



**OFFICE OF THE  
DIRECTOR OF AIR TRAFFIC (AAT-1)**

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800 Independence Avenue, SW.  
Washington, DC 20591

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Phone Number:

Fax Number: 202-267-5456

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Name:

All Air Traffic Managers

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Program Directors / Staff Mgrs / 500's / ATCSCC

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

COMMENTS:

Per Mary Ellen's discussion on the telecon.  
Attached is the information ATR requested us to  
disseminate.

Thank you



## Warning Signs of Trauma Related Stress

Individuals who have experienced a traumatic event oftentimes suffer psychological stress related to the incident. In most instances, these are normal reactions to abnormal situations. Individuals who feel they are unable to regain control of their lives, or who experience the following symptoms for more than a month, should consider seeking outside professional mental health assistance. The American Red Cross is now working with mental health professionals trained in trauma. For information or a referral, contact the local American Red Cross chapter or the American Psychological Association at 202/336-5800.

The symptoms to watch out for:

- Recurring thoughts or nightmares about the event.
- Having trouble sleeping or changes in appetite.
- Experiencing anxiety and fear, especially when exposed to events or situations reminiscent of the trauma.
- Being on edge, being easily startled or becoming overly alert.
- Feeling depressed, sad and having low energy.
- Experiencing memory problems including difficulty in remembering aspects of the trauma.
- Feeling "scattered" and unable to focus on work or daily activities. Having difficulty making decisions.
- Feeling irritable, easily agitated, or angry and resentful.
- Feeling emotionally "numb," withdrawn, disconnected or different from others.
- Spontaneously crying, feeling a sense of despair and hopelessness.
- Feeling extremely protective of, or fearful for, the safety of loved ones.
- Not being able to face certain aspects of the trauma, and avoiding activities, places, or even people that remind you of the event.

*APA gratefully acknowledges Richard Tanenbaum, Ph.D., Deborah DeWolfe, Ph.D., and Anne Marie Albano, Ph.D., for their contributions to this fact sheet.*

*The American Psychological Association (APA), located in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 155,00 practitioners, researchers, educators, consultants and*

# Psychology in Daily Life

GET THE FACTS

## Coping with the Aftermath of a Disaster: John Tassey, Ph.D., Answers Your Questions

- Psychology at Work
- Mind/Body Connection
- Family and Relationships
- How Therapy Helps
- Psychology in Daily Life

*John Tassey, Ph.D., is a psychologist at the VA Hospital in Oklahoma City. He is a member of the American Psychological Association's Disaster Response Network and was part of the team in Oklahoma City to help those affected by the bombing of the Alfred P. Murrah Federal Building. Additionally, he is the chair of the APA Task Force on the Mental Health Response to the Oklahoma City Bombing.*

**Q. What kinds of reactions are common for people who experience a traumatic situation?**

**A.** Extreme behaviors, feelings of anxiety, nightmares and flashbacks are expected immediately following the event. Unfortunately, isolation, substance abuse, domestic violence, self-harming behavior and suicide are also common following traumatic events. The sooner trauma victims and relief workers receive therapy, the more quickly they will recover.

The message needs to get out that survivors are experiencing normal reactions to abnormal events and that these reactions will subside over time. Seeking qualified psychological help will help people cope with their feelings and can often reduce the time it takes to return to a "new" normal.

**Q. How can people who have been exposed to a traumatic situation help themselves to cope with what has happened?**

**A.** People exposed to traumatic situations need to recognize that they may have abnormal experiences including flashbacks, nightmares, heightened anxiety, or emotional numbing.

They should tell themselves that they are having normal reactions to an abnormal situation. By letting other people know how they are feeling, they can take advantage of the support others can offer. Talking about their experiences as early as they are able will help the psychological healing process begin.

Sometimes, family members, clergy or neighbors can provide comfort. However, if the trauma is severe or sensitive, a specially-trained mental health provider should be seen.

**Q. Can therapy help? If so, in what ways?**

**A.** The research is very clear that therapy can help survivors of traumatic events. Many survivors require only minimal treatment in which they are able to explore their thoughts and feelings and learn about how the mind and body react to trauma and how to effectively cope with the loss.

**Q. How can families help each other to survive a traumatic event?**

**A.** Family support is the critical element of recovery from traumatic events. The parents play an important role with their children in establishing the guidelines of open communication, non-judgmental expression of feelings, and seeking competent help outside the family.

