### IMMEDIATE REACTIONS

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

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>NEGATIVE REACTIONS</th>
<th>POSITIVE REACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Confusion, disorientation, worry, intrusive thoughts and images, self-blame</td>
<td>Determination and resolve, sharper perception, courage, optimism, faith</td>
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<tr>
<td>Emotional</td>
<td>Shock, sorry, grief, sadness, fear, anger, numb, irritability, guilt and shame</td>
<td>Social connectedness, altruistic helping behaviors</td>
</tr>
<tr>
<td>Social</td>
<td>Extreme withdrawal, interpersonal conflict</td>
<td>Social connectedness, altruistic helping behaviors</td>
</tr>
<tr>
<td>Physiological</td>
<td>Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping</td>
<td>Alertness, readiness to respond, increased energy</td>
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</tbody>
</table>

### COMMON NEGATIVE REACTIONS THAT MAY CONTINUE INCLUDE:

**INTRUSIVE REACTIONS**
- Distressing thoughts or images of the 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 REACTION**
- Constantly being "on the lookout" for danger, startling easily, or being jumpy
- Irritability or outburst 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 disaster
- Reminders can bring on distressing mental images, thoughts and emotional/physical reactions
- Common examples include sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster and television/radio news about the disaster

**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 steps 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 difficulty 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 are particularly likely to worry that they or a parent might die
- Children 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
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Violence of conflict
- Overeating or failing to eat
- Excessive TV or computer games
- Blaming others
- Working too much
- Extreme withdrawal from family or friends
- Not taking care of yourself
- Doing risky things *(driving recklessly, substance abuse, not taking adequate precautions)*
- Withdrawing from pleasant activities

*Adapted from Psychological First Aid - Field Operation Guide by the National Child Traumatic Stress Network, National Center for PTSD*