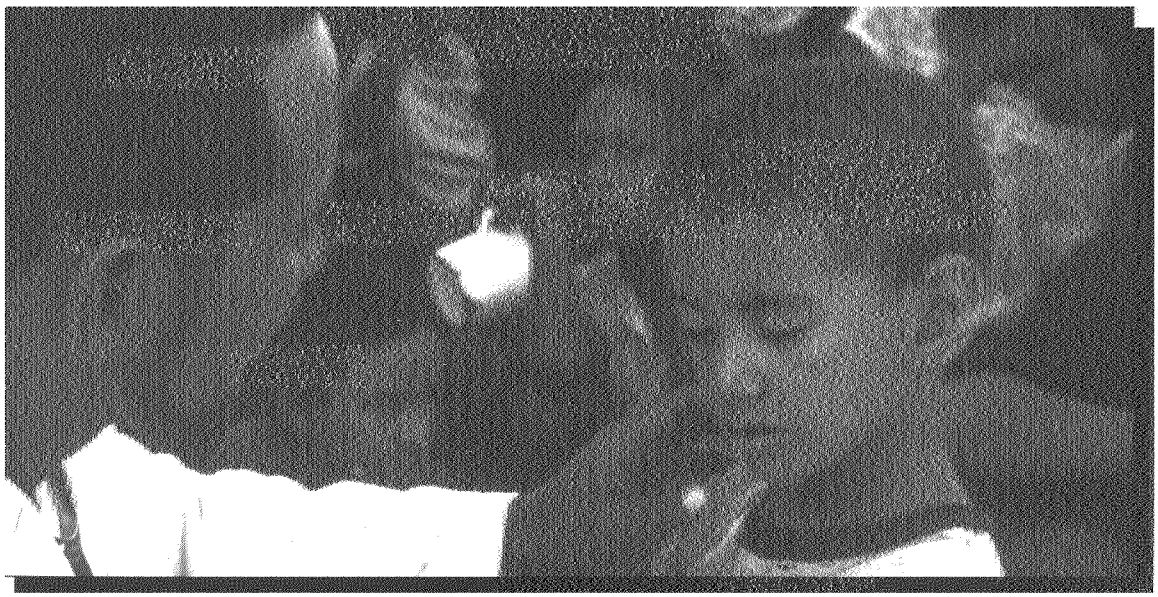
Sometimes exposure to traumatic stressors can produce very intense arousal which may overwhelm the individual's coping mechanisms. Such hyperarousal is thought to come about because of the dysfunction of a number of inter-related neurochemical systems in the brain, e.g., the noradrenergic system, the opiate system and the hypothalamic-pituitary-adrenal axis. Minimization of the intensity and duration of such arousal decreases the resultant neurochemical dysfunction which in turn decreases the risk of a post-traumatic stress syndrome developing.

Like adults, children and adolescents who are exposed to traumatic stressors show a wide range of complex reactions which may also be immediate or delayed. These reactions tend to differ from those of adults in that they are age-dependent, they can have a profound effect on the child or adolescent's future development and they are strongly influenced by the adults with whom the child or adolescent may come into contact. Nonetheless, the majority of children and adolescents do quite well after exposure to traumatic situations.

Of those people who experience a distress reaction:

1. Some may recover on their own with only minimal assistance from their support network;
2. Some benefit from the services of a stress management team; and
3. Some need professional assistance to achieve maximal recovery.

By whatever means, the majority of persons exposed to such stressors achieve satisfactory levels of recovery. The memories of a traumatic incident may persist, but even in such cases the impact can be significantly reduced if managed appropriately. Obtaining appropriate assistance can make the difference between a fairly short, painful reaction and a prolonged, complex, more painful one.



What are the possible phases of such responses with respect to disaster situations?

PRE-INCIDENT *(if appropriate)*	PRE-IMPACT PHASE:	The majority of persons make some effort to prepare for the potential impact of a disaster. Others become indifferent and deny that there is any impending danger and still others become anxious and somewhat disorganized. A few persons remain quite calm and focused.
	WARNING PHASE:	During this phase a greater proportion of persons tend to become agitated and over-react but a few continue to remain calm and purposeful.
IMAPCT PHASE		Persons tend to be fearful and they attempt to cope by either giving up, running away or rescuing others.
POST-INCIDENT	HEROISM PHASE:	During this phase, efforts are made to survive and to recover property. This is a time of great altruism and overwork with possible irritability and exhaustion.
	HONEYMOON PHASE:	Persons tend to share their experiences. Good outcomes are anticipated and hope and elation prevails.
	DISILLUSIONMENT PHASE:	Disappointment occurs when aid is not as readily forthcoming as was anticipated and some people are seen as less fortunate than others. Depression often follows.
	REBUILDING PHASE:	People need to accept that they must depend on themselves if they are going to move on and rebuild their lives. Failure to do this leads to bitterness and animosity.

What constitutes a normal distress response after exposure to a traumatic stressor?

Critical incidents are typically sudden, intensely distressing events which are outside of the realm of normal human experience. Because they are so sudden and unusual, they can have a strong emotional effect on even well-trained, experienced people.

Approximately 86% of individuals exposed (directly or indirectly) to a traumatic event or critical incident tend to have some kind of reaction within 24 hours of the incident but such reactions may be delayed for days to weeks. Stress reactions of this kind constitute "traumatic stress" or "critical incident stress" and they may be mild, moderate or severe.

These are ***common reactions of normal people*** in response to an ***abnormal situation*** and their occurrence does not indicate that the person has developed a psychiatric disorder.

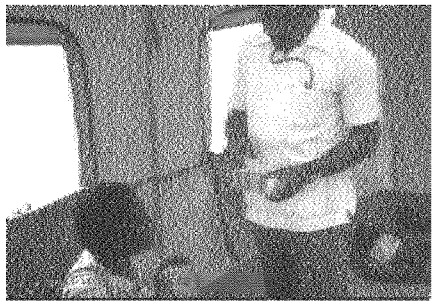
Such reactions may range from negative feelings to a wide range of physical, cognitive, emotional and behavioral signs and symptoms to post-traumatic stress syndromes. Any combination of these manifestations may go together to constitute a normal distress response.

Depending on the nature of their involvement with the traumatic event persons may experience various negative feelings. Survivors of the trauma may experience feelings of shock, uncertainty, helplessness, isolation, guilt, fear and anxiety, and they may blame themselves and/or others for what happened. In contrast, responders to the trauma tend to experience feelings of inadequacy, frustration, powerlessness, fear, insecurity and guilt. Finally, relatives of both survivors and the injured or deceased may experience feelings of shock, uncertainty, helplessness, separation anxiety, grief and guilt; they may also blame themselves and/or others for what happened.

Below is a list of some of the most common physical, cognitive, emotional and behavioral signs and symptoms which may follow exposure to a traumatic event

Physical:

- Rapid heart rate
- Elevated blood pressure
- Increased perspiration
- Difficulty breathing
- Feeling faint
- Tremor



Cognitive:

- Racing thoughts and/or feeling confused
- Memory impairment
- Poor attention span and concentration
- Difficulty making decisions
- Intrusive memories and/or flashbacks
- Change of one's awareness of one's surroundings