

TRAUMA AND ACUTE STRESS PACKAGE

ACUTE AND POST-TRAUMATIC STRESS

- What you may experience
- Common reactions to trauma
- A quick guide to trauma and post-traumatic stress
- Post-traumatic stress disorder

EXPLANATIONS

- The stress response
- Trauma and the brain
- Cognitive model of PTSD

SUPPORT

- Working through trauma
- Coping with flashbacks
- Thought record sheet
- Relaxation techniques
- Grounding techniques
- Substance use after tragic events

**WHEN TERRIBLE THINGS HAPPEN
WHAT YOU MAY EXPERIENCE**

Immediate Reactions

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

Domain	Negative Responses	Positive Responses
Cognitive	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	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

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 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 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 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
- Seeking counseling
- 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
- Reminiscing about a loved one who has died

WHAT DOESN'T HELP

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

Counselling Services, Room 138

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<http://www.algonquincollege.com/pembroke/counselling/>

A QUICK GUIDE TO TRAUMA AND POST-TRAUMATIC STRESS

Each day, people balance stress in their life. Some stresses are positive, like getting ready to go on vacation, while others are negative, like being stuck in traffic. These stresses combined exist in a state of equilibrium, and are normal for everyone.

When Trauma Occurs

While people are normally in a state of equilibrium, sometimes trauma occurs, and throws them off balance. It can be difficult to recover from trauma that sense of balance to their lives. Trauma may be brought on by stress, **acute** or **chronic**.

Acute Stress: usually caused by a sudden arbitrary, often random event.

Chronic Stress: occurs over and over again, each time pushing the individual beyond their state of equilibrium.

Trauma most often comes from acute, unexpected stressors such as accidents, violent crime, natural disasters, and war. Trauma can also be caused by stressors such as chronic abuse and harassment.

Trauma and Loss

Trauma can be accompanied by many different types of loss:

- Loss of control over one's life
- Loss of faith in one's God, or other people
- Loss of a sense of fairness or justice
- Loss of property, self or loved one
- Loss of a sense of immortality and invulnerability
- Loss of a future

Because of these losses, trauma response involves grief and bereavement. One can grieve over the loss of loved things as well as loved people.

Trauma and Regression

Trauma is often accompanied by regression – mentally and physically.

- Individuals may do things that seem childish later. For example: singing nursery rhymes; assuming a fetal position or crawling; calling a law enforcement officer “mommy” or “daddy” (or at least thinking of them in that way)
- Individuals may feel childish. For example: feeling little; wanting “mommy” or “daddy” to come take care of them; feeling weak; feeling like they did when they were a child and something went terribly wrong.

Post Traumatic Stress

While not all victims/survivors suffer from long-term stress reactions, many victims continue to re-experience crisis reactions over long periods of time, something known as Post Traumatic Stress. Such crisis reactions are normally in response to trigger events. Trigger events vary, but may include:

- The criminal justice process
- Sensing (seeing, hearing, touching, smelling, and tasting) something similar to an experience during the traumatic event
- Remembrance dates of the incident
- Holidays or significant life events

- News reports about a similar event

Long-term stress or crisis reactions may be made better or worse by the actions of others. The negative actions of others are called the second assault. Sources may include:

- The criminal or civil justice systems
- The media
- Family, friends and acquaintances
- Health and mental health acquaintances
- Victim compensation system
- Clergy

The intensity of long-term stress reactions usually decreases over time, as does the frequency of the re-experienced crisis. However, the effect of a catastrophic situation cannot be “cured” but they can be managed with assistance from counselling, family and one’s self. Some coping strategies are:

Self

- Keep busy with exercise and relaxation techniques
- Talk to other people you trust, or write your feelings in a journal
- Don’t turn to drugs or alcohol to escape
- Try to stick to your regular schedule
- Give yourself permission to feel bad
- Do things that make you feel good
- Don’t make any big decisions for a while, but make many small ones so that you still feel in control of your life
- Take care of your health – sleep, eat, and exercise
- Let yourself experience thoughts, dreams, and flashbacks without fighting them
- Book an appointment with a counsellor if you are having trouble coping with the stress you are under
- Remember, you aren’t crazy! This response is normal, and so are you

For Family and Friends

- Listen carefully to the person
- Spend time with them, and offer assistance if needed
- Reassure them that they are safe
- Help them to keep up on daily tasks/chores
- Give them some private time
- Expect that they may be angry – don’t take it personally
- Tell them that you are sorry, not that it “could have been worse”

PTSD

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) occurs following a severely traumatic incident, or a series of less severe incidents. Complex PTSD can be experienced as a result of repeated childhood traumas.

It is normal to experience stress after a trauma, but the symptoms normally diminish after several weeks. If the symptoms persist, then trauma-focused CBT or EMDR are currently recommended as the treatments of choice.

