



When Terrible Things Happen What You May Experience What Helps and What Doesn't

Immediate Reactions

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a traumatic event. These include:

Domain	Negative Responses	Positive Responses
Cognitive (thoughts)	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame, crying	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerating startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

Common reactions that may continue include:

Intrusive reactions:

- Distressing thoughts or images of the traumatic event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (flashback)

Avoidance and withdrawal reactions:

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities

Physical arousal reactions:

- Constantly being “on the lookout: for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the traumatic event
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include: sudden loud noises, sirens, locations where the event occurred, seeing people with disabilities, funerals, anniversaries of the traumatic event, and television/radio news about the event

Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulties making decisions
- Having thoughts about the person who died, even when you don't want to
- Longing, missing, and wanting to search for the person who died
- Children and adolescents are particularly likely to worry that they or a parent might die
- Children and adolescents may become anxious when separated from caregivers or other loved ones

What helps

- Talking to another person for support or spending time with others; Engaging in positive distracting activities (sports, hobbies, reading);
- Getting adequate rest and eating healthy meals;
- Trying to maintain a normal schedule;
- Scheduling pleasant activities;
- Taking breaks; Reminiscing about a loved one who has died;
- Focusing on something practical that you can do right now to manage the situation better;
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music);
- Participating in a support group; Exercising in moderation; Keeping a journal; Seeking counseling

What doesn't help

- Using alcohol or drugs to cope;
- Working too much;
- Extreme avoidance of thinking or talking about the event or death of a loved one;
- Extreme withdrawal from family or friends;
- Violence or conflict;
- Not taking care of yourself;
- Overeating or failing to eat;
- Withdrawal from pleasant activities;
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions);
- Excessive TV or computer games;
- Blaming others

Summary

These feelings, thoughts, behaviors, physical reactions, and challenges to your spirit may come and go. For most people, these reactions usually are resolved in four to eight weeks, depending on the nature of the assault/traumatic event. See the companion factsheets entitled, "Connecting with Others" and "Information for Families".

Upon request, the PEF Health & Safety Department will provide factsheets, standards, regulations, and other resources. Contact us at 518-785-1900, ext. 254 or 1-800-342-4306, ext. 254. Also, visit our webpage at www.pef.org.

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