



LIFE AFTER A TRAUMATIC EVENT

Although traumatic events are distressing, most people make a good recovery and few go on to have long term problems.

Immediately following a traumatic event, you may experience strong reactions. You may experience feelings such as fear, sadness, guilt and anger. You may question your beliefs — about your safety, how much control you have over your life and how predictable the world really is. These reactions will gradually decrease over time and there are things you can do to help. A list of simple ‘do’s’ and ‘don’ts’ can significantly improve your chances of recovering and getting on with your life.

The support you receive from people close to you will make a big difference to your recovery. Help following a traumatic event does not have to come from a health professional — the answers are often found within ourselves and with the help of trusted friends and family. It is important that you use the resources and support systems most readily available to you following a traumatic event. For example, if you tend to use exercise to deal with stress it might also help you to manage tension following a traumatic event. Spending time with people that have been supportive to you in the past is another way of coping with what is happening.

The sections that follow often cover the same information but from a different perspective. Use the one or two that is most helpful to you.

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The New Zealand Psychological Society (NZPsS) has put together this information to help people as they cope with the impact of the Canterbury earthquakes and other disasters. NZPsS acknowledges gratefully the assistance of the Australian Psychological Society in making earlier versions of this material available and the Australian Centre for Posttraumatic Mental Health for publishing these.

The New Zealand Psychological Society was established in 1947 and became a stand alone incorporated society in 1967. It is the largest professional association for psychologists in Aotearoa/New Zealand with over one thousand practitioner, academic and student psychologists as members or subscribers. Members are able to access a range of benefits and services to support them in their roles as practitioners, educators and researchers. The Society aims to improve individual and community wellbeing by representing, promoting and advancing the scientific discipline and practice of psychology.

How can we help?

Initial assistance involves practical and emotional support, information and ongoing monitoring, tailored to individual needs. This is sometimes referred to as psychological first aid.

- Structured psychological debriefing should not be offered on a routine basis.
- Health practitioners should encourage people affected by traumatic events to seek the support of family, friends and community groups.
- Most people recover on their own or with the help of family and friend, but if someone is very distressed or their reactions are interfering with work and relationships, it is important that they talk to a registered health practitioner

There is no standard recipe for how people cope with trauma. Each person has a unique way of recovering. They should be supported in using strategies and resources that suit them, and that are readily available. If people seek professional support immediately following a traumatic event, it is likely that a health practitioner will take a practical approach that meets the person's immediate needs and helps them cope with their distress. For example, someone who has just been in a severe earthquake might need:

- Encouragement to ask help from, and spend time with, family and friends
- Information about the right pain relief
- Information about possible emotional reactions to traumatic events
- Gentle encouragement and support to go back into a damaged but safe building

While no one should be forced to talk about what they have been through or seen, those who wish to discuss the experience and can manage their distress should be supported in doing so.

It is important to monitor people at risk of developing mental health problems following a traumatic event. For example, people may be at risk and should be screened for adverse effects if they have experienced:

- Physical or sexual assault
- Repeated traumatic experiences
- Mental health problems after past traumatic events.

Referral to specialist mental health professional

Specialist help from a psychologist, psychiatrist or other mental health professional may be needed if a person experiences significant distress that does not settle, if the symptoms interfere with his/her ability to relate to loved ones, or if the symptoms interfere with his/her ability to carry out his/her normal activities. Specific things to look for are if someone:

- still feels upset or fearful most of the time
- exhibits changed behaviour compared to before the trauma
- has difficulty with normal activities
- has worsening relationship issues
- displays substance overuse
- feels jumpy or has disturbed sleep
- keeps dwelling on the event
- seems unable to enjoy life and appears numb or withdrawn.

First Responses

- Encourage people affected by traumatic events to seek the support of family, friends and community groups.
- Structured psychological debriefing should not be offered on a routine basis.
- Talk to your doctor soon if you feel very distressed or your reactions are interfering with your work and relationships.

There is no standard recipe for how people cope with trauma. Each person has a unique way of recovering. They should be supported in using strategies and resources that suit them, and that are readily available.

If people seek professional support immediately following a traumatic event, a health practitioner will take a practical approach that meets the person's immediate needs and helps them cope with their distress. This is sometimes referred to as psychological first aid. For example, someone who has just been in a severe earthquake might need:

- Encouragement to ask help from, and spend time with, family and friends
- Information about the right pain relief
- Information about possible emotional reactions to traumatic events
- Gentle encouragement and support to go back inside a building.

