

# Skills for Postvention Team Members



# Skills for Postvention Team Members Agenda

- Psychological effects of trauma exposure
- Common distortions
- Typical trauma reactions
- Cultural sensitivity



# Psycho-education- Psychological effects of trauma exposure:

- Recurrent dreams/nightmares
- Intrusive thoughts or flashbacks
- Sleep and/or appetite disturbance
- Diminished interest in activities
- Exaggerated startle response
- Memory and concentration difficulties
- Avoidance of activities which recall the event
- Disturbing images or memories of the event
- Feelings of detachment
- A pattern of re-enactment in behavior or play



# Common cognitive distortions of traumatized children

I should have been able to keep it (the traumatic event) from happening

My family will never be okay again

It is my responsibility to become “the man of the house” now that my dad is dead

I will never get back to normal/happy again

The world will never be safe again

I can't trust anyone any more



# Typical Reactions to Trauma

## Birth to 2 years

- Babies may be more irritable
- May cry more frequently
- May need to be held more frequently
- May regress developmentally

## Preschool Age Children (ages 3-5)

- Fear of being alone
- Excessive anxiety
- Difficulty sleeping or eating
- Developmental regression
- Increased somatic complaints and/or clingy behavior
- Flashbacks, daydreams, and/or nightmares



# Typical Reactions to Trauma

## Elementary Age (5-11)

- Whiny, irritable, and/or angry behavior
- Withdrawal, lack of interest in usual activities
- Fear of being alone
- Excessive worry that event will recur
- **Increased somatic complaints**
- Belief that they caused the event or could have prevented it
- Change in ability to concentrate, academic performance
- Aggression



# Elementary Age continued:

- Difficulty attending to teacher and/or homework
- Sensitive or jumpy to loud noise or trauma reminders
- May regress in developmental skills
- May reenact trauma through play
- May feel that school, or even the world is not safe
- May feel helpless and powerless
- May have increased activity level
- Flashbacks, daydreams, nightmares
- Questions about death and dying
- Overgeneralization



# Pre-Adolescence and Adolescence (12-18)

- Changes in sleep/appetite
- May feel that school, world is not safe
- Increased irritability and/or depression
- Inability to concentrate
- Lack of interest in activities
- Changes in academic performance
- Worries about the trauma reoccurring
- Increased startle response
- Increased feelings of anxiety and worry





# Pre-Adolescence and Adolescence Continued...

- Intrusive thoughts about the trauma
- Flashbacks, daydreams, Nightmares
- Increased somatic complaints
- Repetitive thoughts about death and dying
- Survivor's guilt (belief he/she could have prevented the event)
- Difficulty seeing themselves as having a future
- "All or Nothing" thinking
- Overgeneralization



# Pre-Adolescence and Adolescence Continued...

- Avoidance of trauma reminders
- **Increase in RISKY BEHAVIORS – alcohol and drugs**
- Frequently talks about the details of the event
- Denial about the impact of the event
- Behavior changes (more aggressive or withdrawn)
- Repetition compulsion (**suicide contagion**)



# “The Body Keeps The Score” (Bessel Van der Kolk)

Examines the physiological aspects of trauma exposure

“Fight or flight” hormones – emergency system

Opiate system

Can vacillate between the above cycling between “flooding” and “numbing”

Trauma reminders (or triggers) can set off above

Repeated exposure to trauma associated with structural changes in the brain



# Cultural Competence

Sensitivity to culture is important in treating traumatized children

*“A group whose characteristic response to illness is different from the dominant culture is likely to be labeled “abnormal”*  
(McGoldrick 1996)

- Latino children may manifest PTSD symptoms as “susto” (fright or soul loss)
- Native Americans may develop “ghost sickness”
- Different cultures have their own traditions and rituals for coping with trauma and stress



# Ethnic Differences in Mental Health

Many studies have shown that people differ in the following:

- Their experience of pain
- What they label as a symptom
- How they communicate about their pain or symptoms
- Their beliefs about the cause
- Their attitudes toward helpers
- The treatment they desire or expect



# Cultural/Ethnic differences in bereavement

- Cultural, ethnic, and religious views and practices vary widely regarding death and funeral rites.
  - Some religions and cultures prohibit cremation, others require it
  - Some religions require immediate burial (24 hours)
  - In some cultures it is not appropriate to send flowers to the funeral home
- Bereavement practices vary widely, including “how long” it is “normal” to grieve
- Suicide is viewed differently in cultures and religions.
- Orthodox Jews and Lakota Native Americans share the tradition of “tearing clothing” as part of bereavement rituals



# Cultural/Ethnic differences in bereavement

Being sensitive to others requires your own internal examination of biases

Working with cultural diversity requires knowledge and sensitivity.

Do not assume that because a person has declared that they are of a specific faith that they will necessarily adhere to all the associated customs. There will be many variations and interpretations.

The crisis team member who has been working closely with the family of a deceased child (or faculty member) should check with the family regarding any potential “in school” memorials, and the appropriateness of the school response (sending flowers etc).

