The 10 Stages of Acute Traumatic Stress Management (ATSM): A Brief Summary

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1. Assess for Danger/Safety for Self and Others
   • Are there factors that can compromise your safety or the safety of others?

2. Consider the Mechanism of Injury
   • How did the event physically and perceptually impact upon the individual?

3. Evaluate the Level of Responsiveness
   • Is individual alert and responsive? Under the influence of a substance?

4. Address Medical Needs
   • For those who are specifically trained to manage acute medical conditions

5. Observe & Identify
   • Who has been exposed to the event and who is evidencing signs of traumatic stress?

6. Connect with the Individual
   • Introduce yourself, state your title and/or position. Once he is medically evaluated, move the individual away from the stressor. Begin to develop rapport.

7. Ground the Individual
   • Discuss the facts, assure safety if he is, have him “Tell his story.” Discuss behavioral and physiological responses.

8. Provide Support
   • Be empathic. Communicate a desire to understand the feelings that lie behind his words.

9. Normalize the Response
   • Normalize, validate and educate.... “Normal person trying to cope with an abnormal event.”

10. Prepare for the Future
    • Review the event, bring the person to the present, describe events in the future and provide referrals.
How Do People Respond During Traumatic Exposure?

The following emotional, cognitive, behavioral, physiological and spiritual reactions are often experienced by people during a traumatic event. It is important to recognize that these reactions do not necessarily represent an unhealthy or maladaptive response. Rather, they may be viewed as normal responses to an abnormal event. When these reactions are experienced in the future (i.e., weeks, months or even years after the event), are joined by other symptoms (e.g., recurrent distressing dreams, “flashbacks,” avoidance behaviors, etc.), and interfere with social, occupational or other important areas of functioning, a psychiatric disorder may be in evidence. These individuals should pursue help with a mental health professional.

**Emotional Responses** during a traumatic event may include shock, in which the individual may present a highly anxious, active response or perhaps a seemingly stunned, emotionally-numb response. He may describe feeling as though he is “in a fog.” He may exhibit denial, in which there is an inability to acknowledge the impact of the situation or perhaps, that the situation has occurred. He may evidence dissociation, in which he may seem dazed and apathetic, and he may express feelings of unreality. Other frequently observed acute emotional responses may include panic, fear, intense feelings of aloneness, hopelessness, helplessness, emptiness, uncertainty, horror, terror, anger, hostility, irritability, depression, grief and feelings of guilt.

**Cognitive Responses** to traumatic exposure are often reflected in impaired concentration, confusion, disorientation, difficulty in making a decision, a short attention span, suggestibility, vulnerability, forgetfulness, self-blame, blaming others, lowered self-efficacy, thoughts of losing control, hypervigilance, and perseverative thoughts of the traumatic event. For example, upon extrication of a survivor from an automobile accident, he may cognitively still “be in” the automobile “playing the tape” of the accident over and over in his mind.
Behavioral Responses in the face of a traumatic event may include withdrawal, “spacing-out,” non-communication, changes in speech patterns, regressive behaviors, erratic movements, impulsivity, a reluctance to abandon property, seemingly aimless walking, pacing, an inability to sit still, an exaggerated startle response and antisocial behaviors.

Physiological Responses may include rapid heart beat, elevated blood pressure, difficulty breathing*, shock symptoms*, chest pains*, cardiac palpitations*, muscle tension and pains, fatigue, fainting, flushed face, pale appearance, chills, cold clammy skin, increased sweating, thirst, dizziness, vertigo, hyperventilation, headaches, grinding of teeth, twitches and gastrointestinal upset.