Immediately following a traumatic event:

Do:

- Spend time with people who care
- Give yourself time
- Find out about impact of trauma and what to expect
- Try to keep a routine going – work, study, play
- Return to normal activities
- Talk about how you feel or what happened when you feel ready
- Some people may find it helpful or therapeutic to actively help in the clean up. Don't overdo this and ask for the advice of civil defence and professional contractors
- Do things that help you relax
- Do things that you enjoy

Don't:

- Don't use alcohol or drugs to cope
- Don't over do it or do too much
- Don't engage in stressful family or work situations
- Don't withdraw from family and friends
- Don't stop yourself from doing things that you enjoy
- Don't avoid talking about what happened at all cost
- Don't take risks

Reactions to disasters such as earthquakes can include confusion and disorientation, and strong feelings of fear, sadness, guilt and anger. People can have trouble sleeping and concentrating. Others may have distressing thoughts and images of the events. All of these are normal responses to the shock of the earthquake and for most, will gradually decrease over time, particularly with the help of family and friends.

Recovery from a traumatic experience is a gradual process and the time it takes to feel better and get back to day-to-day activities varies with everyone. You may find you have good days where you feel like you are moving towards recovery and others when you will feel like you are going backwards. If you are still experiencing problems two weeks after a traumatic event or are concerned about you children or other family members it is important that you talk to a health professional. Effective treatments are available.

Helping Yourself after a Traumatic Event

After a traumatic event, such as a transport accident, an assault or a natural disaster, you may find it hard to cope and may take a while to come to terms with what has happened. There will be many challenges in dealing with the experience, both in the immediate aftermath and in the weeks ahead.

Immediately following a traumatic event, you are likely to experience strong reactions. You may experience feelings such as fear, sadness, guilt and anger, and question some of your long-held beliefs — about your safety, how much control you have over your life and how predictable the world really is. These reactions are normal and, in most cases, will gradually become less intense after a few weeks. This fact sheet will provide you with several strategies you can use to help you manage your reactions.

For some people, problems may last longer than a few weeks. While the information below can still be helpful, it is important to talk to a health practitioner if problems last for longer than two weeks.

People cope with trauma in many different ways and the following ideas may help you during your recovery. Even if you feel unmotivated and apathetic, try to do some of the things below. They will help you begin to come to terms with the traumatic event and to reduce some of the emotional pain associated with it.

- Recognise that you have been through an extremely stressful event. Give yourself time and space to acknowledge what you have been through and that you will have an emotional reaction to it. Give yourself permission to feel rotten but don't over-react — it is unpleasant but you can cope with it.
- Be more careful than usual, for example when cooking, driving or using machinery. Following a trauma, we are more vulnerable to accidents and physical illness.
- Look after yourself: get plenty of rest, even if you can't sleep, and try to eat regular, well-balanced meals. Regular exercise, like walking, cycling or jogging, is very good at reducing the physical effects of stress and trauma; try to do a little everyday.
- Cut back or cut out tea, coffee, chocolate, cola and cigarettes. Your body is already 'hyped up' and these substances only add to this. Do not try to numb the pain with drugs or alcohol; this will lead to more problems in the long term.
- Make time for relaxation. Listen to relaxing music, take a hot bath — whatever works for you. You may wish to learn a technique such as deep muscle relaxation, meditation and yoga, or breathing exercises.
- Structure your days: try planning a timetable for each day, including some exercise, some work and some relaxation. Do things you enjoy: try to schedule at least one enjoyable activity each day.
- Try to resume a normal routine as quickly as possible, but take it easy; do not throw yourself into activities or work in an attempt to avoid the unpleasant feelings and memories. Tackle the things that need to be done a bit at a time and count each success.
- Avoid making any major life decisions, such as moving house or changing jobs, in the period following the trauma. On the other hand, make as many smaller, daily decisions as possible, like what you want to eat or what film you'd like to see. This helps to re-establish feelings of control over your life.
- Seek out other people's support. If you feel able, talk about your feelings to other people who will understand; it is part of the natural healing process and will, in time, help you to accept what has happened.
- Spend time with people you care about, even if you do not want to talk about the event. Contact friends and, if necessary, have someone stay with you for a few hours each day. Sometimes you will want to be alone; that's OK, but try not to become too isolated.
- You may wish to provide support to others who have been through similar situations, especially as you start to feel better.
- Recurring thoughts, dreams and flashbacks are normal. Don't try to fight them. They will decrease in time. Try not to block them out or bottle up your feelings. Confronting the reality, bit by bit, will help you to come to terms with the experience.