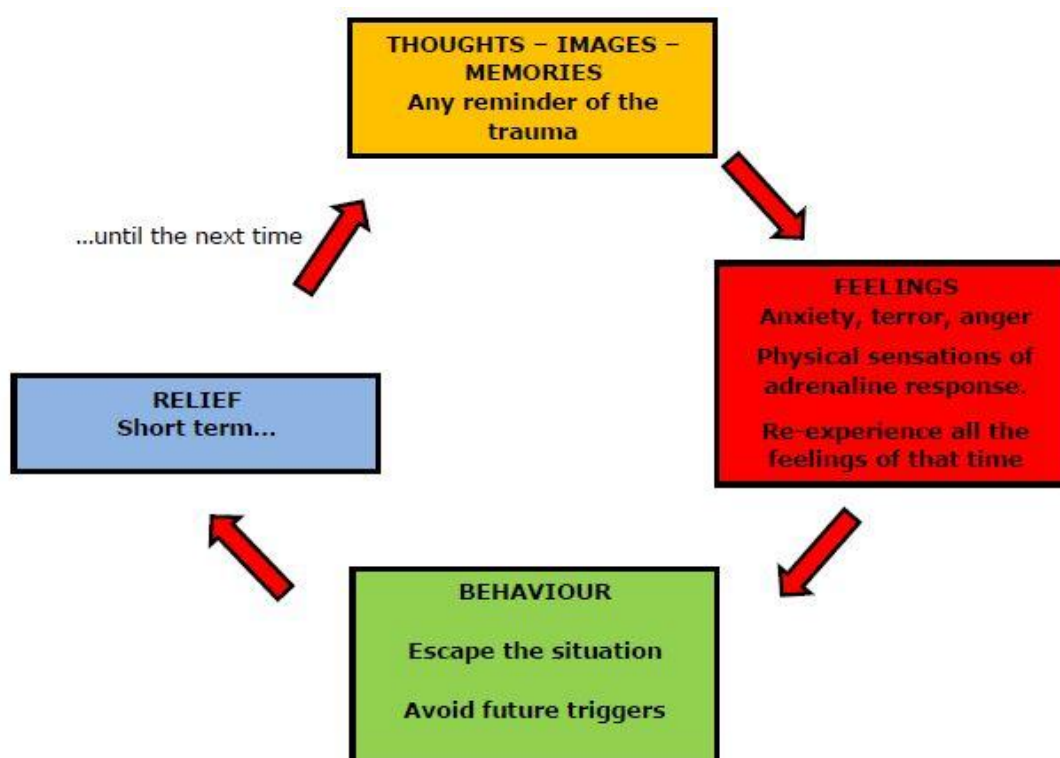
Symptoms include flashbacks (traumatic re-living of the event, including images, sounds, emotions and physical sensations) and nightmares, resulting in severe anxiety and/or angry reactions or avoidance of any triggers that may remind the individual of the incident in some way.

PTSD develops because the trauma experience was so distressing that we want to avoid any reminder of it. Our brains don't process the experience into a memory, so the experience stays as a current problem instead of becoming a memory of a past event. Each time we are reminded of the event, the 'flashbacks' mean we experience the trauma again, as though it is happening again, right now. That is very distressing, so we do our utmost to stop the flashback, and avoid any further reminder of the event, so the event remains un-processed.

Cognitive Behaviour Therapy, and EMDR, helps our brain to process the traumatic event into a memory, filing it away in the appropriate filing cabinet of our mind, so that it becomes a past event, rather than constantly reliving the trauma as happening right now. Therapy will help us to think about or imagine the traumatic event in a safe environment, and we can gradually expose ourselves to those situations that remind us of the event. Inevitably, thinking and talking about the trauma may be upsetting at the time, but it will reduce the overall distress and resolve the problem.

- [Trauma & the Brain](#)
- [Trauma Metaphor](#)
- [Adrenaline – the body's alarm system](#)

Example of a vicious cycle of PTSD



SELF HELP FOR PTSD

I identify the factors that help keep the PTSD going

Use the [cogs diagram](#) (PDF) to help you identify what contributes to the PTSD. You may well need professional help to overcome some factors such as Fragmented memory & Flashbacks, but you will find there are some things you can do that will help.

Example vicious cogs of PTSD:



Overcoming Avoidance & Facing your Fears

We try to avoid all the situations, people, places and even thoughts, which are likely to distress us. This avoidance helps prevent us becoming distressed in the short-term, but it is one of the main factors which keeps the problem going over a long time. Avoidance also interferes greatly with our everyday lives.

- Use the [Avoidance worksheet](#)

Dealing with the fragmented memory

We normally avoid thinking about the traumatic event and so our brain never processes it in the normal way. The trauma therefore never gets filed away (a completed jigsaw) as a past memory, but continues to be treated by the brain as a current threat – and we therefore experience flashbacks. The way to deal with the memory is to deliberately think about and remember the event, which allows the brain to process it and file it away as a memory. Dealing with and processing tends to be distressing, and you may well need help with this step.

- Find out as much as you can about the event, which may include asking other people involved about what they remember from their perspective, including perhaps emergency personnel.
- Try to piece the story of the event together.
- Write it down, even if only using bullet points.
- Talk about the event with other people who perhaps weren't there, but can listen and be supportive and offer a helpful perspective.

Coping with flashbacks & nightmares

Because we become upset and avoid thinking about the trauma, the brain has not been able to process and file the memory away, so any trigger tricks the brain into thinking the event is happening again, right now, and we re-experience all the feelings and sensations as though it really was happening *right now*. Before we are helped to deal with and process the memory, we can learn strategies to help us cope with the distressing flashbacks and nightmares.

- Use these coping strategies and grounding techniques during a flashback (see below)
- Use this [Discrimination Worksheet](#) before a flashback, so that you can be better prepared to reassure your brain that the event is NOT happening again right now.
- Set aside some time every day, maybe 15-20 minutes, to think about the traumatic event and write down some notes. Try to make it the same time each day, which might be evening time if you have nightmares. Finish this time by writing down a positive coping statement such as "I survived", "I'm taking back control of my life", "I have who/which supports me".

Tell yourself you are having a flashback or anxiety attack and that this is okay and normal.

The worst is over - it happened in the past, but it is not happening now.

Tell yourself: That was then, and this is now. However terrible you feel right now, you survived the awfulness then, which means you can survive and get through what you are remembering now.



Open your eyes and put a light on (if it's dark).

Look around the room, notice the colours, the people, the shapes of things. Make it more real.

