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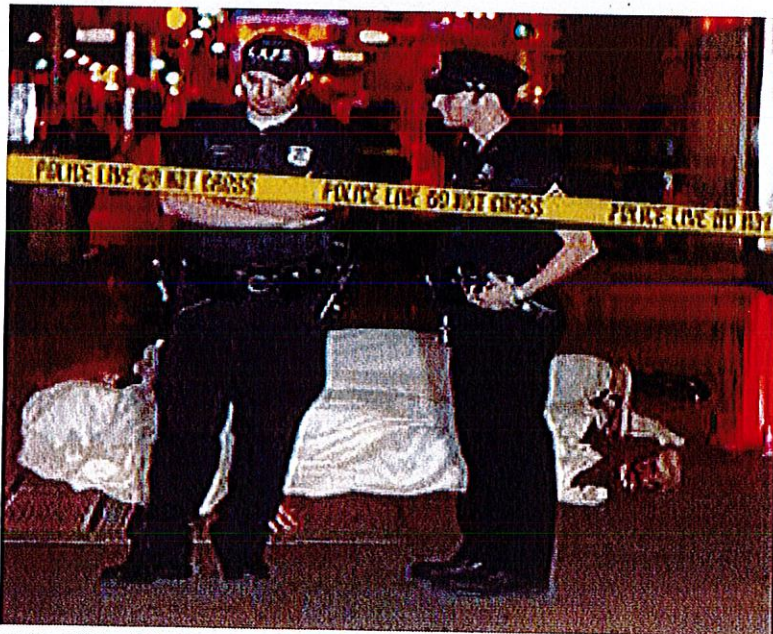
## **P.T.S.D. PAMPHLET**

**CREATED BY LMPD PEER SUPPORT**



# P.T.S.D.

NOT ALL WOUNDS ARE VISIBLE



P.T.S.D. AND THE FAMILY

EMOTIONAL SURVIVAL AND WELLNESS

# Post Traumatic Stress Disorder (PTSD) and the Family

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## **Purpose of this Pamphlet**

When an officer or dispatcher is suffering from PTSD or Acute Stress Disorder symptoms, the entire family can be affected—particularly children. This pamphlet provides both you and your life partner with information to help recognize how your children might be affected and what can be positively done about it. It will also alert you to the potential signs of excessive stress in your children and suggest ways you can help protect them from disruptions in family life.

## **How to Use this Pamphlet**

It is important that you and your life partner work together to understand and use the ideas in this pamphlet. As with other family matters, open and respectful communication is the critical key toward understanding and mitigating the effects of PTSD on the family.

As you become familiar with this information, you will be able to proactively support your children and each other in dealing with the impacts of PTSD on family life.

If at any time, you are unable to manage your child's reactions and behaviors, or if you are experiencing intense and sustained emotions such as fear, anger, depression, problems at work, intimacy, problems with your life partner relationship, or substance abuse problems, **seek professional help for the good of your entire family and for your own wellness.** Assistance is available through E.A.P.—Police psychologists, Peer Support, and Department Chaplains.

## **What is Post Traumatic Stress Disorder (PTSD)?**

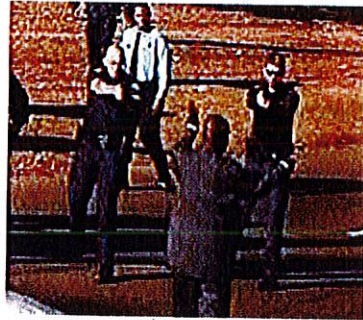
PTSD is severe anxiety that can develop after exposure to one or more events that cause psychological trauma. It is an extreme but natural reaction to a traumatic event or series of



traumatic events. It often occurs from intense situations when you think you or somebody else is going to die or be seriously injured, and that you can do nothing to prevent it. It affects approximately 25% of those exposed to a single traumatic incident, but can be near 90% for those repeatedly exposed.

PTSD is an injury, not a weakness.