- Try to avoid repeated viewing of disaster or trauma scenes. This may be re-traumatising and make it harder for you to recover.
- Some people find that keeping a journal or diary is very helpful. Especially when you can't talk to others about how you feel, writing it down is almost as good.
- A traumatic event can have an impact on how you see the world, your life, your goals and your relationships. Giving yourself time to re-evaluate what you think and talking to others about it may help.

When to get help

Sometimes distressing events can be difficult to overcome and you may benefit from some professional help. This is not a sign of weakness; it is simply that the event was too much for you to deal with at this point in your life. Don't be afraid to ask for help if you need to. You should consider seeking extra help if you:

- Continue to experience distress two weeks after a traumatic event
- Feel very distressed, frightened, irritable or on edge much of the time
- Are unable to carry out your normal role at home, work, or school
- Feel hopeless, despairing and think that you can't go on
- Are thinking of harming yourself or someone else

Where to get help

Talking to a doctor or a counsellor is a good start. They can determine if there is a problem and what the best approach might be. They can also refer you to health services and mental health professionals, such as psychiatrists, psychologists and social workers. If you need immediate assistance or support, you can call Lifeline for confidential 24-hour counselling and referrals.

Helping Friends or Family after a Traumatic Event

After a traumatic event, such as a transport accident, an assault or a natural disaster, people may find it hard to cope and may take a while to come to terms with what has happened. There will be many challenges in dealing with the experience, both in the immediate aftermath and in the weeks ahead.

After a traumatic experience, it is common for people to feel a wide range of emotions. They can feel frightened, shocked, numb, sad, guilty, frustrated, angry and helpless. These reactions are normal and, in most cases, will gradually become less intense after a few weeks. The support of family and friends is particularly crucial during this time and this fact sheet outlines several things you can do to help.

For some people, problems may last longer than a few weeks. While the strategies described below can still be helpful, it is important to talk to a health practitioner if problems persist for longer than two weeks.

Provide practical support and encouragement

Recognise that they have been through an extremely stressful event. They may need time and space to acknowledge what they have been through. You can help by offering practical support with things like housework or caring for children.

It is important for people to keep informed of the facts, but it is not good to focus too much on television, radio or written accounts of the event. Encourage the person to limit the amount of media they listen to, read or watch. Offer to keep track of the news and to inform them of new information so that they do not feel the need to monitor it continuously.

- Gently encourage people to look after themselves. Encourage them to get plenty of rest, even if sleeping is hard; to eat regular well-balanced meals; to do some gentle exercise if they can manage it; and to cut back or cut out coffee, cigarettes, drugs or alcohol. Help them to make time for relaxation.
- Encourage them to re-establish normal routines as quickly as possible; this helps to restore a sense of order and control in their life. Help them to start with small daily goals and to recognise each success. Equally, don't allow them to throw themselves back into activity as a way of avoiding unpleasant feelings or memories: encourage them to slow down.
- Join them in doing enjoyable things; it is important to gradually go back to activities that are enjoyable and relaxing. Encourage them to plan at least one thing each day which they enjoy doing.
- Help people to think through decisions, but don't make decisions for them. Advise them to avoid making any major life decisions, such as moving house or changing jobs, in the period following the trauma.
- Encourage people to think constructively about their lives. Help them to plan things that they want to do and to acknowledge their successes in coping so far. For example, ask questions like *'Are there any things that you think would help you to feel better, anything that I can get for you or do for you? Do you have any concerns or problems that we could sort out together? What have you done in the past to make yourself feel better when things got difficult?'*

Provide emotional support

Your friend or family member might want to talk to you about the experience or their feelings. Try to listen. If possible, choose a time to talk when you won't be interrupted and when neither of you are rushed nor tired. You might want to reassure the person that emotional pain is to be expected after such events. Even when coping well, things can be hard.

Talking itself may be painful and the person may get upset. This is a natural part of coming to terms with trauma – don't feel that you have to make the distress go away. If it seems like the person has had enough, you could offer to continue another time: *'We can talk more tomorrow if you would like.'*

Listening is very important, but sometimes it is hard to know how to respond. Don't feel that you have to say 'the right thing'; there is no right thing to say but here are a few pointers:

- If they talk to you about their experience, listen intently. Try to work out why they wanted to tell you each particular piece of information. Try to put yourself in their shoes. Don't interrupt, offer examples from your

own life, or talk about yourself. Try to avoid offering simple reassurances like *'I know how you feel'* or *'It's all going to be OK'*.