*Require immediate medical evaluation

Spiritual Responses to a traumatic incident often include anger and a distance from God. There may be a withdrawal from attending religious services. Sometimes the opposite of these reactions is experienced with a sudden turn toward God and uncharacteristic involvement in religious community activity. Additional reactions may include faith practice (e.g., prayers, scriptures, hymns, worship, communion), as empty and without meaning. There is often a belief that God is powerless, doesn’t care or has failed to protect creating a questioning of one’s basic beliefs. There is often anger at clergy.
Helpful Information During and After a Traumatic Event

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Immediate Traumatic Incident Stress Management:

- Avoid the use of alcohol and caffeine. Alcohol is a depressant and as such will intensify the negative reactions experienced following the incident. Caffeine will increase anxiety and negatively impact the ability to sleep.
- Drink plenty of fluids such as water or juice. Avoid consuming large quantities of soda that contains caffeine.
- Use quick relaxation techniques to regain control of emotions. Take a slow deep breath by inhaling through the nose, holding the breath for 3 seconds and exhaling through the mouth. Upon exhalation the words “relax,” “let go,” “I can handle this” may be spoken. Repeat the process a second time. Utilize this technique when you become aware of negative reactions or thoughts beginning to occur.
- Become physically comfortable. While the incident may not be under control, you can take back small pieces of control by taking simple action steps. Wash your face, hands, replace wet clothing, and step outside for a breath of fresh air and a change of scene. These simple acts will bring a small level of control to an out of control situation. Repeat them as often as necessary throughout the incident engagement.

Stress Management following disengagement from incident:

- Resist the desire to withdraw and isolate. Maintaining a connection with the people in your life is of the utmost importance. Maintain your support systems of family and friends. If you feel the need for some quiet time, tell those around you of this need. Ask them to give you some “space.” Do not just shut down.
Engage in simple exercise. The stress reactions produced by the incident, coupled by the wide range of thoughts, will produce a sense of unrest. Engaging in simple exercise such as walking, biking, and swimming will assist in dissipating these reactions.

Limit exposure to the news. We live in a media powerful world that allows us to experience events in real time. The constant exposure to the incident through media will continue to trigger negative reactions as the event unfolds over and over. Choose a news program to stay informed. Watch the program in the early evening and allow yourself time to process the information and take appropriate action steps to alleviate the stress reaction that may be created. Do not watch the news immediately prior to going to bed.

Maintain a normal schedule. Traumatic incidents disrupt the sense of normalcy. By maintaining as normal a schedule as possible you protect some degree of a normal existence while in the midst of the incident. During this time of stress it is important to continue to do things you enjoy. Schedule time for recreational activity. Go ahead and play your golf game—but don’t worry about winning, just have fun. Make daily decisions and follow through.

Set short range goals. Goals provide a sense of direction during a time when confusion and fear of the unknown are present. Attempt to set goals for 1 week, 2 weeks, etc. Be certain that the goal you set is realistic and manageable. By setting realistic goals you will avoid the frustration that always accompanies failed goals.

Set limits for yourself. Avoid the urge to push on without allowing sufficient time to relax and unwind. Give yourself permission to take the “intermission.” Listen to the “wisdom” of your body. When you are tired... rest.

Be aware of your feelings and talk about them. Keep a journal and write your thoughts. If you have difficulty sleeping, do not fight the sleeplessness. Find a quiet place and write your way through the sleepless nights. The process of talking or writing will assist you in quieting your mind thus enabling you to relax and sleep.

During the time period immediately following a traumatic incident realize that those around you are also in varying levels of distress. Be tolerant, seek first to understand others’ reactions and allow them space.
• Resist the desire to make major life changes. Allow time for the incident to pass and recovery to occur before making major decisions.

• Eat well balanced meals.

• Remember your symptoms are normal having experienced a powerful negative event. Understand that during times of great distress “it is OK not to be OK.”

• Seek professional assistance if your symptoms persist.

Guidelines for assisting children:

• Help yourself first. Be certain you are in a good frame of mind when discussing the incident.

• Be honest and open discussing the incident in age appropriate terms.

• Encourage talk about the event.

• Children may not communicate their feelings with words. Encourage them to draw a picture.

• Acknowledge that being frightened is OK.

• Monitor and limit media exposure. Allow time for discussion following exposure to powerful media stimuli.

• Spend extra time at bedtime.

• Remain connected, tune in to their needs.

• Be tolerant during times of distress.

