



# Center for the Study of Traumatic Stress

## Fort Hood Shooting

### HELPING CARE MANAGERS CARE

*The first task of the Care Manager is to establish a supportive “working together” relationship of trust and care. Care managers are the heart of “taking care of “not just “giving care to” our service members and their families. The Care Manager is in contact with the injured and their family members on a regular basis and is the key outreach person to provide support. Care managers develop close, collaborative relationships with injured soldiers/civilians and their family members who may be at risk of complicated recovery or needs for treatment*

*Below are guidelines to assist Care Managers in their outreach.*

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#### **What questions should I ask in the initial assessment in order to understand and help?**

- What are the injuries and as well as the worries/concerns?
- What is the medical status of the injured and the family?
- What medical care has the injured received and by whom?
- Do the injured have any concerns about the care they are receiving?
- What barriers, if any, are limiting access to care?
- What, if anything, do they believe they need in order to get better?
- Do the injured have any concerns about their family members?

#### **How do I continue my outreach and assistance to help them reach resources for care?**

- The injured should be reassured that mild anxiety, worry, difficulty sleeping, and even startle reactions and thoughts or dreams of the shooting are common.
- The Care Manager should inquire about these feelings at least weekly during the first month in order to follow the course of recovery.
- If these feelings continue or worsen, rather than lessen, over three to four weeks or if feelings of depression or suicidal ideation develop, the Care Manager ensures treatment is obtained.
- Specific questions about the symptoms of PTSD, depression, mourning, guilt, and substance use (alcohol etc) should be asked.

- If the injured is using alcohol to relieve symptoms or to feel better this should be addressed with a discussion about how alcohol use can lead to other problems.
- Care Managers should ask if the injured (or their family members) have had other bad experiences in their life that they have been “thinking too much about” since the shooting, e.g., death of loved ones, previous losses, accidents or other traumas.
- Ask how “the family” is doing. Traumatic events and injury can change relationships in a family (“Does he still take out the garbage?”); between spouses (“How are you doing as a couple?”); with parents (“Does she still want to read stories to the children at night?”); and with children (“How are they doing in school?”).
- Care Managers can tell adults that their responses and their children’s responses will change in the weeks and months ahead so it is important to follow these responses over time to ensure their healthy recovery and return to work, play and life.

### **What do I do for children in the family?**

- If there are children in the family, their concerns and questions should be discussed with the parent(s).
- Learn how the child was notified of the injury to their loved one or of the shooting.
- Ask what questions the child has asked and who answers them.
- Ask the adults if they would like help talking to their children. Convey that it is normal to feel that it is sometimes hard to know what to say.
- Advise parents to give information to their children at the level the child can understand.
- Care Managers should tell parents that it is important to stay calm, listen carefully, and respond truthfully and in words the child understands to questions their children may have.

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*CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.*