- Gently encourage people to talk, or to continue talking, by asking leading questions like: 'Would it be helpful to talk about (the event)? What are the main things worrying you at the moment? You've had a rough time, how are you going? How is (Fred) going?'
- You can respond to them with statements like: 'It's really tough to go through something like this; This is such a difficult time for you; Sometimes situations like these can be overwhelming and it's hard to see a light at the end of the tunnel'.
- After listening to what the person has told you, you can show them that you understand by reflecting what they said or re-phrasing the information they gave you. You might start your response with something like: *'You seem really.....; It sounds like.....; Did I understand right that you.....; No wonder you feel.....'*

If the person doesn't want to talk about the experience or their feelings, don't force it. Just try to be with them and focus on practical help, and other topics of conversation. Let them be alone for a while if that's what they want. However, it is a good idea for them not to get too isolated and to have some company for some part of each day.

When to get help

You may wish to find out about support services or specialist help. If your friend or family member feels very distressed, frightened or hopeless; or if they are unable to carry out their normal role at home, work or school, gently encourage and support them to get professional help. If they continue to experience serious problems or distress two weeks following the event, talk to a doctor or a mental health professional.

Where to get help

A doctor is a good first port of call. They can determine if there is a problem and what the best approach might be. They can also refer onto health services and mental health professionals, such as psychiatrists, psychologists and social workers. They can get immediate assistance and support by calling Lifeline for confidential 24-hour counselling and referrals.

Helping Children after a Traumatic Event Trauma

Age and a person's maturity can influence how they react to a traumatic experience. Children's responses may differ to adults in that they might find it difficult to understand what has happened. They may be unable to describe how they are feeling and instead may express themselves in other ways. Despite these differences, children and adolescents can experience the full range of problems experienced by adults following a traumatic event. Even very young children are affected by trauma, and display similar reactions to those seen in older children and adolescents.

This fact sheet provides some general information about trauma and children. A child's age impacts on the way they express their distress and on what they need in order to recover; a primary school-aged child will express how they feel differently compared with an adolescent. Consult the resources listed on this fact sheet for more age-specific information.

Signs of difficulties

There are some signs to look out for in children who may be having difficulties days or weeks after a traumatic event. They do not necessarily lead to long-term problems. Most are normal and will resolve in time with the help of caring family members and friends.

Reliving the trauma

- Repetitive play that re-enacts the trauma
- Distressing dreams of the event that may evolve into general nightmares of monsters or of threats to self or significant others
- In cases of traumatic loss, children often report experiencing 'ghosts' of loved ones
- Disorganised or agitated behaviour
- Preoccupation with other traumatic events
- Distress when confronted by anything that reminds them of the trauma(s)

Avoiding reminders of the event and feeling numb

While less common in children than in adults, some of the signs are:

- Withdrawal from people and wanting to be alone
- Losing interest in significant activities
- Not being able to imagine themselves as grown up in the future
- A return to 'babyish' behaviour
- Being overly alert or wound up

If tense and frightened, children may:

- Have trouble concentrating and paying attention
- Cling and seem dependent
- Be fearful, especially at night or when separated from parents
- Have trouble sleeping
- Be grizzly, whiny or irritable

Other problems can include

- Aches and pains

- Bed wetting
- General misbehaviour and 'naughtiness'
- Tantrums and attention seeking behaviour
- Poor school performance, losing motivation

How parents and families can help

How parents, family and friends respond is very important in helping children to cope with a traumatic event. Occasionally problems might be delayed until some time after the trauma and often these signs can be misunderstood. It is important to recognise that the child's behaviour may be a response to the distressing experience, rather than just 'naughty' behaviour. It is crucial not to become angry and blame the child for this behaviour. Responses that help include:

- Ongoing communication: talk about what is happening and how family members feel
- Reassure children that they are safe and cared for
- Listen and talk to them about the experience, honestly and openly. Like adults, the unknown is often more frightening than the reality for children
- Give the child some special attention, especially at bedtime
- Welcome expression of emotions — they are part of the healing process
- Comfort the child when they are distressed
- Support the child and allow them time to work through the experience
- Enjoy activities together as a family.
- Keep family roles clear. Don't expect children to take too much responsibility nor become too overprotective. Try to understand if they cannot fulfil their role for a time — like going to school or helping around the house — but talk about how they will resume normal activities as soon as possible

When to get professional help

If the reactions described in this fact sheet are severe or continue for more than two weeks, the child could be experiencing a more serious reaction and may need professional help. Contacting a health practitioner is also recommended if a child is experiencing:

- Severe and continued sleep disturbance
- Severe anxiety when separated from loved ones
- Continued fears about things which may remind the child of the trauma
- Behaviour problems at home or school
- Self-doubts, withdrawal or other significant changes in emotions or personality
- A return to 'babyish' behaviour that the child had outgrown
- Intense and ongoing emotional upset
- Substance use, dangerous behaviours, or unhealthy sexual activity among adolescents

Getting professional help for children at risk of developing longer-term problems is crucial. If left untreated severe reactions can interfere with a child's development over a range of areas including identity and self-esteem, schooling, intellectual development and, healthy family and peer relationships. Some children develop psychiatric conditions such as posttraumatic stress disorder, depression, anxiety and a variety of behavioural disorders.

