Flight Attendants coping with trauma
Please share this booklet and the list of resources on the back cover with others you feel might be experiencing stress or depression due to trauma.
There is no one way to react to a traumatic experience. You may react very differently than your flying partners, both in terms of intensity and time of occurrence. You may experience emotions that keep changing without warning, or you may initially experience no emotions at all. The disruptions and losses that accompany a traumatic event can also increase the stress.

"When all of this first happened, I thought I was doing pretty well. I was one of the first to return to flying. Since the incident, I've flown three trips. Everything seemed pretty manageable until we hit turbulence on the fourth trip. Since then, I don't even know if I can put on my uniform."

As safety professionals, flight attendants are typically at greater risk of experiencing traumatic events, such as serious injuries or life-threatening situations, than the general public. Such events, whether actual or threatened, can produce a traumatic stress reaction. Exposure to multiple traumatic events may reawaken the feelings and thoughts of prior incidents. Sometimes, such events occur without warning or in ways that leave one with no immediate escape from a threatening situation, thus greatly increasing stress.

People react to traumatic events in many different ways, but there are some common patterns. Fortunately, there are also some effective ways to accelerate recovery.
Certain cues or reminders (such as smells or sounds associated with a trauma) may prompt you to re-experience the stress of a prior event. When this happens, it’s normal to react to the cue even if you may not be fully aware of the connection.

**COMMON CUES INCLUDE:**
- Flying over a disaster area
- Flying the same trip
- Using the same equipment that was used during a traumatic event, such as a defibrillator or emergency chute
- A sight, sound, taste, feel, or smell that was present during an event
- News stories of similar events
- Anniversaries of an event
- Holidays or other significant life events
- Public reactions to an event

These reactions can be very intense and uncomfortable. A flight attendant may experience all of these symptoms or just a few of them. The reactions can occur immediately following an event or can start later (known as “delayed onset”). When this happens, flight attendants may find themselves thinking “I thought I was O.K., but now I’m not. Why am I having this reaction now?” Recovery from a traumatic event takes time, and every person experiences his or her healing process in a different way.
Taking action is a sign of strength.

People have different ways of coping with traumatic events. Although painful, trauma doesn’t have to be disabling.

- Acknowledge that you will have a traumatic reaction
- Give yourself permission and time to grieve
- Talk about your feelings/reactions at appropriate times with someone you trust. Try not to minimize or hide your feelings (even if you don’t know how to label them)
- When you’re sharing your feelings with someone, you may get emotional. Trust that if you fall apart temporarily, you’ll be able to pull yourself together later
- Ask for help. Taking action is a sign of strength
- Don’t "slam click!" Avoid isolating yourself on layovers. Pre-plan an activity with your flying partners if you know you have this tendency
- Monitor your exposure to the news media. Limiting it may be advisable. For example, try listening or watching the news only during specific times, like a half hour in the morning and a half hour at night

Remember, there are no magic formulas or simple answers to working through a traumatic event. Although the event will pass, the memory of the experience will remain with you. Recognize and integrate this memory as a part of who you are now. Make it a part of your own new beliefs and expectations.
In some cases, stress-related symptoms may seem to linger a long time, or even to become more intense with time. Remember, there is no set time frame for recovery – the recovery process will vary from person to person and among different events. However, if after several weeks you notice that your stress symptoms have not improved, or have actually gotten worse, you may want to seek professional assistance. Some red flags to look out for include:

- Frequent re-experiencing of the event through thoughts or dreams
- Major preoccupation with avoiding places, work activities, or other reminders of the event that interferes with resuming your life
- Continued inability to recall or process information related to the event
- A sense of doom or hopelessness
- Continued changes in your personality or the way you interact with others
- Family members or others say they’re worried about you
- Reappearance or worsening of symptoms related to a previous medical or emotional condition
- Thoughts of harming yourself or others, death or suicide**

**If you have these thoughts, contact a medical professional, clergy member, family member, trusted friend, or your EAP immediately.

If you exhibit such “red flag” symptoms, professional help may assist you with the healing process. You can get help by contacting the resources on the back cover of this booklet.

Having symptoms that do not go away is not a character flaw or a sign of personal weakness.

In this situation, seeking treatment is a sign of strength.
The most common treatable illnesses associated with traumatic events are depression, post-traumatic stress disorder (often called PTSD), and anxiety or “panic” disorder.

**DEPRESSION**

“I’ve always loved flying.
Why don’t I have that feeling anymore?
I don’t even think I have the energy
to try to get it back.”

Depression can be brought on by a specific event (called situational depression) or a chemical imbalance (called clinical depression). A traumatic event can actually trigger a chemical change in the brain, which can result in depression.

Depression is a medical condition that responds very well to professional help. Treatment may include psychotherapy (talking with a therapist or counselor), support groups, and/or medication.*

If your reaction to a trauma continues to be intense, or if your energy, outlook, or feelings of sadness don’t change over time, you may be experiencing depression.

**COMMON SYMPTOMS OF DEPRESSION ARE:**
- Pessimism, indifference
- Inability to find pleasure in former interests
- Withdrawal from people and or social events
- Unexplained aches and pains
- Loss of energy, persistent lethargy
- Thoughts of suicide or death

**TREATING DEPRESSION**

Recognizing depression is the first step to treating it. If given proper care, 4 out of 5 people with depression show significant improvement.