PTSD is an injury to the brain's normal processing ability to properly process emotional trauma and place it into proper perspective. It can occur weeks or even years afterwards, and can affect anyone. Delayed PTSD symptoms occur at least 6 months after traumatic event/s, or even later. Approximately 40% of diagnoses fall into this category.



Typically PTSD (or to a lesser degree, Acute Stress Disorder) results from an accumulation of significant events that over time eats away at one's ability to effectively cope.

It is estimated that over 7 million Americans suffer from PTSD. About 15-18 percent of working police officers (about 140,000) have PTSD symptoms; many tens of thousands more suffer from Acute Stress Disorder. The rate of PTSD in police work is three to four times that of the general population.

PTSD symptoms are grouped into 3 categories: Re-experiencing, Hyper-Arousal, and Withdrawal. These symptoms cause intense distress and can result in other emotions such as depression, and sudden extremes of anger, fear, sadness, helplessness and emotional withdrawal. Those suffering from PTSD often attempt to self medicate with excessive use of alcohol, drugs, excessive work, promiscuity, or other self-destructive behaviors.

When one develops PTSD it has an impact on the person's family, co-workers, and friends; it affects their relationships—diminishing the quality of life for all.

In some people, PTSD symptoms gradually disappear over time; however, for unknown reasons the symptoms in others persist and they can continue to suffer for years. Effective treatments do exist for PTSD. Treatment, especially early, can significantly reduce symptoms and improve abilities to cope with the injury. These effective treatments can often be completed within 8-12 sessions. If your symptoms persist or worsen, take immediate steps to get professional help.

The path to recovery involves education about PTSD as an injury to the brain's processing ability, adopting coping strategies, the possible temporary use of medications, if required; and temporary counseling to successfully manage symptoms and deal effectively with the traumatic experience.

Recovery is a shared responsibility of the individual and the family. A person with PTSD experiences powerful physical and psychological changes (symptoms) that make return to normal



life initially very difficult. The affected person's reactions and attempts to cope with these changes often results in behaviors that are upsetting to family members. It is not their fault that these changes happened and they often express a feeling of loss of control over their emotions and behavior. It is their responsibility to learn to deal effectively with these changes. Even though you may be suffering from a PTSD injury, you can still find ways to participate as an engaged spouse and involved parent. At the same time, you will need the patience, support and acceptance of family and friends on the road to recovery.



## Recognizing the Symptoms

This is a brief description of the major symptoms that present themselves in affected persons. It is through these symptoms that family members are directly and indirectly impacted.

Traumatic events or prolonged and severe levels of stress have impacts on the emotions, the thinking, and the behavior of the affected person. You will notice these three levels of impacts in the following description of symptoms.

### Intrusive Symptoms

Distressing memories, images, smells, sounds, and feelings of the traumatic event can repeatedly "intrude" into the lives of individuals with PTSD. Sufferers may remain so captured by the memory of past trauma that they have difficulty paying attention to the present. They may have nightmares; sometimes, even acting out the dream while still asleep. They experience repeated flashbacks or re-living the event. This can be accompanied by exaggerated emotional and physical reactions like fear, frustration and anger; sweating, increased heart rate, muscle tension, and a sense of helplessness.

#### ***Intrusive Symptoms***

- *Distressing memories or images of the incident;*
- *Nightmares of the event or other frightening themes;*
- *Flashbacks (reliving the event);*
- *Emotional Reactions—feeling intense fear, helplessness, anger, depression*
- *Becoming upset when reminded of the incident; and*
- *Physical symptoms, such as sweating, increased heart rate, muscle tension when reminded of the event.*



## **Withdrawal Symptoms**

Memories and reminders of traumatic events are very distressing. Therefore people with PTSD often avoid situations, people, or events that may remind them of the trauma. They often try not to think about, or talk about, what happened; and attempt to cut themselves off from the painful feelings associated with the memories. However, the more one tries to suppress the memories and emotional reactions; often the more intense one re-experiences these symptoms.

