

## WHEN TO CALL FOP HELP

**Should you experience any of the following reactions beyond the initial four week period following the incident, please call immediately.**

The traumatic event is persistently reexperienced in at least one of the following ways:

1. Recurrent and distressing recollections of the event, including images, thoughts, or perceptions.
2. Recurrent distressing dreams of the event..
3. Acting or feeling as if the traumatic event were recurring ( includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated. )
4. Intense psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event. ( Fear, anxiety and anger are possible examples. )
5. Physiological reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. ( Nausea, difficulty breathing, faintness are a few examples. )

### **Numbing and Avoidance**

Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness ( not present before the trauma) .

1. Efforts to avoid thoughts feelings, or conversations associated with the trauma.
2. Efforts to avoid activities, places or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feelings of detachment or estrangement from others.
6. Restricted range of affect ( e.g., unable to have loving feelings ) .
7. Sense of foreshortened future ( e.g., does not expect to have a career, marriage, or children, or a normal life span ) .



## **Hyperarousal and Persistent Symptoms of Increased Arousal**

( not present before the trauma - see note )

1. Difficulty falling asleep or staying asleep.
2. Irritability or outburst of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

These reactions are not at all unusual during the first four weeks following a traumatic event. When involved in disasters or other external events in which physical reminders cannot be avoided and or various aspects of the incident are kept alive such as in the case of media coverage, reactions may extend beyond the four week acute stress period.

Should any of these symptoms persist beyond a four week period and or emerge as delayed reactions months later, we strongly recommend consultation with a trauma consultant.

**NOTE:** Trauma can induce biological and neurological changes which play a part in the ability to sleep, levels of anxiety, concentration, and other trauma specific reactions. Should reactions persist beyond the four week period, consultation for temporary medication should be considered. The loss of sleep, intrusive thoughts, anxiety, and other reactions induced by trauma can deplete an individual of much needed physical rest and inner emotional calmness and precipitate yet more problems for the individual. Medication, at times, is simply a necessity.

Please feel free to contact us: Hope Rising

469-633-6868

gathered from the APA-DSM-IV  
With information from TLC Institute

