

# CONNECTIONS

OCTOBER, 2018

VOLUME 4, ISSUE 10



## children's responses to trauma

*what to expect and how to respond for parents and caretakers*

### Preschool – Second Grade

Common Reactions	How to Respond
1. Helplessness and passivity.	Provide support, rest, comfort, food, opportunity to play or draw.
2. Generalized fear.	Provide assurance of your role to protect.
3. Cognitive confusion (e.g., do not understand that the danger is over).	Give repeated concrete clarifications for anticipated confusions.
4. Difficulty identifying what is bothering them.	Provide emotional labels for common reactions.
5. Lack of verbalization, repetitive nonverbal traumatic play, unvoiced questions.	Help to verbalize general feelings and complaints (so they will not feel alone with their feelings).
6. Attributing magical qualities to traumatic reminders.	Separate what happened from physical reminders (e.g., a house, playground, parking lot).
7. Sleep disturbances (night terrors and nightmares; fear of going to sleep; fear of being alone, especially at night).	Encourage them to let their parents and teachers know.
8. Anxious attachment (clinging, not wanting to be away from parent, etc.).	Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker's whereabouts).
9. Regressive symptoms (thumb sucking, enuresis, regressive speech).	Tolerate regressive symptoms in a time-limited manner.
10. Anxieties related to incomplete understanding about death; fantasies of "fixing up" the dead; expectations that a dead person will return, e.g., an assailant.	Give explanations about the physical reality of death.



Greetings City Employees,

First and foremost, we would like to thank all City employees who have been responding to significant and stressful events in Madison and our neighboring communities these past couple of months. We know that sleep, stress, and exposure to other people's trauma have been issues you have faced. We have also heard instances of this stress and trauma impacting your family and children.

Within this newsletter you will find information and tips for getting better rest, as well as how to respond to trauma in children and teens. Please keep us in mind if you learn that the stress of your job impacts your family, as we are available to them as well.

Additionally included is information for an upcoming November training on Trauma, Post Traumatic Stress, and the Process of Healing that will be held at the Madison Police Training Center. Though the topic is geared toward first responders, any City employee is invited to sign up for one of these training sessions if you are interested in learning more about this topic.



Employee Assistance Program



CITY OF MADISON EMPLOYEE ASSISTANCE PROGRAM  
 2300 S. Park St., Suite 111  
 Madison, WI 53703  
[www.cityofmadison.com/employee-assistance-program](http://www.cityofmadison.com/employee-assistance-program)

Tresa Martinez, EAP Administrator: (608) 266-6561  
 Hailey Krueger, EAP Specialist: (608) 266-6561  
 Sherri Amos, Program Support: (608) 266-6561



# children's responses to trauma

*what to expect and how to respond for parents and caretakers*

## Third – Fifth Grade

Common Reactions	How to Respond
1. Preoccupation with their own actions during the event; issues of responsibility and guilt	Help to express their secretive imaginings about the event.
2. Specific fears, triggered by traumatic reminders or by being alone.	Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize.
3. Retelling and replaying of the event (traumatic play); cognitive distortions and obsessive detailing.	Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions.
4. Fear of being overwhelmed by their feelings (of crying, of being angry).	Encourage them to express their fear, anger, sadness, etc., in your supportive presence to prevent feeling overwhelmed.
5. Impaired concentration and learning.	Encourage them to let their parents and teachers know when thoughts and feelings interfere with learning.
6. Sleep disturbances (bad dreams, fear of sleeping alone).	Support them in reporting dreams; provide information about why we have bad dreams.
7. Concerns about their own and others' safety, e.g., worry about siblings.	Help them share worries; reassure with realistic information.
8. Altered and inconsistent behavior, (e.g., unusually aggressive or reckless behavior, inhibitions).	Help them cope with the challenge to their own impulse control (e.g., acknowledge, "It must be hard to feel so angry").
9. Somatic complaints.	Help to identify the physical sensations they felt during the event.
10. Close monitoring of parent's responses and recovery; hesitation to disturb parent with own anxieties.	Help children verbalize what they are feeling and reassure them of parental protection.
11. Concern for other victims and their families.	Encourage constructive activities on behalf of the injured or deceased.
12. Feeling disturbed, confused and frightened by their grief responses; fear of ghosts.	Help them retain positive memories as they work through the more intrusive traumatic memories.



