuclear facilities in the area.

Karen Fields is 32 years old. She is married and a mother of two. She serves as a teaching aide in a local school. Her home is near the Air Force base and her husband is a member of the Air Force. They've lived in the area for two years. They expect to be transferred in the next six months.

Patty Stark is a secretary at the same school as Karen. She, too, is married and has three kids. She had been driving past the base just after the shooting took place. She had seen a number of ambulances leaving the base with sirens wailing. She is 35 years old.

Morton Keys is a janitor at the school. He is 25 years old and engaged to be married. Many of his friends are in the Air Force. He participates on a community-wide softball team that has an annual tournament with a base team. Many of the security troops play on the base team.

Session 4

The group is made up of children and adolescents whose parent(s) are in the Air Force stationed in Rapid City. Their parents have requested that they attend a group meeting.

Billy is 8 years old. He has been having nightmares since the shooting. He doesn't talk about the incident but has become unruly and mean on the playground. When reprimanded by his teacher, he shook his finger in her face and yelled, "Don't push me around or I'll kill you!"

Nancy is Billy's older sister. She is twelve. She's been moody recently — alternating between tears and giggles. She has been particularly moody with her father, a Lieutenant in the Air Force. She has been talking about running away from home because no one understands her.

Mary is a friend of Nancy's and goes to the same school. They used to walk to school every day together. She is the clown of her class. Lately when anyone does something wrong at school or gets mad, she runs up to them and yells "This is for you! I can't stand to live in this school. I can't stand for anyone else to live! Middle School is to blame!" She dissolves into laughter along with all of her classmates, except for Nancy.

John is a friend of Billy's. He is 10 years old. Since the shooting, John won't play with anyone, including Billy. Most of the time he watches T.V. His grades have slipped dramatically. The only thing that seems to interest him is his father's collection of hunting guns. They are kept in a locked case, but John seems to enjoy just looking at them.

Working Group B

Group Crisis Intervention with CosmosAir Disaster Survivors

Session 1

These four individuals are CosmosAir flight attendants. Two are those attendants who were uninjured on the flight and two are good friends of all the attendants on board this flight. All four are women.

Mary has been flying for five years. She had asked Ann, one of the critically injured attendants, to take her place on this flight so that she could go to a special event at her daughter's school. Ann and Mary are both based in Pittsburgh and often help each other out with family matters. Mary is assigned to fly on Flight 23 for the next month.

Jennifer has been flying for ten years. All four of the flight attendants who were on board had done apprenticeships under her. Beth, whose neck was broken in the crash and suffered severe head injuries, was injured when an overhead compartment (supposedly limited to 40 pounds of storage but had contained a 50-pound box) flew open, and the box was thrown on Beth's head. Beth may be paralyzed for life.

Kay was on the flight. She is vivacious and outgoing. She had kept a rolling patter of conversation with three male passengers who were traveling together. Two were killed and one injured in the crash. The two who were killed had been teasing their friend about his fear of flying just before landing. In jest, Kay had given him toy airplane wings as a good luck charm.

Sandy was on the flight as well. She had a fight with her boyfriend the night before they left Los Angeles and had been in a bad mood the whole flight. She didn't talk much to any of the passengers and had been rather curt with several who asked for blankets and extra attention. She was also irritated when one of the French passengers who died had been upset with her because she didn't have a special meal for him. Sandy and Beth are very close friends and Beth had tried to cheer her up.

Session 2

The individuals in this group are four teachers from the high school the barber shop quartet attended. John teaches biology. Glenn teaches mathematics. Karen teaches English, and Beth teaches music.

All of the teachers have taught the four boys, Eric, Tom, Larry, and Phil, who died on the commuter plane. The kids were well liked in school and in the community. They had performed at community functions numerous times over the last three years. They also were all best friends. All four were juniors.

Glenn had a special relationship with Larry because Larry excelled in mathematics and had recently won the district-wide mathematics contest.

Eric was John's nephew.

The teachers all knew the choir leader, Jack, as well, although Beth knew him best because they worked together on all musical functions. Beth and he had won school-wide acclaim with their rendition of the musical score to "Damn Yankees" just before Christmas.

Karen and Beth are best friends. Karen has just gone through a divorce and has a boy who is a junior in another high school. Karen also had Tom and Phil in her English class this year.

Session 3

This group is a you-all-come group that was in the airport terminal when the nose of the plane crashed through the wall.

Betsy was waiting for her husband to arrive from Detroit. His plane was not allowed to land because of the crash. It was diverted to Dulles Airport. No one in the terminal knew which plane had crashed when the crash occurred. Betsy's husband had been away on a business trip for two weeks. They have been married for five years and have two small children. Both children (ages 2 and 4) were with Betsy at the airport and saw the crash, although they didn't see the death and injury of anyone in the terminal. Betsy was preoccupied with the care of her children after the crash.

James is a businessman who was waiting to board a plane to Cleveland. The flight was cancelled but his boss had him rescheduled on a flight tomorrow. He remembers hearing a tremendous boom just seconds before the plane came through the wall. He saw the gate attendant crushed by the nose of the plane and saw another waiting passenger hit by a plane part and his arm cut off. James was immobilized in the aftermath of the crash.

Tim is a college student in pre-med, who was waiting to board a plane to fly to Raleigh to visit his parents. His father is ill and he wanted to get home to see him over the weekend. He was taking time out from classes for the visit. His flight was cancelled, but he will be able to get on a plane tomorrow if he decides he still wants to go. He wasn't in the same area of the terminal as the crash when it happened, but ran to the site when he heard the noise. He immediately began to comfort and aid people in the terminal who were injured or in extreme distress.

Arnold was a passenger who had just landed after a flight from Atlanta. He was purchasing a magazine at the news counter when the crash occurred and so did not see it. He thought the airport was being blown up so he immediately ran out the front door and across the street. After watching the scene for five minutes or so, he decided that it was safe and attempted to go back in the airport to find out what happened. He was prevented from returning by security officers who were trying to keep all non-rescuers away from the site.

Session 4

This group is composed of students who were friends of the teenagers who were killed.

Sarah was Eric's girlfriend. They had been going together since they met in the first month of their freshman year. They were planning to go to college together and after graduating from college they planned to get married. Their friends often teased them about being the "old married couple" in school.

Karen is a good friend of Sarah's and they had become especially close after Karen had played Lola in "Damn Yankees." Tom had played Shoeless Joe and Tom and Karen had begun to date. They were the latest "item" at school.

Ray is Eric's brother and a year younger. He has become especially protective of Sarah since the accident. He and Eric had always been close and now he feels that Sarah is his responsibility. Ray has broken up with his own girlfriend since the incident.

Dan was good friends with all four boys because he sang with the school's entire barber shop group. The four boys who were killed were selected for the national event after a school-wide competition, followed by state and regional competitions. Dan was one of two alternates who would have gone to the nationals if anything happened to any of the lead singers.

Working Group C

Group Crisis Intervention with Hurricane Harold Disaster Survivors

Session 1

The group is made up of individuals who are evacuees and are being debriefed in a shelter.

Judy is a 28 year old single woman who works as a manager of the lady's dresses section of a local department store that was wiped out in the mall area. She rents a two bedroom apartment that she has heard was also destroyed. She evacuated early enough to have time to take her valuables. Judy moved to St. Petersburg five years ago from California because she was afraid of earthquakes.

Sarah is a 34 year old married mother of 2 children who works outside the home as a substitute teacher. Her two children are at the shelter with her. They are 5 and 7 years old. Her husband is in California on a business trip and she has not heard from him. Their home was in the central area of damage and she saw on television that it was completely submerged in water. She and her husband had just purchased the house after 13 years of saving money for the downpayment. It was their first home of their own.

Carl is a 30 year old single teacher who teaches social science at the elementary school that was destroyed. He lives in a house that was ripped apart by the wind. He purchased the home when he first moved to St. Petersburg after graduate school seven years ago. He didn't bring much with him when he evacuated, but he did remember to bring his cat.

Dave is a 67 year old widow whose wife died a year ago. His house is completely flooded. He has lived in the house since he and his wife were married 46 years ago. His son and his family live in Texas now and Dave hasn't been able to communicate with them since the Hurricane. Dave retired two years ago from a small business where he had been a bookkeeper for 40 years.

Session 2

This group of individuals are rescue workers who just got off duty.

Ron is a volunteer fire fighter/rescue worker. He has been a volunteer for the last eight years. In his regular work he manages a small grocery store. He lives outside the area of immediate destruction. He has been searching for the injured and the survivors for a straight 20 hours without rest. He found two people on the rooftop of their home and helped them get to safety, but he also was one of the two rescuers who found the 7 year old's body. He has a 7 year old girl named Suzie.

Ralph is also a volunteer fire fighter/rescue worker. He has been on the rescue squad for five years. He worked with Ron throughout the last 20 hours. In his regular work he is a dentist. He moved to the St. Petersburg area five years ago and has become an active member of the Chamber of Commerce. His house was not affected by the storm and his wife, who is 8¹/₂ months pregnant, is safe at home.

Ellen is a Red Cross volunteer and nurse. She has worked with the Red Cross for three years. She has been working on a rescue team with George in the area that the wind destroyed. They have been sifting through the rubble for the last 15 hours. In the remains of one home they found an elderly couple who had no way to evacuate. They were both very frail and quite cold, but had survived the storm in each other's arms, even while their house collapsed around them. They found a mother with two small children crushed beneath a wall. The mother was alive as was one of the children, but the other had been smothered by the weight of the mother's body.

George has been a Red Cross volunteer for fifteen years. He has responded to over 20 disaster areas during that time, including 7 other hurricanes, 8 floods, 4 small plane crashes, and a major explosion at a manufacturing plant. George is a restaurant owner and he has learned that one of his waitresses was killed in the hurricane.

Session 3

This is a neighborhood group in an area of St. Petersburg that was not hit hard by the storm, and most residents did not evacuate. There was some storm damage to trees, and a few cars were crushed by falling debris, but the houses are standing.

Keith was home with his family during the storm because he had the day off. When the winds hit, he gathered them all together in the basement with a radio and waited until storm warnings were over. His house suffered little damage but a tree that was hundreds of years old was toppled in the back yard and its branches destroyed the roof of his garage. His car windows were also shattered. His mother lives in an area of St. Petersburg that was badly damaged but she had left her house to be with him when the first storm warnings came. Her house is partially under water.

Matty was at home with her husband and two pre-school children when the storm hit. Her husband left as soon as the winds and rains subsided in order to help with the rescue efforts. He is a member of the volunteer firefighters. Matty set about assessing the damage to their home and found several trees down, one of which had killed the family dog when it fell. The winds had taken some shingles off the roof and left some holes where water leaked into the children's bedroom.

Albert and Vicki are a couple in their early sixties. Albert was working in his shop in the garage when the storm hit, and Vicki was baking in the kitchen. Albert rushed to the house just before a large tree crashed into the garage, destroying the shop area he had just left. Vicki hadn't seen Albert leave the shop but glanced out the window in time to watch the tree go over. She didn't know where Albert was until he burst in the kitchen door seconds later. Some of their windows burst and their electricity went out.

Session 4

This group is made up of second grade children from the elementary school that was destroyed. The 7 year old little girl who was killed was from this grade.

Linda is the daughter of one of the female rescue workers who has been working around the clock to help find those who are stranded, wounded or dead. Her daddy has been at home with her since yesterday, but they live in an area that was not flooded and he is expected to go on a business trip tomorrow. She follows him around constantly.

Martha's home was destroyed. She and her family are in a shelter. She was able to take her teddy bear with her but she doesn't know if anything else will be saved. At first she thought the shelter was fun, but now she thinks it's horrible and she has become very clingy.

Garth's home was not destroyed and his family was not directly involved in the storm. He does not know why he feels so bad. His sixteen year old brother keeps talking about how they all triumphed over the hurricane.

Bob is the son of Garth's father's best friend, Karl. But he and Garth have never been close. Bob is a close friend of Martha's. Garth had never liked Martha before the hurricane. Now, Garth stays close to Martha, and Bob feels cut out.

Working Group D

Group Crisis Intervention with Horizons Hotel Fire Disaster Survivors

Session 1

The group is made up of the following individuals: the President, Bob (male), Executive Director, Henry (male), Vice-President, Sheila (female) and Treasurer of NAMA, Joe (male).

The first three individuals were all in the President's Suite at the time of the fire alarm. Joe was in the lobby because he had gone downstairs to find Sam, Secretary of NAMA, and bring him back to the Suite. Joe had been detained by another colleague and so had been gone about an hour when the fire alarm sounded.

None of the group had been physically injured. Sam was killed in the fire. Joe had stayed in the hotel while the fire was burning in order to help others escape. He managed to save three individuals who suffered from smoke inhalation but were among many who witnessed from the ground the fiery deaths of several individuals on the middle floors who jumped out of windows. Bob, Henry and Sheila all escaped via the roof. They were the last three to be picked up by helicopter, having stayed until the end to help with the rescue. Sheila fainted from fright as she was airlifted to safety because of her profound fear of heights. Bob had a number of drinks before the fire alarm went off and had joked about the alarm interrupting a good time. All four have spent the day visiting members of NAMA in area hospitals or calling surviving family members of those who died. Bob has also been calling the employers of those who have died.

Session 2

This group is made up of surviving hotel employees who were at the hotel that morning. There are two front desk clerks, Sherry and Pearl (females), one room service waiter, Everett (male), and a porter, Dale (male).

Sherry and Pearl stayed remarkably calm after the fire alarm, and even after the fire was visible. They worked as a competent team in helping people through the lobby and getting as many people as possible out of the hotel. In fact, they have already been recognized in the press as heroes. The Fire Chief has given them a public commendation. Once they were forced out of the hotel they helped to keep other survivors calm even as many were witnessing violent death. They were good friends with all the hotel employees working that night since they regularly worked the night shift together.

Everett was not killed in the fire because he had left the kitchen to deliver an order just before the fire broke out. He didn't realize there was a fire until he returned to the lobby. By that time it was impossible to get into the kitchen, although he tried. Everett fell completely apart when he couldn't reach his friends and was sedated by a doctor at the scene.

Dale had just returned from an airport run, in which he picked up two late arrivals to the conference. He had just brought their bags in from the van when he heard the alarm and saw the flames shooting from the kitchen into the bar. Dale immediately turned and wheeled the bags back outside. The new arrivals quickly followed. He spent some time talking with them about how lucky they were before he realized that the fire was consuming the hotel and that people were screaming for help. He began to rush back into the hotel to help but was prevented from doing so by the firemen who had arrived at the scene.

All of the surviving employees had gone to their respective homes after the fire because there didn't seem to be anything else to do. None of these four employees has heard much of anything about the fire except that seven of their friends have been killed. The manager of the hotel has been so involved with the survivors of the seven that he has had little time for anything else. These employees don't know if they will have a job, when their friends will be buried, or what they should do next.

Session 3

This group is made up of four NAMA members who escaped from the fire through the lobby. They were in their rooms in bed on the 5th floor and responded instantly to the fire alarm by following the prescribed evacuation route.

Dora is 43 years of age and is a volunteer with a mutual aid program in Kentucky. She has been a NAMA member for ten years. She has a number of close friends at the conference. There is no final count on the number who have died or have been injured. In addition, there has been no final identification of the dead. Several of Dora's friends are missing, but since most of the survivors were dispersed to six different hotels, Dora doesn't know whether they are dead or alive. Dora was a victim of an accident twenty years ago in which a fire ignited in her kitchen and she was burned on her arms and hands. Dora is married and has three children. She saved her purse but no luggage.

Janet is 22 years old and a graduate student in psychology. This is her first time at a NAMA conference. She met a lot of people in the first few days of the conference even though she can't remember all of their names. She was having a great time and enjoying herself immensely. She comes from Sacramento, and drove to the conference. She could return home but doesn't want to, so chose to go to one of the designated hotels. She hadn't met Dora before this group session. Janet saved most of her luggage and her purse when she fled.

Ann is 36 years old. She is a staff person at a local NAMA related program. She has been a member of NAMA for six years. She has been conducting a secret love affair with Don over the last couple of year at various NAMA meetings. Ann is single, but Don is married. They were sleeping together at the time of the fire. They separated in the escape and Don is at another hotel. They haven't talked since the fire but Ann has heard that he intends to go home tomorrow. Both escaped with only the clothes on their backs and all their luggage was destroyed. Ann has no money or credit cards because her purse was left in the fire.

Florence is 30 years old. She is a director of a social service agency that is a member of NAMA. She has been in

that job for three years, but has been a member of NAMA for five years. Florence had brought three of her staff members to the conference. Two were rooming together on the 12th floor. One is critically injured and hospitalized and the other is dead. The final staff person was rooming with Florence and is safe, but didn't want to come to this group meeting.

Participant's Notes

Session 4

This is a group of children whose parents were employees at the Horizons Hotel. None of the children have known each other prior to the group session.

Dean is 11 years old. He is precocious and tries to anticipate what adults around him are thinking. He is worried about his father, who is the manager of the Horizons Hotel. He looks up to his father and believes his father knows what he is doing. But Dean also knows that his father drinks a lot whenever things go wrong.

Shawna is 10 years old. Her mother is a cocktail waitress and two of her mother's friends died in the fire. Her mother was supposed to work tonight but her shift has been cancelled until further notice. Her mother has been crying since she received the telephone concerning the fire.

Katy is 12. Her uncle was the cook who was killed in the fire. Her father is also a hotel cook. Her father is renowned for his cooking and has already received a call from another hotel offering him a job. He says he is going to take the job because he never wants to be associated with Horizons Hotel again. Katy thinks that her father should stay at Horizons to honor her uncle.

Carl is 11. His mother is the secretary to the catering manager. She was not at the hotel but she has been deeply upset over the fact that "her employees" have been hurt and some have died. Carl is a favorite with all of the catering staff, from the cooks to the busboys. He comes and goes after school and is always helpful.

Chapter Eighteen: Stress Reactions of Caregivers

Not a day passes over the earth but men and women of no note do great deeds, speak great words, and suffer noble sorrows. Of these obscure heroes, philosophers, and martyrs the greater part will never be known till that hour when many that were great shall be small, and the small great.

– Charles Reade

Most crisis responders are among these “obscure heroes, philosophers, and martyrs.” They are caregivers in everyday life. They are law enforcement officers, victim assistance providers, mental health professionals, nurses, doctors, clergy, fire fighters, emergency workers, school teachers, or others. Most are exposed to crises in the workplace on a daily basis. In addition to that stress, they must deal with general workplace stress such as too much work and too little time to do it, an inability to set priorities or schedules, lack of recognition, repetitive demands, paperwork, discontent with salaries, and problems with co-workers. They also deal with stress in their families and their social lives. This chapter does not address either general workplace stress or family and social stress. Its focus is on the stress reactions of crisis responders in hopes of helping them continue to strive to care for others as well as to thrive in their own lives.

I. Background to Dealing with Stress Reactions of Crisis Responders

Many crisis responders who are exposed to repeated events are vulnerable to long term stress reactions.

“Burn-out” is the most common complaint, and justifiably so. Burn-out usually results from a confluence of physical, emotional and mental exhaustion. Sometimes car-

egivers suffer physically but still are inspired to continue in their work. With rest and physical care, they may continue their involvement with crisis response.

Other caregivers may not feel physically exhausted but find themselves wondering why they are doing what they are doing. They continue to exert themselves but feel less and less connected to their efforts.

