

Putting a Face on Traumatic Events



Look Like Anyone You Know ?

..... it can and does happen to all of us.

Critical Incidents and Potential Stress Reactions

When engaged in providing emergency services, you respond to difficult and distressful types of events. Occasionally, you are exposed to sights, sounds, smells, thoughts, demands and highly charged emotional events that challenge your ability to cope and recover. Your involvement and how you react may evolve into what can be called a “critical incident.”

Even when an event is over, you may find yourself continuing to experience reactions which change you for several days or longer. Some common stress reactions for emergency responders include:

<u>Physical</u>	<u>Thinking</u>	<u>Emotional</u>	<u>Spiritual</u>
Adrenalin rush (as if you drank too much caffeine)	In a fog or like a nightmare	All stirred up & anxious or fearful	Loss of innocence (things will never be quite the same)
Rapid breathing	Slowed thinking	Crying/teary eyed	Loss of meaning
Tremors to hands & lips; clumsiness	Indecision	Numb, flattened emotions or affect	Loss of direction
Upset stomach, nausea, diarrhea, loss of appetite	Racing thoughts	Sadness, depression	Thoughts about own mortality
Sweating, chills, dizziness	Difficulty concentrating, short attention spans	Unexplained outbursts	Angry with God
Cardio-Vascular: rapid heartbeat, increased BP, chest pain/pressure	Confusion, disorientation	Embarrassed	Emptiness, doubt, apathy
Sleep disturbances: (Most common s/s) insomnia, nightmares	Difficulty problem-solving, calculating,	Doubts about your career, skills	Cynicism, unforgiving of perpetrator
Decreased energy; low endurance	Easily distracted or making mistakes	Isolated, alienated, want to hide	Feeling self-guilt
Head & muscle aches	Images or smells you can't get out of your head	Suicidal thoughts	Feeling that you don't belong
Tunnel vision or other sensory distortions	Hyper-vigilance	Avoiding people contact; withdrawal or disengagement	Pessimism about life in general
Sexual dysfunction	Triggering of flashbacks	Shoulda, coulda, woulda thinking	Feeling abandoned or victimized
	Time distortion	Anger, irritability, lashing out	Loss of faith or sense of great moral injury
	Memory loss	Feeling powerless or hopelessness	Casting blame

These reactions and signs of distress usually diminish or resolve within a few days. Less often, such incidents cause a more prolonged impact and changes. Research suggests that stress signals and behavior changes occur over 20% of the time in emergency service personnel, depending on situational and individual variables of the incident. However, the stressful experience does not usually evolve into long-term disability if recognized, acknowledged, and addressed.

Listed on the back page are things you can do to help reduce long-term reactions, engage in useful coping, and move you toward recovery sooner.

Techniques for Reducing Stress Reactions

Manage your physical recovery:

- Consciously relax the muscles in your shoulders, arms, legs and gut.
- Consciously breathe deeply (diaphragmatic breathing), using the four-square breathing technique whenever you might need to relax.
- Aerobic activity and mild to moderate exercise are helpful to dissipate the many stress hormones and chemicals which have accumulated. Saunas or hot-tubs may help add relaxation.
- Eat small, frequent meals, high in protein and other healthy nutrients. Stay well hydrated and replace electrolytes if indicated.
- Avoid excessive caffeine (including energy drinks), sugar or mood-altering drugs that will worsen feelings of agitation and can lead to a crash later. Alcohol may contribute to depressed feelings and is inappropriate coping. At least for the next several days, significantly reduce or abstain from these substances which result in delaying your recovery.
- Practicing mindfulness, meditation or even yoga have been shown to be beneficial. Utilize your favorite play-list with relaxing music. Avoid sensational and sometimes inaccurate media coverage about the event.
- In general, deploy and use any and all healthy coping behaviors available to you.

Return to your routine and schedule as soon as you can. A familiar routine helps anchor you while your thoughts and emotions are ramping down.

Rest a bit more. Sleep disturbances are the number one complaint following difficult responses. If you find that you have trouble getting to sleep or staying asleep (and you didn't previously have this trouble) take note: worrying about it won't help you sleep! If you can't sleep after 15 minutes, get out of bed and do something quiet and boring until you are sleepy.

Talk it out. Discuss your involvement and reactions with co-workers you trust or with family, friends, a chaplain or minister. If your agency has a peer support program or help line, use it. The sooner you talk about the incident the more likely it will move to being resolved in your mind and body.

- **Participate in CISM activity.** Group stress debriefings (CISD), defusings, demobilizations, after-action analysis or crisis management briefings (CMB) that are offered are all designed to help support you after the event.

Please Take Note:

- ✓ Reoccurring thoughts, dreams or flashbacks are not necessarily abnormal. They often are your mind's way of processing what has happened – working it through so to speak. Try to relax through them and allow them to resolve over time. If they do not subside within four or so weeks after the event, consider seeking help. Many resources are available to you.
- ✓ If you were feeling stressed or addressing problems in your life before the incident, your feelings about these and your attempts to cope may be impacted with the additional stressors. Now would be a good time to talk with someone about how the event has affected you. Tending to these matters sooner than later will help you maintain a healthy career as well as a meaningful life.

If any stress reactions or symptoms continue to be bothersome, worsen, or do not improve in four weeks, seek assistance by contacting your critical incident management (CISM) team, employee assistance program (EAP), peer support program, trusted co-worker or a mental health professional.

Arrowhead CISM Team: www.arrowheadems.com/programs-projects/arrowhead-cism/

