



Responding to Traumatic Events

The LORD is close to the brokenhearted; The LORD saves those whose spirits are crushed.
Psalm 34:18

What is a Traumatic Event?

A **traumatic event** is an unbearable and intolerable experience in which an individual's life is or is believed to be in danger, and the body's protective response to this sense of danger (flight, fight, or freeze). These can be firsthand experiences or experienced secondarily (as a witness, bystander, or supportive person listening to a traumatized individual). **Traumatic stress** is a common and normal adaptive response to experiencing a traumatic event. An individual experiencing traumatic stress may feel physical symptoms of a racing heart, sweating, and nervousness. They may avoid or feel leery of engaging in normal daily activity, have nightmares of the event or intrusive memories (i.e., flashbacks), or experience heightened anxiety in situations reminiscent of the traumatic event. These symptoms usually subside within a short amount of time and typically do not develop into a **Post-Traumatic Stress Disorder (PTSD)** diagnosis. PTSD is a clinically diagnosed condition with symptoms like traumatic stress but with heightened levels of intensity and duration. Symptoms of PTSD are present for longer than a month following a traumatic event, are severe, and interfere with daily functioning.

The Goal of Traumatic Response Care is to help re-establish safety and stability where the individual can intervene for themselves, make good judgment, and return to normal daily functioning. In time, they can heal and integrate the injuries incurred by a traumatic event.

Presuppositions for the Care of Individuals who have experienced a Traumatic Event

- Most people who experience a traumatic event *WILL NOT* develop PTSD.
- These individuals have experienced something more akin to an injury and need your presence.
- Caregivers are sitting with someone having one of the worst days of their life.
- Caregiving is more conversational than technical.
- Listen, and be in a relaxed body state; remember, less is more.
- A turn towards a hopeful future is about activating internal resources and resilience.

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These steps follow closely with the work of Dr. Eric Gentry and his CASER model. For greater detail and more information about this process of basic support following a traumatic event, watch clips [one](#) and [two](#) from the Presbyterian Disaster Assistance's Trauma Pastoral Care Series Training Videos [page](#).

This model of responding to traumatic events was developed to be used in the immediate aftermath of an event. It can be adapted to respond to individuals who have experienced a traumatic event within the first 24 to 48 hours.

Contact/Connect – our presence, as a caring person, has the ability to help on the road to recovery for someone who has experienced a traumatic event. The more an individual withdraws and turns inward following a traumatic event, the more their symptoms expand. This initial step of making contact and bridging the divide that a traumatic event brings helps the individual to re-engage with social connections and move towards a return to daily living. This is positively correlated with recovery and decreased symptomology.

- Have a relaxed and self-possessed body.

- By having a relaxed and self-possessed body, we are communicating that we are not a danger to this person. They may begin to relax and move out of a heightened defensive posture. Secondly, a relaxed body helps to resist any secondary trauma we may experience in our efforts to offer care.
- Attend to the physical space.
 - When you greet them, do so as a peer. This is human-to-human care.
 - Get on their physical (i.e., if they are sitting, sit; if they are standing, stand).
 - Allow for some physical space between you and them. Again, we want to communicate that there is a sense of safety.
- Listen!
 - After greeting the person, stop talking and allow them to speak and direct the course of the conversation.

Moving from Contact/Connect to Assessment – “Is there someone I can call to let them know you are okay and can come and be with you? It’s not a good idea for you to be alone right now. Let’s go ahead and give them a call to let them know what has just happened and get them to come down here to be with us. I will sit with you, if that is okay until they get here.”

- This is a way to begin to set up/connect this person with support in their more extensive web of care. This may include family, friends, roommates, or someone they are close to. It also begins to help them reconnect with those around them and resist the inclination to retreat inward.

Assessment – The aim of this is really about triage and evaluating if the person is safe. This assessment can be done while you are waiting for their support person to arrive. This is conversational and observational.

- Is the person safe? If not, what resources can I connect them with to keep them safe for the next 24 hours?
- Do they have food, clothing, and shelter?
- Do they have support so they are not left alone? If they do not, can we connect them with the resources, possibly even other survivors, with whom they can feel a sense of connection?
 - If they are stable and awaiting someone to be with them, you can enlist them as a volunteer to help hand out water or do other tasks that will not destabilize them.
- Do they have any physical concerns (bleeding, hurt in some way)? Can we get them to be evaluated by a medical professional?