Cynicism may affect caregivers when they believe that they have been exposed to aberrant or evil behavior. They may not have understood that such behavior was possible and that such behavior might have an effect on their lives.

II. Crisis Responders Often Face Burn-out and Vicarious Victimization

A. Burnout

1. Burnout is characterized as a state of emotional, mental and physical exhaustion. It is usually accompanied by physical symptoms of fatigue, sleep disruptions, headaches or stomachaches, body aches, or susceptibility to colds or flus. It may show up in work performance through absenteeism, tardiness or declining productivity. There is often depersonalization in interactions with colleagues and those to whom service is provided. Emotional and behavioral symptoms include: feelings of helplessness, irritability, anxiety, depression, pessimism, cynicism, isolation or carelessness. Burnout occurs over time and may begin gradually but, unless interrupted, will grow worse until the individual feels completely unable to function.

2. Contributing factors to burnout include:

- a. Professional isolation.

Caregivers may find that they have no one with whom they can talk about the nature of their work or its impact on their lives. Friends and family members may admire what they do, but may not want to hear stories of disaster, murder, or misery. Even if some are willing to

listen, sometimes caregivers find it difficult to talk about their experiences when friends or family cannot understand the effects of exposure to trauma.

Despite the fact that crisis responders are trained in issues of trauma and caregiving, they often function in a work culture that values self-sufficiency, stoicism, and repression of personal emotional reactions. They may be reluctant to allow their colleagues to know how they are feeling and fear ridicule if they reveal anxiety, tension or turmoil over their confrontation with traumatic events.

- b. Emotional and physical drain of providing continuing empathy.

Caregivers are faced with constantly giving of themselves to others. They must listen with care to the stories of victims or survivors and try to provide them solace and reassurance. They feel called upon to be available for the people they serve at all hours. They are compelled by an ethical imperative to sacrifice themselves for the needs of victims.

In addition, many “professional” caregivers also serve as caregivers to their family members and friends. They may be perceived, and function, as the source of strength when others falter. In part, this is because they are inclined to do so because of their personalities and, in part, it is because they have the experience and knowledge with which to deal with difficult issues.

It is not unusual for crisis intervenors to find complete strangers who learn of the intervenors’ work to tell them of their own tragic stories. Unless caregivers have social support systems that can also provide them with empathy and understanding, their emotional resources are constantly flowing towards other people and their own emotional reservoir is slowly depleted.

c. Ambiguous successes.

More than one crisis intervenor has felt ambivalence in the aftermath of a crisis response. The coordination of the effort, the group work, and the response of the community may have all gone extremely well; victims and survivors may have responded with gratitude and appreciation; local caregivers may have indicated that the training presentations were effective. Nonetheless, it is normal for the intervenor's gratifications to be mixed with depression.

Nothing can eradicate the facts of the disaster – the numbers of dead or injured, the property lost, and the amount of destruction. No matter how much is done in response, it may never seem to be enough. Crisis responders may particularly feel this void because they are rarely in contact with the community directly in the months or years that follow their intervention. They may never know if what was done was truly helpful or useful.

d. Erosion of idealism.

Many caregivers came to the field of victim assistance or crisis counseling with strong beliefs in such ideals as the goodness of people, the ability to create a better world, the conviction that justice will prevail, and their own power to make a difference. Many of these ideals are challenged in crisis response work.

While crisis responders meet many good people among victims and survivors, they are often confronted with human evil in the creation of community disasters, and, too often, appalling incivility in the aftermath of disasters. Efforts to improve the lives of others are often undercut by countervailing forces, including bureaucracy, divisiveness in a community, and barriers to service. It has become almost a cliché among victim service professionals that, at least in its worst moments, the criminal justice system can become a victim injustice system.

Some responders feel as though they become the embodiment of the Myth of Sisyphus. They are condemned to roll their rocks to the top of the mountain, only to see the rocks roll back down, and have to return to the bottom of the mountain to begin again.

e. Lack of expected rewards.

Most crisis intervenors do not look to financial gain as a reward. Crisis intervenors are notoriously underpaid, if paid at all, for their services. Some are not. They may be able to get compensation from their agency to cover the costs of being on-call at any time. Those who volunteer their services know that they will give up time with their families, time at their jobs, and time for themselves. They do not seek financial rewards.

However, sometimes they are frustrated by a lack of acknowledgment of their service. Sometimes they are frustrated by a lack of public recognition. Sometimes they are frustrated by comparing their work with the work of others and seeing the rewards others get.

B. Vicarious victimization or countertransference

1. Countertransference occurs when a caregiver's own scars and injuries are revisited due to the sights, sounds, stories, or issues raised by the victims or survivors. The caregiver emotionally takes on the reactions of the victims or survivors. Yael Danieli ("Countertransference and Trauma: Self-Healing and Training Issues," *Handbook of Post-Traumatic Therapy*) in focusing on issues relating to emotional responses and other problems experienced by psychotherapists in working with Nazi Holocaust survivors and their offspring, identifies the following countertransference themes.
 - a. Bystander's guilt
 - b. Rage
 - c. Dread and horror
 - d. Shame and related emotions

- e. Grief and mourning
 - f. Victim/liberator
 - g. Viewing the survivor as hero
 - h. "Me too"
 - i. Sense of bond
 - j. Privileged voyeurism
 - k. Defense
2. Contributing factors to countertransference include the following.
- a. A recent or similar trauma in the caregiver's life. Such trauma does not have to be directly related to the current disaster.

A caregiver is more likely to be subject to the possibility of countertransference when he or she works with someone who has suffered a similar trauma as he or she has. One reason for screening crisis responders is to avoid the pitfalls of assigning someone who has recently experienced a traumatic event to an event of a similar nature. At the same time, caregivers need to be aware of their own backgrounds. The line between understanding another's pain or grief and one's own pain or grief is marginal. The more isometric the particular tragedy to a previously experienced one by the caregiver, the more it should be examined.

- b. Similarities between victim and caregiver; for example, age, gender, profession, educational level, family status and so forth.

It is often observed that the more a "victim" looks like "you" the more you become affected. This observation relates directly to the concept of community. Communities are based upon general consensus of values surrounding cultures, personalities, and spiritual connections. Any time victims or survivors make connections themselves and a community or culture, and the caregivers make similar connections, the caregivers may face a tension in providing service. Caregivers and victims always make an initial assessment of

each other when they meet. The more the victim sees a similarity in the caregiver, the more trust may be extended. The more the caregiver sees a similarity in the victim, the more empathy may be extended. This social exchange of emotional connection is valuable but raises caution. Caregivers have the burden of that caution.

c. Physical and emotional fatigue.

It is not unusual for caregivers to be both emotionally and physically spent from their efforts at a community crisis. Physical fatigue causes the body to be more susceptible to sensory input. The cognitive functions begin to shut down and emotions surface more quickly in response to what is perceived. Organization of perceptions is more likely to become confused, and perceptions themselves become somewhat blurred and distorted. What may be described as “emotional” fatigue is perhaps more realistically seen as “cognitive” fatigue. The brain becomes less adept at controlling emotional responses. Thus, when caregivers hear stories about trauma, they are less able to keep their thoughts in order. They may respond to those stories as if the events, reactions, and feelings were happening to them. They take in the facts more viscerally than they would if their cognitive functions were working normally.

C. Burnout and vicarious victimization change perspectives on life.

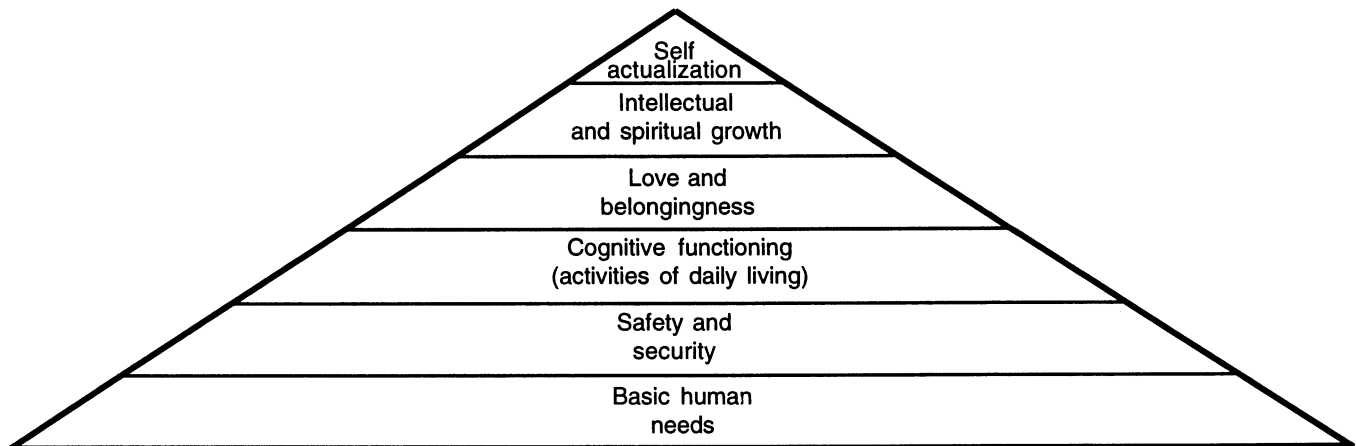
1. Both burnout and vicarious victimization cause caregivers to experience a lasting alteration in their belief systems that have a significant impact on their feelings, relationships and life. Such alterations are similar to those that may take place among victims and survivors. The difference for crisis responders is that with repeated interventions, these alterations can become solidified because the

Participant's Notes

interventions confirm the validity of the changes in their beliefs. This is particularly true if they have also been directly victimized in their lives. The belief systems which are changed are inherent in the hierarchy of human needs. [See Maslow's "Basic Hierarchy of Human Needs" below.]

- a. **Survival:** most people live their lives believing they will survive, indeed, that they will live long lives. Crisis responders may find themselves thinking of the possibility of death each day. They have seen the consequences of random disaster and live with the knowledge that their future is precarious and their fate arbitrary.
- b. **Safety and security:** crisis responders may become concerned with safety issues. The world has been proven to them to be unsafe. It is not unusual for them to react in one of two ways: to begin to take more safety precautions than they would have before their experiences with disasters, or to deny their disaster realities and become more risk-taking in the recognition that no matter what is done, disaster can happen anyway.

Maslow's "Basic Hierarchy of Human Needs"



- c. ***Cognitive functioning for care of daily living:*** Cognitive functioning is dependent upon having control over life. Crisis responders may grow to feel out of control and powerless with their sense of the enormity of the world. Some may seek to impose order and control in their everyday life in order to overcome that feeling. Others may simply become overwhelmed with everyday tasks.
- d. ***Love and belongingness:*** These needs are normally met through the development of trust and intimacy. The ability to trust other people may be circumscribed and beliefs in healthy relationships altered. It is not unusual for victim assistance providers who have worked with numerous domestic or child abuse cases to find themselves speculating about abuses in ordinary situations. A father bouncing his daughter on his knee in a park may cause a provider to wonder if he is truly the father – if he is really innocently playing – or if he is a molester.

Intimacy with others may be disrupted because caregivers feel estranged and isolated due to their unique experiences. Communication may be inhibited and feelings of love or joy diminished.
- e. ***Self-esteem and meaning:*** The belief in one's own self-value may be corrupted by a sense of shame or stigma because of one's powerlessness in the face of tragedy. The belief that others deserve respect or esteem can change as caregivers are constantly exposed to cruel or evil people.
- f. ***Self-actualization:*** Self-actualization depends on assumptions of independence and freedom. The ability to feel strong or independent is in turn dependent upon feelings of safety, trust, and purposefulness. As these feelings are corroded, the realization of potential or the possibility of that realization becomes less and less likely.

2. Contributing factors to these changes include:

a. Constant re-exposure to sudden, random, arbitrary disaster.

Re-exposure to disaster and its consequences is inherent in the role of crisis responders. Re-exposure to trauma triggers the imprinting of traumatic responses in the brain and repeatedly confirms the perception of alarm, danger and its impact. Crisis responders may become hyperalert and vigilant in everyday life.

b. Exposure and re-exposure to the impossible.

Many crisis responders find one of the most disturbing aspects of their work to be the exposure to “impossible” events. What most ordinary people never see in a lifetime the crisis counselor has not only experienced but experienced over and over again.

c. Lack of positive countervailing exposure to human good and world order.

This is a critical factor. Crisis responders who are able to maintain their abilities to function in a positive and healthy way are those who have strong social support; anchor themselves in the knowledge of people who are good; and are able to sustain themselves with their sense of spiritual connections.

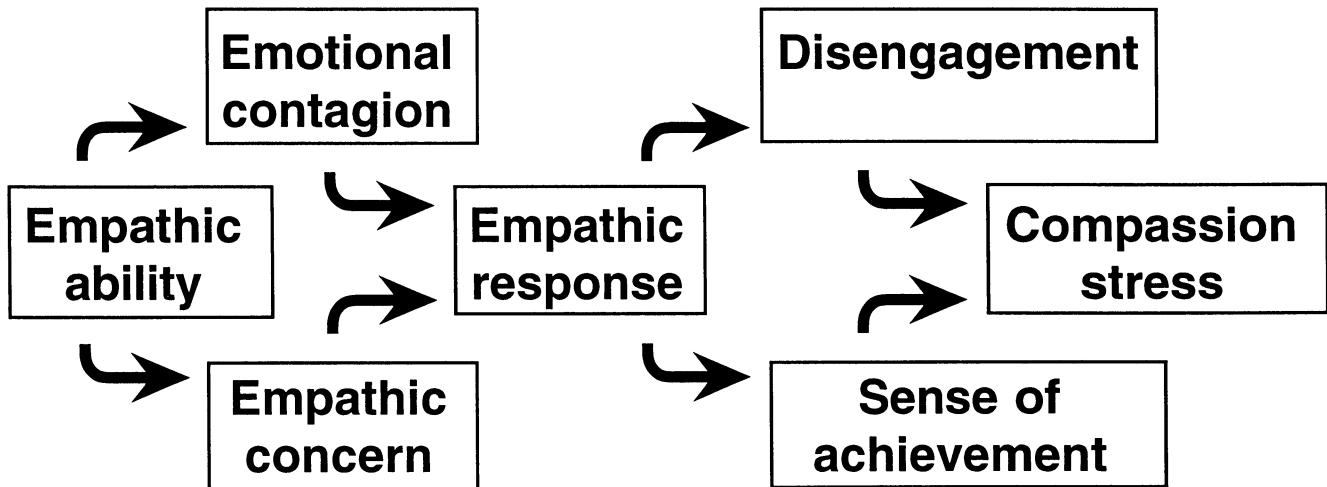
d. Lack of nurturing resources.

Crisis responders need to have others who will take care of them. They need to know there are times and places when they can be cared for. Someone once said that each of us carries a little child within us. That little child needs nurturing throughout life. Sometimes caregivers try to take care of the little child all by themselves. When that happens, the child and the caregiver become lonely and frightened. The need for external care is as crucial as is the need for internal care.

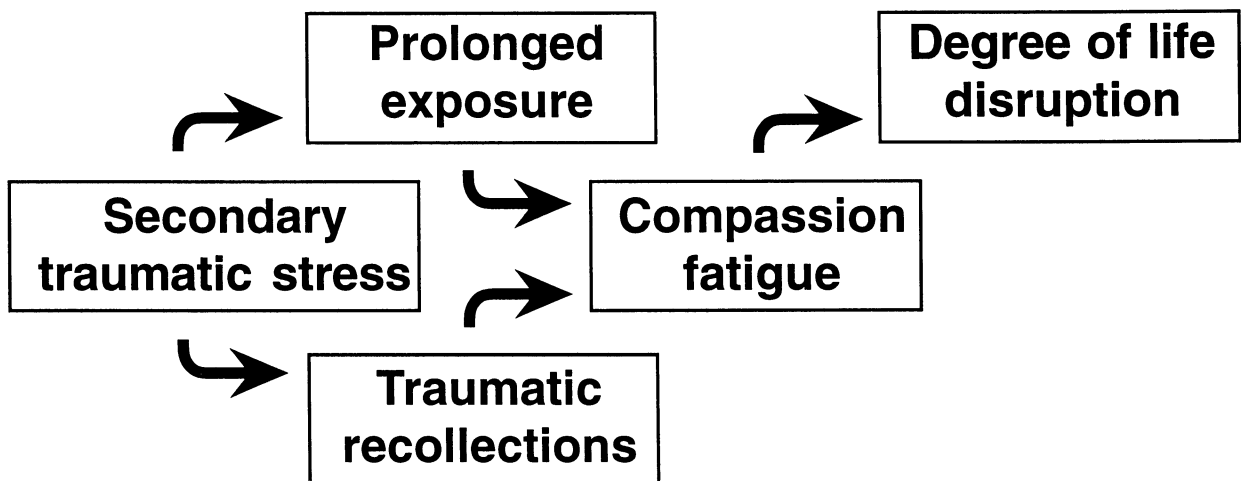
III. Compassion Fatigue

- A. Compassion fatigue has been a term that has sought to consolidate issues of burnout and vicarious victimization. It was defined initially by Charles Figley in describing secondary traumatic stress reactions in caregivers. While many elements of burnout, vicarious victimization, countertransference, and constructivist self-development contribute to compassion fatigue, there are three salient features that distinguish it. First, compassion fatigue is trauma-specific. Other stress reactions are usually the result of an ongoing process. Second, the symptoms of compassion fatigue are parallel to the symptoms of posttraumatic stress syndrome, prompting Dr. Figley to suggest that posttraumatic stress syndrome might better be named primary traumatic stress syndrome, with compassion fatigue being secondary traumatic stress syndrome. Third, symptoms of compassion fatigue may be eased by immediate intervention, while other forms of stress reactions may call for more radical changes in life styles or work exposure.
- B. Compassion fatigue results when caregivers experience a trauma event through listening to the story of the event, experience the reactions to the trauma through empathetic contact with victim or survivor, and are unable to distance themselves from the event. Without the ability to cognitively provide that distance, they begin to live with the trauma, reexperiencing the event as though it happened to them. Dr. Figley illustrates the difference between compassion stress and compassion fatigue through the following diagrams:

A Model of Compassion Stress



A Model of Compassion Fatigue



IV. Preparation for Being a Crisis Responder

Most of the guidelines for preparing to be a crisis responder focus on how one can best sustain their basic needs and create opportunities for peak performances in their daily lives as well as at the scene of a catastrophe. Exposure to traumatic events often places helpers directly in danger from physical, psychological and emotional harm. Prior preparation is essential for being able to withstand threats to physical survival and to cognitively process what is being experienced. The goal of preparation is to build one's adaptive capacities as much of possible and to reduce daily stressors.

A. Physical Health and Abilities

Maintaining a good diet and nutrition help to fuel the body for times when adequate and healthy food is not available. Vitamins and minerals are important to keep the body and mind functioning well. Fluids help to reduce stress and drinking water helps to maintain functioning.

Regular rest and sleep are important for mental functioning and staying alert and response to stimuli in the environment. Try to maintain consistent and uninterrupted sleep patterns. It is estimated that most adult Americans get less sleep than they need. Crisis often brings times when sleep is impossible for days at a time. Being rested prior to responding to a crisis allows helpers to function efficiently and effectively for longer periods of times.

Regular exercise should be a part of everyday life. It relieves stress at the same time has building physical strength and stamina. A fit body helps create a fit mind for dealing with crisis.