If you think you are experiencing depression, seek professional help. Do not try to diagnose yourself, and do not take any medication,* including over-the-counter substances, without consulting your doctor.

* As a safety professional, you are responsible for remaining in compliance with Department of Transportation regulations and company policies around medications and drug use. Seek union consultation if you or your doctor are not clear about medical issues related to your job requirements.
POST TRAUMATIC STRESS DISORDER

“I can’t get the thoughts of that day out of my head. The faces of those frightened passengers are with me everyday and everywhere, especially the little girl in 22 B. She was about the same age as my daughter.”

Post-traumatic stress disorder, or PTSD, affects some people after a traumatic experience. People with PTSD usually continue to show acute trauma symptoms at least three months after a traumatic experience. In some cases, there may be a delay of six months, a year, or even several years before symptoms appear.

Remember, not all traumatic stress reactions indicate PTSD, even though they may initially look similar. Continued and debilitating symptoms over an extended time are the hallmarks of PTSD.

COMMON SYMPTOMS OF PTSD ARE:

- Intense re-experiencing of the event through flashback episodes, memories, nightmares, or frightening thoughts
- Inability to feel any emotional connection to the event
- Frequent sleep disturbances
- Acute anxiety, irritability, or outbursts of anger
- Continued avoidance of any associations or thoughts of the trauma

If your traumatic stress reaction continues to cause you pain and discomfort, seek professional assistance. A professional can help you monitor or jump-start your recovery.

TREATING PTSD

Treatment of PTSD can include individual or group counseling, or behavior techniques such as relaxation exercises, guided imagery or Eye Movement Desensitization and Reprocessing (EMDR). Although talking about symptoms might be painful and confusing, disclosing them in a safe place can bring relief. Medication may sometimes be recommended.*

* As a safety professional, you are responsible for remaining in compliance with Department of Transportation regulations and company policies around medications and drug use. Seek union consultation if you or your doctor are not clear about medical issues related to your job requirements.
ANXIETY AND PANIC
The difference between commonplace anxiety and an anxiety illness is the degree to which someone is overwhelmed with feelings of tension, even when there is no real sign of danger. Also, people with an anxiety disorder may often take extreme actions to avoid the source of their anxiety. Anxiety disorders often interfere with jobs, family, and social responsibilities.

Symptoms of anxiety may occur in anyone experiencing a difficult situation. Anxiety as well as “panic attacks,” can be triggered by a stressful event or can occur without warning.

SYMPTOMS INCLUDE:
- Intense worry or fear that something bad will happen
- Trembling, twitching, or feeling shaky
- Fatigue or restlessness
- Feeling dizzy or lightheaded
- Fast heartbeat or breathing
- Sweating, or cold or clammy hands
- Dry mouth, nausea, or diarrhea

A panic attack is a sudden period of intense fear, usually reaching a peak within ten minutes, during which you may feel any combination of the above symptoms. Those who experience a panic attack for the first time often think they are having a heart attack. It can be a very frightening experience.

If any of these symptoms seem associated with a specific situation or object, and they persist over time, one should seek professional help. To find help, refer to the resource list on the back cover of this booklet.

TREATING ANXIETY
Treatment for anxiety can include:
- Relaxation, breathing, or other behavioral exercises that may ease symptoms that occur in panic disorders
- Talking to a professional therapist
- Medications*, desensitization techniques, or guided imagery may be used in conjunction with therapy

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I’m a little worried about you. You don’t seem yourself lately. How are you feeling?

Or, more specifically,

Have you been feeling down lately?

If asked, a person may welcome the chance to talk about his or her feelings. Let them know that contacting a professional may help.

Share this booklet with them. Point to the resources on the back.

Let the person know that you are concerned, you care, and that seeking treatment is a sign of strength.

RESOURCES

For a list of resources available anywhere, see the back cover of this booklet.

Remember, every journey begins with a single step. For some, that first step may be reading this brochure.
resources that can help

Association of Flight Attendants Employee Assistance Program
U.S. Toll Free: 1-800-424-2406
Direct: 202-712-9751
www.afanet.org/eaphome.html
eapassist@afanet.org

National Depressive and Manic-Depressive Association
U.S. Toll Free: 1-800-826-3632
www.ndmda.org
info@ndmda.org

National Mental Health Association
U.S. Toll Free: 1-800-969-6642
www.nmha.org

The Center for Mental Health Services
U.S. Toll Free: 1-800-789-2647
www.mentalhealth.org/cmhs

National Clearinghouse on Alcohol and Drug Information and Treatment Referral
SAMHSA’s Center for Substance Abuse and Prevention and Treatment
1-800-729-6686
Hablamos Espanol: 1-877-767-8432
TDD: 1-800-487-4889
www.samhsa.gov

PTSD Alliance
U.S. Toll Free: 1-877-507-PTSD (7873)
www.PTSDAlliance.org

Kaiser Permanente Member Services
www.kp.org
Regional Numbers throughout the U.S.

Mid-Atlantic States
1-800-777-7902
For TDD: 1-301-816-6344

Ohio
Cleveland Area: 1-800-686-7100
Akron Area: 1-888-606-8759

Georgia
1-800-611-1811

California
1-800-464-4000

Colorado
Denver/Boulder: 1-303-338-3800
Colorado Springs: 1-888-681-7878

Hawaii
1-800-966-5955

Northwest
1-800-813-2000