



GRANITE STATE CISM TEAM

CRITICAL INCIDENT STRESS INFORMATION SHEET

A crisis is any serious interruption in the steady state of equilibrium of a person, family or group. An emotionally significant event that acts as a turning point for better or worse (Mitchell, Ph.D. and Resnic, MD. 1981) Trauma calls into question basic human relationships. It breaches attachment of family, friendship, love and community. It shatters the construction of the self that is formed and sustained in relation to others. It under-mines the belief systems that give meaning to human experience. It violates the victim's faith in a natural or divine order and casts the victim into a state of existential crisis (Judith Herman, MD., Trauma and Recovery, 1992).

Victims may experience some strong reactions immediately following a crisis event. It is very common, in fact, quite normal, for people to experience emotional aftershocks or stress reactions when they have passed through a traumatic event. Sometimes the

stress reactions appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And in some cases, weeks or months may pass before the stress reactions appear. Anniversary dates and triggering events may cause stress reactions to reoccur. The signs and symptoms of a stress reaction may last a few days; a few weeks or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones, the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a trauma specialist or counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was too powerful for the person to manage by himself or herself. The following are some very common signs and signals of traumatic stress reactions. (Mitchell, Everly)

PHYSICAL	COGNITIVE	EMOTIONAL	RELATIONAL	BEHAVIORAL	SPIRITUAL
<ul style="list-style-type: none"> • Flight, Fight, Freeze • Shock, Numbness • Nausea • Exhaustion • Muscle tremors, aches • Twitches • Grinding teeth • Chest Pain• • Difficult breathing* • Rapid heart rate • Headaches • Weakness, Fatigue • Fainting • Visual changes • Dizziness • Profuse sweating • Elevated BP • Hair loss • Chills • Insomnia • Shock symptoms* 	<ul style="list-style-type: none"> • Blaming someone • Confusion • Poor attention • Poor decisions • Poor concentration • Memory problems • Hyper-vigilant • Nightmares • Intrusive images • Poor problem-solving • Difficulty calculating • Poor abstract thinking • Difficulty identifying objects or people 	<ul style="list-style-type: none"> • Anxiety • Guilt • Numbing • Grief and Traumatic Grief • Denial • Panic feelings, startle response • Emotional shock • Uncertainty • Depression • Apprehension • Intense anger • Apathy • Irritability • Agitation • Loss of emotional control; outbursts • Euphoria • Obsessiveness 	<ul style="list-style-type: none"> • Withdrawal from family, co-workers, colleagues • Withdrawal from organizations & affiliations • Withdrawal from social affiliations • Isolation • Stigma, racism, sexism, media response • Secondary injuries from friends, family, social and professional institutions contribute to additional stress • Unemployment or underemployment • Discontinuation of educational goals or lack of motivation to attempt • Change in community involvement • Increased stress in institutional involvement with: SS, VA, criminal justice, federal agencies; FEMA, etc. 	<ul style="list-style-type: none"> • Change in speech • Withdrawal • Emotional outbursts • Accident prone • Potential for violence • Suspiciousness • Loss or increase of appetite • Startle response • Alcohol consumption • Inability to rest • Pacing • Change in sexual functioning • Periods of crying • Prone to accidents • Recklessness • Non-specific bodily complaints • Hyper-alert to environment • Ritualistic behavior • Homelessness (extreme reactions) • Criminal behavior; incarceration • Substance abuse 	<ul style="list-style-type: none"> • Questions about faith • Self-blame • Increased sense of guilt • Anger at God • Realization of vulnerability and mortality • Withdrawal from faith and religion • Concern about hereafter • Questions about good & evil • Questioning God • Comfort in knowing deceased with God • Redefining moral values & tangible priorities • Promising, bargaining, & challenging God during times of duress & trauma • Coping with fear • Searching for meaning & hope • Concern about vengeance, justice & forgiveness • Spiritual "awakening" • Relying on faith & prayer