B. Emotional Capacity

Developing insight into one's emotions and reactions helps to develop emotional resilience. Practicing good communication skills and developing the ability to gauge the temperament of others improves emotional strength. Crisis responders should spend time examining their own personal concerns with

pain, grief, carnage, anger, fear or death. To some extent such an examination should focus on what issues cause immediate emotional reactions and the development of an awareness of self defusing strategies.

C. Cognitive Abilities

Cognitive capacity can be enhanced and improved through a number of means. Learning new skills in any area helps to expand one's ability to associate experiences and identify options. Problem-solving techniques can help people set concrete goals and plan better for the future. Such planning can often minimize adversity itself. Clarification of values, biases and prejudices help create a conscious understanding of potential difficult situations and issues. Memory can be improved through practice and the use of mnemonic devices. Crisis responders should also do a self-appraisal of their own responses to life and crisis. How do they deal with stress? Understanding reactions to situations assists people in building upon their own strengths. Examination of one's response to tragedy in the past can help responders to develop and refine their coping skills.

Some studies suggest that negative stressors are reduced when individuals know that they had a choice in whether they were exposed to such stressors and that they have control over how such stress will be experienced. Crisis responders should be aware that by becoming part of a crisis team they are choosing to expose themselves to stress. If they are reluctant to endure such exposure, they should make a conscious decision to not participate.

Managing time and information effectively also contributes to cognitive capacity. Time management in daily life helps responders cope better with the chaos imposed by crisis. If the laundry is done, the bills paid, the car serviced and groceries purchased, then leaving that everyday life for seventy-two hours will be less stressful. Establishing routines can help with time management and they also help people return more smoothly to daily life after a crisis. They

are an anchor for thinking and responding to regular life demands.

Information management can also be useful. Some caregivers make the decision not to listen to daily news to avoid being overwhelmed with constant reports of crime and crisis. Others may decide to avoid violent television shows or movies.

D. Education/Experience

Education and experience has been identified as one of the most critical factors in resiliency and one of the easiest to improve. A broad education and a wide scope of experience tends to improve cognitive capacity. But, the act of learning itself also tends to increase self-esteem. For most people, the type of education or the kinds of new experience does not matter in the expansion of adaptive capacity. However, for the crisis responder, it is evident that basic and continuing training and education on the nature of crisis and crisis reaction is vital. Not only is new research and knowledge being developed rapidly, but the constant repetition of basic theories and skills makes it more likely that intervenors will be able to rapidly access and use what they know when they, themselves, are under the pressures of catastrophe.

E. Access to Community and Family Support

Strong supportive relationships with others provides people with role models for coping as well as a safety net when life gets too difficult to handle by oneself. Support alone is helpful, but more important is the ability of individuals to reach out and ask for help when they need and to build extended supportive networks. Within such networks, different people may fulfill different roles. Some people may be particularly helpful in providing comfort and care in the aftermath of trauma. Other people may provide support by reinforcing self-esteem. Others may be a source of fun and release. The support system may be family members, friends, or colleagues but at times it may be useful to have the support of a trained counselor or clergy member.

To help people give help in appropriate ways, it is beneficial to educate members of a support network on the issues relating to trauma. Crisis responders should plan with family, friends or employers what will happen if a crisis situation arises. They should clarify job assignments, travel expectations, and family responsibilities. They should ensure that everyone is aware of what they will be asked to do when a disaster strikes.

F. Self-esteem

Many adaptive capacities contribute to the sense of self-esteem. But, crisis responders can take direct steps to strengthen their own sense of worth. Hobbies and activities in which crisis responders excel should be nurtured and pursued. Association with others who recognize and acknowledge the skills and abilities of the intervenor are recommended, particularly after experiences in which the intervenor felt inadequate or incompetent.

G. Spiritual connections

Faith in the future or a higher power helps most crisis responders survive what they experience. Just as faith seems to be essential for victims and survivors of catastrophe, so it is that faith seems to guide lives of those that intervene. It is important to establish and continue to refine the sense of a meaning in life and a purpose for existence. Helpful aids in that exploration include reading theology, philosophy, poetry and literature. Examination of what life purposes are and how current goals relate to that purpose is also of assistance. Crisis responders should take time to think about how your involvement in crisis or disasters contributes to their sense of a meaning in life. They may also take advice from Victor Frankl's view that it is not necessarily the nature of disaster that will most affect their ability to cope with its consequences but rather their own attitude towards disasters.

H. Personality

Everyone has a different personality and handles stress and crisis differently. There are some hints for working in crisis despite these differences.

1. Design a crisis intervention strategy before involvement with a catastrophe.
2. Establish a safe place for trauma reactions.
3. Allow opportunities to express reactions.
4. Predict when traumatic feelings may be most potent and make a plan for dealing with them.
5. Acknowledge the trauma confronted.
 - It is normal to be sad and depressed after tragedy.
 - It is normal to feel isolated and removed from others who have not been a part of the tragedy.
 - Caregivers often feel good about their interventions because of positive feedback from disaster survivors; but many caregivers focus on the problems in their interventions, not the successes.
 - Tragedy hurts but you can “live through the time when everything hurts” and learn from your experience.

V. Responding to Trauma at the Site

A. Physical Health and Abilities

Team members are encouraged to eat healthy food, sleep as much as they can and exercise when possible. However, it is recognized that many regular routines to maintain physical health will be abandoned at the site of the disaster. Team members are reminded that they are responsible for bringing necessary medication and informing the team leader and manager of any special health needs.

B. “Cognitive IQ”

Team members are encouraged to make notes of what they experience and to talk about their observations at group crisis intervention sessions with team members. Such activities help to reinforce memory and promote cognitive processing of experiences.

C. “Emotional IQ”

Team members are encouraged to report to the team leader and to discuss with other team members any problems that they have in responding to the crisis situations. Of particular note is the need to process the emotions of others when they are in crisis intervention sessions.

D. Education/Experience

Team members are required to attend all of the training sessions that are given for local caregivers, if they are not otherwise engaged. The consistent reinforcement of the education and training that they have received will help them with issues that arise during their site visit.

E. Community and Family Support

Team activities do much to promote the sense of personal support for each team member. The team leader and manager is responsible for emphasizing team building, mutual respect and trust. Every team member is selected for their expertise, experience and skills. The team leader should emphasize this with other team members. In most cases, the team leader will be provided with short biographies of other team members to distribute to the team as a whole. Leaders should insure the team has a chance for laughter and fun. They should also organize daily crisis intervention sessions for the team.

F. Spiritual Connection

The team leader should encourage the team members to remember how they chose to participate and what their participation means in their personal lives. Team members should be encouraged to participate in worship when it is meaningful to them. Memorials and funerals may raise the issue of spirituality for team members. These issues should be explored in team crisis intervention sessions.

G. Personality

On most occasions team members get along with each other and develop special and long-lasting relationships. At times, personalities disrupt these possibilities and the crisis situation may make it difficult to resolve such personality differences at the scene of a crisis. The team leader is responsible for defusing team member conflicts and reporting to the NOVA staff if there is an unresolvable conflict.

VI. The Aftermath of Tragedy

A. Physical Health and Abilities

1. Team members should reestablish good nutritional and health plans.
2. If individuals are suffering from poor health or do not the same energy level prior to the crisis, it is recommended that they contact their doctor as soon as possible.
3. It is often helpful to engage in activities or hobbies that relieve tension.
4. Crisis responders should avoid substance abuse and excessive sleep as coping strategies.

B. Cognitive IQ

1. Research suggests that engaging in activities that give one a sense of freedom and independence after a crisis situation helps to focus the mind and alleviate mental tension.
2. Resuming routines immediately after a crisis response is a stabilizing force. It can be difficult because many people feel isolated and disengaged from everyday activities. The value of such routines is that they force concentration on known tasks and provide a natural way to reestablish connections with support systems. While some people think that taking time off from work or taking a vacation will help them process the trauma and adjust to routine life, in most cases, returning to routine for at least a few days before taking a rest break is more beneficial.

Participant's Notes

3. Activities in which intervenors have a sense of control are also important in reentering their “normal” life.
4. Thinking through what happened and how it happened is useful. Crisis responders should try to develop a storyline or narrative of their activities during the disaster situation. Writing a report for NOVA is helpful in formulating those thoughts. Telling others what happened is also of assistance.
5. Intervenors should avoid making important decisions that will affect the rest of their lives. The time immediately after a crisis is not a time to decide to divorce, marry, move to another city, or even buy a new car. Decisions should be postponed until emotional and cognitive equilibrium is restored.

C. Emotional I.Q.

1. Crisis intervenors should realize that they need to provide crisis intervention to themselves if they have serious reactions to the traumatic event.
2. Many crisis responders are caregivers in their professional life and their private lives. They need to be reminded that when they undergo severe stress, it is time to nurture themselves and to accept nurturing.

D. Education/Experience

1. It is helpful to attend training courses and review what is known about crisis and trauma. Such training courses will be useful in reviewing one’s own reactions as well as allowing individuals to explore what alternative approaches or methods might have been used in responding to the most recent crisis.
2. Teaching others about what a crisis experience was like helps intervenors learn from the experience as well as to expand what they know
3. Learning some new skills that apply to trauma situations can also help refocus crisis intervenors.

For instance, training courses on the techniques mentioned in post-trauma counseling such as EMDR or VKD may help crisis intervenors obtain a new perspective on the impact of trauma and appropriate responses.

E. Community and Family Support

1. It is useful to consciously reconstruct trusting relationships with support system members, if the trauma situation has raised issues concerning the ability to trust others.
2. For some crisis responders it may be helpful to talk with a trusted colleague or another crisis intervenor in order to overcome the sense of isolation and distress. Many local crisis response teams and victim service programs have established plans for providing group crisis intervention to caregivers after a traumatic event.
3. Family, friends and colleagues should be told what has happened and what crisis responders have done. Intervenors may want to “edit” their stories with some members of their support system, but explain the general nature of the crisis and the response is important to enhance the ability of friends and family to provide reassurance to the intervenors. It is also useful to talk with others about how things might have been different or how one might have done things differently.

F. Self-esteem

1. Intervenors need to take time to think about the event by themselves. It is useful to remember that in most cases the intervention has been helpful and to think about those positive aspects of the crisis response.
2. NOVA tries to ensure that its volunteer crisis teams receive certificates of appreciation and copies of letters from communities thanking the teams for service.

G. Reestablish your spiritual connections.

1. Many crisis responders find that the process of re-suming religious routines or contact with their spiritual or religious communities is essential in the aftermath of going to a crisis event.
2. Positive coping strategies for renewing spiritual connections include:
 - a. Thinking about the meaning of the event and integrating it with an understanding of the meaning of life.
 - b. Using prayer, meditation and, ritual to process the event.
 - c. Reading literature on spiritual issues and issues of trauma and death.
 - d. Spending time contemplating beauty and good in the world in contrast with the devastation or destruction that may have been experienced.

IV. Conclusion

Defeat may serve as well as victory to shake the soul and let the glory out. When the great oak is straining in the wind, the boughs drink in new beauty, and the trunk sends down a deeper root on the windward side. Only the soul that knows the mighty grief can know the mighty rapture. Sorrows come to stretch out spaces in the heart for joy.

– Edwin Markham

Appendix A: Roles in Disaster

The following is a list of some attributes of certain populations in disaster. It is not meant to be exhaustive but simply to serve as a stimulus to crisis responders to think of special concerns of population groups.

A. Victims

Individuals who took the brunt of the catastrophe; those at the center. There are dead victims; seriously physically injured victims; victims with minor physical injuries; victims who were not physically injured but were at the center and lost property; witnesses who lost nothing tangible but were at the center of the catastrophe — perhaps witnessing the death of someone else. Some unique issues that may bother this population group include:

1. The inventory and pain of the loss of physical well-being or property.
2. For seriously physically injured victims, there is often a feeling of isolation and abandonment as they are rushed from the scene to a hospital. In many cases, they may remain unidentified for several days so that family and friends may have difficulty locating them and coming to help.
3. Victims who have suffered property loss may face problems of immediate dislocation and may be forced to abandon their property.
4. Survivor guilt may plague such victims. Why did they survive? Feelings that they should have died instead of some more worthwhile victim (a child, a famous person, and so on).
5. They may feel confused and guilty over their own sense of pain, loss, grief, and anger. They lived through the disaster and were spared while others died. Yet, they still feel terrible. They may think they do not have a right to those feelings because they didn't lose enough.
6. There is relief and euphoria at having survived, but that is in conflict with their sorrow over others' deaths.

Community Crisis Response Team Training Manual: Second Edition

Participant's Notes

7. They may feel estranged from the disaster because the focus of attention is on the dead and their loved ones, and not on the less injured victims or witnesses.
8. If they were injured only minimally or were witnesses, and were unable to help others, it may compound their guilt and confusion.
9. Often their predominant emotions in the aftermath of the disaster are guilt, anger and fear.

B. Survivors

Individuals whose loved ones were killed in the disaster. They may include family members, friends, partners, and so on.

1. May be preoccupied with how the victims died — did they feel pain, were they conscious, how long did the pain last?
2. May be angry at the victims who survived and find it difficult to talk to their significant others. They may wish that other people had died, not their loved one — those wishes tend to make them feel guilty and lowers their self-esteem.
3. They often encounter practical problems in body identification, death notification procedures, funeral arrangements, body transportation, and reclaiming the deceased's property. In some disasters it is impossible to reclaim a body, and they may only reclaim body parts or have nothing to bury or cremate at all.
4. Anger at God is not uncommon, particularly when God spared others and not the loved one.
5. Their imagination of the pain, the anguish, the fear that their loved ones endured may cause horror and revulsion.
6. They may feel guilt at something they did or did not do, when seeing or talking with the victim just before he or she died.
7. Grief tends to be the predominant emotion; however, for some survivors, their grief is repressed in their anger at immediate problems or the disaster itself.

C. Loved Ones

These individuals are the loved ones of the victims who survived the disaster.

1. Such individuals usually are greatly relieved that their loved ones survived. The relief is often mixed with gratitude and thankfulness. Sometimes that is translated into a new appreciation of God.
2. In addition to relief there is worry and concern over the loved one's pain or loss.
3. The worry and concern may be converted to anger. Anger is used particularly by men to mask feelings of fear and helplessness.
4. Loved ones may blame the victim for being involved in the disaster, particularly if there was a warning before the event.
5. These individuals may also be confused over the victim's lack of jubilation at survival and over many victims' inability to "get over it."

D. Immediate Responders

Fire Fighters

1. Depending upon the jurisdiction, these individuals may be the first at the scene of a disaster and may have, through their agency, responsibility for the disaster site — if a fire is involved, they will definitely have such responsibility.
2. Roles for fire fighters may include actual rescue of victims at the scene, property cleanup, removal of bodies or body parts of dead victims in addition to fire fighting.
3. If they are involved in rescue attempts, a critical issue for them will be whether or not those attempts were successful or failed. Even when they are successful in saving a few individuals, they may be overwhelmed with the numbers they were unable to save. Feelings of helplessness and frustration may be overwhelming.
4. The handling of dead bodies and body parts is often gruesome and distressing. While some

Participant's Notes

responders may have handled one dead person or more at separate incidents, many responders will not have dealt with the massive numbers of bodies and body parts involved in the disaster.

5. There may be confusion at the site over who is in charge and who is responsible for what tasks.
6. Fire fighters may be at the scene and working physically for forty-eight hours or more.
7. If one of their colleagues is injured or killed in responding to the disaster, it will add to the trauma of the event as a whole.
8. Many fire fighters feel a great deal of anger at the disaster, the destruction, and anything that interfered with their attempts at rescuing others.
9. Fire fighters often are an overlooked high-risk population in the aftermath of a disaster. They also are often overlooked when recognition of rescue efforts are made.
10. In many jurisdictions, fire fighters are volunteers so the stress involved may be more severe because of other employment pressures.
11. If the scene involves a fire and there are severely burned victims, the fire fighters may have some especially difficult reactions. Burn victims suffer some of the most severe pain and have a low rate of survival. Fire fighters see themselves in the victims who die.

Law Enforcement Officers

1. Many of the same concerns that involve fire fighters affect law enforcement officers as well, but there are differences.
2. When the disaster is one of a criminal nature, law enforcement will have the primary responsibility. Their lives may be at risk. They may shoot or kill another person. They may also become witnesses in criminal justice processes.
3. They are often more likely to be involved in tagging dead bodies, putting them in body

- bags, and assisting with transportation to a morgue or coroner's office.
4. They are usually in charge of keeping voyeurs and looters away from the disaster site as well as handling traffic problems. In this capacity they may be subjected to harassment or public ventilation of anger.
 5. For both fire fighters and law enforcement officers, there is often an ethos that accompanies their job. It mandates a "stiff upper lip" and encourages repressing emotion. Younger officers may try to copy their more experienced and older colleagues who never let anything touch them. Hence, image and peer perception may be a major concern. If an officer does not adhere to the traditional image, he or she may feel guilty and unable to continue to perform in his or her job.

Paramedics and Ambulance Personnel

1. In most cases, paramedics are not the first rescuers on scene. They are there to help victims who are pulled from the scene to survive. They are responsible for triage, resuscitation, physical care, transportation to the hospital, and keeping surviving victims alive until further medical treatment. However, in major disasters, paramedics may be providing medical care to surviving victims still trapped in wreckage or destroyed property.
2. Since the paramedic's primary job is to keep surviving victims alive, in major disasters they must make the anguishing decision of which victims to try to save while knowingly letting other victims die. They also may work to save one victim for a substantial period of time and in so doing establish an emotional bond with that victim. In some cases the victim may die as they struggle to free him. The stresses involved in triage and emergency medical care include frustration and confrontation with major injury and death.

Participant's Notes

3. Paramedics are another group that are often overlooked in the aftermath of a disaster. They are expected to take care of themselves and be prepared for the stress because "it is their job."
4. Paramedics face the complex problems involved in failed rescue attempts versus successful rescue attempts.
5. They often deal with long-term emotional trauma due to having served at multiple disasters, large and small, and rarely receiving any kind of emotional intervention.
6. They are often isolated from other professional groups and have few people to talk to about their experiences.

Emergency Room Personnel

1. Many of the issues for paramedics are similar to those for emergency room personnel. However, there is one major difference. The ER personnel are not at the site of the disaster. They must prepare and wait for the victims to arrive.
2. Waiting is sometimes quite distressing. In one disaster, the ER personnel of the nearest hospital prepared for and awaited survivors in need of treatment, only to find out after several hours that there was only one survivor and he would probably not live (he had burns over 95% of his body).
3. The stress of triage is also a major concern for ER personnel.
4. In some cases the stress of emergency room response is exacerbated by hospital rules which require emergency room receptionists to obtain insurance or financial information before treating victims.
5. Successive surgeries may cause emergency room personnel to work long hours without respite — no rest, no food and no exercise.
6. Often emergency rooms don't have adequate staff or equipment. Serious injury or trauma is the leading cause of death of people aged one

to 44. 150,000 Americans die from trauma each year and close to 25,000 injured individuals die each year after they reach hospitals.

Unexpected Responders

These are people whose jobs cause them to become involved as responders, but who have no training.

1. This is another invisible group. They include such people as snow plow operators on an airport runway; communities in geographic proximity to a disaster; military troops assigned to body burial or recovery missions who are trained to fight “the enemy”; clergy (not those who are chaplains associated with a specific profession); officers or staff of the local Chamber of Commerce.
2. At times these responders are ordered to perform the rescue even though they never expected to have such duties as a part of their job description. This creates anger and hostility.
3. If there is minimal group work and individuals are responding separately to the crises, it is more likely to result in intense stress. The fact that these people are untrained is ameliorated somewhat if they are given an opportunity to develop group camaraderie.
4. If the response has been required due to related employment, many people will consider quitting their jobs in order to avoid being involved in any similar crisis in the future.
5. Helplessness and anger are often prominent emotions.