It is particularly important to protect children from ongoing exposure to trauma. Repeated exposure to traumatic events can affect the child's brain and nervous system and increase the risk of low academic performance, high-risk behaviours, and difficulties in peer and family relationships.

There are effective treatments for children. The family doctor is a good first port of call. They can determine if there is a problem and what the best approach might be. Mental health professionals such as psychiatrists, psychologists and social workers can also help.

Cognitive-behavioural therapies (CBT) have been proven effective in helping children with traumatic stress. CBT interventions include the following elements:

- Teaching children to relax and manage symptoms of anxiety
- Helping the child to create a coherent story of the traumatic event
- Talking to children about their beliefs about the trauma (e.g. why it happened) and correcting any wrong or unhelpful beliefs (e.g. self-blame)
- Helping children re-engage with day-to-day activities
- Supporting families

Resources

- The Ministry of Social Development's Work and Income Service is coordinating a helpline which will provide people affected by the earthquake with a single point of contact for information on income support, housing options, health issues, community assistance, Civil Defence or any other government service can call the Earthquake Government Helpline on **0800 77 999 7**
 - The 0800 information line will operate daily between 7am and 10pm. People will be provided with information and contact information for the services they require.
 - The phone service complements the Civil Defence welfare centres that have been set up in Christchurch.
- The Ministry of Education's Traumatic Incident team has a range of material ready for use, such as at <http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/SchoolOperations/CanterburyEarthquake/Schools/TraumaticIncidentInformation.aspx>

Trauma and Recovery

Immediately following a traumatic event, people are likely to experience strong reactions. They may experience feelings such as fear, sadness, guilt and anger, and question their beliefs — about their safety, how much control they have over their life and how predictable the world really is. For most, these reactions will gradually decrease over time.

The way people adapt to stressful life events and the support they receive from others are important for recovery. Help following a traumatic event does not have to come from a health professional — the answers are often found within ourselves and with the help of trusted friends and family. It is important that people involved in traumatic events use the resources and support systems most readily available to them.

For example, if someone tends to use exercise to deal with stress, it might also help them to manage tension following a traumatic event. Spending time with people that have been supportive in the past might be another way of coping with what is happening.

Recovery from posttraumatic mental health problems

While many people recover from traumatic experience in the days and weeks following a traumatic event, some go on to develop mental health problems such as depression and posttraumatic stress disorder. A doctor or a mental health professional can help people whose reactions are interfering with their day-to-day activities and relationships identify what the problem is and what to do about it.

Emotional recovery is different from being cured from a physical illness. It does not mean that all the pain and questions that followed the traumatic event will disappear. Rather, it may mean having less intense reactions to stress and reminders of the trauma, an improved ability to manage problems and more confidence in one's ability to cope.

Recovery is not something that happens all at once, nor is it straightforward. Mental health problems can be manageable for a while, then return at times of stress. Anniversary dates, news coverage of similar events or going through a major change like a new job or divorce, can lead to problems coming back or getting worse for a time.

Recovering from mental health problems following a traumatic experience usually involves using more than one strategy. It can include trying to make sense of what happened, learning to manage strong feelings or finding ways to get back to day-to-day routines, enjoyable activities or work.

Here are some things that can promote recovery:

- Set realistic goals — don't take on too much and find goals that maintain motivation
- Review and reward progress — noticing even the small steps
- Talk about the ups and downs of recovery with friends, family and health professionals
- Have a plan to maintain positive changes and contingencies to deal with times of stress or reminders of the trauma
- Information, training and service development.

On the Anniversary

Anniversaries of traumatic events like earthquakes, floods and accidents may trigger some unpleasant emotions in people, even if they were not directly affected or involved. Seeing images in the media again on the anniversary, or recalling our reaction at the time, may be upsetting.