**Q. What fears enter into people's minds in the wake of a terrorist act?**

**A.** One of the greatest fears is a loss of control. When people learn of a plane crash, some decide that they are never going to fly again. When they hear about a shooting incident, they decide that they are not going to visit certain sections of town. By making these decisions, people feel like they can control what is happening.

In the instance of Oklahoma City, people felt a real loss of control. Here was a town that never makes the international news. Here were innocent children in a daycare center. But then we hear about their death -- and it's not from a natural disaster. Someone intentionally and maliciously blew up a building.

The bombing shattered the illusions of security. People asked the question, "Where do you go to be safe?"

**Q. How can parents best help their children cope with a traumatic incident?**

A. First of all, it helps to find out what the child's concerns are. If the child is concerned for the safety of their parent, you need to help the children identify how the parent is safe. Parents need to explain that they are safe when they leave the house and they are protected from harm.

If the kids are concerned for their own safety, you can discuss how to be safe. Ask the child what they need in order to feel safe. Have your child draw how they feel safe. When kids draw, they really can show what they feel and what they need.

Help the child to identify how they don't feel safe. The worst thing we could do is make an assumption of what the child is scared about. Instead of proscribing why they are scared, try to elicit what the scary feelings are. Try to reassure them about those concerns.

Parents need to limit exposure to media presentations. Young children and pre-teens really cannot -- developmentally -- work with that kind of information. How do you explain to a child that some of their playmates were killed in the Federal Building? How do you explain that some bad guy came in and killed their friends and former teachers?

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## Terrorism and Children

## A National Center for PTSD Fact Sheet

On Tuesday, September 11, 2001 the nation was shocked by the news of a terrorist attack on the United States. Two airliners crashed into the World Trade Center and one struck the Pentagon. There were reports of people seen jumping out of the World Trade Center to their death. As adults, many of us gathered around televisions and radio seeking as much information as we could find and discussing the tragedy among our friends, family, and co-workers. But, how should we speak to our children about this event? Should we shield them from such horrors or talk openly about it? How can we help children make sense of a tragedy that we ourselves cannot understand? How will children react? How can we help our children? Fortunately, there have been few terrorist attacks on the United States. One consequence, however, is that there is little empirical research to help us answer the above questions. Instead, information from related events will be used to best try and answer the above questions.

## How do children respond to trauma?

There is a wide range of emotional and physiological reactions that children may display following disaster. Based on previous research we know that more severe reactions are associated with a higher degree of exposure (i.e. life threat, physical injury, witnessing death or injury, hearing screams, etc), closer proximity to the disaster, history of prior traumas, female gender, and poor parental response and parental psychopathology.

Findings from a study following the Oklahoma City bombing indicate that more severe reactions were related to female gender, exposure through knowing someone injured or killed, and bomb-related television viewing/media exposure (Pfefferbaum et al., 1999; Pfefferbaum et al., 2000).

Below are some common reactions that children and adolescents may display (Dewolfe, 2001; Pynoos & Nader, 1993).

### Young Children (1-6)

- Helplessness and passivity; lack of usual responsiveness
- Generalized fear
- Heightened arousal and confusion
- Cognitive confusion
- Difficulty talking about event; lack of verbalization
- Difficulty identifying feelings
- Sleep disturbances, nightmares
- Separation fears and clinging to caregivers
- Regressive symptoms (e.g. bedwetting, loss of acquired speech and motor skills)

- Unable to understand death as permanent
- Anxieties about death
- Grief related to abandonment of caregiver
- Somatic symptoms (e.g. stomach aches, headaches)
- Startle response to loud/unusual noises
- "Freezing" (sudden immobility of body)
- Fussiness, uncharacteristic crying, and neediness
- Avoidance of or alarm response to specific trauma-related reminders involving sights and physical sensations

### School-aged Children (6-11 years)

- Responsibility and guilt
- Repetitious traumatic play and retelling
- Reminders trigger disturbing feelings
- Sleep disturbances, nightmares
- Safety concerns, preoccupation with danger
- Aggressive behavior, angry outbursts
- Fear of feelings and trauma reactions
- Close attention to parents' anxieties
- School avoidance
- Worry and concern for others
- Changes in behavior, mood, and personality
- Somatic symptoms (Complaints about bodily aches, pains)
- Obvious anxiety and fearfulness.
- Withdrawal and quieting
- Specific, trauma-related fears; general fearfulness.
- Regression to behavior of younger child.
- Separation anxiety with primary caretakers.
- Loss of interest in activities.
- Confusion and inadequate understanding of traumatic events most evident in play rather than discussion.
- Unclear understanding of death and the causes of "bad" events.
- Magical explanations to fill in gaps in understanding.
- Loss of ability to concentrate and attend at school, with lowering of performance.
- "Spacey" or distractible behavior.