Body Recovery, Identification, and Burial Personnel

This general group includes both volunteer and non-volunteer personnel. It often includes coroners, members of the military, law enforcement officers, firefighters, clergy and so forth. It is presented as a separate category since special issues affect those involved in these tasks.

1. Treatment of bodies and body parts is usually an important issue. It is difficult to provide “dignified” treatment when body parts are found randomly or when there are not adequate facilities.
2. The use of “body bags” usually raises concerns about bodies being treated like garbage since the bags are similar in appearance.
3. Where there are a large number of dead, inadequate morgues may be established. While this may seem extreme, so-called “horror” accounts of temporary morgues have been documented in numerous disasters.
4. In tragedies affecting multiple jurisdictions there may be additional politics affecting release of identities, legal burials and even distribution of unidentified body parts.
5. These personnel often construct strong defense systems that allow them to avoid dealing with bodies as human bodies or to condemn the dead for pre-death actions.
6. While it is preferable that intense training occur before involvement with body handling, it only occurs on occasion.

Crisis Intervenors, Clergy Members, and Mental Health Professionals

While this group of individuals should know that they are vulnerable to special stresses when they provide emotional first aid to victims, survivors, and other high risk population groups in the aftermath of disaster, often they underestimate the impact of such exposure.

1. If counselors are members of the community that has been affected by the disaster, they, too, are victims and survivors in spite of the fact that they often see themselves primarily in the role of a responder.
2. Counselors sometimes find it hard to distinguish their reactions from the reactions of the people to whom they are responding.
3. Counselors must at times be advocates and

perform practical tasks that they do not ordinarily do; this enhancement of role-function is sometimes distressing, particularly if they feel they lack the tools to accomplish what is necessary.

4. Spiritual or philosophical questions raised by victims and survivors may cause counselors to question their own values in ways that are disturbing to the counselors.
5. In spite of their training, counselors may find that it is difficult to remain non-judgmental in the counseling setting and react with anger or blaming attitudes at least internally.
6. Counselors may be unprepared for the depths of devastation or the horror of death if they have not been involved in similar disasters.
7. Counselors are subject to trigger reactions based on previous disaster situations or concerns in their personal life.

Workers with Voluntary Organizations such as the Red Cross, the Salvation Army, and the Mennonites

[Red Cross services to their volunteers vary significantly from chapter to chapter. Some Red Cross chapters have excellent mental health response and others concentrate primarily on meeting physical and shelter needs of victims and survivors. The Red Cross Crisis Support Nurse Team in Cincinnati is an excellent example of the Red Cross providing well-planned crisis intervention. It also addresses the mental health needs of those who provide the crisis response. The following issues may arise where such needs are not met.]

1. Red Cross workers are often volunteers and many have little training in responding to physical injury and death. Carnage and dead bodies are often a shock to them and they may feel overwhelmed and helpless due to the extent of the destruction.
2. They often don't know what they will be as-

signed to do when they arrive at the scene of a disaster. They may be in charge of distributing food, blankets, or other basic necessities.

They may be responsible for setting up emergency facilities at the site. They may be assigned to a morgue or asked to participate in rescue efforts. They may be unsure of when they will be relieved from duty. Such uncertainty adds to feelings of frustration and dismay.

3. Sometimes Red Cross workers receive no emotional intervention following a disaster and may face the problem of long-term stress buildup due to multiple catastrophes.
4. Even those workers who are helping to meet the physical needs of victims, survivors, and rescuers through distributing food will often hear stories of the devastation that shock or horrify them. Their imagination may make the stories even more vivid than real life.
5. Sometimes Red Cross volunteers are sent to disaster areas for extended periods of time. For instance, in the aftermath of Hurricane Hugo, teams were sent to San Juan, Puerto Rico, and the Virgin Islands for three week time periods. Such lengthy exposure to communities in acute survival stress after a disaster can cause an intense reaction because of the sensorial impact but also because of the bonding with the community.

Remote Responders

This group is often left out of any consideration for intervention, because their stresses are perceived as being less intense than others. However, most of these individuals face working conditions similar to the on-scene responders. They work long hours without relief in the midst of chaos. What they may not do is actually visit the site or see the carnage and destruction. However, this may intensify the trauma rather than minimize it. For they, too, may have horrific visions of what

happened that are far worse than the actual catastrophe itself.

Emergency Managers

1. Frustration is a key factor in the stress endured by emergency managers. Often they feel that they could do a better job at the scene of the disaster than their employees, yet they must sit in an office and coordinate the total response without a hands-on release.
2. Managers also must deal with the politics of the disaster. Often, many jurisdictions and certainly numerous agencies are involved in a catastrophe. Political issues of who is in charge, who gets the credit, who does the media work, who does any follow-up investigation, and so forth, may create further chaos in the aftermath of the trauma.
3. Managers who are supposed to “be in control” may feel that they are out of control and helpless in their response. They may not have the power or resources to respond effectively.
4. Managers who have employees who are at the scene and get injured or killed in the disaster may feel guilt and sorrow over the victims. They may become preoccupied with questions such as “what if we had responded differently?”; “what if I hadn’t sent that person on that assignment?”; “why did I choose to respond in this manner?”
5. Managers are also pressured in the aftermath of a catastrophe to get their agency or business back to “business as usual.” They often feel they must set the standard for their employees by behaving as if the disaster didn’t affect them or by taking the lead in doing regular everyday work.
6. Managers may take the brunt of criticism for any perceived mismanagement of the disaster response. Elected officials may be targeted for new opposition at the polls. Other types of managers may lose their jobs or be reprimanded.

manded because things didn't go as smoothly as they should have.

7. The pain, exhaustion, and distress of managers is often discounted because they "didn't live through the actual disaster." However, most managers justifiably feel as though they did live through it and many resent the minimization.

Emergency Support Personnel

This group of responders includes clerical staff, receptionists, dispatchers and the like. These people are almost universally ignored because "their jobs aren't that important in a disaster." Yet without the support personnel, no effective, coordinated response could take place.

1. Emergency support personnel have to deal with the demands of the disaster — telephone calls, responding to people in crisis who are worried about whether their loved ones are involved in the catastrophe, facilitating all communication and the like. They also must maintain "business as usual" during the disaster itself. They may be people in City Hall responding to citizen complaints about dog control at the same time as they are trying to help in the disaster response. They are often the "screeners" of non-disaster calls.
2. By the nature of their positions, they may be forced to comfort or soothe individuals in crisis because their loved ones are injured or dead.
3. They often are also thrown into the position of providing such emotional support to on-the-scene rescuers and to the emergency managers when they return.
4. They very often feel helpless in their jobs and accept the public's perception that they are not being useful or important.
5. They may be the target of anger or sarcasm by others in the office who are distressed over the disaster and feel free to take it out on the support staff.

6. They may receive little or no information about what is happening during the disaster response, and yet they may be the focus for questions about what happened. They often feel left out and unwanted.

Shelter and Care Givers

These are individuals who may have opened their homes to victims and survivors; who operated a disaster shelter; or provided food, clothes and other necessities to victims and survivors.

1. While these individuals may feel very useful during the immediate aftermath of a disaster, they are often left with feelings of isolation, estrangement and loneliness. They might not even know the names of the people they helped, and the victims may be in their company for only a few hours before they are on their way home.
2. These individuals may have endless heard tales of terror, carnage, and pain as they provided assistance to victims and survivors and hence have constructed a scenario of horror. Yet, they often have no one to talk to about their internal horror.
3. Often these individuals feel helpless because they have a sense that they are “not doing enough,” yet they don’t know what else they can do.
4. These individuals are essentially invisible to the public at large and very often go unrecognized in the aftermath.

Appendix B: Disaster Typology

A Typology of Disasters			
	Causes:		
	Natural	Industrial	Human
Elements:			
Earth:	Avalanches	Dam failures	Ecological irresponsibility
	Earthquakes	Ecological neglect	Road and train accidents
	Erosions	Outer-space debris fallout	
	Eruptions	Radioactive pollution	
	Toxic mineral deposits	Toxic waste disposal	
	Volcanoes		
	Landslides		
Air:	Blizzards	Acid rain	Aircraft accidents
	Cyclones	Chemical pollution	Hijacking
	Dust storms	Explosions above- and below-ground	Spacecraft accidents
	Hurricanes	Radioactive cloud & soot	
	Meteorite and planetary activity	Urban smog	
	Thermal shifts		
	Tornadoes		
Fire:	Lightening	Boiling liquid/expanding vapor accidents	Fire-setting
		Electrical fires	
		Hazardous chemicals	
		Spontaneous combustion	
Water:	Drought	Effluent contamination	Maritime accidents
	Floods	Oil spills	
	Storms	Waste disposal	
	Tsunamis		
People:	Endemic disease	Construction accidents	Civil strife
	Epidemics	Design flaws	Criminal violence
	Famine	Equipment problems	Guerilla warfare/terrorism
	Overpopulation	Illicit drug-making, -taking	Sports crowd violence
	Plague	Plant accidents	Warfare
Disaster classification chart derived from A.J.W. Taylor, Disasters and Disaster Stress, AMS Press, New York, 1989.			

Appendix C
“One Pager” Handouts for Group Crisis Intervention Sessions

Community Crisis Response Team Training Manual

A Brief Explanation of **The National Crisis Response Team** A Project of The National Organization for Victim Assistance

Founded in 1975, the National Organization for Victim Assistance (NOVA) is a private, non-profit, umbrella organization working on behalf of victims of crime and of other crises. NOVA is guided by four purposes: to serve as the national advocate in support of victim rights and services; to provide direct services to victims and survivors; to help state and local victim assistance programs expand and improve their services; and to be of service to its members. The National Crisis Response Team (CRT) is part of NOVA's Division of Victim Services.

As with individuals, whole communities suffer trauma in the aftermath of disasters or especially gruesome crimes. The community may experience a sort of paralysis immediately following the incident. Almost everyone is in shock, yet each individual is soon likely to react with a different set of emotions, which may include sadness, anger, fear, helplessness or euphoria.

The caregivers in the community, though wanting to help in the crisis, may themselves be affected by a sense of shock. They may also be unsure of what to do, since few are trained in using their helping skills in catastrophic situations. Organizing a plan of action may be difficult in the confusion of the moment.

For all these reasons, it often helps to have outsiders come for a short period of time to offer information and suggestions on how to mobilize a program of responding to the community's distress. That is the mission of the CRT – to serve as consultants to the leaders and caregivers of a community in severe distress.

A CRT consists of service professionals from all over the country, typically including mental health specialists, victim advocates, public safety professionals, and members of the clergy, among others. The team for each disaster is formed in consideration of that particular community's demographics. All team members are volunteers with only their travel and lodging expenses covered by the local community or from donations to NOVA. NOVA will send a crisis response team to any community in crisis within twenty-four hours of a request.

There are three primary tasks the team performs:

- helping local decision-makers identify all the groups at risk of experiencing trauma;
- training the local caregivers who are to reach out to those groups after the CRT has departed; and
- leading one or more group crisis intervention sessions (also known as “debriefings”) to show how those private sessions can help victims start to cope with their distress.

For more information on NOVA's National Crisis Response Team, or to find out how to develop a local community-based crisis response team, please call NOVA's 24-hour number: (202) 232-6682. Victims wanting assistance may call (800) 879-6682 at any time for information and emotional support.

Stress and Trauma

Your Day-to-Day Life

Individuals exist in a normal state of “equilibrium” or balance.

That emotional balance involves everyday stress, both positive and negative – like being late to work, getting a promotion, having a flat tire, getting ready for a date, or putting the children to bed.

Occasionally, stress will be severe enough to move an individual out of his or her normal state of equilibrium, and into a state of depression or anxiety, as examples.

But *most* people *most* of the time stay in a familiar range of equilibrium.

When Trauma Occurs

Trauma throws people so far out of their range of equilibrium that it is difficult for them to restore a sense of balance in life.

Trauma may be precipitated by stress: “acute” or “chronic.”

1. Acute stress is usually caused by a sudden, arbitrary, often random event.
2. Chronic stress is one that occurs over and over again – each time pushing the individual toward the edge of his state of equilibrium, or beyond.

Most *trauma* comes from acute, unexpected stressors such as violent crime, natural disasters, accidents or acts of war.

1. Some trauma is caused by quite predictable (but hated) stressors such as the chronic abuse of a child, spouse or elder abuse.
2. “Developmental crises” come from transitions in life, such as adolescence, marriage, parenthood and retirement
3. Though similar to acute stress, chronic and developmental crises have significant differences not covered in this review.

The Crisis Reaction

The normal human response to *trauma* follows a similar pattern called the *crisis reaction*. It occurs in all of us.

Physical Response

The physical response to trauma is based on our animal instincts. It includes:

1. Physical shock, disorientation, immobilization and numbness: “*Frozen Fright*.”
2. “*Fight-or-Flight*” reaction (when the body begins to mobilize):
 - Adrenaline begins to pump through the body.
 - The body may relieve itself of excess materials by urinating, regurgitating or defecating.
 - Physical senses – one or more may become more acute while others “shut down.”
 - The heart rate increases and one may hyperventilate, sweat, etc.
3. Exhaustion: physical arousal associated with fight-or-flight cannot be prolonged indefinitely. Eventually, it will result in exhaustion.

Emotional Reaction

Our emotional reactions are heightened by our physical responses.

1. Stage one: *shock, disbelief, denial*
2. Stage two: cataclysm of emotions – *anger/rage, fear/terror, sorrow/grief, confusion/frustration, self-blame/guilt*
3. Stage three: *reconstruction of equilibrium* — emotional roller-coaster that eventually becomes balanced, but never goes back to what it was before the crisis – a new sense of equilibrium will be developed

Trauma and Loss

Trauma is accompanied by a multitude of losses:

1. Loss of *control* over one's life
2. Loss of *faith* in one's God or other people
3. Loss of a sense of *fairness* or *justice*
4. Loss of personally-significant *property, self* or *loved ones*
5. Loss of a sense of *immortality* and *invulnerability*
6. Loss of *future*

Because of the losses, trauma response involves grief and bereavement. One can grieve over the loss of loved things as well as loved people.

Trauma and Regression

Trauma is often accompanied by regression – mentally and physically.

1. Individuals may *do* things that seem childish later. Examples include:
 - Singing nursery rhymes
 - Assuming a fetal position or crawling instead of walking
 - Calling a law enforcement officer or other authority figure “mommy” or “daddy” – or at least thinking of them that way
2. Individuals may *feel* childish. Examples include:
 - Feeling “little”
 - Wanting “mommy” or “daddy” to come and take care of you
 - Feeling “weak”
 - Feeling like you did when you were a child and something went terribly wrong

Recovery From Immediate Trauma

Many people live through a *trauma* and are able to reconstruct their lives without outside help.

Most people find some type of benign *outside intervention* useful in dealing with *trauma*.

Recovery from immediate trauma is often affected by:

1. *Severity of crisis reaction*
2. *Ability to understand what happened*
3. *Stability of victim's/survivor's equilibrium after event*
4. *Supportive environment*
5. *Validation of experience*

Recovery issues for survivors include:

1. Getting *control* of the event in the victim's/survivor's mind
2. Working out an *understanding* of the event and, as needed, a *redefinition* of *values*
3. Re-establishing a *new equilibrium/life*
4. Re-establishing *trust*
5. Re-establishing a *future*
6. Re-establishing *meaning*

Long-Term Crisis Reactions

Not all victims/survivors suffer from long-term stress reactions.

Many victims continue to re-experience *crisis reactions* over long periods of time.

Such *crisis reactions* are normally in response to “*trigger events*” that remind the victim of the trauma. They can bring back the intense emotion that occurred with the original trauma.

“*Trigger events*” will vary with different victims/survivors, but may include:

- Identification of the assailant in, say, a police lineup
- Sensing (seeing, hearing, touching, smelling, tasting) something similar to something that one was acutely aware of during the trauma
- “Anniversaries” of the event
- The proximity of holidays or significant “life events”
- Hearings, trials, appeals or other critical phases of the criminal justice process
- News reports about a similar event

Long-term stress or *crisis reactions* may be made better or worse by the actions of others. When such reactions are sensed to be negative (whether or not they were intentional), the actions of others are called the “*second assault*” and the feelings are often described as a “*second injury*.” Sources of the second assault may include:

- the criminal justice system
- the media
- family, friends, acquaintances
- hospital and emergency room personnel
- health and mental health professionals
- social service workers
- victim service workers
- schools, teachers, educators
- victim compensation system
- clergy

The intensity of *long-term stress reactions* usually *decreases* over time, as does the frequency of the re-experienced crisis. However, the *effects* of a catastrophic trauma *cannot* be “*cured*.”

Even *survivors of trauma* who reconstruct new lives and who have achieved a degree of normality and happiness in their lives – and who can honestly say they prefer the new, “sadder-but-wiser” person they have become – will find that *new life events* will *trigger* the *memories* and *reactions* to the *trauma* in the *future*.

Long-Term Traumatic Stress Reaction

When someone survives a catastrophe, they often experience stress reactions for years.

Long-term stress reactions are natural responses of people who have survived a *traumatic* event.

Long-term stress reactions are most often a result of imprinted sensory perceptions and reactions in the brain and body.

Long-term stress reactions are not always pathological nor do they necessarily require intensive mental health interventions.

The most common types of long-term stress reactions include:

- A. **Post-traumatic Character Changes**
 - B. **Post-Traumatic Stress Reactions**
 - C. **Post-Traumatic Stress Disorder (PTSD)**
 - a. Re-experiencing the event both psychologically and with physiological reactivity.
 - Intrusive thoughts
 - Nightmares and distressing dreams
 - Flashbacks
 - b. Numbing, avoidance, and isolation
 - avoidance of thoughts or activities that remind one of the event
 - avoidance of previous habits or pleasurable activities that the individual engaged in before the event
 - estrangement and isolation
 - reduced affect or feelings of “emotional anesthesia”
 - partial amnesia
 - a sense of foreshortened future
 - c. Behavioral arousal
 - inability to concentrate
 - insomnia or interrupted sleep patterns
 - flashes of anger or irritability
 - startle reactions or hyperalertness
- Duration of symptoms last for one or more months
The trauma reactions and symptoms impair functioning.
- D. **Acute Stress Disorder (ASD)**
 - E. **Adjustment Disorder**

Community Crisis Response Team Training Manual

- F. Complex PTSD or Diagnosis of Extreme Stress Not Otherwise Specified (DESNOS)**
Symptoms may occur in persons who have survived complex, prolonged or repeated traumas during which they have been subjected to coercive control. Such control may be imposed through violence or threat of violence, control of bodily functions, capricious enforcement of petty rules, intermittent rewards, isolation, degradation, or enforced participation in the violence.
- G. Depression**
- H. Simple Phobias**
- I. Panic Disorder**
- J. Anxiety Disorder**

It is not important to know all the symptoms for the stress reactions mentioned above. If you become concerned about your reactions or how long they last, it is useful to talk to a mental health professional who is a specialist in working with people who have experienced traumatic events.

Long-Term Crisis Reactions

Long-term crisis reactions are described more fully in another of NOVA's one-page fact sheets.