If you are concerned about how you may react to the anniversary, here are some tips that may help you cope:

- Recognise that an anniversary can be a difficult period. Give yourself permission to feel some distress; it is perfectly normal and understandable
- Try to limit the amount of TV and radio you watch and listen to about the anniversary, as well as talking about it with other people
- Keep your normal routine going, but allow yourself some time out if you need it
- Plan your days and build in plenty of relaxing and enjoyable activities
- Spend time with other people — especially those you care about — and don't be afraid to ask for a bit of support if you need it
- Look after yourself: get plenty of rest and exercise and eat sensibly; cut back on stimulants such as tea, coffee, chocolate, cola and cigarettes
- If you drink alcohol keep an eye on how much you drink
- Try to relax. Listen to soothing music, go for a walk, take a hot bath, whatever works for you

Sometimes distressing memories can be difficult to overcome and you may benefit from some professional help. Don't be afraid to ask for help if you need to. The best place to start is your doctor. If you need immediate help, call Lifeline on confidential 24 hour counselling and referrals.

Frequently Asked Questions about Trauma and Mental Health

What is a traumatic event?

Up to two thirds per cent of us are likely to experience or witness an event which threatens their life or safety, or that of others around them. This can be a car or other serious accident, physical or sexual assault, war or torture, or natural disaster such as an earthquake, fire or flood.

What should we do immediately following a traumatic event?

- Initial assistance involves practical and emotional support, information and ongoing monitoring, tailored to individual needs. This is sometimes referred to as psychological first aid.
- Structured psychological debriefing should not be offered on a routine basis.
- Health practitioners should encourage people affected by traumatic events to seek the support of family, friends and community groups.

There is no standard recipe for how people cope with trauma. Each person has a unique way of recovering. They should be supported in using strategies and resources that suit them, and that are readily available.

If people seek professional support immediately following a traumatic event, it is likely that a health practitioner will take a practical approach that meets the person's immediate needs and helps them cope with their distress. For example, someone who has just been in a severe earthquake might need:

- Encouragement to ask for help from, and spend time with, family and friends
- Information about the right pain relief
- Information about possible emotional reactions to traumatic events
- Gentle encouragement and support to go back into a damaged but safe building.

Do people usually recover by themselves and, if so, how?

Most people will recover with the support of their family and friends and will not need professional help. Spending time with people that are supportive and talking about their experience with people they trust may be helpful. Looking after themselves is also important; getting plenty of rest, eating sensibly and getting some regular exercise. Doing something enjoyable each day and getting back to routine activities when possible can also help. If someone feels very distressed or his or her reactions are interfering with work and relationships, it is important to talk to a health professional. It is also important to get professional advice if problems persist more than two weeks after the traumatic incident.

Self-help tips for someone who has gone through a traumatic experience:

- | | |
|---|--|
| <ul style="list-style-type: none">• Spend time with people who care• Give yourself time• Find out about impact of trauma and what to expect• Try to keep a routine going – work, study, play• Return to normal activities• Talk about how you feel or what happened when you feel ready• Do things that help you relax• Do things that you enjoy | <p>Don't:</p> <ul style="list-style-type: none">• Use alcohol or drugs to cope• Keep yourself busy and work too much• Engage in stressful family or work situations• Withdraw from family and friends• Stop yourself from doing things that you enjoy• Avoid talking about what happened at all cost• Take risks |
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What are posttraumatic mental health problems?

These can be a range of reactions to a traumatic event. They can include: anxiety, depression, posttraumatic stress disorder (PTSD), risky alcohol and drug use together with difficulties with relationships, work or study. The problems experienced by a person who has gone through a traumatic event can have a significant impact on their family, friends and carers.

When to get help?

If someone:

- Doesn't feel any better after two weeks
- Feels highly anxious or distressed
- His or her reactions to the traumatic event are interfering with home, work and relationships.
- Is thinking of harming themselves or someone else

Some of the signs that a problem may be developing are:

- Being constantly on edge or irritable
- Having difficulty performing tasks at home or at work
- Being unable to respond emotionally to others
- Being unusually busy to avoid issues
- Using alcohol, drugs or gambling to cope
- Having severe sleeping difficulties

What kind of help works for people affected by traumatic events?

Effective treatments are available and doctors are a good first port of call. They can determine if there is a problem and what the best approach might be. Mental health professionals such as psychiatrists, psychologists and social workers can also help. Both psychological assistance and medication can help people affected by traumatic events recover. Psychological help is likely to involve assisting a person to confront the memories of the experience, make sense of what happened and engage in activities that they fear. This form of help is often referred to as trauma-focussed therapy. Psychological help may also involve teaching techniques to manage distress. Prescribed medicines are likely to include one of the newer antidepressants.

How do we know what helps people recover?