### Pre-adolescents and Adolescents (12-18 years)

- Self-consciousness
- Life-threatening reenactment
- Rebellion at home or school
- Abrupt shift in relationships
- Depression, social withdrawal
- Decline in school performance
- Trauma-driven acting-out behavior: sexual acting out or reckless, risk-taking behavior.
- Effort to distance from feelings of shame, guilt, and humiliation.
- Flight into driven activity and involvement with others or retreat from others in order to manage their inner turmoil.

- Accident proneness.
- Wish for revenge and action-oriented responses to trauma.
- Increased self-focusing and withdrawal.
- Sleep and eating disturbances; nightmares.

## How to talk to your child?

- Create a safe environment. One of the most important steps you can take is making children feel safe. If possible, children should be in a familiar environment with people that they feel close to. Keep your child's routine as similar as possible. There is comfort in having things be consistent and familiar.
- Provide reassurance to children and extra emotional support. Adults need to create an environment in which children feel safe enough to ask questions, express feelings, or just be by themselves. Let your children know they can ask questions. Ask your children what they have heard and how they feel about it. Reassure your child that they are safe and that you will not abandon them.
- Be honest with children about what happened. Provide accurate information, but make sure it is appropriate to their developmental level. Very young children may be protected because they are not old enough to be aware that something bad has happened. School age children will need help understanding what has happened. You might want to tell them that there has been a terrible accident and that many people have been hurt or killed. Adolescents will have a better idea of what has happened. Talk to them about terrorism and how the United States responds to terrorism. It may be appropriate to watch selected news coverage with your adolescent and then discuss it.
- Tell children what the government is doing. Reassure children that the state and federal government, the police, firemen, and the hospitals are doing everything possible. Explain that people from all over the country and from other countries are offering their services.
- Be aware that children will often take on the anxiety of the adults around them. Parents have a difficult job of finding a balance between sharing their own feelings with their children while at the same time not placing their anxiety on their children. For many, the attack on the United States was inconceivable. Our sense of safety and freedom was shattered. Many parents may feel scared and fearful of another attack. Others may be angry and revengeful. Parents must deal with their own emotional reactions before being able to help children understand and label their feelings. If you are frightened, tell your child, but also talk about your ability to cope and how you as a family can help each other.
- Try and place the attack in perspective. Although you yourself may be anxious or scared, children need to know that what they witnessed or heard about regarding the attack is a rare event. Most people will never be attacked by terrorists and the world is generally a safe place.

## What can parents do?

(Excerpted from Monahan, 1993)

### Infancy to Two and a Half Years:

- **Maintain Child's routines around sleeping and eating.**

- Avoid unnecessary separations from important caretakers.
- Provide additional soothing activities.
- Maintain calm atmosphere in child's presence.
- Avoid exposing child to reminders of trauma.
- Expect child's temporary regression; don't panic.
- Help verbal child to give simple names to big feelings; talk about event in simple terms during brief chats.
- Give simple play props related to the actual trauma to a child who is trying to play out the frightening situation (a doctor's kit, a toy ambulance)

### Two and a Half to Six Years:

- Listen to and tolerate child's retelling of event.
- Respect child's fears; give child time to cope with fears.
- Protect child from reexposure to frightening situations and reminders of trauma, including scary T.V. programs, movies, stories, and physical or locational reminders of trauma.
- Accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long).
- Expect and understand child's regression while maintaining basic household rules.
- Expect some difficult or uncharacteristic behavior.
- Set firm limits on hurtful or scary play and behavior.
- Avoid nonessential separations from important caretakers with fearful children.
- Maintain household and family routines that comfort child.
- Avoid introducing new and challenging experiences for child.
- Provide additional nighttime comforts when possible: night lights, stuffed animals, physical comforting after nightmares.
- Explain to child that nightmares come from the fears a child has inside, that they aren't real, and that they will occur less and less over time.
- Provide opportunities and props for trauma-related play.
- Use detective skills to discover triggers for sudden fearfulness or regression.
- Monitor child's coping in school and day care by communication with teaching staff and expressing concerns.