A simpler way to view long-term stress reactions is to think of them as *crisis reactions* that repeat themselves, in large part due to *trigger events* that remind the victim/survivor of the trauma.

Long-term stress or crisis reactions may be exacerbated or mitigated by the actions of others. When such reactions are exacerbated, the actions of others are called the *second assault* and the feelings are often described as a *second injury*.

Long-term crisis reactions tend to become less frequent and less severe as time passes, but in some victims, due to the severity of the trauma, they may last a lifetime.

Children's Reaction to Trauma

I. Caveats about Children

- A. Regression
- B. Double Loss
- C. Live in Present
- D. Growth
- E. Change

II. Developmental Stages of the Child

A. *Age: Birth - 2 Years*

- 1. Language capability: pre-verbal.
- 2. Communication mode: physical activity.
- 3. Thought processes: distinguishes self from others and other things.
- 4. Growth emphasis: sensory perception and response.
- 5. Primary need: physical human contact for reassurance.
- 6. Primary relationship: with caretaker(s).

B. *2 Years - 6 Years: Pre-School*

- 1. Language capability: development of language/verbal expression.
- 2. Communication mode: expression of feelings primarily through play, but communication of needs often through words.
- 3. Thought processes:
 - pre-conceptual thinking but engages in primitive problem-solving.
 - active imagination but grounded in reality – fantasies are about things similar to those they have experienced.
 - minimal concept of time and space.
 - inability to concentrate on any one thing for more than a few minutes.
- 4. Growth emphasis: physical independence; dressing, feeding, and washing self.
- 5. Primary need: need for nurturing.
 - “who will take care of me?”
 - wants structure and security.
- 6. Primary relationship: with family.

C. *6 Years - 10 Years: School Age*

- 1. Language capability: language well developed.
- 2. Communication mode: still uses play for primary expression but supplements play with emotive language.
- 3. Thought processes:

Community Crisis Response Team Training Manual

- uses problem-solving techniques but also trial and error approach to problems.
 - understands time and space concepts.
 - strong orientation to the present but has some sense of future and past.
 - makes choices.
4. Growth emphasis: toward independence in establishing new relationships; exploring new environments.
 5. Primary need: trust.
 6. Primary relationship: still family but movement toward establishing strong peer relationships.

D. *10 Years - 12 Years: girls' pre-adolescence*
12 Years - 14 Years: boys' pre-adolescence

1. Language capability: language may be more advanced than concepts.
2. Communication mode: "acting out" is common form of expression; poetry developing.
3. Thought processes:
 - prone to extreme feelings and idealized emotions or life styles.
 - judgmental about the world and self.
 - thoughts become integrated with feelings and engender beliefs, biases, and prejudices.
4. Growth emphasis:
 - towards emotional independence: involves swings back and forth from childlike states to imitations of adult life.
 - growth of sexuality and concern with sexual identities.
 - emotional turmoil heightened by physical changes.
5. Primary need: support and self-esteem.
6. Primary relationship: back and forth from family to peers.

E. *12/14 Years - Adult*

1. Language capability: uses and creates language to express self.
2. Communication modes: Drama and physical activity is preferred recreation since it provides a socially accepted way of acting out feelings; poetry still intense.
3. Thought processes:
 - understands "cause and effect."
 - can consider possibilities and explore options without experiencing them.
 - judgmental about everything – sees things in black and white.
 - can conceive of future activities but does not think of future in terms of self – the Peter Pan dream.
 - prone to taking irresponsible risks and failing to think through the consequences of actions.

Community Crisis Response Team Training Manual

- reflection on symbols and possibilities.
 - decentering.
 - development of critical faculties.
 - emotional turmoil may include periods of depression and euphoria.
4. Growth emphasis: independence from adult world – particular target of conflict is usually parents.
 - ego-orientation and self-centeredness.
 - feels strong need for privacy and secrecy.
 - body and sexual image is highly important.
 - sense of immortality.
 - creation of dance, style, world.
 5. Primary need: stability, limits and security.
 6. Primary relationship: with peers.

III. Child Reactions To Trauma

- A. **Overview:** Children’s reaction to a trauma will involve not only the impact of the catastrophe on their lives (what they saw, heard, felt, smelled and so on) but a sense of crisis over their parents’ reactions. The presence or absence of parents and terror over a frightening situation – one that has rendered the children’s parents helpless – all contribute to children’s distress.

“A central theme that emerges from exploration of children’s responses to disaster situations is that, in a way that is not generally appreciated, they, too, experience fear of death and destruction... Particularly influential in the young child’s experience are the presence or absence of his parents and the terror of overwhelming physical forces that seem to render the ‘all powerful’ adult parents frightened and powerless.”

- B. ***Birth - 2 Years***
1. High anxiety levels manifested in crying, biting, throwing objects, thumb sucking, and agitated behavior.
 2. While it is unlikely that the child will retain a strong mental memory of the trauma, the child may retain a physical memory.
- C. ***2 Years - 6 Years: pre-school***
1. Children may not have the same level of denial as do adults so they take in the catastrophe more swiftly.
 2. Engage in reenactments and play about the traumatic event – sometimes to the distress of parents or adults.
 3. Anxious attachment behaviors are exhibited toward caretakers – may include physically holding on to adults; not wanting to sleep alone; wanting to be held.
 4. May become mute, withdrawn and still.

Community Crisis Response Team Training Manual

5. Manifest a short “sadness span” but repeat sadness periods over and over.
6. Regress in physical independence – may refuse to dress, feed, or wash self; may forget toilet training; may wet bed.
7. Sleep disturbances, particularly nightmares are common.
8. Any change in daily routines may be seen as threatening.
9. Does not understand death (no one does) and its permanency – reaction to death may include anger and a feeling of rejection.

D. *6 Years - 10 Years: School age*

1. Play continues to be the primary method of expression. Often art, drawing, dance or music may be integrated in the play.
2. The sense of loss and injury may intrude on the concentration of the child in school.
3. Radical changes in behavior may result – the normally quiet child becoming active and noisy; the normally active child becoming lethargic.
4. May fantasize about event with “savior” ending.
5. Withdrawal of trust from adults.
6. May become tentative in growth towards independence.
7. Internal body dysfunctions are normal – headaches, stomach aches, dizziness.
8. May have increasing difficulty in controlling their own behaviors.
9. May regress to previous development stages.

E. *10 Years - 12 Years: girls’ pre-adolescence*

12 Years - 14 Years: boys’ pre-adolescence

1. Become more childlike in attitude.
2. May be very angry at unfairness of the disaster.
3. May manifest euphoria and excitement at survival.
4. See symbolic meaning to pre-disaster events as omens and assign symbolic reasons to post-disaster survival.
5. Often suppress thoughts and feelings to avoid confronting the disaster.
6. May be judgmental about their own behavior.
7. May have a sense of foreshortened future.
8. May have a sense of meaninglessness or purposelessness of existence.
9. Psychosomatic illnesses may manifest themselves.

F. *12/14 Years - 18 Years*

1. Adolescents most resemble adult post-traumatic stress reactions.
2. May feel anger, shame, betrayal and act out their frustration through rebellious acts in school.
3. May opt to move into adult world as soon as possible – to get away from the sense of disaster and to establish control over their environment.

Community Crisis Response Team Training Manual

4. Judgmental about their own behavior and the behavior of others.
5. Their survival may contribute to the sense of immortality.
6. They are often suspicious and guarded in their reaction to others in the aftermath.
7. Eating and sleeping disorders are common.
8. Depression and anomie may plague the adolescent.
9. May lose impulse control and become a threat to other family members and him/herself.
10. Alcohol and drug abuse may be a problem as a result of the perceived meaninglessness of the world.
11. Fear that the disaster or tragedy will repeat itself adds to the sense of a foreshortened future.
12. May have psychosomatic illnesses.

Some Coping Strategies for Children

A. Rebuild and reaffirm attachments and relationships. Love and care in the family is a primary need. Extra time should be spent with children to let them know that someone will take care of them and, if parents are survivors, that their parents have reassumed their former role as protector and nurturer is important. Physical closeness is needed.

B. It is important to talk to children about the tragedy – to address the irrationality and suddenness of disaster. Children need to be allowed to ventilate their feelings, as do adults, and they have a similar need to have those feelings validated. Reenactments and play about the catastrophe should be encouraged. It may be useful to provide them with special time to paint, draw, or write about the event. Adults or older children may help pre-school children reenact the event since pre-school children may not be able to imagine alternative “endings” to the disaster and hence may feel particularly helpless.

C. Parents should be prepared to tolerate regressive behaviors and accept the manifestation of aggression and anger especially in the early phases after the tragedy.

D. Parents should be prepared for children to talk sporadically about the event – spending small segments of time concentrating on particular aspects of the tragedy.

E. Children want as much factual information as possible and should be allowed to discuss their own theories about what happened in order for them to begin to master the trauma or to reassert control over their environment.

F. Since children are often reluctant to initiate conversations about trauma, it may be helpful to ask them what they think other children felt or thought about the event.

G. Reaffirming the future and talking in “hopeful” terms about future events can help a child rebuild trust and faith in his own future and the world. Often, parental despair interferes with a child’s ability to recover.

H. Issues of death should be addressed concretely.

Community Crisis Response Team Training Manual

Appendix D: Catastrophes Used as Reference Points in Training Curricula

* - NOVA provided outreach and/or consulting services

** - NOVA was involved at site

Other listings are included because information from these disasters has been incorporated into NOVA's training sessions.

Europe - 1347-1351. Plague kills an estimated 24 million people. As many as another 20 million die by the end of the century. Total deaths equal one-third of the population of Europe.

Johnstown, Pennsylvania - May 31, 1889. South Fork Dam breaks. Flood hits Johnstown at 4:07 p.m. Kills 2,209. Destroyed property in four square mile area. Fire raged for three days in aftermath.

New York, New York - March 25, 1911. Triangle Shirtwaist factory fire. 146 dead.

Atlantic Ocean - 1912. One-thousand, five hundred and three people die in the sinking of the Titanic.

Boston, Massachusetts - November 28, 1942. Coconut Grove nightclub fire. Kills 492. Injures 166.

Newfoundland - February 3, 1943. S.S. Dorchester is sunk. 904 people aboard. 605 dead. Four Army chaplains are heroes. Rev. Lt. George Lansing Fox (Methodist); Rabbi Lt. Alexander David Goode; Rev. Lt. Clark Poling (First Reformed Church); Father John Washington. In 1961, Congress declares February 3rd four Chaplains Observance Day and The Chapel of the Four Chaplains is established in Philadelphia.

Willamette Valley, Oregon - Columbus Day Storm, October 12, 1960. Forty-two people killed. \$170 million property damage.

Indianapolis, Indiana - October 31, 1963. Explosion at the Indiana State Fairgrounds killed 81 and injured nearly 400 people.

Topeka, Kansas - June 8, 1966. Tornado kills 17, injures 500, leaves 1,600 persons homeless.

Aberfan, Wales - October 21, 1966. 140,000 cubic yards of colliery rubbish swept down Methyr Mountain killing 116 children, 5 teachers, 23 other adults, injuring 35 persons and destroying two schools and many houses.

Los Angeles, California - February 9, 1971. Earthquake kills 50.

Community Crisis Response Team Training Manual

Buffalo Creek, West Virginia - *February 26, 1972*. Dam breaks causing flood. 118 people die; 7 were missing. 4,000 homeless; 500 homes destroyed; \$50 million in property damage.

Rapid City, South Dakota - *June 9 & 10, 1972*. Floods killed 238 persons; left 1,300 families homeless; caused over \$100 million in property damage.

Wilkes-Barre, Pennsylvania - *June 23, 1972*. Hurricane Agnes creates flood. Six people killed. 80,000 evacuated, damage to 25,000 homes and destruction of 400 homes. Property damage estimated at over \$2 billion.

Sacramento, California - *September 24, 1972*. Airplane crashes into an ice cream parlor. Kills 10 adults and 12 children. Fourteen were injured.

Xenia, Ohio - *April 3, 1974*. Tornado kills 32 persons, injures 2,500, damages 2,757 homes, totally destroys 1,094 others.

Teton Dam, Idaho - *June 5, 1976*. Eleven dead, 1014 homes destroyed, 2,620 homes severely damaged, and \$500 million property damage.

Tenerife, Canary Islands, Spain - *March 27, 1977*. Jumbo jet collision: Pan Am 747 and KLM 747. 580 deaths.

Southgate, Kentucky - *May 28, 1977* - Beverly Hills Supper Club fire. Kills 165. Injures 60.

San Diego, California - *September 25, 1978* - PSA has midair collision with Cessna 172. Twenty-two homes are destroyed, 9 people on the ground are killed, in addition to the 137 airline passengers.

***Portland, Oregon** - *December 28, 1978* - United Airlines DC-8 runs out of fuel and glides into neighborhood near airport. Ten people killed.

Three Mile Island, Pennsylvania - *March 28 - April 1, 1979*. Nuclear reactor meltdown; though thousands of people evacuated, no deaths directly attributable to event.

Chicago, Illinois - *May 25, 1979*. American Airlines DC-10 crash. Killed in the crash: 275.

Antarctica - *November 28, 1979*. New Zealand DC-10 crashed into mountain killing 257.

Bogota, Columbia - *February 27, 1980*. Dominican Republic's Embassy in Bogota, Columbia, was stormed and 15 ambassadors from around the world were taken hostage for some 60 days.

***Mount St. Helens, Washington** - *May 18, 1980*. Volcano eruption destroyed 150 miles of forest, killed 68 persons, and resulted in damages of more than \$1.8 million in property and crops.

Community Crisis Response Team Training Manual

Las Vegas, Nevada - *November 21, 1980.* MGM Grand Hotel Fire kills 84.

***Tehran, Iran** - *1979-1981.* American Embassy in Tehran was stormed and hostages were held 444 days.

Kansas City, Missouri - *July 17, 1981.* Hyatt Hotel Skywalk collapse kills 111 people and injures over 200 others.

Santa Cruz County, California - *January 3, 1982.* Torrential rains and flooding; mountainside collapse. Twenty-two inches of rain fell in 24 hours. Death toll 22, more than 3,000 homes severely damaged or destroyed.

Washington, D.C. - *January 13, 1982.* Air Florida Boeing 737 crashed into Potomac River after take off. Seventy-eight people were killed.

Kenner, Louisiana - *July 9, 1982.* Pan Am Boeing 727 crashes after takeoff, and 153 people are killed.

Wilkes-Barre, Pennsylvania - *September 25, 1982.* George E. Banks, a prison guard, killed 13 people.

Seattle, Washington - *February 19, 1983.* Two Hong Kong immigrants, Kwan-Fai Mak & Benjamin Ng, killed 13 Chinese-American businessmen and gambling dealers in a gambling club.

USSR - *September 1, 1983* - South Korean Boeing 747 - Flight 007 shot down after violating Soviet airspace. Two-hundred and sixty nine killed.

New York, New York - *April 15, 1984.* The "Palm Sunday massacre." Christopher Thomas killed 10 people.

San Ysidro, California - *July 18, 1984.* James Huberty massacres 21 people and injures 15 others in a McDonald's restaurant.

Bhopal, India - *December 4, 1984.* A pesticide factory accidentally released toxic chemical fumes, killing more than 3,000 people in one night. An additional 100,000 were severely affected.

Pitach Tikva, Israel - *June 11, 1985.* School bus collision with a passing train kills 19 children, and 3 adults. Fourteen children critically injured.

Ireland - *June 23, 1985.* Air India Flight 182 blown out of the skies by a terrorist bomb. Three-hundred twenty-nine people, including 295 Canadian citizens, were killed.

Los Angeles, California - *July 18, 1985.* Baldwin Hills Fire destroys 50 homes.

Community Crisis Response Team Training Manual

Dallas-Ft. Worth, Texas - *August 2, 1985*. Delta Airlines jumbo jet crash kills 132.

Mexico City, Mexico - *September 19, 1985*. Earthquake registers 8.1 on the Richter Scale. By the end of November, the death toll had risen to about 20,000. One hundred and fifty thousand people had been left homeless.

Greater Roanoke, Virginia - *November 4, 1985*. Hurricane Juan creates major flooding. Eight dead.

Gander, Newfoundland - *December, 1985*. A chartered U.S. Army jetliner crashed. All 248 soldiers aboard were killed; 76% or 189 were members of a single battalion. One entire company (110 individuals) were killed.

Cape Canaveral, Florida - *January 28, 1986*. The space shuttle "Challenger" exploded a few seconds after lift off from the launchpad. Seven astronauts died in this national disaster. One of the victims was teacher, Christa McAuliffe.

Chernobyl, Kieve, USSR - *April 26, 1986*. At the end of the first month the Chernobyl death toll had risen from 2 to 28, and there were 278 people with radiation effects under close observation in hospitals in Moscow. Eventually, in the Chernobyl area alone, some 6,000 are expected to die from direct radiation, and 24,000 from indirect radiation. Since the disaster, the number of children born with birth defects and cancers has escalated.

Cokeville, Wyoming - *May 16, 1986*. A man and woman held students and teachers hostage in an elementary school. Their bomb exploded accidentally, killing the woman and burning some of the hostages. The man committed suicide, but not before shooting one teacher in the back.

****Edmond, Oklahoma** - *August 20, 1986*. Murder of 14 people and injury of 6 in post office by Pat Sherrill, who then committed suicide.

***Cerritos/Los Angeles, California** - *August 31, 1986*. An Aeromexico DC-9 collides with a small plane over the Los Angeles suburb of Cerritos. Of the 82 killed, 15 were on the ground.

****Mt. Pleasant, Iowa** - *December 11, 1986*. The mayor of Mt. Pleasant was murdered, and 2 City Council members were injured, by a man who was upset over his sewer problems. The assault took place at a public meeting.

***San Juan, Puerto Rico** - *December 31, 1986*. Du Pont Hotel fire kills 97 and injures over 150 more.

****Baltimore County, (Harewood Park, Oliver Beach, West Twin River) Maryland** - *January 4, 1987*. Amtrak/Conrail train crash kills 16 people and injuries 176.

***Arlington, Virginia** - *January 28, 1987*. Bank holdup, 6 employees held hostage.

Community Crisis Response Team Training Manual

- ***Reading, Pennsylvania** - *February, 1987*. Rash of multiple homicides.
- ***Detroit, Michigan** - *March, 1987*. Small plane crash. Nine killed, 20 injured.
- ***Hackensack, New Jersey** - *March, 1987*. Teacher sexually abused children.
- ***St. Joseph, Missouri** - *March, 1987*. Twelve year old kills himself and a friend at school.
- ****Oxford, Mississippi** - *March 26, 1987*. Truck crashes into students at University of Mississippi Walk-a-thon; kills 5 students and injures others.
- ***Frederick, Maryland** - *April, 1987*. One hundred and nine cases of child abuse reported.
- ***Zeebrugge Harbor, Belgium** - *April, 1987*. Capsize of the Herald of Free Enterprise.
- ***Kokomo, Indiana** - *April, 1987*. Courthouse bombing, 4 seriously injured.
- ***Philadelphia, Pennsylvania** - *April, 1987*. Bus crashes, killing 1 teenager, and injuring 10 people.
- Amsterdam, New York** - *April 5, 1987*. Schoharie Creek Bridge collapse. Ten people are killed.
- ***Bridgeport, Connecticut** - *April 23, 1987*. Collapse of the L'Ambiance Plaza during construction. Twenty-eight people killed.
- ****Palm Bay, Florida** - *April 23, 1987*. Murder of 6 individuals in a shopping mall. Two police officers killed.
- ***Saragosa, Texas** - *May, 1987*. Tornado destroys town. 30 killed, many families displaced.
- ***Dorchester, Massachusetts** - *June, 1987*. Plane crashed, killing 1 person, burning 3 people, and destroying 3 homes.
- ***Rockville, Maryland** - *June, 1987*. Child sexual abuse by principal at Hebrew Academy of Greater Washington.
- ****Tacoma, Washington** - *July, 1987*. Multiple murders. Man killed 7 relatives, then committed suicide.
- ****Inkster, Michigan** - *July 7, 1987*. Hostage-taking and killing of 3 police officers.
- ***Gaudalupe River, Texas** - *July 17, 1987*. Flash flood overtakes a bus and a van loaded with youth members of Seagorville Road Baptist Church. 33 survived. 10 were killed.