Listen to and really notice the sounds around you: the traffic, voices, washing machine, music etc.

Notice your body, the boundary of your skin, how your clothes feel on your skin, movement in your hair as you move your head, really feel the chair or floor supporting you - how that feels in your feet, your legs, your body.

Pinch yourself - that feeling is in the now, the things you are re-experiencing happened in the past. That was then, and this is **now**.

Stand up and put your feet firmly on the ground

Move about: stretch, stamp your feet, jump up and down, dance, run on the spot, rub your arms and legs, clap your hands, walk, remind yourself where you are right now.

Use 5,4,3,2,1: Think about 5 things you can see, 4 things you can hear, 3 things you can touch (and touch them), 2 things you can smell or like the smell of, and 1 slow, deep breath.

Notice what is **right now** - and notice how different it is to the distressing memory.

Breathe mindfully: breathe deeply down to your belly; put your hand there (just above your navel) and breathe so that your hand gets pushed up and down. Imagine you have a balloon in your tummy, inflating it as you breathe in, and deflating as you breathe out. When we get scared, we breathe too quickly and shallowly and our body begins to panic because we're not getting enough oxygen. This causes dizziness, shakiness and more panic. Breathing slower and deeper will stop the panic.

Rub your arms and legs. If you have lost a sense of your body, rub your arms and legs so you can feel where your body starts and ends, the boundary of you. Wrap yourself in a blanket and feel it around you.

Walk, and really think about walking, or engage in any activity - mindfully. Notice the way your body moves, how your feet move and feel as you walk, notice your leg muscles, and the way your arms feel as they swing. Notice the movement in your hair, and the sensation of moving air on your skin. Notice the sensations of breathing as you walk.

Describe (and say out loud if appropriate) what you are doing right now, in great detail. Or describe doing a routine activity.

Try to think about different things, almost like playing mental games, for example: count backwards in 7s from 100, think of 10 different animals, 10 blue things, one animal or country for each letter of the alphabet, say the alphabet slowly, say the alphabet backwards etc.

Carry a grounding object with you. Some people carry a stone or other small object, perhaps which has personal meaning, to comfort and touch when you need to.

Get support if you would like it. Let people close to you know about flashbacks or how anxiety attacks affect you, so they can help if you want them to. That might mean holding you, talking to you, helping you to reconnect with the present, to remember you are safe and cared for now. If there is no-one, use a [helpline](#).

Self Care: flashbacks and anxiety are powerful experiences which drain your energy. Take time to look after yourself afterwards. You could have a warm, relaxing bath or a sleep, a warm drink, play some soothing [music](#), or just take some quiet time for yourself. Be kind to yourself.

Ask yourself questions in order to bring yourself into the present. Write down your own questions, for example: Where am I, right now? What day is it? What year is it? How old am I? Where do I live?

Use [Positive Coping Statements](#). You might prepare a coping statement, for example: "I am (name), I am safe right now, this is just a memory - that was then and this is now. I am in (place) and the date is (date). This flashback will pass".

Make an [emergency or soothe box](#) you can use another time, and fill it with helpful, soothing objects or pictures. www.get.gg/emergency.htm

Download an mp3 onto your phone such as First Aid for Panic, or use another from www.getselfhelp.co.uk/gallery1.htm

When you feel ready, you might want to [write down](#) about the flashback or anxiety attack, and how you got through it. This will help to remind you that you did get through it, and can again.

Remember you are not crazy - flashbacks are normal and they are helping you to heal.

Develop Coping Strategies for dealing with anxiety, stress and anger.

- [STOPP](#) www.get.gg/stopp.htm
- [Mindful Breathing](#) www.get.gg/breathe.htm
- [Mindfulness](#) www.get.gg/mindfulness.htm
- [Relaxation techniques](#) www.get.gg/relax.htm
- [Anxiety Self Help](#) www.get.gg/anxiety.htm
- [Anger Self Help](#) www.get.gg/anger.htm
- [Stress Self Help](#) www.get.gg/stress.htm
- [Help for distress, right now](#) www.get.gg/anxietyhelp.htm
- [Other Self Help resources](#) www.get.gg/selfhelp.htm

PTSD Self Help: www.get.gg/ptsd.htm

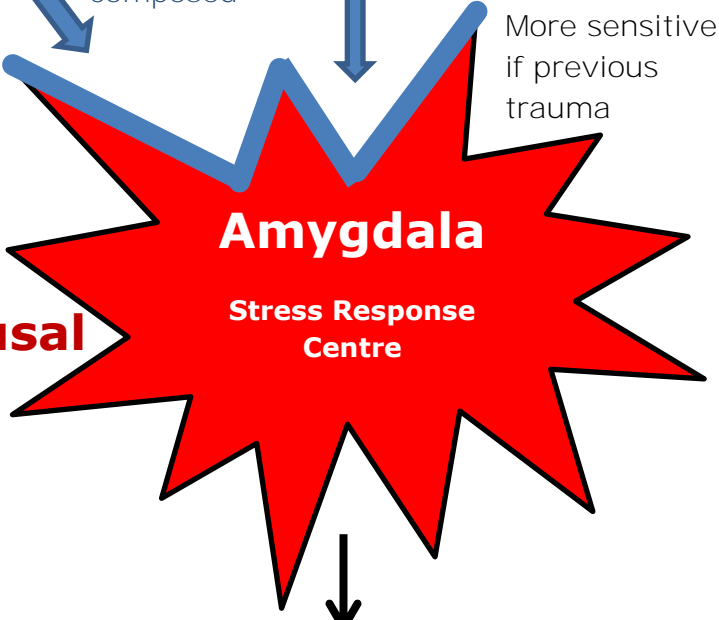
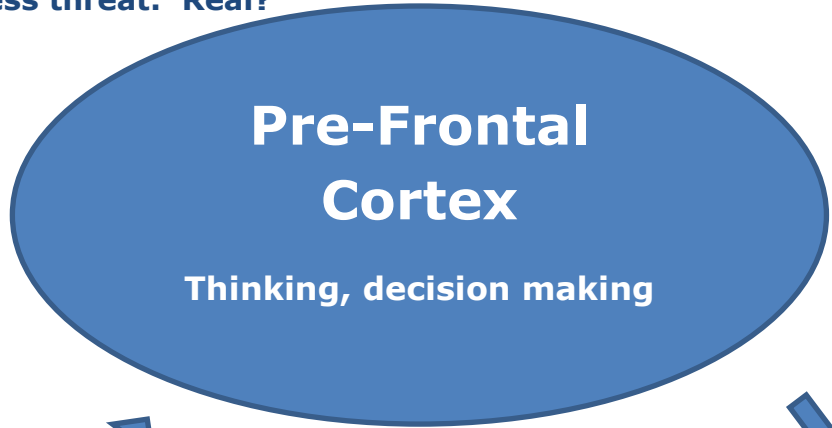
Assess threat: Real?