Inspired by the International Critical Incident Stress Foundation with contributions by Jacqueling Garrick, ACSW, CTS; Paul Hamilton, M. Div., Jayne Crisp, CTS, 5/2003; RG Miller, 5/2007

THINGS TO TRY

- WITHIN THE FIRST 24-48 HOURS periods of strenuous physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time - keep busy.
- You're normal and having normal reactions - don't label yourself crazy.
- Talk to people - talk is the most healing medicine.
- Be aware of numbing the pain with overuse of drugs or alcohol, you don't need to complicate this with substance abuse problems.
- Reach out - people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they're doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal - write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible which give you a feeling of control over your life. i.e. if someone asks you what you want to eat - answer them even if you're not sure.
- Get plenty of rest.
- Reoccurring thoughts, dreams or flashbacks are normal - don't try to fight them - they'll decrease over time and become less painful.
- Eat well balanced and regular meals (even if you don't feel like it).

FOR FAMILY AND FRIENDS

- Listen carefully
- Spend time with the traumatized person.
- Offer your assistance and listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse" - traumatized people are not consoled by those statements. Instead tell them that you are sorry such an event has occurred and you want to understand and assist them.

Team Leader: _____

Team Co-Leader: _____

Peer Support: _____

CRITICAL INCIDENT STRESS INFORMATION SHEET FOR SIGNIFICANT OTHERS

Your loved one has been involved in an emotion-charged event, often known as a “Critical Incident”. He/She may be experiencing normal stress responses to such an event (critical incident stress). Critical incident stress affects up to 87% of all emergency personnel exposed to a critical incident. No one in emergency services is immune to critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during his/her career.

IMPORTANT THINGS TO REMEMBER ABOUT CRITICAL INCIDENT STRESS:

- The signs of critical incident stress are physical, cognitive, emotional and behavioral. Your loved one has received a handout outlining these signs. Please ask him/her to share it with you.
- Critical incident stress responses can occur right at the scene, within hours, within days or even within weeks.
- Your loved one may experience a variety of signs/symptoms of stress response or he/she may not feel any of the signs at this time.
- Suffering from the effects of critical incident stress is completely normal. Your loved one is not the only one suffering; other emergency personnel shared the event and are probably sharing the same reactions.
- The symptoms will normally subside and disappear in time, if you and your loved one do not dwell upon them.
- All phases of our lives overlap and influence each other; personal, professional, family, etc. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family and current developmental issues.
- Encourage, but DO NOT pressure, your loved one to talk about the incident and his/her reaction to it. Talk is the best medicine. Your primary “job” is to listen and reassure. Remember that if an event is upsetting to you and your loved one, your children may be affected also. They need to talk too.
- You may not understand what your loved one is going through at this time, but offer your love and support. Don't be afraid to ask what you can do that he/she would consider helpful.
- Accept the fact that life will go on; his/hers, yours and your children, etc. Maintain or return to a normal routine as soon as possible.
- If the signs of stress your loved one is experiencing do not begin to subside within a few weeks, or if they intensify, consider seeking further assistance. The Critical Incident Stress Debriefing Team can help you and your loved one find a professional who understands critical incident stress and how it can affect you.

GRIEF AND MOURNING

“You would know the secret of death, But how shall you find it unless you seek it in the heart of life?”

-Kahlil Gibran

RESOURCE:

Worden, J. William, *Grief Counseling and Grief Therapy; A handbook for the Mental Health Practitioner.*

GRIEF

emotional reactions to loss, ranging from tears and sadness to guilt and rage, and/or complete emotional devastation.

MOURNING

the process of working through deep grief, loss and change.

FOUR TASKS OF MOURNING:

1. To accept the reality of the loss.
2. To experience the pain of grief.
3. To adjust to an environment in which the deceased is missing.
4. To withdraw emotional energy and reinvest it in another relationship.

COMMON REACTIONS:

Denial	“Not me . . .”
Anger	“How dare you . . .”
Bargaining	“If only . . .”
Depression	“Don’t leave me . . .”
Acceptance (<i>requires time</i>)	“Hello, again . . .”