Community Crisis Response Team Training Manual

- **Berthoud Pass, Colorado** - *August 10, 1987*. Large boulder is dislodged from mountain and crashes into a busload of tourists.
- **Detroit, Michigan** - *August 16, 1987*. Northwest Flight 255 crashes and kills 156 people, 1 survivor.
- *Cincinnati, Ohio** - *August 18, 1987*. Donald Harvey pleads guilty to 24 killings, between 1983 and 1987, at Daniel Drake Memorial Hospital. He admitted to killing over 30 other people over a 16 year period, in both Cincinnati and Kentucky.
- *Hungerford, England** - *August 19, 1987*. Mass murder in which over 14 people are killed before Michael Ryan kills himself. 16 others were injured.
- **Lockport, New York** - *August 25-26, 1987* (date of visit). Aftermath of Northwest Flight 255 crash. Of the 154 dead, 5 were engineers from the Harrison Radiator plant, a division of GM.
- *Kankakee, Illinois** - *September, 1987*. Kidnap of broadcasting/newspaper publishing heir, who was later murdered by being buried alive or suffocation.
- *Graham County, Arizona** - *September 1987*. A father who felt custody arrangements were unfair, terrorized children at a small school in order to be with his children.
- *Bronson, Florida** - *September 3, 1987*. Six handicapped people killed in bus crash, and at least 20 injured.
- *St. Louis, Missouri** - *September 4, 1987*. Two men fatally shot 5 employees and wounded 2 others during the holdup of a National Super Market.
- **Points of Rocks, Maryland** - *September 9, 1987*. Electrocuting of 10 year old boy as the result of riding a bicycle over a power line. Community members witness tragedy.
- *Spartanville, South Carolina** - *October, 1987*. Small plane crash, 2 dead, carnage throughout senior citizen neighborhood.
- Midland, Texas** - *October 16, 1987*. Eighteen-month-old Jessica McClure is rescued from a well, where she'd been trapped for 58 hours.
- **Indianapolis, Indiana** - *October 20, 1987*. Air Force plane crashes into Ramada Inn, kills 9 (later a tenth dies), destroys hotel and Bank One building.
- *Homer, Arkansas** - *November 1987*. Plane crash killed 14 out of 26 passengers. The plane landed 200 feet from the runway.

Community Crisis Response Team Training Manual

- **Denver, Colorado - November 15, 1987.** Continental Airlines Flight 1713 crash. Response in Boise, Idaho, November 23, 1987. Kills 26 and injures many.
- *Oakdale, Louisiana and Atlanta, Georgia - November 21- December 4, 1987.** Prison riots at federal prisons.
- *Middlesex, Massachusetts - December, 1987.** Multiple murders by teenager.
- *Pleasantville, Ohio - December, 1987.** Fire kills 6 children.
- *Russellville, Arkansas - December, 1987.** Mass murder — 16 killed, 4 injured.
- **Paso Robles, California - December 7, 1987.** Pacific Southwest plane crash-murder of pilot — 43 die.
- *Morristown, New Jersey - January, 1988.** A 14 year old involved in a cult, killed his mother then killed himself.
- *Tuscaloosa, Alabama - February, 1988.** Two masked gunmen held 1 teacher and 60 children (second graders) hostage in schoolroom.
- *Sunnyvale, California - February, 1988.** Multiple murders. Man spurned by female co-worker, shot 8 co-workers, killing 3.
- **Washington, D.C. - February 25, 1988.** Woman sexually assaulted in D.C. Counseling Center. Center personnel in building at time fled from area of assault.
- *Hawaii - April 28, 1988.** The roof ripped open in the top of an Aloha Airlines 737-200 over the Pacific Ocean, killing a flight attendant.
- Los Angeles, California - May 4, 1988.** First Interstate Tower building fire. 62 story building. One dead and 40 building workers and firefighters injured.
- **Washington, D.C. - May 10, 1988.** Teacher stabbed by a stranger in front of her class on the way to the playground.
- **Radcliff, Kentucky - May 14, 1988.** Bus crash in Carrollton, Kentucky, kills 27 individuals (24 children) from Radcliff. Drunk driver involved.
- *Winnetka, Illinois - May 21, 1988.** Woman fired as babysitter sets fire to house, then goes to Hubbard Woods Elementary school, kills 1, injures 6, and commits suicide.
- *Concord, California - June 27, 1988.** Shooting in Micropure Plant, killed 2, injured 4.
- *Brownsville, Texas - July 8, 1988.** Collapse of building killed 8 and injured 40.

Community Crisis Response Team Training Manual

- ***Hackensack, New Jersey** - *July 11, 1988*. Car dealership fire killed 5 firefighters.
- ***Winston-Salem, North Carolina** - *July 21, 1988*. Shooting killed 4 and wounded 2.
- ****Rapid City, South Dakota** - *July 31 - August 2, 1988*. Arson fires destroy over 15 homes and thousands of acres of forest.
- ***Salem, Oregon** - *August 1, 1988*. Field burning fire jumps to freeway and causes multiple car crash, killing 7.
- ***Dallas, Texas** - *September 1, 1988*. Delta Air Lines crash, 14 killed, 95 survive.
- Greenwood, South Carolina** - *September 26, 1988*. A 19-year-old opened fire in a crowded cafeteria at Oakland Elementary School, killing 2 eight-year-old girls and wounding 9 other people.
- ***Pulaski, Wisconsin** - *October 11, 1988*. Five schoolgirls killed by car jumping curb.
- ***Raleigh, North Carolina** - *November 28, 1988*. Tornadoes killed 5, left 500 homeless.
- Wyoming State Penitentiary** - *December 2, 1988*. Hostage-taking. Barbara France and Betty Lewis were taken hostage. Offenders are Abdula Kru Amin and Donald Calkins.
- ***Lockerbie, Scotland** - *December 21, 1988*. Pam Am Flight 103 explodes. All 259 passengers and crew and 11 people on the ground are killed.
- ***Stockton, California** - *January 17, 1989*. Mass murder at Cleveland Elementary School. Five children dead. Four Cambodians and one Vietnamese. Twenty-nine other students and a teacher were wounded, 15 seriously. The gunman killed himself.
- ***Dallas, Texas** - *January 24, 1989*. Seven police officers killed in past year.
- ***Cove Neck, New York** - *January 25, 1989*. Avianca Flight 52 crashed, killing 73 and injuring 88 passengers.
- ****Rockville, Maryland** - *February, 1989*. Four employees killed by disgruntled worker at VISA bank center.
- ****Washington, D.C.** - *February, 1989*. Hostage taking at D.C. public schools.
- ***Honolulu, Hawaii** - *February 24, 1989*. The door on United Flight 811 bound for New Zealand blows off at 22,000 feet as the plane climbs away from Honolulu. Nine passengers are killed and 5 others are seriously injured.

Community Crisis Response Team Training Manual

Prince William Sound, Alaska - *March, 1989*. Exxon-Valdez Oil Spill. Captain Joseph Hazelwood found guilty of misdemeanor.

****Sonoma County, California** - *April 14, 1989*. Ramon Salcido kills 7 people — his wife, 2 of his 3 children, his mother-in-law, 2 sisters-in-law and a fellow worker at Sonoma County's Grand Cru Winery.

****Washington, D.C.** - *May, 1989*. Stabbing on school playground.

***Sioux City, Iowa** - *July 19, 1989*. United Airlines Flight 232 crashed. 111 passengers die, 185 survive.

***Kentucky** - *September 13, 1989* - Mining explosion killed 10 miners.

***Louisville, Kentucky** - *September 14, 1989*. Joseph Westbecker shot 20 Standard Gravure Corp. workers, killing 8 before taking his own life.

****St. Croix, Virgin Islands** - *September 17-18, 1989*. Hurricane Hugo hit. Two dead and 80 hospitalized. 90% of the island's buildings were damaged. Puerto Rico hit by Hurricane as well.

***New York, New York** - *September 20, 1989*. U.S. Air Boeing 737-400 slid into the East River next to LaGuardia Airport after an aborted take-off. 59 people survived. Two people were killed.

***Charleston, South Carolina** - *September 21, 1989*. Hurricane Hugo hit Charleston with 135 m.p.h. winds and a 15 foot storm surge. Thirteen dead during the storm. Twenty-two more die in storm-related accidents or heart attacks.

***Alton, Texas** - *September 21, 1989*. Bus crash — 16 killed, many children.

****Bay Area, California** - *October 17, 1989*. Loma Prieta earthquake. 55 dead in the Bay area. Six dead in Santa Cruz County, 37 miles from San Francisco. Three dead in aftermath.

***San Francisco, California** - *November, 1989*. Earthquake outreach.

***Huntsville, Alabama** - *November 16, 1989*. Tornado kills 22.

***Newbergh, New York** - *November 16, 1989*. Seven children killed when winds from tornado blows down wall and glass on their lunchroom.

***Montreal, Canada** - *December 6, 1989*. Shooting in engineering building kills 14, wounds 13, ends in shooter's suicide.

***New York, New York** - *March 25, 1990*. Happy Land night club arson fire kills 87.

Community Crisis Response Team Training Manual

Oslo, Sweden to Frederikshavn, Denmark - *April 6, 1990*. Scandinavian Star. Fire breaks out in a cabin (thought to be arson) and consumes ship. Of 385 passengers and 96 crew members, 158 die.

***Charles County, Maryland** - *May 1990*. Six people died in a car crash. Five out of the six were from the same family.

Birmingham, England - *June 10, 1990* - Window blows out in cockpit of British Airways Flight 5390. All 82 passengers and crew survive. Captain Lancaster is sucked out of the cockpit but passenger holds on to his legs. He survives as well.

Shadyside, Ohio - *June 14, 1990*. Flash floods kill 26.

***Jacksonville, Florida** - *June 18, 1990*. Mass murder in General Motors Acceptance Corp. offices. James E. Pough shot 17 people, killing 10 before killing himself.

****Baltimore County, Maryland** - *July 8, 1990*. Three-year-old struck and killed by a drunk driver in the backyard of his home.

****Kuwait/Iraq** - *August 3 - November, 1990*. Hostage situation. NOVA involved in the United States with families of hostages.

****Gainesville, Florida** - *August 23 - August 30, 1990*. Four University of Florida students and 1 Santa Fe Community College student are murdered.

***Joliet/Will Counties, Illinois** - *August 28, 1990* - Tornadoes kill 28, injure 350 people. Two schools and close to 500 homes destroyed.

***Berkeley, California** - *September 27, 1990* - Mehrdad Dashti opens fire in a crowded bar near University of California at Berkeley. One student killed, 7 wounded and hostages are taken in an all night standoff. Dashti is killed by police.

***Camen Islands** - *October 15, 1990* - Camen airways plane skidded into 3 feet of water 50 feet past the runway. None killed.

***Aramoana, New Zealand** - *November 13, 1990*. Mass murder. David Gray kills 13 people before killing himself.

***Detroit, Michigan** - *December 3, 1990*. Plane crash between two Northwest airplanes on a runway. Kills 8.

***Tennessee** - *December 11, 1990*. Multi-car crash kills 15 people and injures 56.

***Persian Gulf** - *January, 1991*. Military officers are faced with the responsibility of notifying parents that their child has died fighting in the Persian Gulf War.

Community Crisis Response Team Training Manual

- *Los Angeles, California - February 1, 1991.** U.S. Air plane crash with a commuter plane on the runway. Thirty-four people dead.
- **Colorado Springs, Colorado - March 3, 1991.** United Airlines 737 crashes and kills 20 passengers and 5 crew members. An additional body was recovered in a casket in the cargo hold.
- *Colorado Springs, Colorado - March 4, 1991.** Crystal Springs Estates, a personal care boarding home burns in a fire that kills 9 elderly women.
- Banff, Alberta, Canada - March 5, 1991.** Avalanche kills 10 heli-skiers.
- *San Diego, California - March 22, 1991.** Two Navy submarine-hunting planes collide. 27 Navy aviators died.
- *Stetson University, DeLand, Florida - April 4, 1991.** Car crash. Kills 3 students and injures 4 others.
- *Philadelphia, Pennsylvania Suburb - April 4, 1991.** Helicopter collides with a twin-engine airplane. Senator John Heinz killed along with 3 others in the air. The debris falls on a school yard and kills 2 children, injures 9 others.
- *Sacramento, California - April 4-5, 1991.** Florin Mall massacre. Four men take 30 hostages inside The Good Guys electronics store. After 8½ hour siege, 6 people killed (3 hostages and 3 hostage-takers) in a shoot-out. Thirteen hostages wounded.
- *Brunswick, Georgia - April 5, 1991.** Small plane crash. Twenty-three killed, including former Senator John Tower.
- **Andover, Kansas - April 26, 1991 -** Tornado killed nineteen people, destroyed 859 homes, and damaged 850. Swept through Sedgwick and Butler counties.
- **Mt. Holly, New Jersey - April 28, 1991 -** Murder of Assistant District Attorney.
- **Sterlington, Louisiana - May 1, 1991 -** IMC Fertilizer Plant explosion kills 8 people .
- *Charleston, South Carolina - June 17, 1991.** Albright and Wilson chemical company explosion. Two dead and 33 injured, 6 critically.
- *Birmingham, Alabama - July 10, 1991.** L'Express commuter plane crashed into the Ensley neighborhood outside the airport. Thirteen dead, 2 critically injured.
- **Milwaukee, Wisconsin - July 24, 1991.** First reports of murders by Jeffrey Dahmer. Eventual discovery that he killed at least 17 young men, 16 in Wisconsin and 1 in Ohio.

Community Crisis Response Team Training Manual

- **Camden, South Carolina - July 31, 1991.** Amtrak train derailment. Seven dead.
- *Phoenix, Arizona - August 17, 1991.** Gunshot slaying of 9 people occurred in an isolated Buddhist temple.
- *New York, New York - August 27, 1991.** Subway train wreck. Seven dead.
- *Montreal, Canada - August 28, 1991.** Hostage situation results in Emergency Medical Technician killing his colleague.
- Talladega, Alabama - August 30, 1991.** Federal Correctional Institution. Ten-day siege by Cuban detainees. Surprise pre-dawn raid ended it on August 30, 1991. Nine hostages held by 121 inmates.
- **Lanham, Maryland - September 1991.** Shooting of Hechingers' Vice President at store in Baltimore.
- *Hamlet, North Carolina - September 3, 1991.** Fire in Imperial Food Products plant. Twenty-five dead and 55 injured.
- Forsyth, Missouri - September 14, 1991.** Taney County Jail. Fire kills 4 inmates.
- Montana State Prison - September 22, 1991.** Inmates hold 5 correction officers hostage and kill 5 other inmates (held in protective custody) during a four-hour disturbance.
- *Mineral Hills, Ohio - October 10, 1991.** Explosion from gas storage tanks kills 3. Three people were unaccounted for.
- *Wayne, New Jersey - October 10, 1991.** Ex-postal worker murdered ex-supervisor, and two post office employees.
- **Killeen, Texas - October 16, 1991.** George Hennard crashes truck into Luby's cafeteria and emerges with a semiautomatic to kill 23 people and injure 15, before killing himself.
- *Spokane, Washington - October 17, 1991.** Fires destroy at least 65 homes.
- *Oakland, California - October 20, 1991.** Brush fires kill 19. Forty-three people missing and 148 injured. 1,800 homes and 900 apartments destroyed. 200 apartments damaged.
- Ganeshpur, India - October 22, 1991.** Earthquake kills approximately 1,000.
- *Iowa City, Iowa - November 3, 1991.** Gunfire erupted on the University of Iowa campus when a disgruntled graduate student opened fire, fatally wounding 5 people, (4 faculty and 1 student), before he took his own life.

Community Crisis Response Team Training Manual

- ***Beliz** - 1992. American exchange student died in Beliz.
- ****Evansville, Indiana** - *February 6, 1992*. Sixteen people killed when a C-130 military cargo plane crashed into hotel/restaurant complex. Nine were guests, 2 were hotel employees and 5 were members of the Kentucky Air National Guard. Investigation later listed pilot error as the cause of the crash.
- ***Wichita, Kansas** - *March 6, 1992*. An employee shot his boss in front of 30 other employees.
- ** **Meridian, Mississippi** - *April 9, 1992*. Tornadoes in the south kill at least 24.
- ****East Orange, New Jersey** - *April 10 - 11, 1992*. Discovery of 4 bodies over a two-day period, possibly related to 7 earlier serial killings. Task Force formed, arrest made April 12, 1992, tying the accused to 5 homicides and 2 assaults (between December 12, 1991 through April 11, 1992.)
- ***Newport News, Virginia** - *May 1, 1992*. Train derailment.
- ***Kent, Ohio** - *May 1, 1992*. A group of people attacked two students on the campus of Kent State University. This occurred 3 days prior to the 21st anniversary of the shooting of 4 students by the National Guard.
- ***Olivehurst, California** - *May 2, 1992*. A man held 80 students hostage at the high school he had attended. One teacher, and three students were killed.
- ***Fort Worth, Texas** - *July 1, 1992*. Two attorneys were killed, and two judges were among three people wounded, when a gunman stood in a courtroom spectators gallery and opened fire.
- ****South Dade County, Florida** - *August 23 - 24, 1992*. Hurricane Andrew's force covers over 165 square miles. Fifty-plus fatalities, 85,000 homes destroyed during the storm. Estimated damages were \$30 billion.
- ***Denver, Colorado** - *August 31, 1992*. A student died tragically at St. Anne's Episcopal School.
- ***Kauai, Hawaii** - *September 12, 1992*. Hurricane Iniki, the worst hurricane to hit Hawaii this century, destroyed much of the island. The severe storms caused the death of 2 people, and injured 98.
- ***Managua, Nicaragua** - *September 17, 1992*. Coastal storms killed at least 116 people and left 16,000 people homeless.
- ***Bijlmermeer, Netherlands** - *October 4, 1992*. An El Al 747-200F cargo plane crashed into a 10 story low-income apartment building in southeast Amsterdam, after the engines fell off the plane. Over 200 people were killed in this tragic plane crash.