There is a large body of research evidence which shows which psychological treatments and medicines are the most effective, and in which circumstances. A few simple principles underpin the delivery of evidence-based care:

- Initial assistance involves practical and emotional support tailored to individual needs
- Structured psychological debriefing should not be offered on a routine basis
- The support of others is an important component of recovery
- People should be encouraged to return to their usual social and work routines
- Mental health interventions should only be offered where a person is not recovering
- Trauma-focussed psychological interventions that involve confronting memories, beliefs and feared situations are effective for the treatment of PTSD
- Some people will need both psychological help and medication

- It's never too late to start dealing with the psychological aftermath of trauma

Trauma checklist

- Trauma is common, and most people recover
- First, give practical support, information and get the support of others
- Treatment confronts memories and beliefs ; medication may help
- It's never too late to start
- If people do seek professional help, it's OK to ask the health practitioner questions about their treatment
- If something is not working, it is important to tell the health practitioner and ask them to change it if necessary
- A doctor is a good place to start

Changes in Behaviour after a Traumatic Event

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What to Expect

Much has been learned in recent years about the effects of events that seriously threaten the safety of individuals, their family or friends. The effects of trauma are all *normal* responses to severe stress. The responses reflect shock.

Understanding that everyone has a difficult time following shock can help reduce feelings of isolation and further anxieties about the changes we undergo at such times.

The Immediate Reaction

When we experience a threatening event, our bodies automatically respond in ways that allows us to protect ourselves, or to escape the situation. This is the Fight and Flight response.

The fight and flight response involves an increase in heart rate, in blood pressure, muscle tension and breathing rate. This reaction can be very strong so the individual might feel strong wish to run away, intense fear, disbelief, numbness, anger, pounding heart, trembling or shaking, rapid breathing, sweating, nausea, etc. The purpose of all these responses is to propel us away from the danger.

Common Reactions during the Days Following the Trauma

It is common and normal for individuals to react for days or even weeks following the event. Keep in mind that these are all signs your body is recovering from severe stress [shock].

- Body responses: tense muscles, fatigue, headaches, digestive problems [gurgling stomach, nausea, constipation &/or diarrhoea], sweating, rashes, trembling.
- Symptoms of high physiological arousal: being easily startled, feeling restless/can't settle, irritability, changed sleep [can't get off to sleep, or sudden waking, or oversleeping].
- Emotional reactions: feeling in a state of shock, fear/anxiety, fear of being alone or of dangerous things happening to you or others. Anger at what happened, the senselessness of it, what caused the event, "why me?" Feeling helpless to change what happened. Guilt that you survived or are not as badly off as others. Sudden plummeting mood, emotional swings [labile]. Sadness. Feelings of loss or aloneness. Feeling overwhelmed or confused because you don't know what you feel. Disbelief at what has happened, feeling numb or unreal.
- Interpersonal responses: feeling cut off from others, detached, withdrawn into oneself. Dissociated. Feeling extremely protective of those you care for, wanting to know where loved ones are all the time. Feeling overly needy, clinging. Heightened concern for others/wanting to rescue others.
- Cognitive problems: hard keeping track of things/not taking things in, not remembering everyday things that are usually no problem. Hard to make decisions, or problem solve & set priorities. Preoccupation with the trauma, so your mind goes over & over it, & you consider what else you could have done. Ideas that what happened was your fault, or that you in some way contributed to it, or should have done something different to fix it.
- Re-experiencing reactions: images or thoughts of aspects of the event come to mind when you are not intentionally considering the matter. Nightmares. Certain things trigger memories of the event.
- Avoiding responses: people often avoid going near the place, or avoid reminders of the event. Numbness & feeling unreal is a form of avoiding. So is keeping away from people. So is using alcohol & other substances to reduce the feelings.

Not everyone will experience all these reactions, nor to the same degree, and other reactions could be added to this list. In most cases these behaviour changes will subside over time.

Psychological First Aid: What Helps?

If there was a 'morning after pill', it would probably be something to dampen arousal. Make time for physical exercise to burn off muscle tension and get the endorphins going, sleep, and other restorative activities.

Being given information is crucial in the aftermath of trauma, because it is crucial to know where we stand, even when it's not good!