In their attempts to do this, they often withdraw from family, friends and society and no longer take part in activities they used to enjoy. In this way they can become "emotionally numb" to their surroundings and do not experience normal everyday emotions such as love and joy, even toward those closest to them. Such reactions can lead to depression and feelings of isolation. They can also lead to problems with motivation. People with PTSD often find it hard to make decisions and get themselves going.

### ***Withdrawal Symptoms***

- *Trying to avoid any reminders of the trauma, such as thoughts, feelings, conversations, activities, places and people;*
- *Gaps in memory – forgetting parts of the experience;*
- *Losing interest in normal activities;*
- *Feeling cut-off or detached from loved ones;*
- *Feeling flat or emotionally numb; and*
- *Difficulty imagining a future.*

*Environmental reminders (triggers) play a part in these intrusive memories by recalling an image, sound, smell or feeling that is*

*associated with the original event. (e.g. a loud noise may be experienced as gunfire or a bomb blast).*

### **Hyper-Arousal Symptoms**

Often people who have experienced trauma have been confronted with their own mortality and realize they could have been seriously injured or killed. In the case of a police officer, they may have witnessed horrific scenes multiple times. Their assumptions and beliefs that the world is safe and fair, that other people are basically good, and that "it won't happen to me", may be shattered by these experiences.

People who have lived on high alert (hyper vigilant roller-coaster) may become acutely attuned and hyper responsive to the environment, constantly scanning for danger, adopting 'safe' positions and routes, and displaying an exaggerated startle response to mundane triggers such as a flash of light, a loud noise or a quick movement near the face. Hyper vigilance or being always alert to potential danger is extremely exhausting. Getting to sleep or staying asleep becomes difficult, and long term sleep deprivation further weakens coping mechanisms and adds to depression.

Irritability or angry outbursts often becomes common, and concentration becomes difficult. Many PTSD sufferers feel let down, abandoned and judged by others. Some people express anger verbally and others become physically aggressive and violent to property or people.

#### ***Arousal Symptoms***

- *Sleep disturbance;*
- *Anger and irritability;*
- *Concentration problems;*
- *Constantly on the look-out for signs of danger; and*
- *Jumpy, easily startled.*



Common behavior among police officers and dispatchers is to deny their injury and seek to stay in or return to the high risk places and activities that caused their PTSD injury. It's where they feel 'at home' and they can avoid readjusting and coping with normal life. Such behavior worsens the injury, making it harder to repair and return to normalcy.

### **How Does PTSD Affect Family Life?**

A person with PTSD will have symptoms that will affect the whole family, especially children. The ability of the affected person to function as a parent, partner, and employee is undermined by these distressing symptoms. Changes in their functioning can lead to unmet family needs and obligations; and increased levels of stress for the family.

At first the sufferer's partner may not understand what is happening. They may notice that their partner is behaving differently without realizing they are not well.

The partner may not know what to do, how to provide support, and where to seek help. They often do not know how to discuss these issues with their partner. It can be very confusing, overwhelming, and isolating.

Some marriages or relationships breakdown because of the symptoms of PTSD, or the overwhelming strain of caring for a person with PTSD or Acute Stress Disorder.



Some partners feel ashamed and become isolated and withdrawn. They may feel unable to invite friend's or their children's friends to their home, and they may feel unable or unwilling to go out.

Children in families where there is PTSD definitely need support and understanding. The children need to be made to



feel that they are not to blame. They need their feelings to be understood and they need their questions answered.

Teenage children may want to leave because of the stress within the family. They may resent the time and attention one parent is giving to the other, who is not well. The situation may impact them as far as being able to attend various social or school events. They may wonder why they can 'never' go out as a family to a movie or for dinner during particular difficult periods. They may not be able to cope with the behavior of their parent suffering PTSD and may become particularly affected by feelings of rejection by the PTSD parent.