The Brain's STRESS RESPONSE

Impulsive route results in emotional responses

Alternative **composed route** (STOPP & other skills) results in less emotional, more reasonable and effective outcome

The body's alarm system helps us survive. Fear is necessary! However, when we suffer from anxiety, the alarm sounds even when the danger is imagined or exaggerated. When we practise and repeat the composed route (use our skills), the new neural pathway becomes stronger, and the composed route and responses become more dominant and automatic.



↑
STIMULUS

Arousal

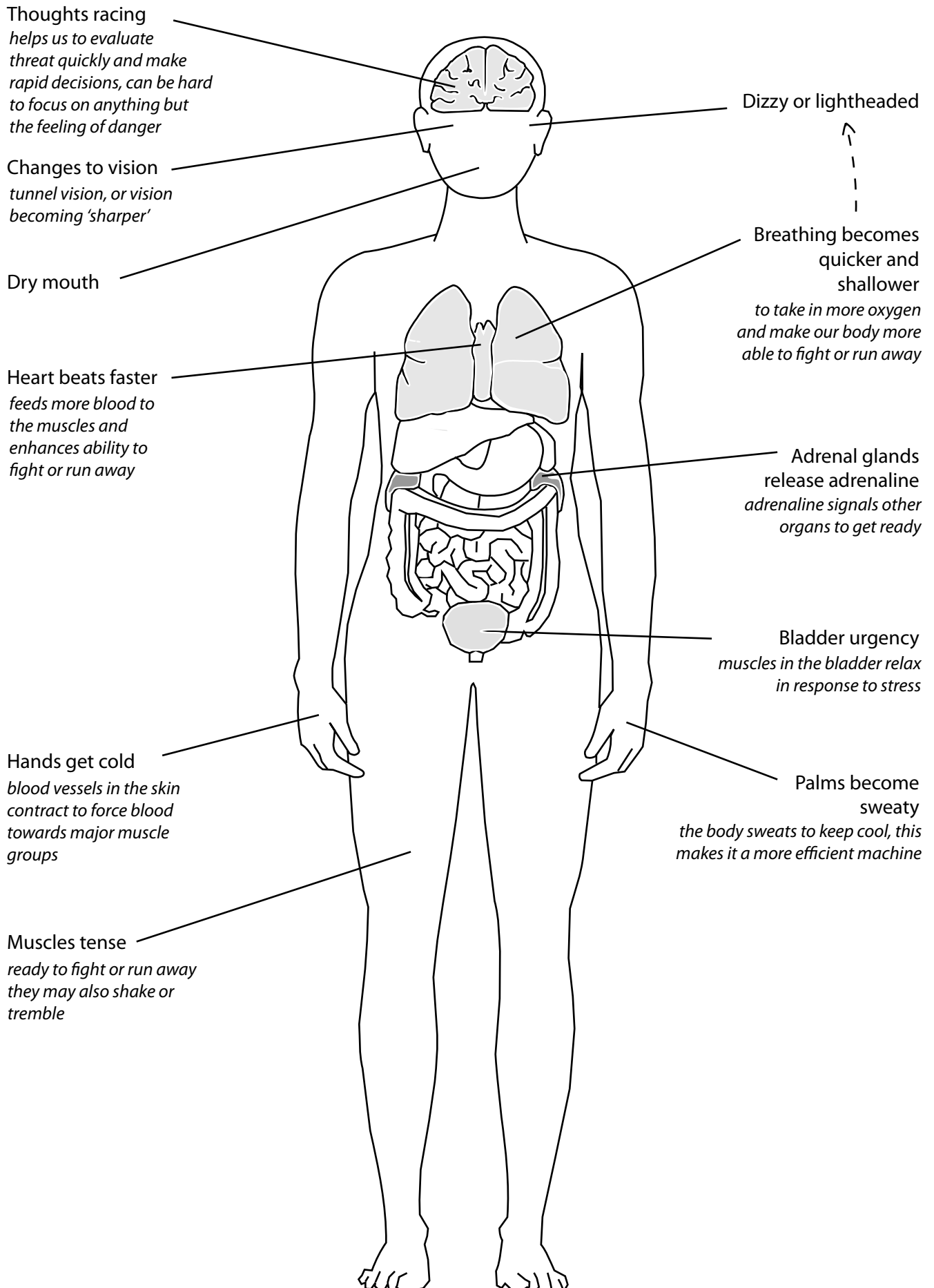
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RESPONSE