Community Crisis Response Team Training Manual

- **Ottawa, Ontario (Canada) - October 21, 1992.** After 22 photographs of female students were stolen from a lab office in Carleton University's physics building, a man threatened the lives of 19 of those women. The chemistry and physics buildings were evacuated.
- *Baltimore, Maryland - October 26, 1992.** Bank robbery and shooting.
- * Brandon, Mississippi - November 22, 1992.** Tornadoes swept through eight southern states. Twenty-four people were killed, 200 injured, and buildings and homes destroyed.
- *Quincy, Illinois - November 23, 1992.** Bank robbery and six hour hostage situation resulted in one death.
- *Chester, Pennsylvania - December 5, 1992.** Eight children died in a fire that began in a mattress and quickly spread throughout the rest of the townhouse. The house was heated by an open stove and a faulty space heater.
- *Great Barrington, Massachusetts - December 15, 1992.** Disgruntled student opened fire on campus of Simon's Rock College of Bard, killing 1 faculty and 1 student, and wounding 4 students.
- *Alexandria, Virginia - December 30, 1992.** A federal worker, who was trying to escape from a stalled elevator, fell 14 floors in the elevator shaft and died.
- *Cancun, Mexico - January, 1993.** Bus crash.
- *New York, New York - February 26, 1993.** An explosion, caused by a bomb, ripped through a garage in the World Trade Center, killing seven people, injuring more than 500 people and causing a frantic midday evacuation of tens of thousands of workers from the complex's twin towers. Smoke filled all 110 floors within minutes of the bomb.
- *Waco, Texas - February 28, 1993.** A stand-off between Branch Davidian cult leader, David Koresh, and federal agents, resulted in the death of 4 agents and two cult members. Sixteen agents were wounded, as well as a number of cult followers.
- *Chicago, Illinois - March 17, 1993.** A hotel fire left 15 people dead, and destroyed the building which housed 130 low-income and elderly people.
- *Fort Lauderdale, Florida - March 18, 1993.** Amtrak train collided with a gasoline tanker truck, killing six and injuring at least 15.
- **Lucasville, Ohio - April 11 - 22, 1993.** Southern Ohio Correctional Facility. Fighting broke out; 13 correctional officers taken hostage. The siege was brought to an end through negotiations. One correctional officer and 9 inmates died. Damages estimated at over \$5 million.

Community Crisis Response Team Training Manual

- *Pierre, South Dakota - April 19, 1993.** Governor George Mickelson died in an airplane crash.
- **Passaic, New Jersey - May 5, 1993.** A 7 year old Hispanic/Latino girl is kidnapped, sexually assaulted and asphyxiated by a state parolee recently released and living in a nearby boarding house.
- *Deerborn, Michigan - May 7, 1993.** A disgruntled postal worker killed his supervisor, and three other employees, wounded three employees, and then killed himself.
- **Skokie, Illinois - May 8, 1993.** An explosion in a factory injured 6 workers.
- *Washington, D.C. - May 19, 1993.** Councilman Wilson commits suicide.

- **Washington, D.C. - May 20, 1993.** Violence, instigated by a shotgun stalker, plagued the communities of Columbia Heights and Mt. Pleasant.
- *Fayetteville, North Carolina - August 9, 1993.** A man opened fire in a restaurant killing 4 people and wounding 7 others. The 22 year old assailant was in the army and was raging about homosexuals in the military when he shot his victims.
- *Mobile, Alabama - September 22, 1993.** An Amtrak train plunged into a bayou. Forty-seven passengers died in the crash.
- **Vienna, Virginia - September 29, 1993.** Hotel employee murdered.
- **Arlington, Virginia - September 28, 1993.** A Hispanic/Latino 19 year old mother is shot to death by her ex-boyfriend in an apartment building laundry room. The victim's 16 month old son, 4 year old niece, and a 3 year old boy were present. Assailant escaped.
- * Alexandria, Virginia - October 3, 1993.** A 19 year old man was killed when his parachute collapsed during a jump from 10,500 feet. He had been an experienced sky diver.
- *Snyder, Oklahoma - November 11, 1993.** A bus crash killing 9 elementary school students, and left the other students wounded and traumatized.
- *Garden City, Long Island, New York - December 7, 1993.** Long Island Rail Road Massacre. Five people were killed on the commuter train to Hicksville. 18 people were wounded.
- *Des Moines, Iowa - 1993.** The Prayer of Faith Church of God, the only African American church in West Des Moines, was destroyed by a flood. Insurance did not cover the cost of flood damages.
- *Los Angeles, California - January 17, 1994.** Northridge Earthquake. At least 24 people killed, and hundreds injured.

Community Crisis Response Team Training Manual

- **Chicago, Illinois** - *April 7, 1994*. Thirteen homicides at the Robert Taylor Homes. The killings affected tens of thousands of Chicagoans who lived in public housing.
- *Alexandria, Virginia** - *May 24, 1994*. Over the course of five years, a man attempted to abduct young girls in at least 30 incidents. In at least one of the cases, a thirteen year old girl was raped.
- *Florida, Georgia, Alabama** - *July 12, 1994*. Tropical Storm Alberto. Flooding in southern states affected over 12,000 family dwellings.
- *Douglas, Wyoming** - *August 3, 1994*. Five children were killed in a train accident.
- *Raleigh-Durham, North Carolina** - *December 13, 1994*. An American Eagle Jetstream J31 crashed at Raleigh-Durham International airport. 15 people died and 5 survived. The plane was only 2 years old, and had a maintenance check one week prior to the crash.
- *Sioux City, Iowa** - *December 13, 1994*. A Missouri River fertilizer plant exploded, injuring 20 and killing 4. Hundreds of people were evacuated from the area, and the blast could be felt from 20 miles away.
- *Washington, D.C.** - *December 20, 1994*. Shots were fired at the White House.
- *New York, New York** - *December 21, 1994*. Firebomb exploded on a Manhattan subway car. The fire caused the injury of more than 35 individuals, including four who were critically hurt.
- **Croatia/ Bosnia-Herzegovina** - *January 4, 1995*. War refugees/ Displaced persons.
- *Walnut Creek, California** - *January 23, 1995*. Multiple bank robberies.
- *Baltimore, Maryland** - *January 23, 1995*. Federal armored express robberies.
- *Chapel Hill, North Carolina** - *January 26, 1995*. Shooting at University. Two students were killed, and several were injured.
- **Kobe, Japan** - *February, 1995*. Great Hanshin Earthquake killed over 2000 people, and left thousands of buildings destroyed.
- *Buffalo, New York** - *March 6, 1995*. Three people died in a shootout between factions feuding for leadership of the Seneca Nation of Indians.
- *Richmond, Virginia** - *March 7, 1995*. Shooting at hotel.
- *San Francisco, California** - *March 13, 1995*. Severe winter storms.
- *New York, New York** - *March 21, 1995*. Building collapses in Harlem, and kills 3.

Community Crisis Response Team Training Manual

- ***Montclair, New Jersey** - *Mach 22, 1995*. Four men, two of them postal employees were killed in a Post Office shooting.
- ***Texas** - *March 31, 1995*. Factory shooting.
- ***Texas** - *April 1, 1995*. Murder of Selena (singer).
- ****Oklahoma City, Oklahoma** - *April 19, 1995*. A bomb exploded at the Alfred P. Murrah Federal Building, in downtown Oklahoma City. This devastating incident destroyed the building, left 168 people dead, and hundreds more injured. NOVA responded with a total of 45 crisis intervenors, sent on 4 consecutive teams.
- ** **Dryden, New York** - *October 15, 1995*. Two 16 year old girls (both cheerleaders at the local high school) were murdered by a next door neighbor. This small town had recently been exposed to several deaths caused by violence.
- ***Fox River Grove, Illinois** - *October 25, 1995*. An express commuter train slammed into a school bus at a suburban crossing, killing 5 people and injuring 30.
- ***Fort Bragg, North Carolina** - *October 27, 1995*. Shooting, 82nd airborne.
- ***Charleston, West Virginia** - *January 23, 1996*. Flooding.
- ****Tampa, Florida** - *February 5, 1996*. Employees at Marriott witness a suicide.
- ***Dunblane, Scotland** - *March 13, 1996*. A lone gunman shot 16 children ages five and six in a "slaughter of the innocents" at a Scottish school. He also killed 2 adults (including a female teacher), and injured 17 people.
- ***Dubrovnick, Croatia** - *April 3, 1996*. A U.S. military plane carrying Commerce Secretary Ronald H. Brown and 32 other people crashed into a hillside while trying to land in extremely bad weather. Everyone on board died.
- ***Port Arthur, Australia** - *April 29, 1996*. A gunman with a semi-automatic rifle killed at least 34 people in Australia's worst massacre. He ran out of a burning cottage, where he had held police at bay for 12 hours, and was arrested.
- ***West Virginia** - *May 15, 1996*. Flooding and heavy winds.
- ***Washington, D.C.** - *May 16, 1996*. Jeremy Boorda, Chief of Naval Operations, commits suicide.
- ***Miami, Florida** - *May 14, 1996*. ValuJet Flight 592 crashed into the Florida Everglades, killing 109 people.
- ***Hillview, Kentucky** - *May 29, 1996*. Tornadoes swept the area, leaving 15,000 Louisville Gas and Electric customers without power for several days.

Community Crisis Response Team Training Manual

- **Long Island, New York - July 17, 1996.** TWA Flight 800 exploded, killing all 230 people on board.
- **Fort Lauderdale, Florida - July 30, 1996.** Disgruntled employee at the Marriott Harbor Beach stabbed and killed one fellow employee and stabbed and critically wounded two other employees.
- * Detroit, Michigan - January 9, 1997.** A commuter Comair flight crashed. Twenty-nine people died.
- *Atlanta, Georgia - January 22, 1997.** A bomb, targeting an abortion clinic, exploded and injured six people, and threatened hundreds of others.
- **Little Rock, Arkansas - March 4, 1997.** Tornado struck Arkansas, leaving 25 dead, and hundreds of homes destroyed.
- * Edison, New Jersey - March 25, 1997.** Apartment building exploded.
- **Spotsylvania, Virginia - May 1, 1997.** On September 9, 1996 Sofia Marlene Silva, aged 16 disappeared from her home. Three weeks later her body was found partially submerged in a creek in a neighboring county. On May 1, 1997 -15 year old Kristin Lisk and her 12 year old sister Kati Lisk disappeared from their home. Five days later their bodies were discovered in another neighboring county.
- *Redford, Texas - May 20, 1997.** Ezequiel Hernandez , was the first American killed by U.S. troops on U.S. soil since the 1970 Kent State incident.
- *San Marcos, Texas - September 20, 1997.** A plane crashed at an air show that 15,000 spectators attended. The pilot died in the crash.
- *Pearl, Mississippi - October 1, 1997.** Teenager, involved in Satanism, shoots his girlfriend at school.
- **Paducah, Kentucky - December 7, 1997.** Teenager opens fire on his classmates during an early morning prayer session. Three girls die and 1 is critically injured.
- **Guam, U.S. Territory - December 16, 1997.** Typhoon Paka hit Guam and later hit Saipan. In Guam, 5,774 housing units were either destroyed or damaged. Saipan experienced an influx of domestic violence cases.
- **Orange County, California - December 18, 1997.** A former employee killed 4 employees in a California Department of Transportation Maintenance Yard. Assailant died during incident.
- **Orlando, Florida - December 1997.** A man who was fleeing authorities because he was accused of murder, ran into a house and took 2 young children hostage for over 24 hours. The man was eventually shot when police officers stormed the house.

Community Crisis Response Team Training Manual

- ***Bassett, Virginia** - *December 1997*. Fire killed three children and two grandparents.
- ***Eastern Shore, Maine** - *January 5, 1998*. Severe ice storms, rain, and high winds threatened homes.
- ***Upstate, New York** - *January 5, 1998*. Severe winter and ice storms, high winds, and flooding.
- ***Johnson (and surrounding) Counties, Tennessee** - *January 6, 1998*. Severe storms and flooding. Seven people died, including a rescue worker.
- ***Glorietta, New Mexico** - *January 8, 1998*. A bus carrying 56 passengers, traveling from El Paso to Denver, crashed. One person died.

- * **St. Mary's College, Maryland** - *January 19, 1998*. Students visiting Guatemala were attacked by a group of men. Five female students were raped and assaulted. Everyone on the bus was robbed.
- ****Birmingham, Alabama** - *January 29, 1998*. Bombing of an abortion clinic. Off duty policeman was killed, and a nurse was seriously injured.

- ***Maine and New Hampshire** - *February 2, 1998*. Winter storms caused major power outages for over two weeks.

- ***Orlando, Florida** - *February 3, 1998*. Aggravated robbery at a Boston Market Restaurant.

- ***Arkansas** - *February 4, 1998*. A young man murdered his entire family. It was later learned that the man was brutally sexually abused by a boy scout leader.

- ***Florida** - *February 5, 1998*. Severe storms caused flooding, beach erosion, and power outages.

- ***Ignatio, Colorado** - *February 5, 1998*. Two drunk driving accidents, both involving young men from the Ute tribe, resulted in 8 deaths.

- ***Washington, D.C.** - *February 5, 1998*. A man walked into the waiting room of a hospital cancer unit and shot 6 people. The one person who died was intentionally shot by the assailant.

- ***Northern California** - *February 18, 1998*. Winter storms, driven by El Nino, created flooding and landslides. Twenty-seven counties were declared as a presidential disaster. At least four people died, and three were reported missing.

- ****Seminole and Osceola Counties, Florida** - *February 23, 1998*. Tornadoes hit several counties causing massive damage to homes, shopping centers, and trailer parks. A confirmed 38 died.

Community Crisis Response Team Training Manual

****York, Pennsylvania - February 26, 1998.** Armed robbery at the York Tracktown Credit Union. There were no injuries or deaths, however the employees were traumatized by the event.

***Northern California - March 2, 1998.** El Nino related storms caused mudslides to destroy homes. The storms were also cause to at least 5 deaths.

***Elba, Alabama - March 11, 1998.** Flooding in the Southeast drove thousands from their homes and caused 12 deaths.

***Hartford, Connecticut - March 1998.** Four employees were killed at the state lottery headquarters by a disgruntled employee.

***Elba, Georgia - March 11, 1998.** Storms, flooding, and a broken dam destroyed 1,160 homes and was the cause of 12 deaths.

****Jonesboro, Arkansas - March 24, 1998.** A fire alarm rang at Westside Middle School, and two boys waited in the woods to attack their classmates. A teacher, and four students died in the shooting. Others students were injured and many of the children witnessed the incident.

****Catonsville, Maryland - April 8, 1998.** An employee at a Boston Market Restaurant shot a fellow employee in the face. The victim suffered flesh wounds, and other employees witnessed the event.

****Birmingham, Alabama - April 8, 1998.** A category five tornado hit several communities west of Birmingham. A school was demolished, a church destroyed, over 1,400 homes lost, and 33 people killed.

****Edinboro, Pennsylvania - April 24, 1998.** An eighth grade student shot and killed a teacher and wounded two peers at a school dance. Approximately 240 individuals including students, teachers and parent volunteers were present.

***Arlington, Washington - April 27, 1998.** A fire at an assisted living center caused 9 people to die, and massive destruction the building and personal items.

****Longmont, Colorado - May 1, 1998.** Employees at a Boston Market were robbed at gun point. Employees were physically forced into basement.

****Springfield, Oregon - May 21, 1998.** A high school student brought guns to school and began shooting at his classmates in the cafeteria. Two students were killed, many injured, and over 400 students and staff witnessed the violence.

***Danville, Illinois - May 24, 1998.** A bomb exploded at a church. There were 33 injuries and no deaths.

***Fort Lauderdale, Florida - May 29, 1998.** A teacher was shot to death in a high school parking lot as students and teachers arrived for morning classes. The gunman then killed himself.

Community Crisis Response Team Training Manual

****Aurora, Colorado - May 29, 1998.** Employees at a Boston Market were robbed at gun point and forced into the walk in refrigerator.

***Jasper, Texas - June 12, 1998.** An African-American man was chained to a pickup truck and dragged 2 miles until his body was torn to pieces. The murder was believed to be done by members of the Ku Klux Klan.

***Richmond, Virginia - June 15, 1998.** A fight in a high school hallway led to a student wounding, by shotgun, one teacher and one adult volunteer.

****Bessemer, Alabama - June 29, 1998.** Two young children were murdered on the same day. One child, age 6, was the victim of a drive by shooting. The other, age 6, was beaten to death with a baseball bat by his older step-brother.

****Brownsville, Texas - July 8, 1998.** Two civilian women and two U.S. border patrol agents were killed, and two people were injured. The border patrols were ambushed by two men after a fatal domestic violence shooting.

Crime-Caused Community Crises Since 1980

Bogota, Columbia - February 27, 1980. Dominican Republic's Embassy in Bogota, Columbia, was stormed and 15 ambassadors from around the world were taken hostage for some 60 days.

Wilkes-Barre, Pennsylvania - September 25, 1982. George E. Banks, a prison guard, killed 13 people.

Seattle, Washington - February 19, 1983. Two Hong Kong immigrants, Kwan-Fai Mak & Benjamin Ng, killed 13 Chinese-American businessmen and gambling dealers in a gambling club.

New York, New York - April 15, 1984. The "Palm Sunday massacre." Christopher Thomas killed 10 people.

San Ysidro, California - July 18, 1984. James Huberty massacres 21 people and injures 15 others in a McDonald's restaurant.

Cokeville, Wyoming - May 16, 1986. A man and woman held students and teachers hostage in an elementary school. Their bomb exploded accidentally, killing the woman and burning some of the hostages. The man committed suicide, but not before shooting one teacher in the back.

****Edmond, Oklahoma - August 20, 1986.** Murder of 14 people and injury of 6 in post office by Pat Sherrill who then committed suicide.

Community Crisis Response Team Training Manual

- **Mt. Pleasant, Iowa - December 11, 1986.** Murder of mayor of Mt. Pleasant and injury of 2 City Council members by man who was upset over his sewer problems.
- *San Juan, Puerto Rico - December 31, 1986.** Hotel fire, caused by arson, kills 97 and injures over 150 more.
- *Hackensack, New Jersey - March, 1987.** Teacher sexually abusing children.
- *St. Joseph, Missouri - March, 1987.** Twelve year old kills himself and a friend at school.
- **Palm Bay, Florida - April 23, 1987.** Murder of 6 individuals in a shopping mall. Two police officers killed.
- *Rockville, Maryland - June, 1987.** Child sexual abuse by principal at Hebrew Academy of Greater Washington.
- **Tacoma, Washington - July, 1987.** Multiple murders. Man killed 7 relatives, then committed suicide.
- **Inkster, Michigan - July 7, 1987.** Hostage-taking and killing of 3 police officers.
- *Cincinnati, Ohio - August 18, 1987.** Donald Harvey pleads guilty to 24 killings, between 1983 and 1987, at Daniel Drake Memorial Hospital. He admitted to killing over 30 other people over a 16 year period, in both Cincinnati and Kentucky.
- *Hungerford, England - August 19, 1987.** Mass murder in which over 14 people are killed before Michael Ryan kills himself. 16 others were injured.
- *Kankakee, Illinois - September, 1987.** Kidnap of broadcasting/newspaper publishing heir, who was later murdered by being buried alive or suffocation.
- *Graham County, Arizona - September 1987.** A father, who felt custody arrangements were unfair, terrorized children at a small school in order to be with his children.
- *St. Louis, Missouri - September 4, 1987.** Two men fatally shot 5 employees and wounded 2 others during the holdup of a National Super Market.
- *Oakdale, Louisiana and Atlanta, Georgia - November 21- December 4, 1987.** Prison riots at federal prisons.
- *Middlesex, Massachusetts - December, 1987.** Multiple murders by teenager.
- *Russellville, Arkansas - December, 1987.** Mass murder — 16 killed, 4 injured.