Anyone living with someone with PTSD, especially children, can have significant adverse effects, such as: difficulty sleeping, problems at school, increased stress and fear, living on "eggshells", and feeling unloved.

Families need information about PTSD so they can understand what is happening and begin to positively deal with it. Here are some real life examples of how an affected person's role in the family can change:

*"I know that Dad was away a lot when he was working, but it's not fair that he can be standing right in front of me and still is not here." - Child of PTSD sufferer*

*"The children don't understand why all of sudden their Dad is unable to go to their sporting events with them. My friends have noticed a change in my husband, and say he is not friendly anymore, I find that I don't go out much anymore." - Partner of PTSD sufferer*

Affected families also report a variety of other impacts on their lives as a result of the symptoms of the affected person. You

may recognize some of these impacts happening in your situation. Take note of the things that apply to you and think about how you could put into practice the suggested actions.

- Intrusive symptoms such as vivid memories or strong belief that the trauma is recurring can cause families to feel worried about the sufferer or perplexed by the behavior. Others may feel embarrassed (if it occurs in a social situation) or uncertain of how to respond and begin to withdraw from your life.

**Action:** Learn about the symptoms yourself; talk to others about them; and have information that friends and family members can read to help reduce the discomfort and maintain important connections.

- There is a need in all of us to confide in others about the stresses and difficulties we are having. However, because of particular attitudes or beliefs, some people have difficulty understanding and accepting psychological problems. It is important to choose people who do not judge others and can keep a confidence.

**Action:** Use discretion when confiding in others. Think in advance about who in your circle of family and friends can provide this support in a respectful manner.

- The discomfort of others, combined with, the avoidance behaviors of the affected person tend to isolate the family socially. Some families find that their social and recreational activities are significantly reduced.

**Action:** Gradually re-introduce spouse/partner and family, to social and recreational activities as symptoms improve. Plan activities in advance.



- There is often friction and distance between the PTSD sufferer and their life partner.

**Action:** Partners need to be patient, understanding, and not demanding or judgmental. Do not attempt to force the person to talk about what's bothering them and never tell them to "just get over it" or "It's been long enough..." Lovingly let your suffering partner know that you are always there for them whenever they want to talk about anything; and that you love and care for them and will help them through with whatever they need. Reading support books like "I Love A Cop" can provide significant understanding and helpful ways to support.



- Persons with PTSD often report being unable to feel emotions. Family members may feel rebuffed by a sufferer who is unable to show appropriate involvement, emotion and affection. This can be particularly hard on children.

**Action:** Understand that this is a part of the emotional response to the disorder/injury and not a true reflection of how the person feels about their family and friends. Talk openly with your family and friends about this and reassure them that you do care. Think of ways of how you can show your partner and kids that they are the most important thing in your life—every day.

- Anxiety experienced by the person with PTSD may lead to overprotective behavior that creates conflict in the family.

**Action:** Separate the feelings from the facts by "reality testing"; talk about what risks the overprotective



behavior is trying to prevent and whether they fit with the current situation.

- Inappropriate expression of anger and irritability can begin to harm family relationships and cause anxiety and upset within your children.

**Action:** Acknowledge and take responsibility for your anger. Learn about and use anger management techniques. Let family members know that they are not to blame. Apologize if you need to.

- Sometimes anger is expressed in abusive behavior towards a spouse or a child. This is a signal that attempts at coping have broken down and are no longer effective. **Verbal or physical abuse of family members is never acceptable, and is a sign to get help.**

**Action:** If abuse occurs in your family take immediate steps to ensure that it is stopped and not repeated. Seek outside help and follow through on the treatment recommended. It takes courage to take this step but it is the most important gift you can give your family.

- Sufferers may abuse alcohol or other drugs in an attempt to blunt memory or relieve symptoms of anxiety or depression, as well as to help them sleep. Family members may respond with embarrassment, anger, fear for the health and safety of the affected person. This can be very difficult for families to cope with.