Calmer, more composed

More sensitive if previous trauma

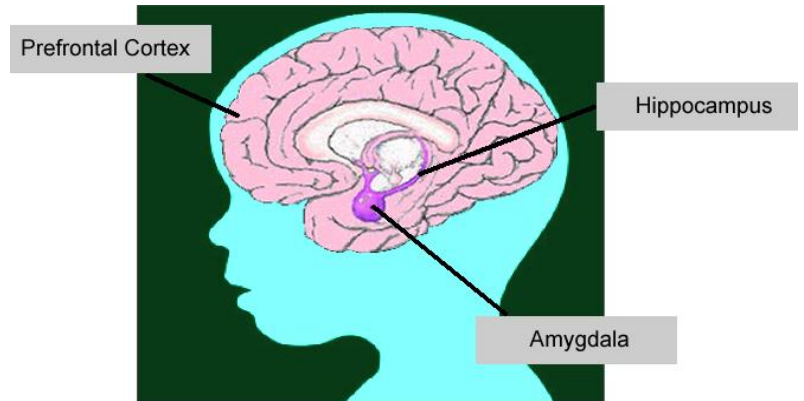
Threat System (Fight or Flight)

The 'fight or flight' response gets the body ready to fight or run away. Once a threat is detected your body responds automatically. All of the changes happen for good reasons, but may be experienced as uncomfortable when they happen in 'safe' situations.



Trauma and the Brain

This is a very simplistic explanation of a very complex process. There are three main parts of the brain which are greatly affected by experiencing severe or chronic traumatic events.



Hippocampus

- The hippocampus processes trauma memories, by recycling the memory, mostly at night via dreams, which takes place over weeks or months. It then transfers the integrated stored memory to another part of the brain. High levels of stress hormones causes the hippocampus to shrink or under-develop, resulting in impaired function. Childhood trauma exaggerates this effect. The trauma memory therefore remains unprocessed in the hippocampus, disintegrated, fragmented, and **feels 'current' rather than in the past.** (Some people may be born with a smaller hippocampus making them more vulnerable to develop PTSD.)

Amygdala

- **The brain's 'fear centre'.** The amygdala helps to store memories, particularly emotions and physical sensations. It also controls activation of stress hormones – the **body's fight or flight response.** In PTSD, the amygdala becomes over-reactive causing frequent or near constant high levels of stress hormones.

Pre-frontal cortex

- The pre-frontal cortex helps us to assess threats, manage emotion, plan responses, and control impulses. It is the centre of rational thinking. Childhood trauma causes under-development of the pre-frontal cortex, which results in impaired ability to assess threat through rational thinking, manage emotions and control impulses.

PTSD



Current triggers



Hippocampus recalls part of fragmented and disintegrated memory – thought, image etc



Amygdala reacts – emotional and body memory reactivated – 'flashback' re-experiencing of event. Interprets as current threat – emergency - stress hormones – fight / flight response

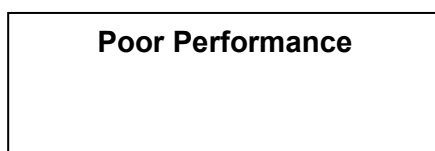
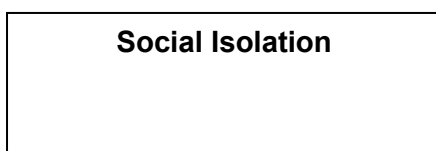
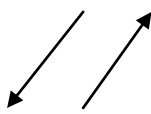
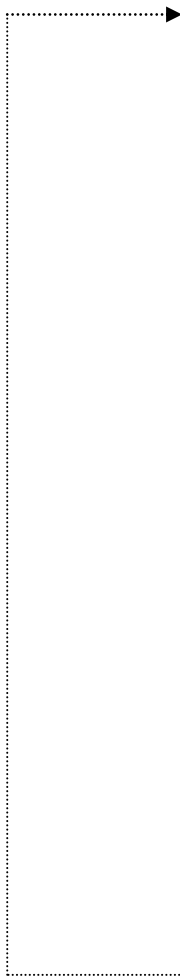
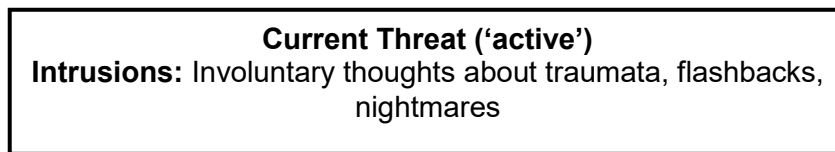
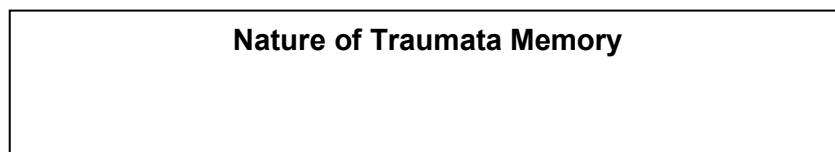
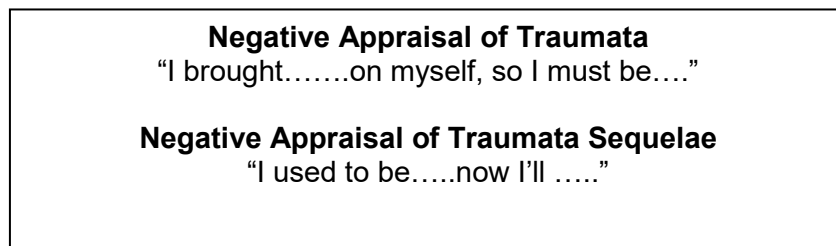
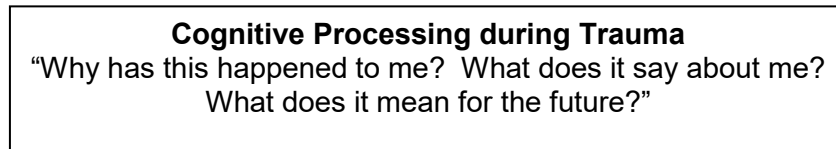
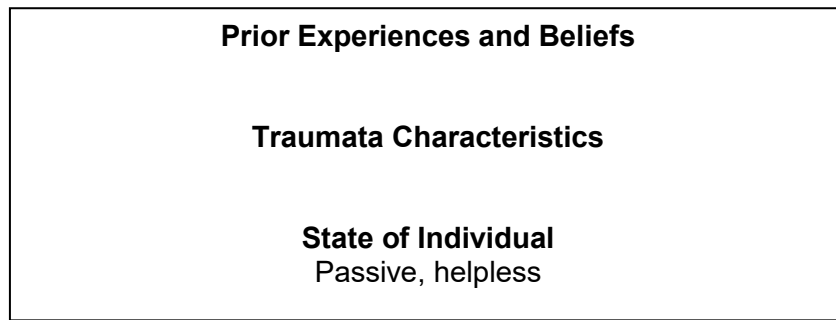


