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REACTIONS to TRAUMA and TRAGEDY

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1) People exposed to trauma react in different ways. There is no "normal" way of reacting; there is no "correct" way to react.

    a. Some people will react with immediate expressions of emotion.
    b. Some people will react with shock and confusion.
    c. Some people initially react with a sense of emotional numbness. All of those types of reactions can be considered "normal."

2) People react to trauma differently over time.

    a. For some, painful emotions are immediately present.
    b. For some, painful emotions slowly emerge.
    c. For some, initial shock and numbness may suddenly give way to a sense of powerful or even overwhelming emotions.
    d. For some, the response will take the form of nightmares or disruptions of sleep, appetite or functioning before the person actually "feel" the emotions.

3) Multiple factors beyond the nature of the trauma influence the response (and the risk of developing PTSD or clinical depression). Factors which may complicate the response to trauma include:

    a. A history of prior emotional problems
    b. Prior exposure to trauma
    c. Concurrent medical or neurological problems
    d. Use of legal or illegal (prescribed and/or illicit) drugs – or alcohol

e. Underlying personality issues
f. Other personal life stresses

4) It is normal and expected that after exposure to trauma, there will usually be difficulties sleeping, difficulty eating, difficulty concentrating and loss of efficiency in performing normal activities.

5) Specific treatment is indicated when these responses become problematic:

   a. When the response itself causes additional problems (such as signs of sleep deprivation, significant loss of weight, etc.)
   b. If responses remain present beyond "a reasonable period of time"
      i. Defining a "reasonable period of time" needs to take into account the person's connection to the trauma. When there is a very close connection to the trauma (such having been present on the scene or having had a close or family relationship with a victim), the emotional and physical responses will quite normally last for longer period of time than when the connection is more distant.
   c. Of course, if a response in any manner becomes dangerous to self or others.

6) There are some interventions that may be helpful even when the response is totally "normal" and does not represent a medical or psychiatric "illness" (or PTSD).

   a. Support
   b. Education
   c. Basic counseling
   d. Careful use of certain medications can decrease the risk of developing depression or PTSD, with little risk or side-effects (such as use of a low dose of propranolol, which is actually a medication used for hypertension, but has been found to be protective for some people after traumatic experiences)

7) If disruptions of sleep, appetite and/or concentration are severe or start to significantly interfere with functioning for a significant amount of time, then there should be further evaluation regarding the presence of clinical depression or PTSD, and the need for formal mental health treatment (counseling, psychotherapy, judicious use of psychotropic medications) should be considered.

8) It is absolutely normal and appropriate to experience anger and fear, to contemplate existential issues and issues of faith (including questioning of faith) and to experience *feelings* of helpless or even despair.

9) However, it is an indication of depression and/or PTSD if those feelings lead to violent or suicidal feelings, impulsive or dangerous behaviors, seeking out drugs or alcohol or making significant changes in lifestyle without full consideration and seeking guidance (for example: deciding to change jobs; deciding to move; deciding to leave a religious institution rather than asking to speak to a trusted person within the institution). These are symptoms that should not be ignored.

10) If depression or post-traumatic symptomatology does arise, there is no one "correct" treatment. Intervention should be based upon a full and comprehensive evaluation by a mental health professional.

    a. Any intervention should appropriately consider: counseling, learning relaxation techniques (some are very specific to addressing responses to trauma, but not everyone responds in the same manner to any particular technique); careful use of anti-depressant, anti-anxiety or other psychotropic medications in the context of a supportive therapeutic/counseling relationship

11) It is important to avoid use of alcohol or other "recreational" drugs during while dealing with trauma.

    a. Such agents will provide a sense of immediate relief, but will often do long-lasting damage and interfere with the healing process.
    b. Even small amounts of alcohol, amounts that under other circumstances are benign and in fact healthy, can interfere with healing (and if medications are used, alcohol can interfere with the effectiveness of prescribed medications)
    c. Use of drugs or alcohol can make disruptive or even dangerous impulsive behaviors more likely to occur.

12) It should be recognized that when dealing with trauma, physiological as well as emotional responses occur.

    a. Beyond disruptions of sleep, appetite, etc., there can be an increased sensitivity to physical pain; development of gastrointestinal symptomatology; headaches; general body aches; etc.
    b. Any such symptoms deserve appropriate and judicious medical attention, as much as possible avoiding the use of pain medications

that can cause problematic emotional reactions (narcotic pain medications, etc.)

c. The immune system may not function as well. There may be an increased vulnerability to colds, flu, etc.
d. It has also been found that the body and brain react to medications differently during periods of stress. Stress actually causes changes in the "blood-brain barrier" – the way that the body allows or does not allow certain chemicals/medications to transfer from the blood stream into the brain. There are studies that have found that people likely react to prescribed medications differently during periods of acute stress than at other times – so that medications have to be prescribed more carefully, with closer observation, and if already using medications such as anti-depressants or any medication that affects the nervous system, there may be a physiological reason for the medication becoming more or less effective or causing increased side-effects while under acute stress.

IN SUMMARY:

Reactions to trauma are painful and disturbing, but most of the time, do not indicate psychiatric illness and do not require formal mental health treatment – although supportive contacts and interventions certainly can be helpful and should be sought out.

If reactions become severe, seriously disruptive or dangerous, then it is important to obtain a full and comprehensive evaluation to determine if formal mental health treatment may be indicated.

If there is any doubt, err on the side of obtaining an evaluation from a trusted and experienced mental health professional. At times, well-intentioned but unsophisticated interventions can cause additional problems rather than being helpful.