# children's responses to trauma

*what to expect and how to respond for parents and caretakers*

## Adolescents Sixth Grade and Up

Common Reactions	How to Respond
1. Detachment, shame and guilt (similar to an adult response).	Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.
2. Self-consciousness about their fears, sense of vulnerability, and other emotional responses; fear of being labeled abnormal.	Help them understand the adult nature of these feelings, encourage peer understanding and support.
3. Post-traumatic acting out (e.g., drug use, delinquent behavior, sexual acting out).	Help them understand the acting out behavior as an effort to numb their responses or voice their anger over, the event.
4. Life threatening reenactment; self-destructive or accident-prone behavior.	Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence.
5. Abrupt shifts in interpersonal relationships.	Discuss the normal strain on relationships with family and peers following a trauma.
6. Desires and plans to take revenge.	Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of helplessness.
7. Radical changes in life attitudes, which influence identity formation.	Link their attitude changes to the impact of the traumatic event.
8. Premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home.	Encourage postponing radical decisions, in order to allow time to grieve and work through their responses to the event.

## The 'A' Word

By Melissa Orlov, *Psychology Today* (Used by permission of the author)

Work done by Jerome Schultz, Ph.D. suggests that people who have ADHD (in his case, children) and who don't understand the label ADHD take on the negative stereotypes often associated with the condition rather than see themselves as a greater whole. This isn't a huge surprise. All you have to do is stand around for a while in a school hallway before you hear "Oh, that's so ADD!" It's not a compliment.

Adults with ADHD know this all too well – they've lived it. For years people told them they were inadequate, ought to try harder, never learned, or were stupid (because they didn't test well or had problems with memory). This list goes on and on. Sadly, many of them believed it because they didn't have another explanation. Take "stupid" – a child with ADHD might be exceptionally smart yet test poorly because she reads slowly (a common issue with ADHD) and runs out of time. Or perhaps she did her homework and learned the material but forgot to bring it to school, getting a 0 for her effort. Or was distracted and didn't even know she had homework – even though she was perfectly capable of acing it. Perhaps the ADHD child had a co-existing math learning disability, such as dyscalculia, which kept him from doing more than 5 problems on that 25-problem math quiz in second grade. That brain that can't calculate might be amazing with words or pictures...but this gets lost in our "teach to the test" school environment and the taunts of other school children.

People diagnosed with ADHD as adults are often relieved to hear about their diagnosis. Finally! A reason for all that has happened to them! And, if they do some research and tackle the task of treating the ADHD, their lives most often change for the better\*.

But over time, as relationships develop, if both partners don't really learn about ADHD and how to live with it, ADHD can morph into a curse – "the A word" as one woman told me. Having a label – and particularly the label of ADHD – can translate into "because you have ADHD, our relationship problems are all your fault." The woman with ADHD who normally stays on top of things isn't just deciding that she doesn't feel like doing a chore right then...no, she's not controlling her symptoms well enough and gets corrected by her partner. The man who has ADHD who stays on his computer too long to finish reading an interesting news story has a computer addiction. The man who thrills at arriving at the airport just in the nick of time is judged inconsiderate and to have an issue with time management by his more anxious and less adrenaline-driven partner.

\*Research done by Dr. Russ Barkley and Dr. Kevin Murphy suggests that the majority of adults with ADHD who use medications see significant improvements in symptom management. See Barkley's book, *Taking Charge of Adult ADHD*, for more information.

For more information about how adult ADHD impacts relationships, or to ask Melissa Orlov your questions, visit [www.ADHDmarriage.com](http://www.ADHDmarriage.com).

## October is ADHD Awareness Month

As a researcher and also someone who has been diagnosed with ADHD, Salif Mahamane presents a new way to look at and think about the diagnosis of ADHD in his Ted Talk entitled "ADHD sucks, but not really." ([Click to view.](#))



One frustrated ADHD man told me "I think of this as 'the leeway conundrum.' My wife, who does not have ADHD, can change her mind and everything is okay. I, on the other hand, must never change my mind because if I do, it means I'm ADHD unreliable."