Stabilization – following the assessment step, you notice the individual is in a heightened affective state. This is likely the state they will be in as their sympathetic nervous system (Fight, Flight, or Freeze response) has triggered their autonomic nervous system. Their body is prepared to respond to any potential threat or in a state of dysregulation. The goal of this step is to lower their state of arousal and allow their prefrontal cortex to come back online so that they can begin to intervene on their own behalf. This is a process of moving from the here and now to planning for the future, an important step in easing symptoms of traumatic stress.

- Responding to rapid breathing and/or tense physical posture.
 - *“I notice your breathing is really quick, and you are taking shallow breaths. Why don’t you take a couple of deep breaths with me so we can begin to plan what to do next.”*
 - Take three to four deep breaths where you inhale for five seconds, hold for three seconds, and exhale for five seconds.
 - *“You look very tense right now. It will be important to relax our bodies so that we can have the energy to figure out what we need to do next. Why don’t we do some tensing and relaxing of our fists a couple of times.”*
 - Have the individual ball their hands into fists and hold them for three seconds, then relax their hands and spread their fingers out for three seconds. Repeat this three or four times.
 - Any other exercises you can do that require little movement but help to reconnect an individual to their body help lower their state of arousal or stop them from becoming dysregulated.

Moving from Stabilization to Education – The shift from stabilization to education is moving from here-and-now to future-oriented thinking. A good transition question is, “*Now that we are feeling a little more settled in our body, what can you do in the next few hours (12 or 16 hours) to help you return to normal daily living?*”

Educate – This step aims to implant positive, data-driven information about recovery into the individual's thought process while also helping them take concrete steps to return to daily living. Returning to daily living has been shown to lessen the intensity, duration, and severity of symptoms associated with acute stress following a traumatic event.

- After asking, “*What are a couple of things you can do in the next few hours (12 or 16 hours) to help you return to normal daily living?*” help the individual think of concrete things they can do to help them return to daily living. **Write these things down** on the backside of your referrals page, as discussed below.
 - Engaging in normal daily living activity as soon as can be tolerated.
 - Eating healthy foods at regular intervals (i.e., breakfast, lunch, dinner)
 - Engaging in aerobic activity –helps clear neurotransmitters associated with activating the sympathetic nervous system and those associated with depressive and anxiety symptoms and gives a physical outlet for the pent-up energy triggered by the traumatic event.
 - Engage with other people – friends, family, and others within their support network.
 - Possibly begin to be open to meaning-making processes
 - Possibly seek ways to enhance spirituality.
 - *The last two are further out than the initial 24-hour period but may be beginning to take shape.*
- Help the individual resist the urge to be more sedentary and isolating. Activity is good as it enhances resilience.

Referral – As noted above, most people (greater than 90%) recover from experiencing a traumatic event within 30 days. Having a readymade list of possible referrals is, however, a helpful line of support care providers can give an individual in the immediate aftermath of a traumatic event. By using the backside of this list to write down the concrete activities that will help the individual return to daily living, we are communicating that what they are experiencing is normal and that they are not broken, but that if the symptoms persist or they desire further support from professionals, they are empowered to seek that level of care. You can also include a list of simple stabilizing activities, such as controlled breathing or tensing and relaxing muscles or body parts. The aim is two-fold, to communicate that they are not alone in this and to empower them to make deliberate choices.

- “*On the backside of this paper, where we named the three things you can do to help you return to some sense of normal daily living, is a list of referrals. If you begin to notice or feel you are not getting better or finding it more difficult to return to daily life, some resources are on this side of the page. There are things you can do on your own, and there is a list of trained professionals who can help you work through this.*”

Check Back-In – In the days and weeks that follow a traumatic event, it is always helpful to check back in with the individuals you have helped through this process. The aim here is to help them return to everyday daily living, help them remain emotionally regulated/stable, empower them to make thoughtful choices about life and expand the network of care beyond yourself.

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