SIGNS OF GRIEF

FEELINGS	COGNITION'S	PHYSICAL	BEHAVIORS
Sadness	Disbelief	Hollowness in stomach	Sleep disturbance
Anger	Confusion	Tightness in chest	Appetite disturbance
Guilt	Sense of presence	Oversensitivity to noise	Social Withdrawal
Anxiety	Preoccupation	A sense of depersonalization (“nothing seems real, including me”)	Dreams of deceased
Loneliness		Breathlessness, short of breath	Avoiding reminders of deceased
Fatigue		Weakness in muscles	Searching and calling out
Helplessness		Lack of energy	Sighing
Shock		Dry mouth	Restless overactivity
Yearning			Visiting places or carrying object that remind survivor of deceased
Emancipation			Treasuring objects that belonged to deceased
Relief			
Numbness			

SUDDEN DEATH

Important features:

1. Leaves survivors with a sense of unreality about loss.
2. Feelings of intense guilt and incredible rage.
3. The need to blame someone is extremely strong.
4. Frequent involvement of legal, medical and departmental authorities, as well as high media interest.
5. Sense of helplessness in survivors.
6. Unfinished business.
7. Increased need to understand why the death happened.

SUICIDE AWARENESS AND PREVENTION

If you or someone you know is in an Emergency, call The National Suicide Prevention Lifeline at 1-800-273-TALK(8255) or call 911 Immediately.

Each year more than 34,000 individuals take their own life, leaving behind thousands of friends and family members to navigate the tragedy of their loss. Suicide is the 10th leading cause of death among adults in the U.S. and the 3rd leading cause of death among adolescents.

Suicidal thoughts or behaviours are both damaging and dangerous and are therefore considered a psychiatric emergency. Someone experiencing these thoughts should seek immediate assistance from a health or mental health care provider.

KNOW THE WARNING SIGNS

Identifying the suicide warning signs is the first step towards protecting your loved one.

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like “I wish I wasn’t here” but can become more overt and dangerous.
- Aggressive behavior. A person who’s feeling suicidal may experience higher levels of aggression and rage than they are used to.
- Social withdrawal from friends, family and the community.
- Dramatic mood swings indicate that your loved one is not feeling stable and may feel suicidal.
- Preoccupation with talking, writing or thinking about death.

IS THERE IMMINENT DANGER?

Any person exhibiting these behaviors should get care immediately:

- They are putting their affairs in order and giving away their possessions.
- They are saying goodbye to friends and family.
- Their mood shifts from despair to calm.
- They start planning possibly by looking around to buy, steal or borrow the tools they need to commit suicide such as a firearm or prescription medication.

A licensed mental health professional can help assess risk.

WHO IS AT RISK FOR SUICIDE?

Research has found that about 90% of individuals who die by suicide experience mental illness. Oftentimes it is undiagnosed or untreated. Experiencing a mental illness is the number one risk factor for suicide.

A number of things may put a person at risk of suicide:

- **Substance abuse**, which can cause mental highs and lows that exacerbate suicidal thoughts.
- **Intoxication** (more than one in three people who die from suicide are found to be intoxicated).
- **Access to firearms** (the majority of completed suicides involve the use of a firearm).
- **Chronic medical illness**
- **Gender** (though more women than men attempt suicide, men are 4 times more likely to die by suicide).
- **History of trauma**
- **Isolation**
- **Age** (people under age 24 or above 65 are at a higher risk for suicide).
- **Recent tragedy or loss**
- **Agitation and sleep deprivation**

CAN THOUGHTS OF SUICIDE BE PREVENTED?

Psychotherapy such as cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize unhealthy patterns of thinking and behavior, validate troubling feelings, and learn coping skills.

Medication can be used if necessary to treat underlying depression and anxiety and can lower a person’s risk of hurting themselves. Depending on the person’s mental health diagnosis, other medications can be used to alleviate symptoms.

ACE

ASK the questions:

- Are you suicidal?
- Do you have a plan?
- Do you have access?