This is part of the parent/child dynamic that is so destructive in ADHD-impacted relationships. The ADHD partner, in the child-like role, has little autonomy and is critiqued on an ongoing basis by non-ADHD and other ADHD partners who believe their way – sanctioned by the neuro-typical world – is better. Sometimes they have a point...but not as often as they think. And ADHD isn't always the reason for differences of opinion, either. As a non-ADHD partner I may prefer getting to the airport early so that I don't feel stress. But as long as my ADHD partner makes it on time, is my way really more successful (better) than his? Objectively, no. We do things differently. Viva la difference!

I'm not one who thinks that ADHD is a gift. I've seen it play a role in the suffering of too many couples. Research backs me up. Having ADHD can wreak havoc with your life. But – and this is a big but – it's not all about ADHD either. Using the label of ADHD without empathy or compassion is simply cruel. The dysfunction in the couples I work with comes from their interactions and attitudes about ADHD as much as from the ADHD symptoms themselves. Using ADHD as a criticism – as 'the A word' if you will – is one of the bigger problems. It signals disrespect, and a willingness to label another in a way that allows the other partner to ignore his or her own role in their joint problems, leading to much-less-than-optimal healing.

Non ADHD partners, teachers, parents and anyone who loves someone with ADHD would be well-served to think about the undertones so many read into the label of ADHD and to remember it's not just about ADHD. A person with ADHD is much more than his or her ADHD symptoms and deserves autonomy and respect for his or her different way of being.

## Are you getting enough sleep?

by National Safety Council (Used by permission)

Although it's recommended that adults get seven to nine hours of sleep a night, NIOSH notes that multiple factors may contribute to workers being sleep-deprived. These include shift work, work hours, job stress and physically demanding work.

"Additionally, societal factors such as round-the-clock access to technology and the pressure to work harder has increased work hours, and thus also led to an increase of short sleep among U.S. adults," NIOSH states.

So what can workers do to get better sleep?

### Six tips for better rest

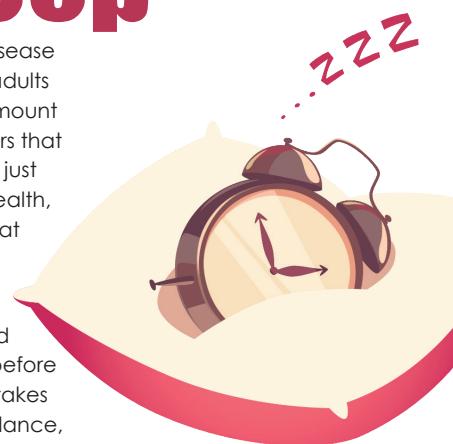
Although you may not be able to control all of the factors that hinder a good night's sleep, the Mayo Clinic recommends adopting certain habits that may help you get better rest:

- Follow a sleep schedule.** Do your best to go to bed at the same time – including on weekends. Being consistent will help reinforce your sleep-wake cycle. If you can't fall asleep after about 20 minutes, do something relaxing until you feel tired.
- Be mindful of what you eat and drink.** Don't go to bed when you feel hungry or overly full. Avoid nicotine, caffeine and alcohol before bed.
- Create a tranquil sleep environment.** Keep your bedroom cool, dark and quiet. Avoid looking at light-emitting screens before bed, and consider using room-darkening shades, earplugs or a white noise machine to help you sleep.
- Reconsider naps.** Taking long naps during daylight hours can limit nighttime sleep, so if you must nap, limit it to 30 minutes or less. (However, if you work a night shift, you might need to take a nap before work to help make up for lost sleep.)
- Stay active.** Regular exercise can help promote better sleep, and spending time outside may be helpful, as well.
- Try not to stress.** If worries are keeping you awake, write them down and set them aside for the next day.