### Six to Eleven Years:

- Listen to and tolerate child's retelling of event.
- Respect child's fears; give child time to cope with fears.
- Increase monitoring and awareness of child's play, which may involve secretive reenactments of trauma with peers and siblings; set limits on scary or hurtful play.
- Permit child to try out new ideas to cope with fearfulness at bedtime; extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare.
- Reassure the older child that feelings of fear or behaviors that feel out of control or babyish (e.g. night wetting) are normal after a frightening experience and that the child will feel more like himself or herself with time.

### Eleven to Eighteen Years:

- Encourage younger and older adolescents to talk about traumatic event with family

- members.
- Provide opportunities for young person to spend time with friends who are supportive and meaningful.
- Reassure young person that strong feelings-whether of guilt, shame, embarrassment, or wish for revenge-are normal following a trauma.
- Help young person find activities that offer opportunities to experience mastery, control and self-esteem.
- Encourage pleasurable physical activities such as sports and dancing.

## How many children develop PTSD?

Although many children will display some of the symptoms listed above, a significant minority of children will develop posttraumatic stress symptoms (for more on posttraumatic stress disorder see PTSD in Children and Adolescents and Treatment for PTSD). Findings from Oklahoma City indicate that:

- Children who lost an immediate family member, friend, or relative were more likely to report immediate symptoms of PTSD than nonbereaved children.
- Arousal and fear were significant predictors of PTSD symptoms seven weeks after the bombing (Pfefferbaum et al., 1999).
- Two years after the bombing, 16% of children who lived approximately 100 miles from Oklahoma City reported significant PTSD symptoms related to the event (Pfefferbaum et al., 2000). This is an important finding because these youth were not directly exposed to the trauma and were not related to killed or injured victims.
- PTSD symptomatology was predicted by media exposure and indirect interpersonal exposure such as having a friend who knew someone killed or injured.
- No study specifically reported on rates of PTSD in children following the bombing. However, studies have shown that as many as 100% of children who witness a parental homicide or sexual assault, 90% of sexually abused children, 77% exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

Due to the nature of this attack, we would predict very high rates of PTSD in children who lost a family member or witnessed the plane crashes and after effects. Based on research from Oklahoma City, high rates of PTSD may also be related to exposure to media coverage and to children who have a friend or family member that was killed or injured.

## When should you seek professional help for your child?

Many children and adolescents will display some of the symptoms listed above. They will likely recover in a few weeks with social support and the aid of their families. Many of the above suggestions will help children recover more quickly. For others, however, they may develop PTSD, depression, or anxiety disorders. Parents of children with prolonged reactions or more severe reactions may want to seek the assistance of a mental health counselor. It is important to find counselor who has experience working with children as well as with trauma. Referrals can be obtained through the American Psychological Association at 1-800-964-2000. For more information, please see our Seeking Help fact sheet.

## References:

DeWolfe, D. (2001). Mental Health Response to Mass Violence and Terrorism: A Training

Manual for Mental Health Workers and Human Service Workers.

Monahan, C. (1993). Children and Trauma: A Parent's Guide to Helping Children Heal.  
Lexington Books, New York, NY.

Pfefferbaum, B., Nixon, S., Tucker, P., Tivis, R., Moore, V., Gurwitsch, R., Pynoos, R., & Geis, H. (1999). Posttraumatic stress response in bereaved children after Oklahoma City bombing. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 1372-1379.

Pfefferbaum, B., Seale, T., McDonald, N., Brandt, E., Rainwater, S., Maynard, B., Meierhoefer, B. & Miller, P. (2000). Posttraumatic stress two years after the Oklahoma City bombing in youths geographically distant from the explosion. *Psychiatry*, 63, 358-370.

Pynoos, R. & Nader, K. (1993). Issues in the treatment of posttraumatic stress in children and adolescents. In J.P. Wilson and B. Rapheal (Eds.), International Handbook of Traumatic Stress Syndromes (pp. 535-549). New York: Plenum.

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