

## Appendix 12 Management plan for Acute Stress Reaction

Management strategies will always vary from one individual to the next depending on the individual's particular problems. However, the management of acute stress reaction generally involves:

1. Help with removal of any ongoing traumatic event. This help could involve minimizing further traumas that may arise from the initial traumatic event. For example, practical assistance with finding safe accommodation if necessary or protecting against further loss (possessions, job)
2. Discussion about what happened during the traumatic event: (e.g. what was seen, how the individual acted or felt, or what he or she thought at the time). Discussion may help the individual reduce any negative appraisals of his or her reaction during the experience. For example, some individuals may feel guilty about their sense of helplessness during the trauma (e.g. that they did not do anything to stop the trauma). These negative appraisals are a common reaction to a traumatic event. In most cases it is highly unlikely that, when faced with such a trauma, the individual could have acted in any other way.
3. Provision of education about the typical responses to a traumatic event and guidelines for how best to cope in the hours and days following the event.
4. Encourage the individual to confront the trauma by talking about the experience to family and friends.
5. Time. Reassure the individual that the acute stress reaction is likely to pass in a short period of time.
6. Social support will be critical for helping the individual cope after a trauma has occurred. It may be necessary to identify potential sources of support and facilitate support from others (e.g. partners, family, friends, work colleagues, and work supervisors). Peers may be provided with information about the typical responses to a traumatic event so as to help them understand how the individuals may best cope in the days following the event.
7. Use of simple relaxation methods. These methods provide effective and productive ways coping with the anxiety and tension associated with the stress reaction (e.g. breathing control, exercise, relaxation, or pleasant activities).
8. Encourage the individual to gradually confront situations associated with the traumatic event (e.g. returning to work within a couple of weeks, perhaps for a few hours at a time).
9. Advise the individual not to use drugs or alcohol to cope with his or her reaction to the trauma. Instead, encourage the individual to use simple relaxation methods as per item 7 above.
10. Ensure that the individual receives follow-up. Persistent symptoms may require more specialised treatment and a revised diagnosis of Post Traumatic Stress Disorder and/or depression. (Treatment Protocol Project 1997)