**Action:** Understand that abuse of alcohol and drugs is not a solution to symptom management. Seek addictions treatment and practice alternative ways of managing your symptoms. There are several positive coping methods that have proven to be effective. A police

psychologist experienced with trauma can provide this vital assistance.

### **How May Your Children Be Affected?**

As a result of the symptoms of the affected parent and the increased parental stress of coping with them, your ability as parents to meet your child's needs may also be impacted. What follows is a way of thinking of your child's basic needs in a structured fashion. Evaluate if action is needed by noting how often similar things happen and how your child reacts. Check the ideas that follow in the "What Can You Do?" section to help in making a plan.

#### **Physical Needs**

Some disruptions of household routines that address the child's physical needs may include:

- Meal schedules and school lunches;
- Opportunities for physical activity; and
- Regular sleep routines

#### **Psychological/Emotional Needs**

Some psychological/emotional needs affected by changes in your situation may include:

- Expressing closeness/affection;
- Open Communication;
- Structure and routines in the home;
- Trust/safety; and
- Fun/leisure/relaxation.

#### **Social Development Needs**

Some opportunities for intellectual support and stimulation that may be affected include:



- Attendance at kindergarten and school;
- Reading to children;
- Helping with Homework;
- Board games and hobbies;
- Visits to the library, museums
- Sport and leisure activities

### **Spiritual Needs**

Important family values that may be sidelined include:

- Sharing, cooperation, fairness, in the family;
- Participation in Sunday school and religious services;
- Helping others in need.
- Volunteer work

No family is perfect. Celebrate the things you have been able to achieve despite the stress and disruption in your family life. Also, remember that children can be quite resilient and adaptable to change and that they feel most secure when it is clear to them that Mom and Dad are "in charge," that you talk and work together to solve daily problems.

### **What Can You Do?**

Parents play the lead role in meeting their child's needs and helping children manage stress in their lives by providing a supportive physical and emotional environment. First, here are some ideas for creating a supportive environment.

- Give your children regular undivided attention and time even if this time cannot be for a very long period. Play with them, read to them, go for walks or do other enjoyable activities together. Ask how things are going for them, and listen to them when they speak.

- Seek out support of family and friends. Address some of your child's needs by "sharing care" through using the positive relations the child has with relatives, family, friends and neighbors.
- Maintain a calm atmosphere in the home when your children are present to enhance their feelings of security.
- Provide a comfortable and familiar environment by keeping to daily routines and structure as much as possible.
- To the extent possible, try to restore family traditions that existed before the events that led to PTSD (i.e. before becoming injured, did he/she routinely make a special pancake breakfast on Sunday; read bedtime stories, help with homework, etc.).
- Encourage kids to focus on things they enjoy and get involved in extra-curricular and community activities.
- As parents, talk together to identify how your children may innocently trigger intrusive memories (i.e. slamming doors, shouting, etc.). Discuss ways to reduce these events. Try different approaches, talk about them and make changes if necessary.
- Take care of yourself. Practice positive thinking and self-talk, learn muscle relaxation and breathing exercises, and other techniques that can help you cope. Lower your expectations. (The housework can happen later, your children need you). Find sources of support - family, friends, support groups.
- Take breaks, exercise consistently, eat a healthier diet and maintain good general health. Keep up medical



check-ups. Read information about ways to reduce and positively cope with stress. By taking care of yourself, you will be better able to support your children.

Seek professional help if you have concerns or feel that you are unable to manage your child's reactions and behaviors, or if you are experiencing intense emotions such as sudden bursts of anger, fear, helplessness, problems at work, intimacy, or substance abuse problems.

**Regardless of what has happened, it is never too late to seek help for yourself and for your family.**

### **Understanding and Meeting Your Child's Psychological/Emotional Needs**

The psychological/emotional needs of your children are vital because in families under stress this is the area where children may experience the most immediate impact. It is also the area where families are most likely to be asking for information and assistance. We try to look at things from the child's point of view and encourage you to take this perspective when considering how to help your child.