CARE

- Ensure safety
- Do not leave them alone
- Remove/eliminate access

ESCORT

- Bring to local emergency room
- Call 9-1-1 for assistance

QUICK SELF-ASSESSMENT

for Firefighters and EMS

1. Are you feeling like burden to your family, friends, or fire company? Y N
2. Do you feel the world would be a better place without you in it? Y N
3. Have you started to isolate yourself from others in the firehouse or at home? Y N
4. Have you found yourself turning to alcohol or other addictive behaviors to make yourself feel better? Y N
5. Have you or someone close to you noticed that your sleeping patterns have changed? Y N
6. Are you thinking, "what is the use" when going to the fire house or responding on calls? Y N
7. Do you find yourself thinking about or performing unnecessary risks while at the fire scene or on an emergency incident? Y N
8. Have you found an increased or new interest in risky activities outside the fire house such as: Sky-diving, reckless motorcycle riding, or purchasing gifts? Y N
9. Are you displaying unexplained angry emotions or been disciplined recently for anger towards other firefighters, family, or fellow firefighters? Y N
10. Have you been told that "you have changed" by friends, family, or fellow firefighters? Y N
11. Does your family have a history of suicide? Y N
12. Do you have a history of feeling depressed? Y N
13. Do you have feelings of hopelessness? Y N
14. Do you feel like killing yourself? Y N
15. Have you created plans to kill yourself? Y N
16. Have you recently attempted to kill yourself? Y N

*This is a moment in time.
Your life makes a difference.
Take a deep breath.
You have people that love you.*

If you answered "Y" to questions 15 or 16, then please seek help immediately from a trusted friend, chaplain, counselor, or dial 9-1-1.

If you answered "Y" to 3 or more of the above questions, we recommend that you contact a local Mental Health Care Professional that works with firefighters who suffer from suicidal ideations and depression.

**SAVE YOUR LIFE.
MAKE THE CALL!**

9-1-1 or 847-209-8208

www.FFBHA.org

AWARENESS/PREVENTION

What individuals should do if you encounter someone who may be suicidal.

AID LIFE

- A** - ASK
- I** - INTERVENE IMMEDIATELY
- D** - DON'T KEEP IT SECRET/TELL SOMEONE
- L** - LOCATE HELP
- I** - INFORM CHAIN OF COMMAND
- F** - FIND SOMEONE/DON'T LEAVE PERSON ALONE
- E** - EXPEDITE, GET HELP RIGHT AWAY

Top Five Behavioral Health Issues/ Suicide Signs affecting Firefighters & EMS Professionals:

1. **Isolation** - becoming distant from the company around the firehouse. Does not actively participate with his/her crew anymore.
2. **Loss of Confidence** - states they have loss of confidence in their ability to perform their skills as an EMT/Paramedic or as a firefighter.
3. **Sleep Deprivation** - Difficulties sleeping both at the station or on off days. Loss of sleep can be an early sign of anxiety and stress as well.
4. **Anger** - Suppressed anger can be a dangerous sign. Displacement can take place where the firefighter takes out their anger at home instead of dealing with the issues at the firehouse.
5. **Impulsive** - Purchasing guns when they have always been against guns, riding a motorcycle recklessly, charging into a burning building against policy or procedure.

Top Five Steps to Assist Your Brother and Sister:

1. **Be Proactive. Be Direct** - We do this when responding to emergency. We need to approach our own when they appear to need help.
 2. **Direct Questions** - Remember those two questions. If a firefighter comes to you with suicidal thoughts, ask:
a. Do you feel like killing yourself now?
b. Do you have a plan?
If "yes" to any one of these questions means you need to seek medical help immediately.
- DO NOT LEAVE PERSON ALONE**
3. **Compassion** - Our culture has a tradition of not asking for help. Show compassion, stay in the moment when talking to them.
 4. **Discretionary Time** - If a firefighter comes to you with a problem that you don't understand, then use discretionary time. Simply state that you need to do research to gain information to help them.
 5. **Walk the Walk** - If your brother or sister is in need, stand by their side to help them through their issues.

WE NEED TO TAKE CARE OF OUR OWN