## The Importance of Sound Sleep

Feeling tired? According to the Centers for Disease Control and Prevention, a third of American adults report getting less than the recommended amount of sleep. While many suffer from sleep disorders that keep them from getting enough sleep, others just can't find the time. Balancing the needs of health, family and career can be a real challenge that sometimes leads us to cheat ourselves of the sleep we need.

From creating "no work" embargos at the end of the night to putting mobile devices away before bed, there are many options to ensure sleep takes some priority in your life. Need additional guidance, or worried about the effects of sleeplessness on your work and life? Reach out to your EAP.



### WEBINAR

10.17.2018 | 12:00pm ET

REGISTER

**Night Owls and Morning Larks: Understanding Circadian Rhythm Disorders**

Circadian rhythms play a significant role in our overall health and sleeping habits. This presentation provides information on the circadian system while discussing the various circadian rhythm disorders and their treatment.

**Catherine C. Loomis, Ph.D., C.B.S.M.**

Restorative Sleep, LLC

**City of Madison**

1-800-236-7905 or 414-256-4800

[www.feieap.com](http://www.feieap.com)

username: madison

**fei** workforce resilience

## De-Escalation Tip of the Day: Use Nonthreatening Nonverbals

By Emily Eilers, Crisis Prevention Institute

"Studies indicate that more than 90 percent of human communication is nonverbal," former federal prosecutor Allison Leotta wrote in the December 2016 issue of the American Bar Association Journal. In her article on the importance of nonverbal communication, she considered, "Of course, we hope that trials aren't battles of personalities. We hope that jurors will listen to the merits of the case, examining the facts, evidence and expert testimony without bias. But inevitably, jurors will filter your facts through the emotions that you sparked in them." Your nonverbals—tone, body language, and facial expressions—have a profound impact on the people who are taking in your words because they infuse language with context.

Ms. Leotta's article is full of excellent tips about body language that anybody can use—not just a federal prosecutor—but I was particularly struck by her tip for how to consistently take a nonverbal approach that is resonant, authentic, and nonthreatening. "Eventually, I found my sweet spot, talking to jurors as I would to my mother-in-law: a smart, empathetic woman I loved and admired and who brought out the best side of me."

That certainly wasn't the tip I was expecting when I started reading the article! Maybe I've watched too many Law & Order reruns, but I suppose I had assumed that an effective prosecutor had to be tough to be successful. But when she engaged with a jury, she didn't gear her language toward a combative opponent. She didn't adopt the tone of an authoritarian. She didn't take on a defensive posture. Her most effective comportment as a litigator was achieved by using the same genuine and heartfelt conduct she used in her personal life—imagining that she was speaking not to a panel of relative strangers, but to a beloved family member who inspired her to be her best and kindest self.

The more a person escalates into distress, the less they can process your choice of words. So how you speak becomes far more important than what you say. When we speak to somebody we care about and respect, our tone and body language become relaxed, receptive, and nonthreatening. There is a special degree of patience and attention we show to those people. And those same qualities are exactly what a person in crisis needs to see so that they can safely de-escalate.

That's why one of CPI's top 10 de-escalation tips is: Use nonthreatening nonverbals.

What you do influences the reaction of a person in crisis far more than what you say. Keeping your nonverbals as neutral as possible begins to defuse the situation at a subconscious level by making the situation feel less combative. The trick, of course, is being mindful in those moments of adjusting your nonverbal messaging, consciously taking a nonthreatening physical posture, and controlling your tone. Training can help you and your staff engage with a compassionate voice and see beyond the challenging behavior so that you can connect to the person in crisis. Picturing that you're talking to somebody who inspires your most compassionate and thoughtful behavior is a fantastic holistic approach to your nonverbal behavior—not just for a crisis, but for our interactions in everyday life as well.

