



*Flight Attendants*  
c o p i n g  
w i t h t r a u m a

# generous contributions

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*The presentation herein are those of the authors and may not necessarily reflect the opinions, official policy, or position of DHHS, SAMHSA, and CSAP.*

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*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.*

## Incident Report for Month 7

Smoke in Cabin

XIOIBSDVIPAKL JOICAJSDLPEWO 1XIOA83 VSDFJIOS09

Passenger Assault

LKDF ADO442F R32JFA;OIF09DSR123-ASDF-

Death onboard

09DSR123-ASDF- LKDF ADO442F R32JFA;OIF 09FSD81 S

Use of Defibrillator

DSFA 09DSR123-ASDF- LKDFPAJ-109AS; [D323 FJ892XF

Turbulence with injury

XIOIBSDVIPAKL JOICAJSDLPEWO 1XIOA83 VSDFJIOS09

Turbulence without injury

1XIOA83 VSDFJIOS09 09FSD81 S PAJ-109AS; [D323

Sexual Assault at layover hotel

PAJ-109AS; [D323 FJ892XF SDFIU

Hotel Van accident with crew on-board.

FJ892XF SDFIU DSFA [D323 FJ892XF SDFIU

Flight Attendant injury on board aircraft.

09DSR123-ASDF- 9298AP-Q; LE+ EO1123 LSISDA

## traumatic events

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.

## common reactions

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.”

# common reactions

## NORMAL REACTIONS INCLUDE:

- Numbness, feelings of disbelief, and shock (*I can't believe it really happened.*)
- A "roller coaster" of emotions, including sadness, anger, fear, helplessness (*I'm fine one minute and falling apart the next.*)
- Difficulty remembering or concentrating (*I can't focus on my safety responsibilities.*)
- Changes in sleeping or eating patterns (*I just can't fall asleep.*)
- Mood changes (*I'm just not myself.*)
- Physical symptoms, such as fatigue, nausea, aches and pains (*I don't have any energy.*)
- Easily startled, excited, hypervigilant (*I keep thinking I smell smoke.*)

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.

# difficult situations

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
- Flying the same type of plane
- Flying in the same position or with the same crew
- 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

s i t u a t i o n s

# how to coping cope

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

a sign of  
strength

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*Taking action  
is a sign of strength.*

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- Avoid the jumpseat grapevine. Get information from appropriate sources
- Stick with familiar routines
- Eat nutritious meals, get rest and exercise. Your physical balance will impact your emotional balance
- Avoid alcohol and other mood-changing substances. Numbing your feelings with chemicals only postpones the recovery process
- Don't make any major life decisions. Stress can skew one's judgment
- Avoid the "doomsayers" and catastrophizers. A negative outlook doesn't need to be added to your stress load
- Remember what was most helpful to you when you experienced a prior trauma. Use it to help you with this one

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.

# when to *get help*

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.

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*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.*

---

*it is not a  
character flaw*

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.



I can't get the  
*thoughts...*

## 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.\*

*stress*  
disorder

*\* 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.*



# medical concerns

## 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

“Every time I try to put on my uniform,  
I break out into a cold sweat.

The thought of that door locking with me on the inside  
throws me into a full-blown panic attack.”

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

\* 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.

# benefits of professional help

## professional help

### WITH THE HELP OF A PROFESSIONAL, YOU MAY BE ABLE TO:

- Get relief from feelings of depression or anxiety
- Resume your daily life
- Develop ways to keep your symptoms from returning

### FINDING HELP

Contact any of the resources on the back of this booklet to find professional help.

### HELPING OTHERS

If one of your flying partners is having a hard time coping after a traumatic event, remember that needing help is not a character flaw or sign of personal weakness.

This person does not need a “pep talk” about climbing back into the saddle, but rather support, compassionate understanding, and maybe professional help.

Be on the lookout for signs of stress and allow the person to express their feelings in their own way. If you think a flying partner is struggling, you might want to approach them by saying:

“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.

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

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every journey begins  
with a single step

# 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](http://www.afanet.org/eaphome.html)

[eapassist@afanet.org](mailto:eapassist@afanet.org)

## **National Depressive and Manic-Depressive Association**

U.S. Toll Free: 1-800-826-3632

[www.ndmda.org](http://www.ndmda.org)

[info@ndmda.org](mailto:info@ndmda.org)

## **National Mental Health Association**

U.S. Toll Free: 1-800-969-6642

[www.nmha.org](http://www.nmha.org)

## **The Center for Mental Health Services**

U.S. Toll Free: 1-800-789-2647

[www.mentalhealth.org/cmhs](http://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](http://www.samhsa.gov)

## **PTSD Alliance**

U.S. Toll Free: 1-877-507-PTSD (7873)

[www.PTSDAlliance.org](http://www.PTSDAlliance.org)

## **Kaiser Permanente Member Services**

[www.kp.org](http://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