- "Ground yourself" as soon as possible. That is, get in touch with reality, because what has just happened is out of the usual reality. Do this by getting back as much as possible into familiar places & routines: your own home, your own bed, go and see your kids are at their school where they should be. Sometimes people need to literally touch real & familiar things; an adult version of a child holding tightly to his teddy.
- It means getting back into the *present*, because this lessens the chance of staying stranded in the awfulness of the recent past.
- Stick to meal times even though you may not be hungry, etc. If not hungry/nauseous, do the same as for illness, & eat little bits now & then.
- Traumatic events readily disrupt the connections we have with others. This is particularly the case with those who were not part of the trauma experiences. Hence there is a need to restore these connections, as being 'connected' with others is a vital part of keeping us well.
- Be around people. Don't go home to an empty house, but have someone stay with you. This does not mean you must talk about it all, but do so if you want. Otherwise, talk about ordinary things. If someone presses you to talk & you don't feel like it, say you will talk, but not right now. Even if you feel detached from others, do not reject company. Just suggest they go with you to a film, a sports game, etc; even if you consider that most of it will bypass your brain.
- It is normal to not have the words for an overwhelming event. The brain instantly records the sights, sounds, smells, your emotions, what your body felt, etc, but it takes longer to create the 'story' of what happened.....i.e. to make sense of it, to know what it means for me. The 'semantic' memory comes later than the memory of the rest.
- Stay off the drugs, cigarettes & coffee. All are stimulants. You've had enough hyperarousal, without using substances to further hype up your brain.
- Avoid alcohol, sedatives, or sleeping pills as they will only dull the experience. It might seem like a good idea to prevent yourself from feeling, but avoiding your reactions is one of the best ways to make it harder to prolong them.
- Try to keep the usual sleep routines. Don't lie in bed tossing & turning, but get up and do something NOT stimulating [i.e. not coffee drinking or computer games].
- Take charge of your thinking: Remind yourself you are safe now. Remind yourself your reactions are normal, & not evidence of madness, or of not doing your job well.
- Allow yourself to acknowledge that you were terrified, numb, or whatever, and may still be. Pretending [avoiding] we are not is counterproductive.
- If intensely negative feelings persist, allow yourself to consider what is the worst aspect of the whole event for you. For many people it's that they feel like they caused it in some way/could have done more.....allow yourself to ponder this, rather than avoid it because it feels unpalatable.
- Keep in mind that your brain is not in its usual shape, so you need to take care. Thus take care when you drive. Nor is this the time to climb on the roof to fix the tiles. Or go out hunting with loaded rifles. Whether we feel it or not, accidents are more common after stress, so take extra care. Ask someone to check your reasoning if you have to make important decisions
- Take charge of your physiological overarousal: By slowing your breathing. By keeping your thinking rational.
- View coping as a series of steps. Don't think too much ahead on this one, but consider what you can do to cope for the next while? What would help make it just a little better right now? What would you like to do about this or that over the next few days? What do you think we need to do about this or that for the next

while? This builds control over events, & also orientates us to the present & future, rather than allowing us to stay get embedded in the distress of the past.

People are pretty resilient, & have always recovered from terrible events.

Know the Tell-Tale Signs

The failure of reactions to subside within the first weeks is a predictor of more serious post-trauma complications. Disruptions to psychological well-being need to be as well understood as knowing the tell tale signs that our workmate is getting the flu.

- Disrupted sleep
- Unbidden reliving the traumatic event [nightmares, can't get thoughts out of my head, or flashbacks]
- Actively avoiding others or seems withdrawn or more cut off than usual. Or seems to be avoiding places, things associated with the traumatic event. Appears numbed, stunned.
- Appears 'uptight'.
- Is jumpy, startles too easily
- Emotionally over reacts. Or is unusually quiet.
- Mood is down/loss of joy. Mood is "flat".

It is safer to be angry than to be 'flat' or withdrawn, because anger is a defence that stops us accessing the fear-related brain functioning. If angry, check that it is anger, rather than irritability or intolerance of things that previously would not have mattered. Also check it is not blaming. Angry blaming of others is a predictor of longer-term problems. Those who blame others for responsibility, plus poor impulse control, plus poor on empathy are a big concern

- Increase use of alcohol, drugs or gambling.
- Increase cynicism & references to the pointlessness of life or of the job.

Some people go into overdrive & overwork. Working long hours can be a way of avoiding being alone with one's thoughts.

Current best practice is to refer these people for specialist help. Intervention is straightforward in most cases, & early intervention avoids suffering & further complications.

Checking for Extreme Aftereffects

In your life have you ever had any experience that was so frightening, horrible or upsetting, that, in the past month, you:

- Have had nightmares about it or thought about it when you did not want to?
YES/NO
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
YES/NO
- Were constantly on guard, watchful or easily startled?
YES/NO
- Felt numb or detached from others, activities, or your surroundings?
YES/NO

If 2 or more are answered with "yes", a diagnosis of post traumatic stress disorder is probable. (Prins et al., 2004, *Primary Care Psychiatry*)

The New Zealand Psychological Society has put together this information to help people as they cope with the impact of the Canterbury earthquake. NZPsS acknowledges gratefully the assistance of the Australian Psychological Society in making earlier versions of this material available and the Australian Centre for Posttraumatic Mental Health for publishing these.

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