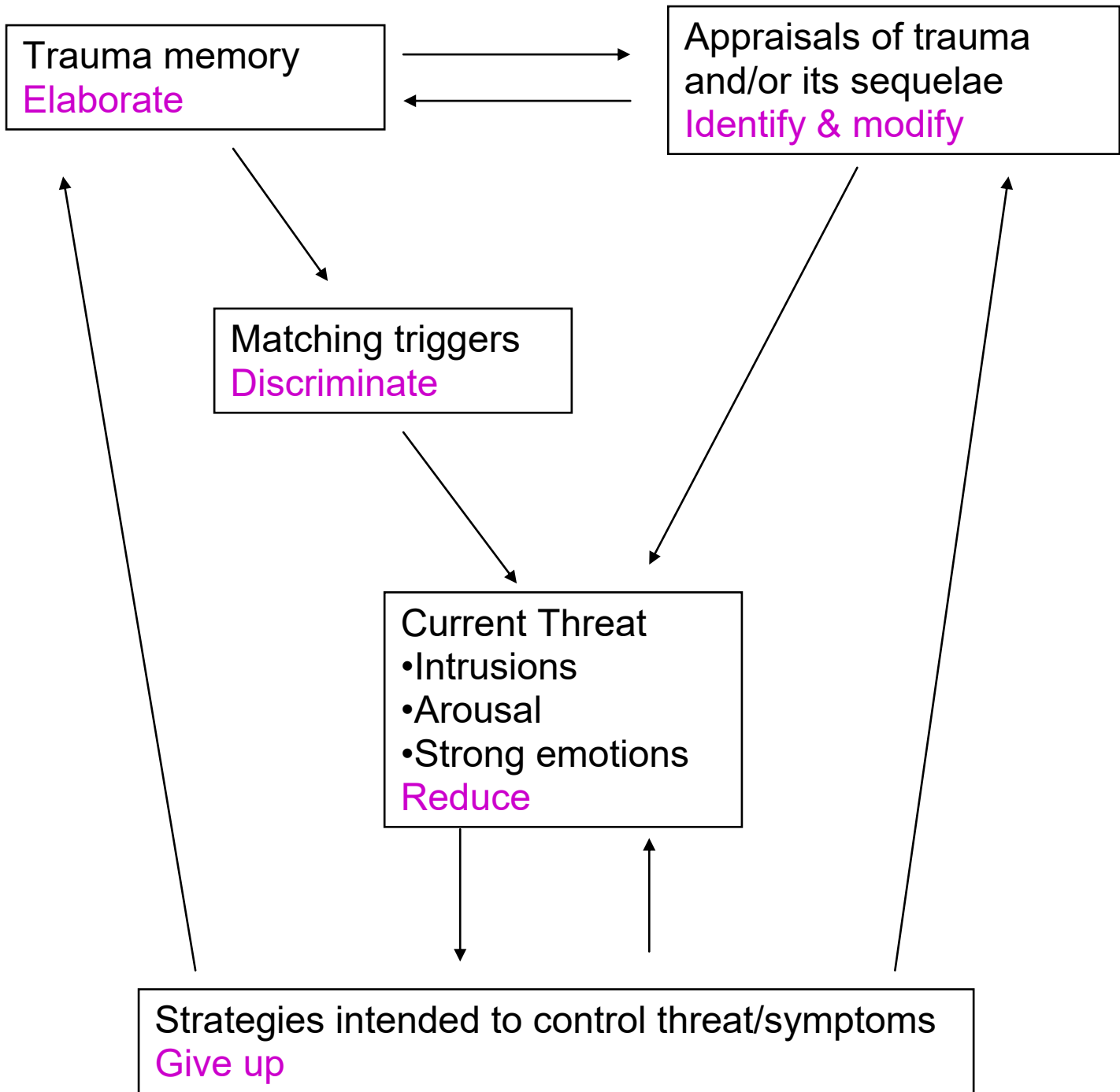
Pre-frontal cortex unable to rationalise or determine that situation is not a current threat and therefore safe. Difficulty in managing emotions or controlling impulses



Attempts to escape or avoid distressing memories and feelings mean the memory is never processed, so symptoms remain