### Use nonthreatening nonverbals.



[crisisprevention.com](http://crisisprevention.com)

### CPI's De-Escalation Techniques

*Due to the variety and nature of the work that many City employees do, there are times when employees may find themselves in an uncomfortable situation with a member of the public, or perhaps even another employee, who may be struggling with their mental health, has a cognitive or intellectual status different from our own, sees reality differently than we do, has a medical condition or medication imbalance, or has found themselves in an uncomfortable situation and is expressing themselves very inappropriately or perhaps even aggressively in the workplace. While we recommend calling 911 if anyone feels immediately threatened or unsafe for themselves or someone else due to the words or actions of another person in their work environment, sometimes situations do not rise to the level of contacting law enforcement, or you may find yourself in a situation where you feel uncomfortable or threatened but are unable to distance yourself from the individual making you uncomfortable, confused, afraid, or angry. Crisis Prevention Institute (CPI) is a widely utilized and useful resource that teaches employees and organizations how to de-escalate disruptive and assaultive behavior in safe, non-violent, and respectful way, and they have developed a list of Top Ten De-Escalation Tips which the EAP will be providing to you in this and upcoming newsletter articles. If you have more questions on de-escalation in the workplace, you can confidentially contact the EAP at 266-6561 or you can view upcoming trainings offered by Human Resources on their training website.*

# FIRST RESPONDER FOCUS

## Trauma, Post Traumatic Stress, and the Process of Healing 4-Hour Training Class - Free

**Suicide is the #1 cause of death for first responders with another 20-33% suffering from Post-Traumatic Stress – Don't become a victim of the job.**

November 6, 2018 Training Class: 8am-Noon / 1pm-5pm (2nd class)

Class for spouses-family members: 6pm-8pm

Madison Police Training Center, 5702 Femrite Dr. Madison, WI 52718

To Register: [www.cityofmadison.com/police/policingforward](http://www.cityofmadison.com/police/policingforward)

*Bulletproof Spirit* training provides effective wellness strategies that enable individual success, agency effectiveness, and community impact. It is for police, dispatchers, fire, and their spouses.

Every first responder needs to serve without suffering from Post Traumatic Stress, low resiliency, depression, burnout, bitterness, anger and negativity, addictions, and suicide ideation. *Bulletproof Spirit* provides the blueprint for a healthy, motivated, resilient first responder.

First responder attendees will learn about the crippling effects of trauma and how to develop resiliency, enhance coping ability, manage acute stress, effective methods to process and work through trauma, methods to remain motivated, as well as 20 proactive emotional survival strategies that enable healing, peace, and wellness. Training includes:

- Warning signs – Restoring resiliency and coping ability
- Emotional Survival Lessons
- 20 Emotional Survival and Wellness Strategies
- Post Traumatic Stress – Symptoms, Treatments, and the Process of Healing
- Critical Support from Home
- Peer Support/Critical Incident Stress Management
- Strategies to counteract the crippling effects of work trauma

**Spouses evening class includes:** It is critical for spouses / life partners of first responders to understand the traumatic effects that a career as a first responder can have – not just with the first responder, but with the life partner and family members as well. Attendees will gain an understanding of work trauma and specific, effective ways to support, help, and assist their first responder mate.

**Endorsement:** "Bulletproof Spirit details practical steps that are not only effective but essential...a must for all first responders and their loved ones. The wellness and emotional survival of these heroes depends upon it, as well as the safety of our communities." - San Diego Police Chief (ret) Shelley Zimmerman

**Instructor:** La Mesa Police Captain (ret) Dan Willis served 30 years and is a graduate of the FBI National Academy. He is a former crimes of violence, child molest, homicide detective and SWAT Commander. He is an instructor at the National Command and Staff College and is the author of "*Bulletproof Spirit: The First Responders Essential Resource for Protecting and Healing Mind and heart.*" He has presented in 21 states and Canada, providing emotional survival and wellness training.

*Thanks for reading,  
we hope you found the information useful!*

**You can reach any of us by calling the EAP Office at (608) 266-6561**

Tresa Martinez, [tmartinez@cityofmadison.com](mailto:tmartinez@cityofmadison.com)

Hailey Krueger, [hkrueger@cityofmadison.com](mailto:hkrueger@cityofmadison.com)

**External Available 24/7:  
FEI Workforce Resilience (800) 236-7905**

Sherri Amos, [samos@cityofmadison.com](mailto:samos@cityofmadison.com)

To learn more about your external EAP services, please contact FEI at 1-800-236-7905 or log on to [feieap.com](http://feieap.com) and type username: madison.