• Hug and cuddle with young children.
“High-risk” indicators for Posttraumatic Stress Disorder (PTSD)

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- prior exposure to severe adverse life events (e.g., combat)
- prior victimization (e.g., childhood sexual and physical abuse)
- significant losses
- exposure to a severe event
- close proximity to the event
- extended exposure to danger
- pre-trauma anxiety and depression
- chronic medical condition
- substance involvement
- history of trouble with authority (e.g., stealing, vandalism, etc.)
- mental illness
- lack of familial/social support
- having no opportunity to vent (i.e., unable to tell one’s story)
- strong emotional reactions upon exposure to the event
- physically injured by event, etc.
How Can We Help Grieving Individuals?

Grief refers to the feelings that are precipitated by loss. The early reactions that we see in grieving individuals occur during a period of “Numbing.” Initially, the individual may present in shock. There may be a highly anxious, active response with an outburst of extremely intense distress or perhaps a seemingly stunned, emotionally-numb response.

During this early phase, you may likely observe denial—an inability to acknowledge the impact of the event or perhaps, that the event has occurred. The individual may evidence dissociation, in which he may seem dazed and apathetic, and he may express feelings of unreality. It is not unusual for people to make statements such as, “I can’t believe it,” “This is not happening,” “This has got to be a bad dream,” etc. Finally, there may be periods of intense emotion (e.g., crying, screaming, rage, anger, fear, guilt, etc.). Recognize that these kinds of reactions to a traumatic loss are normal responses.

Within hours or perhaps days of the loss, “Yearning and Searching” may be observed. Here, the individual begins to register the reality of the loss. There may be a preoccupation with the lost individual. Symptoms may include, but not be limited to, insomnia, poor appetite, headaches, anxiety, tension, anger, guilt, etc. Sounds and signals may be interpreted as the deceased person’s presence.

Within weeks to months following the loss is a period of “Disorganization.” Here, feelings of anger and depression are exhibited. The individual may likely pose questions (e.g., “Why did this have to happen?”) and evidence periods of “bargaining” (e.g., “If only I could see him just one last time.”). Finally, in the months or even years following the loss is a time of “Reorganization.” Here, the individual begins to accept the loss—often cultivating new life patterns and goals.
There are no “cookbook” approaches to helping people who are struggling with loss. Perhaps the most important variable is “being there” for the person. Attempt to connect with the him using the ATSM model. Encourage expression of thoughts and feelings without insistence. Recognize that although relatives and friends intend to be supportive, they may be inclined to discourage the expression of feelings—particularly anger and guilt. Avoidance of such expression may prolong the grieving process and can be counterproductive. Allow periods of silence and be careful not to lecture.

When working with grieving individuals, avoid cliches such as “Be strong,” and “You’re doing so well.” Such cliches may only serve to reinforce an individual’s feelings of aloneness. Again, allow the bereaved to tell you how they feel and attempt to “normalize” grief reactions. Finally, don’t be afraid to touch. A squeeze of the hand, a gentle pat on the back or a warm embrace can show you are there and that you truly care.

**Practical Guidelines for Assisting the Grieving Individual**

- Provide opportunities for ventilation of emotions.
- Provide support and availability at funeral.
- Practice active and empathic listening (e.g., show acceptance of the feelings and experiences of the griever).
- Provide the individual with an opportunity to reminisce and reflect on their deceased significant other.
- Keep tissues visible and available.
- Encourage the individual to maintain proper care and nurturance for themselves.
- Educate the individual regarding the reactions that they may experience over the next few weeks and/or months (e.g., sleep difficulty, anger, etc.).
• Assist with out-of-work interventions/referrals if indicated. Consider referral to an Employee Assistance Program (EAP).

• Refer for medical consultation in the event of severe insomnia or physical reactions (e.g., migraine headaches).

• Remain mindful for signs that the individual is not coping well (e.g., suicidal threats) and seek medical and/or familial involvement.

• Be mindful of your own feelings surrounding death and know your limitations in your effort to assist the individual.