Cognitive Model of PTSD

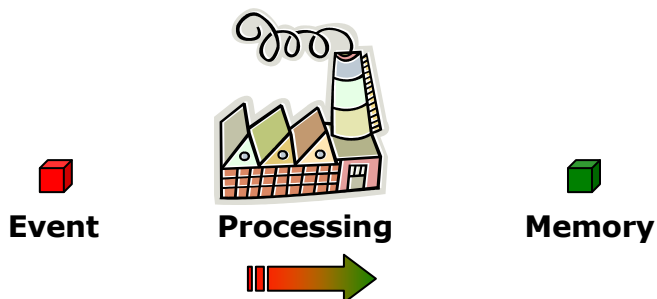




Cognitive Model of PTSD
Ehlers & Clark 2000

Treating Traumatic Memories

The mind is like a factory, and one of its jobs is to process life events so that they can become memories. Most life events are of a size and nature that the factory can cope with:

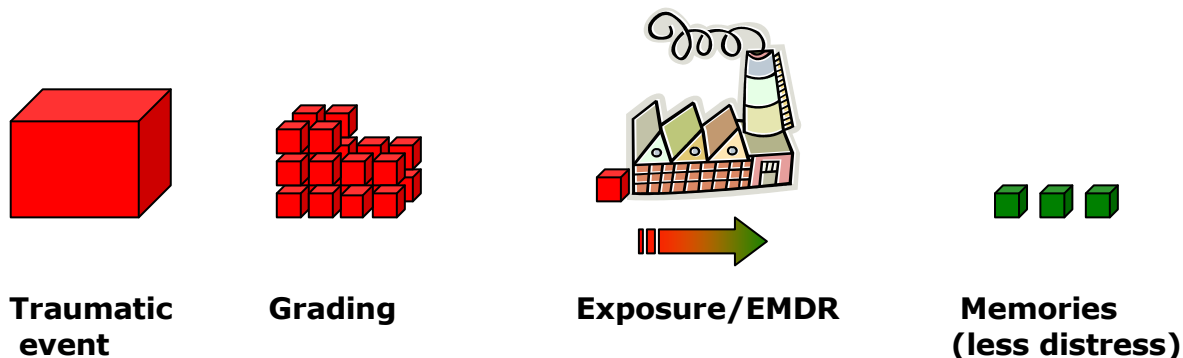


However, sometime an event occurs, such as a trauma, which is simply too large or difficult to process.



Because it isn't processed, the event is prevented from becoming a memory – this means that it remains a current problem, rather than one that's in the past. Current situations or events that remind us of the original trauma, trigger us to have 'flashbacks' which means we re-live and re-experience the emotions and physical sensations that were experienced at the time of the original trauma. At those distressing times, we tend to press the factory's STOP button. We also avoid situations which are likely to trigger these 'flashback' experiences, reinforcing the lack of processing.

Effectively treating the traumatic event so that our 'factory' can process them into memories, means exposing ourselves to thinking about and imagining the traumatic event, and/or gradually exposing ourselves to real situations which we normally avoid. This will result in experiencing distress, but will also cause the factory to effectively process the traumatic event, which will greatly reduce the distress in the long-term.



Mike Davison

Coping with Flashbacks

❖ Tell yourself you are having a flashback and that this is okay and very normal in people who have experienced trauma.

❖ Remind yourself that the worst is over – it happened in the past, but it is not happening now. “That was then, and this is now”. The „child“ or traumatised person inside you is giving you these memories to use in your healing and, however terrible you feel, you survived the awfulness then, which means you can survive and get through what you are remembering now.



❖ Call on the „adult“ or stronger part of you to tell your child or victim part, that she/he is not alone, not in any danger now, and that you will help her/him to get through this. Let your child or victim self know that it's okay to remember and to feel what she/he feel and that this will help her/him in their healing from what happened to them. However hard it is for you, she/he is communicating in the only way she/he can.

❖ Try some of these ways of „grounding“ yourself, and becoming more aware of the present:

- Stand up, stamp your feet, jump up and down, dance about, clap your hands, remind yourself where you are now.
- Look around the room, notice the colours, the people, the shapes of things. Make it more real.
- Listen to and really notice the sounds around you: the traffic, voices, washing machine, music etc.
- Notice the sensations in your body, the boundary of your skin, your clothes, the chair or floor supporting you.



• Pinch yourself or ping an elastic band on your wrist - that feeling is in the now, the things you are re-experiencing were in the past.

❖ Take care of your breathing: breathe deeply down to your diaphragm; put your hand there (just above your navel) and breathe so that your hand gets pushed up and down. Imagine you have a balloon in your tummy, inflating it as you breathe in, and deflating as you breathe out. When we get scared, we breathe too quickly and shallowly and our body begins to panic because we're not getting enough oxygen. This causes dizziness, shakiness and more panic. Breathing slower and deeper will stop the panic.



❖ If you have lost a sense of where you end and the rest of the world begins, rub your arms and legs so you can feel the edges of your body, the boundary of you. Wrap yourself in a blanket, feel it around you.

❖ Get support if you would like it. Let people close to you know about flashbacks so they can help if you want them to. That might mean holding you, talking to you, helping you to reconnect with the present, to remember you are safe and cared for now.



❖ Flashbacks are powerful experiences which drain your energy. Take time to look after yourself when you have had a flashback. You could have a warm, relaxing bath or a sleep, a warm drink, play some soothing music, or just take some quiet time for yourself. Your „child“ or „victim“ and you deserve being taken care of, given all you've been through.

❖ When you feel ready, write down all you can remember about the flashback, and how you got through it. This will help you to remember information for your healing, and to remind you that you did get through it (and can again).

❖ Remember you are not crazy – flashbacks are normal and you are healing.

Adapted from Bristol Crisis Service for Women. 1999.