When a parent has been diagnosed with PTSD and things at home have been changing, children feel the impacts. Children always know when something serious happens in a family. They are quick to notice physical and emotional changes in their parents and they will attempt to come up with an explanation for why this is happening and what to do about it. At the same time, depending on age, they may lack the information, thinking skills and language in order to come up with an accurate understanding of what is happening and why. It is not surprising then that they will often come to wrong conclusions like:

- *"I'm bad – this is punishment for something I did."*
- *"I'm responsible – if I am extra good Mom or Dad will get better."*
- *"I'm scared- Dad or Mom might die."*
- *"I'm worried – I will catch this illness....like the flu."*
- *"I'm confused – will I inherit this illness?"*
- *"I'm stuck – asking about what is happening will upset my parent(s) – make it worse."*
- *"I'm afraid – to ask for attention, support, affection. Can I still be a kid?"*
- *"I'm angry – no one pays attention to me any more."*

As you can see, their attempts to understand the situation and what it means for them, without adult help, can lead to a lot of unnecessary negative emotions and confusions.

### **Talk, Talk, Talk!**

The most important lesson we can take from this example is that communication is the key to helping children adapt successfully to changes. Honest and open communication about **what is happening, why it is happening, what is being done about it, and what it means to them** is a very important way to help your children cope and limit their distress and worry. This is an ongoing process; you will need to create regular opportunities to talk about their questions and concerns and you may need to repeat basic information and reassurances. This will give the child an opportunity to correct misunderstandings that lead to unnecessary negative emotions.





## **Suggestions for talking to your children**

- Use language that is appropriate to your child's age. With younger children whose verbal skills are not yet developed to the point that they understand what is happening in the family, use actions to reinforce your messages of support and reassurance (i.e. touch, hugging, playing with the child, maintaining routines). Older children should have the verbal skills to understand your explanations but be prepared to repeat them over time. Also, check out how they understand what you are saying by asking them directly how they have understood what you have been talking about.
- Use body language that shows you are paying attention. This can include touching your child, keeping good eye-contact, nodding your head, and acknowledging what your child said by repeating it back to them in similar words.
- Be calm and 'matter of fact' in your communication; your openness, comfort and confidence is as reassuring as your actual words.
- Use the child's experiences to explain the feelings of others where possible. Pick experiences that have a similar emotional meaning (fear, sadness, anger etc.) For example: "Remember the movie that gave you bad dreams? Well, Daddy saw some bad things happen at work and now he has upsetting dreams about it."

## **What Your Children Need to Know**

In talking to your children, keep in mind these key messages to help them with their psychological/emotional needs.

- Children need permission to express their feelings and concerns. Let them know that what they think and feel is important to you. Don't assume they know this. Say it simply

and directly – “It is important to me that you let me know what you are feeling so we can talk about it. Sometimes just talking helps us both feel better.” Or, “When you have questions that are bothering you, I want to hear them. If we can’t talk right away, I will make time to talk with you as soon as we can.”

- Let your children know that you value what they think and that you would like to hear any ideas they have about solving problems that directly involve them. Tell them they may be able to play a very important role in helping you find a solution to a problem but they do not have to solve the problem. Problem solving is an adult responsibility. Try asking “What do you think we could do about this?”
- Protection from negative feelings (worry, fear, guilt) is an important way of caring for your child’s emotional health. In talking to your children explore how they feel about things; help them find words to express their feelings. – “I guess you were pretty angry about not being able to go to the movie?” This helps them move beyond the negative feeling by recognizing and accepting their feelings. You then can redirect their focus by offering alternatives; “Maybe you could come with me to pick out a rental movie and we can make popcorn and watch it tomorrow night.” Also giving direct messages like; “I don’t want you to worry about your Dad. We are getting help and he is going to get better.” Can also help your child manage their concerns about the affected parent.
- Children are keenly aware that they are just “a little person in a great big world,” that they are dependant on adults for their safety and security. In times of family distress they can become worried about loosing that protection and support. Give your child direct messages like; “Even though things are a bit upset at the moment, we are still going to take care of you and everything will be alright.”