Community Crisis Response Team Training Manual

- **Paso Robles, California - December 7, 1987.** Pacific Southwest plane crash-murder of pilot — 43 die.
- *Morristown, New Jersey - January, 1988.** A 14 year old involved in a cult, killed his mother then killed himself.
- *Tuscaloosa, Alabama - February, 1988.** Two masked gunmen held 1 teacher and 60 children (second graders) hostage in schoolroom.
- *Sunnyvale, California - February, 1988.** Multiple murders. Man spurned by female coworker, shot 8 coworkers, killing 3.
- **Washington, D.C. - February 25, 1988.** Woman sexually assaulted in D.C. Counseling Center. Center personnel in building at time fled from area of assault.
- **Washington, D.C. - May 10, 1988.** Teacher stabbed by a stranger in front of her class on the way to the playground.
- **Radcliff, Kentucky - May 14, 1988.** Bus crash in Carrollton, Kentucky, kills 27 individuals (24 children) from Radcliff. Drunk driver involved.
- *Winnetka, Illinois - May 21, 1988.** Woman fired as baby-sitter sets fire to house, then goes to Hubbard Woods Elementary school, kills 1, injures 6, and commits suicide.
- *Concord, California - June 27, 1988.** Shooting in Micropure Plant, killed 2, injured 4.
- *Winston-Salem, North Carolina - July 21, 1988.** Shooting killed 4 and wounded 2.
- *Rapid City, South Dakota - July 31- August 2, 1988.** Arson fires destroy over 15 homes and thousands of acres of forest.
- Wyoming State Penitentiary - December 2, 1988.** Hostage-taking. Barbara France and Betty Lewis were taken hostage. Offenders are Abdula Kru Amin and Donald Calkins.
- *Lockerbie, Scotland - December 21, 1988.** Pam Am Flight 103 explodes. All 259 passengers and crew and 11 people on the ground are killed.
- *Stockton, California - January 17, 1989.** Mass murder at Cleveland Elementary School. Five children dead. Four Cambodians and one Vietnamese. Twenty-nine other students and a teacher were wounded, 15 seriously. The gunman killed himself.
- **Rockville, Maryland - February, 1989.** Four employees killed by disgruntled worker at VISA bank center.
- **Washington, D.C. - February, 1989.** Hostage taking at D.C. public schools.

Community Crisis Response Team Training Manual

Greenwood, South Carolina - *September 26, 1988*. A 19-year-old opened fire in a crowded cafeteria at Oakland Elementary School, killing 2 eight-year-old girls and wounding 9 other people.

****Sonoma County, California** - *April 14, 1989*. Ramon Salcido kills 7 people — his wife, 2 of his 3 children, his mother-in-law, 2 sisters-in-law and a fellow worker at Sonoma County's Grand Cru Winery.

****Washington, D.C.** - *May, 1989*. Stabbing on school playground.

***Louisville, Kentucky** - *September 14, 1989*. Joseph Westbecker shot 20 Standard Gravure Corp. workers, killing 8 before taking his own life.

***Montreal, Canada** - *December 6, 1989*. Shooting in engineering building kills 14, wounds 13, ends in shooter's suicide.

***New York, New York** - *March 25, 1990*. Happy Land night club arson fire kills 87.

***Jacksonville, Florida** - *June 18, 1990*. Mass murder in General Motors Acceptance Corp. offices. James E. Pough shot 17 people, killing 10 before killing himself.

****Baltimore County, Maryland** - *July 8, 1990*. Three-year-old struck and killed by a drunk driver in the backyard of his home.

****Kuwait/Iraq** - *August 3 - November, 1990*. Hostage situation. NOVA involved in the United States with families of hostages.

****Gainesville, Florida** - *August 23 - August 30, 1990*. Four University of Florida students and 1 Santa Fe Community College student are murdered.

***Berkeley, California** - *September 27, 1990* - Mehrdad Dashti opens fire in a crowded bar near University of California at Berkeley. One student killed, 7 wounded and hostages are taken in an all night standoff. Dashti is killed by police.

***Aramoana, New Zealand** - *November 13, 1990*. Mass murder. David Gray kills 13 people before killing himself.

***Sacramento, California** - *April 4-5, 1991*. Florin Mall massacre. Four men take 30 hostages inside The Good Guys electronics store. After 8½ hour siege, 6 people killed (3 hostages and 3 hostage-takers) in a shoot-out. Thirteen hostages wounded.

****Mt. Holly, New Jersey** - *April 28, 1991* - Murder of Assistant District Attorney.

****Milwaukee, Wisconsin** - *July 24, 1991*. First reports of murders by Jeffrey Dahmer. Eventual discovery that he killed at least 17 young men, 16 in Wisconsin and 1 in Ohio.

Community Crisis Response Team Training Manual

- *Phoenix, Arizona - August 17, 1991.** Gunshot slaying of 9 people occurred in an isolated Buddhist temple.
- *Montreal, Canada - August 28, 1991.** Hostage situation results in Emergency Medical Technician killing his colleague.
- Talladega, Alabama - August 30, 1991.** Federal Correctional Institution. Ten-day siege by Cuban detainees. Surprise predawn raid ended it on August 30, 1991. Nine hostages held by 121 inmates.
- **Lanham, Maryland - September 1991.** Shooting of Hechingers' Vice President at store in Baltimore.
- Montana State Prison - September 22, 1991.** Inmates hold 5 correction officers hostage and kill 5 other inmates (held in protective custody) during a four-hour disturbance.
- *Wayne, New Jersey - October 10, 1991.** Ex-postal worker murdered ex-supervisor, and two post office employees.
- **Killeen, Texas - October 16, 1991.** George Hennard crashes truck into Luby's cafeteria and emerges with a semiautomatic to kill 23 people and injures 15, before killing himself.
- *Iowa City, Iowa - November 3, 1991.** Gunfire erupted on the University of Iowa campus, when a disgruntled graduate student opened fire, fatally wounding 5 people, (4 faculty and 1 student), before he took his own life.
- *Wichita, Kansas - March 6, 1992.** An employee shot his boss in front of 30 other employees.
- **East Orange, New Jersey - April 10 - 11, 1992.** Discovery of 4 bodies over a two-day period, possibly related to 7 earlier serial killings. Task Force formed, arrest made April 12, 1992, tying the accused to 5 homicides and 2 assaults (between December 12, 1991 through April 11, 1992.)
- *Kent, Ohio - May 1, 1992.** A group of people attacked two students on the campus of Kent State University. This occurred 3 days prior to the 21st anniversary of the shooting of 4 students by the National Guard.
- *Los Angeles, California - May 1, 1992.** In response to the Rodney King trial, citizens rioted against the decision that the police officers who beat King were not guilty. The riots lead to the death of at least 39 individuals, and more than 1,500 injured. Fourteen-hundred fires were reported, and 3,000 arrests were made.
- *Olivehurst, California - May 2, 1992.** A man held 80 students hostage at the high school he had attended. One teacher, and three students were killed.

Community Crisis Response Team Training Manual

- ***Fort Worth, Texas** - *July 1, 1992*. Two attorneys were killed, and two judges were among three people wounded, when a gunman stood in a courtroom spectators gallery and opened fire.
- ****Ottawa, Ontario (Canada)** - *October 21, 1992*. After 22 photographs of female students were stolen from a lab office in Carleton University's physics building, a man threatened the lives of 19 of those women. The chemistry and physics buildings were evacuated.
- ***Baltimore, Maryland** - *October 26, 1992*. Bank robbery and shooting.
- ***Quincy, Illinois** - *November 23, 1992*. Bank robbery and six hour hostage situation resulted in one death.
- ***Great Barrington, Massachusetts** - *December 15, 1992*. Disgruntled student opened fire on campus of Simon's Rock College of Bard, killing 1 faculty and 1 student, and wounding 4 students.
- ***New York, New York** - *February 26, 1993*. An explosion caused by a bomb, ripped through a garage in the World Trade Center, killing seven people, injuring more than 500 people and causing a frantic midday evacuation of tens of thousands of workers from the complex's twin towers. Smoke filled all 110 floors within minutes of the bomb.
- ****Lucasville, Ohio** - *April 11 - 22, 1993*. Southern Ohio Correctional Facility. Fighting broke out; 13 correctional officers taken hostage. The siege was brought to an end through negotiations. One correctional officer and 9 inmates died. Damages estimated at over \$5 million.
- ****Passaic, New Jersey** - *May 5, 1993*. A 7 year old Hispanic/Latino girl is kidnapped, sexually assaulted and asphyxiated by a state parolee recently released and living in a nearby boarding house.
- ***Deerborn, Michigan** - *May 7, 1993*. A disgruntled postal worker killed his supervisor, and three other employees, wounded three employees, and then killed himself.
- ****Washington, D.C.** - *May 20, 1993*. Violence, instigated by a shotgun stalker, plagued the communities of Columbia Heights and Mt. Pleasant.
- ***Fayetteville, North Carolina** - *August 9, 1993*. A man opened fire in a restaurant, killing 4 people and wounding 7 others. The 22 year old assailant was in the army and was raging about homosexuals in the military when he shot his victims.
- ****Arlington, Virginia** - *September 28, 1993*. A Hispanic/Latino 19 year old mother is shot to death by her ex-boyfriend in an apartment building laundry room. The victim's 16 month old son, 4 year old niece, and a 3 year old boy were present. Assailant escaped.
- ****Vienna, Virginia** - *September 29, 1992*. Hotel employee murdered.

Community Crisis Response Team Training Manual

- ***Garden City, Long Island, New York** - *December 7, 1993*. Long Island Rail Road Massacre. Five people were killed on the commuter train to Hicksville. 18 people were wounded.
- ****Chicago, Illinois** - *April 7, 1994*. Thirteen homicides at the Robert Taylor Homes. The killings affected tens of thousands of Chicagoans who lived in public housing.
- ***Alexandria, Virginia** - *May 24, 1994*. Over the course of five years, a man attempted to abduct young girls in at least 30 incidents. In at least one of the cases, a thirteen year old girl was raped.
- ***Washington, D.C.** - *December 20, 1994*. Shots were fired at the White House.
- ***New York, New York** - *December 21, 1994*. Firebomb exploded on a Manhattan subway car. The fire caused the injury of more than 35 individuals, including four who were critically hurt.
- ***Walnut Creek, California** - *January 23, 1995*. Multiple bank robberies.
- ***Baltimore, Maryland** - *January 23, 1995*. Federal armored express robberies.
- ***Chapel Hill, North Carolina** - *January 26, 1995*. Shooting at University. Two students were killed and several were injured.
- ***Buffalo, New York** - *March 6, 1995*. Three people died in a shootout between factions feuding for leadership of the Seneca Nation of Indians.
- ***Richmond, Virginia** - *March 7, 1995*. Shooting at hotel.
- ***Montclair, New Jersey** - *March 22, 1995*. Four men, two of them postal employees were killed in a Post Office shooting.
- ***Texas** - *March 31, 1995*. Factory shooting.
- ***Texas** - *April 1, 1995*. Murder of Selena (singer).
- ****Oklahoma City, Oklahoma** - *April 19, 1995*. A bomb exploded at the Alfred P. Murrah Federal Building, in downtown Oklahoma City. This devastating incident destroyed the building, left 168 people dead, and hundreds more injured. NOVA responded with a total of 45 crisis intervenors, sent on 4 consecutive teams.
- ** **Dryden, New York** - *October 15, 1995*. Two 16 year old girls (both cheerleaders at the local high school) were murdered by a next door neighbor. This small town had recently been exposed to several deaths caused by violence.
- ***Fort Bragg, North Carolina** - *October 27, 1995*. Shooting, 82nd airborne.

Community Crisis Response Team Training Manual

- **Tampa, Florida - February 5, 1996.** Employees at Marriott witness a suicide.
- *Dunblane, Scotland - March 13, 1996.** A lone gunman shot 16 children ages five and six in a "slaughter of the innocents" at a Scottish school. He also killed 2 adults (including a female teacher), and injured 17 people.
- *Port Arthur, Australia - April 29, 1996.** A gunman with a semiautomatic rifle, killed at least 34 people in Australia's worst massacre. He ran out of a burning cottage, where he had held police at bay for 12 hours, and was arrested.
- *Washington, D.C. - May 16, 1996.** Jeremy Boorda, Chief of Naval Operations, commits suicide.
- **Fort Lauderdale, Florida - July 30, 1996.** Disgruntled employee at the Marriott Harbor Beach stabbed and killed one fellow employee and stabbed and critically wounded two other employees.
- *Atlanta, Georgia - January 22, 1997.** A bomb, targeting an abortion clinic, exploded and injured six people, and threatened hundreds of others.
- **Spotsylvania, Virginia - May 1, 1997.** On September 9, 1996 Sofia Marlene Silva, aged 16 disappeared from her home. Three weeks later her body was found partially submerged in a creek in a neighboring county. On May 1, 1997 -15 year old Kristin Lisk and her 12 year old sister Kati Lisk disappeared from their home. Five days later their bodies were discovered in another neighboring county.
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- **Orange County, California - December 18, 1997.** A former employee killed 4 employees in a California Department of Transportation Maintenance Yard. Assailant died during incident.
- **Orlando, Florida - December 10, 1997.** A man who was fleeing authorities because he was accused of murder, ran into a house and took 2 young children hostage for 63 hours. The man was eventually shot, when police officers stormed the house.
- *St. Mary's College, Maryland - January 19, 1998.** Students visiting Guatemala were attacked by a group of men. Five female students were raped and assaulted. Everyone on the bus was robbed.

Community Crisis Response Team Training Manual

- **Birmingham, Alabama - January 29, 1998.** Bombing of an abortion clinic. Off duty policeman was killed, and a nurse was seriously injured.
- *Orlando, Florida - February 3, 1998.** Aggravated robbery at a Boston Market Restaurant.
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- **Longmont, Colorado - May 1, 1998.** Employees at a Boston Market were robbed at gun point. Employees were physically forced into basement.
- **Springfield, Oregon - May 21, 1998.** A high school student brought guns to school and began shooting at his classmates in the cafeteria. Two students were killed, many injured, and over 400 students and staff witnessed the violence.
- *Danville, Illinois - May 24, 1998.** A bomb exploded at a church. There were 33 injuries and no deaths.
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Community Crisis Response Team Training Manual

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****Brownsville, Texas - July 8, 1998.** Two civilian women and two U.S. border patrol agents were killed, and two people were injured. The border patrols were ambushed by two men after a fatal domestic violence shooting.

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Appendix F: A Media Code of Ethics

Proposed by the National Organization for Victim Assistance

In recognition that crime and trauma victims who are most of interest to the media deserve to be treated as *innocent* victims; are likely to be in a state of crisis; are likely to say and do things in that vulnerable state which they later consider undignified and embarrassing; are not likely to have had any experience in working with the media; are therefore vulnerable to “second injuries” by inaccurate, intrusive, or unfair press coverage; and may, in later times, re-experience their trauma if their stories are republicized without warning,

I shall:

Give the public factual, objective crime reports, including:

- the type of crime that has occurred;
- the community where the crime occurred;
- the name and description of a suspected or convicted offender if permitted by law; and
- significant facts that may prevent other crimes.

Present a balanced view of crime by ensuring that the victim and the criminal perspectives are given equal coverage whenever possible and appropriate;

When requesting to speak with victims, explain what experienced news sources already know — that they may be interviewed on or off the record, or on limited topics of their choosing, if they desire to give an interview; and further advise them that they have a right not to be interviewed at all;

Quote victims, family members, and friends fairly and in context, appreciating that their most dramatic statements may be misunderstood if not tempered by other statements also made by these sources;

Community Crisis Response Team Training Manual

Notify and ask permission of victims and their families before using “file-copy” videotapes or photographs for documentaries, news updates, or features.

In writing longer feature articles on victimization subjects, or in hosting radio and television talk shows, use the media as a public education service, with reliable information about the patterns of behavior and reactions being discussed, and always offer readers, listeners, and viewers the name and number of a qualified crisis line for victims and former victims for whom the show or article is a crisis-inducing event.

I shall not:

Photograph, film, or videotape detailed shots of crime scenes, remains of bodies, or visual evidence of brutality, instruments of torture, or the disposal of bodies; and never print or televise even general pictures of such scenes until assured that all relevant loved ones have been notified of the crime.

Print or broadcast unverified or ambiguous facts about the victim, his or her demeanor, background, or relationship to the offender.

Print or broadcast facts about the victim or the criminal act that might embarrass, humiliate, or hurt the victim unless there is a compelling need, such as an interest in the public’s safety, to publish such facts.

Engage in any form of sensationalism in reporting crimes, their investigation, or prosecution, especially erring on the side of restraint with any victim or witness who was not previously a “public figure” or who has evidenced a desire not to become one as a result of the crime.

#

Appendix G: Sample Press Releases

CRT Sample Pre-Arrival Press Release

For Immediate Release

Contact: *(Name)*

(555) 555-5555

Date:

Members of the National Crisis Response Team, organized by the National Organization for Victim Assistance (NOVA), in Washington, D.C. have arrived in *(name of community)* at the invitation of *(inviting agency/organization)* to help mobilize caregiving resources in the aftermath of the *(disaster/catastrophe)* which took place on *(date)*.

“Our Crisis Response Team has three main objectives,” said Team Leader *(name)*. “First, we want to help the community’s leadership plan ways to deal with the emotional aftershocks of the *disaster/catastrophe*. Second, we hope to bring together the community’s caregivers, from mental health service providers to clergy members, for specialized training. Then, together with the community helpers, we want to start providing educational or ‘debriefing’ sessions for everyone affected by the tragedy.” Those private sessions will be free of charge, and are designed to give participants an opportunity to describe their reactions to the tragedy, and how they have been coping with those reactions, and to learn more about effective coping methods to be of help to themselves and their loved ones.

(Team Leader name) went on to indicate that after people have gone through such a traumatic event, they may experience any number or combination of reactions. Initially, they may be in shock and may not be able to believe that such a catastrophe has occurred. Later, they may be flooded by intense emotions that may be difficult to cope with. Ultimately, after such intense experiences, people become exhausted, physically and emotionally. In many cases, people may experience such reactions — with symptoms such as sleep and eating disorders, irritability, jumpiness, fear, etc. — for a long time afterward. It is not easy to “get on with life” after such a stressful experience.

###

Press Release Upon Arrival

For Immediate Release

Contact: *(Name)*

(555) 555-5555

Date:

While in town NOVA's Crisis Response Team will:

Assist the local community leaders to plan their immediate and longer-term activities in the aftermath of the *(disaster/catastrophe)*.

Train local caregivers such as *(list types of caregivers, i.e., victim advocates, mental health professionals, school psychologists, and the like)* in immediate crisis response and long-term stress reactions to trauma.

Help local caregivers by conducting debriefings for people who have strongly been effected by the *(disaster/catastrophe)* as well as providing opportunities for the community-at-large to attend a private community meeting to discuss their experiences in the aftermath of *(disaster/catastrophe)* as well as how they are coping.

###

Press Release Upon Departure

For Immediate Release

Contact: *(Name)*

(555) 555-5555

Date:

During their stay, NOVA's Crisis Response Team was able to accomplish:

"(Name of Community), as a community, can be proud of its response to this disaster," reiterated Team Leader (Name). "From what we have observed, (name of community) was very well organized and responsive to the immediate needs of victims and others affected by the disaster."

Debriefing sessions will continue in locations throughout the community over the next weeks and months. For more information about times and locations, please call the *(name of lead agency)* at *(phone number)*. In addition, a 24-hour Crisis Hotline has been set up in the event persons affected by the tragedy would like to talk with a counselor by phone. That number is *phone number*).

Persons interested in more information about NOVA may call 202-232-6682.

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