Thought Record Sheet - PTSD

Situation Trigger	Emotions / Moods rate 0 – 100%	Physical sensations	Unhelpful Thoughts and Images	Alternative response / healthier more balanced perspective	What I did / What I could do / Action plan / Defusion technique / What's the best response? Re-rate Emotion 0-100%
<p><i>What happened? Where? When? Who with? How?</i></p> <p><i>What did I react to?(something I saw, heard, smelt, felt...)</i></p>	<p><i>What emotion did I feel at that time? What else? How intense was it?</i></p>	<p><i>What did I notice in my body? Where did I feel it?</i></p>	<p><i>What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing about that, or that could happen?</i></p>	<p><i>STOPP! Take a breath....</i></p> <p><i>s this fact or opinion? Am I in danger NOW, or is it that I believe I'm in danger now because of my past trauma? What's REALLY happening now? How would someone else see this situation? What's the bigger picture? What advice would I give someone else? Is my reaction in proportion to the actual event?</i></p>	<p><i>What could I do differently? What would be more effective?</i></p> <p><i>Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?</i></p>

Relaxation Techniques

When a person is confronted with anxiety, their body undergoes several changes and enters a special state called the *fight-or-flight response*. The body prepares to either fight or flee the perceived danger.

During the fight-or-flight response it's common to experience a "blank" mind, increased heart rate, sweating, tense muscles, and more. Unfortunately, these bodily responses do little good when it comes to protecting us from modern sources of anxiety.

Using a variety of skills, you can end the fight-or-flight response before the symptoms become too extreme. These skills *will* require practice to work effectively, so don't wait until the last minute to try them out!

Deep Breathing

It's natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

Breathe in slowly. Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.

Hold your breath for 5 to 10 seconds (again, keep count). You don't want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.

Breathe out very slowly for 5 to 10 seconds (count!). Pretend like you're breathing through a straw to slow yourself down. Try using a real straw to practice.

Repeat the breathing process until you feel calm.

Imagery

Think about some of your favorite and least favorite places. If you think about the place hard enough—if you really try to think about what it's like—you may begin to have feelings you associate with that location. Our brain has the ability to create emotional reactions based entirely off of our thoughts. The imagery technique uses this to its advantage.

Make sure you're somewhere quiet without too much noise or distraction. You'll need a few minutes to just spend quietly, in your mind.

Think of a place that's calming for you. Some examples are the beach, hiking on a mountain, relaxing at home with a friend, or playing with a pet.

Relaxation Techniques

Paint a picture of the calming place in your mind. Don't just think of the place briefly—imagine every little detail. Go through each of your senses and imagine what you would experience in your relaxing place. Here's an example using a beach:

- a. Sight: The sun is high in the sky and you're surrounded by white sand. There's no one else around. The water is a greenish-blue and waves are calmly rolling in from the ocean.
- b. Sound: You can hear the deep pounding and splashing of the waves. There are seagulls somewhere in the background.
- c. Touch: The sun is warm on your back, but a breeze cools you down just enough. You can feel sand moving between my toes.
- d. Taste: You have a glass of lemonade that's sweet, tart, and refreshing.
- e. Smell: You can smell the fresh ocean air, full of salt and calming aromas.

Progressive Muscle Relaxation

During the fight-or-flight response, the tension in our muscles increases. This can lead to a feeling of stiffness, or even back and neck pain. Progressive muscle relaxation teaches us to become more aware of this tension so we can better identify and address stress.

Find a private and quiet location. You should sit or lie down somewhere comfortable.

The idea of this technique is to intentionally tense each muscle, and then to release the tension. Let's practice with your feet.

- a. Tense the muscles in your toes by curling them into your foot. Notice how it feels when your foot is tense. Hold the tension for 5 seconds.
- b. Release the tension from your toes. Let them relax. Notice how your fingers feel differently after you release the tension.
- c. Tense the muscles all throughout your calf. Hold it for 5 seconds. Notice how the feeling of tension in your leg feels.
- d. Release the tension from your calf, and notice how the feeling of relaxation differs.

Follow this pattern of tensing and releasing tension all throughout your body. After you finish with your feet and legs, move up through your torso, arms, hands, neck, and head.

ALCOHOL, MEDICATION, AND DRUG USE AFTER TRAGIC EVENTS

Some people increase their use of alcohol, prescription medications, or other drugs after a tragic event. You may feel that using drugs and alcohol seem to help you escape bad feelings or physical symptoms related to stress responses (for example, headaches, and muscle tension). However, they can actually make these things worse in the long term because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance. If your use of alcohol or drugs has increased since the event or is causing problems for you, it is important for you to reduce your level of use or seek help in gaining control over your use.

Managing alcohol, medication, and drug use

- Pay attention to any change in your use of alcohol and/or drugs.
- Consult with a healthcare professional about safe ways to reduce anxiety, depression, muscle tension, and sleep difficulties.
- Correctly use prescription and over-the-counter medications as indicated.
- Eat well, exercise, get enough sleep, and with use your family and others for support.
- If you find that you have greater difficulty controlling alcohol/substance use since the event, seek support in doing so.
- If you believe you have a problem substance abuse, talk to your doctor or counselor about it.
- If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a healthcare professional.

If you have had an alcohol, medication, or drug problem in the past

For people who have successfully stopped drinking or using drugs, experiencing a tragic event can sometimes result in strong urges to drink or use again. Sometimes it can lead them to strengthen their commitment to recovery. Whatever your experience, it is important to consciously choose to stay in recovery.

- If you are receiving tragic event crisis counseling, talk to your counsellor about your past alcohol or drug use.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counsellor, talk to him or her about your situation.
- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby recovery groups, or ask them to help organize a new support group.
- Increase your attendance at substance abuse support groups.
- Increase your use of other supports that have helped you avoid relapse in the past.