

Critical Incident Stress Information Sheet

Eastern PA Regional CISM Team Critical Incident Stress Information Sheet

You have experienced a traumatic event or a **critical incident** (any incident that causes emergency personnel to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later). Even though the event may be over, you may now be experiencing or may experience later, some strong or persistent thoughts or feelings. It is very common, in fact quite normal, to experience after-shocks (stress reactions) following a traumatic event.

Sometimes the emotional after-shocks (or stress reactions) appear immediately after the traumatic event. These may also appear a few hours or a few days later, and in some cases weeks or months may pass before the stress reactions appear.

The signs and symptoms of 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 peers and loved ones, the stress reactions usually pass more quickly. Occasionally, the traumatic event is so painful that the professional assistance of a qualified counselor may be needed. **This does not imply that you are crazy or weak.** It simply indicates that the particular event was too powerful for you to manage by yourself at this time.

Here are some very common signs and symptoms of a stress reaction:

Physical

Fatigue	Muscle tremors	Profuse sweating
Nausea	Elevated BP	Visual problems
Vomiting	Thirst	Grinding of teeth
Headaches	Chest Pain*	Fainting
Twitches	Dizziness	Weakness
Chills	Shock symptoms*	Rapid heart rate
Breathing difficulty*	Diarrhea	Constipation

Bold type* = Definite indication of the need for medical evaluation

Emotional

Anxiety	Guilt	Grief
Denial	Severe panic (rare)	Intense anger
Fear	Uncertainty	Irritability
Emotional shock	Agitation	Apprehension
Depression	Feeling overwhelmed	Inappropriate emotional response
Loss of emotional control		

Cognitive

Blaming someone	Confusion	Poor attention
Poor decisions	Memory problems	Poor concentration
Hypervigilance	Hypo-vigilance	Heightened or lowered alertness
Poor abstract thinking	Poor problem solving	Not feeling quite yourself
Increased or decreased awareness of surroundings		Intrusive images
Loss of time, place, or person orientation		
Difficulty identifying familiar objects or people		

Behavioral

Change in activity	Change in speech pattern	Withdrawal
Emotional outbursts	Change in Unusual communications	Pacing
Suspiciousness	Loss or increase in appetite	Alcohol consumption
Antisocial acts	Nonspecific bodily complaints	Inability to rest
Hyperalert to environment	Startle reflex intensified	Erratic movements
Change in sexual functioning		

Spiritual

Crisis of faith	Sense that life isn't fair or just, question Good vs. Evil
Questioning Belief system	Feeling of abandonment by God
Sense of meaninglessness	Anger directed at Higher Power
Lost desire for or comfort from prayer	Spiritual isolation from others
Decreases self-worth, questioning one's own value	Struggle for forgiveness or grace

THINGS TO TRY:

- Eat well-balanced and regular meals (even if you don't feel like it).
- Get plenty of rest.
- 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 (but not to the exclusion of adequate rest and sleep).
- **You are normal and having reactions, don't label yourself crazy.**
- Talk to people – talk is the most healing medicine.
- Be careful of numbing the pain with overuse of drugs or alcohol; you don't need to complicate this with a substance abuse problem.
- **Spend time with others. Reach out – people do care! Use your support system.**
- Maintain as normal a schedule as possible.
- 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 – be extra considerate of you.
- Realize that those around you are under stress as well.
- Don't make any big life changes or decisions.
- **Do make** as many daily decisions as possible which will give you a feeling of control over your life, i.e., if someone asks you what you would like to eat, answer them even though you may not be sure.
- Reoccurring thoughts, dreams or flashbacks are normal – don't try to fight them – they'll decrease over time and become less painful. When they happen, seek comfort and reassurance.

FOR FAMILY MEMBERS AND FRIENDS:

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear even if they have not asked for help, but respect their right to set the pace for talking – don't force it.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding the 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 that such an event has occurred and you want to understand and assist them.
- Don't assume responsibility for “making” them feel better – your friends/loved ones' healing will proceed with time and your support.

If signs and symptoms persist or stress is intense, you may want to consider professional counseling services.

Contact a private psychiatrist, psychologist, or social worker, or your local community mental health center or community health department, for assistance.

To contact the CISM program, call the Hotline 610-973-1624 available 24 hours a day, 7 days a week.