- Children need to know that “adult problems” are for adults to solve. Let them know that they are not responsible for solving these problems and that you are taking steps to improve the situation. “Your Mom’s upset at the moment but she and I will talk about it and decide what to do.”
- Changes in your family may leave children wondering what this means for their responsibility and role in the family. Identify with them age appropriate things that they can do to help the family run more smoothly. Having them take action restores a sense of control that may have been undermined by changes in their situation that were beyond their control. “Illness can have a big impact on a family, there will be changes for everyone but we will all work together to make things better over time. If you can help with this chore, it will help the whole family.”
- When children see that their parents are under stress they may need to know that they can still be a kid. “Since Dad has been ill things have changed for you...give recent examples....We want you to know that your most important job in this family is still being a kid; we want to see you play and have fun, learn at school and let us know when you need our help because that is what kids do.”
- Children may feel rejected by an affected parent who withdraws from normal activities with them. Let them know that this is because of the illness and not because of them. “Since I have been ill I am often very tired and don’t feel like doing things like I used to. I am not upset with you and still love you very much. Perhaps we could...” Pick an activity that you feel you can do comfortably with your child. If the affected parent is unable to respond at the time, communicate this message on behalf of the affected parent and later talk with your spouse/partner about how to get re-involved with the child. Remember that even small events or activities can make a big difference to your child.

## **Critical Events**

From time to time your child will be unintentionally exposed to an occurrence of one of the symptoms we discussed earlier in the "Recognizing the Symptoms" section. Families report a variety of circumstances in which their child may be affected. For example:

- The affected parent has had a disturbing nightmare and the child has been awakened and frightened by yelling or the crash of furniture.
- The affected parent has a flashback and tries to protect the child from a danger which the child cannot see or understand.
- The child approaches the affected parent from behind and touches them to ask for some help. This results in a startle response and an angry outburst directed at the child.

There will of course be other examples that you can identify in your particular circumstances, but in each instance the general pattern of response to support your child(ren) is the same. Where possible talk about these possibilities in advance and agree that the non-affected parent or other adult in the home assume a leadership role in these situations. Here are suggested steps for the non-affected parent to follow.

1. Protect your child from further distress by removing him/her from the situation and helping to stop the reaction that is taking place. Help the affected parent to re-establish their orientation to reality and their sense of safety.
2. Reassure your child that he/she is safe and the affected parent is going to be fine. Talk calmly to your child about



what just happened and help them express their feelings about the event.

3. Talk to your child about how and why this happened to help give an explanation to the events that they understand.
4. Where the child was the trigger/target of the event, let them know that it was not their fault and that the reaction was not appropriate. As soon as possible, have the affected person talk to the child and take responsibility for the event, apologize for the upset and reinforce the message that it was not their fault. If the affected parent is still too upset to do this, speak on his or her behalf and try to have the conversation later when things are more settled.
5. When things are settled down, set a time for the family to talk about what to do if this kind of thing happens again. In particular, give the child permission to say stop, move away from the situation and call for your help.

### **How Do You Know if Your Child is Under Too Much Stress?**

Everyone experiences stress, including your children. It is a very important and natural part of life. It is important to remember that some stress is good because it helps us learn to cope with the tasks of everyday life. Stress becomes harmful to the physical and emotional health of your child when it is constant, unrelieved and overwhelming.

There is a broad range of physical and behavioral symptoms that you may notice in a child experiencing too much stress. The younger the child is, the less likely he/she is able to tell you about what is bothering them. Signs of stress are more likely to show up in a child's actions, such as in a play or interactions

with others. **The key is to look for long term changes in your child's normal behaviors.**

Talk to your children's teachers and ask them to notify you of any different behaviors such as;

- Drop in performance at school
- Lack of concentration/easily distracted
- Acting out/outbursts of anger
- Withdrawing
- Change in interaction with others

The following is a list of potential symptoms that may be exhibited by children under too much stress.

- Frequent crying;
- Fear of being alone;
- Drop in school performance;
- Inappropriate attention-seeking behavior, temper tantrums;
- Headaches, body aches, pains;
- Regression to behavior of younger children (e.g.) wetting the bed;
- Worry and concern for others;
- Speech problems;
- Inability to concentrate;
- Fear of strangers;
- Nightmares or other sleep disturbances; and
- Increased aggressive behaviors, angry outbursts.

If your child is exhibiting one of these symptoms, it does not necessarily mean they are under too much stress. However, if they are exhibiting several of these symptoms, and they continue over a long period of time; or they are exhibiting extremes of one or more symptoms, they are likely having



difficulty coping with stress. **If so, seek professional help to assess the situation and decide what to do.**

### **Preparation and Coping Methods:**

Preparation is critical to being able to limit the intensity of PTSD symptoms and to constructively process trauma. Officers and dispatchers need to be both mentally and physically prepared as best as they are able in order to provide them with the best chance for surviving mentally and emotionally. The following are effective methods for preparing oneself:

- Develop and maintain a consistent, effective physical fitness program
- Sleep management. Develop habits of getting consistent, good quality sleep that is essential for maintaining a strong mental and emotional coping capability.
- Develop habits of a good, nutritional, balanced diet without abusing caffeine, energy drinks, or alcohol. (Abuse means suffering any physical withdrawals if not used in 24 hours.)
- Develop the habit of consistently being well-hydrated with water.
- Develop a trusted support system with family and friends. Discuss with them what to expect, how you are likely to behave and react after a critical incident, and how they can most effectively help you. Discuss with your friends and family what you will be experiencing either after a traumatic event or due to consistent exposures to significant stress. Give them advice beforehand, how they can best support and help you. Remember, your physical, mental, and emotional health

and well-being, as well as the quality of your life, are all dependent upon your level of preparedness.

- Work at maintaining an active personal life that consists of various activities that lift your spirit and keep you active, and not isolated.
- Faith, meditation, spiritual practice: If you are a person of faith, do not neglect it. Use it for your own benefit and to further develop coping skills.
- Tactical Breathing: According to Lt. Colonel David Grossman (author of "Warrior Mindset" and "On Combat"), tactical breathing has been shown to dramatically help a person not only function at the highest levels during a traumatic event, but to also cope with the aftermath. Essentially, tactical breathing consists of the following: Just prior or after a traumatic incident, or while your mind is re-living the event, take a big breath in through your nose, hold it, then breathe out of your mouth slowly for 4 seconds. Then repeat this several times. This will calm and center your mind and body's automatic responses to stress.
- Mental rehearsal: Work at developing the mindset that eventually you will experience a significant traumatic incident; but you will survive. Mentally rehearse how you will handle such an experience and what will be helpful for you to process the trauma and place it into its proper perspective.
- Seek assistance from a police psychologist who has experience in traumatic events, shortly after the incident. Peer Support can provide references. Treatments for PTSD and Acute Stress Disorder can be relatively short term and extremely effective, especially if sought shortly after an incident.



- Talk about the incident: Find understanding people to talk with who will listen without judgment. Peers who have experienced traumatic events offer an invaluable resource for officers and dispatchers to talk with to begin to process the trauma.

PTSD is a complex mental processing injury in which the affected person's memory, emotionally responses, intellectual processes, and nervous system have all been disrupted by one or more traumatic experiences. Its effects can be effectively treated, and symptoms can be mitigated with preparation.

## RESOURCES:

Wellness Coordinator/Peer Support: Lt. Runge 677-7544

E.A.P./ Employee Assistance Program (800) 999-7222

Chaplain Dani Womack (619) 244-5130