



## Critical Incident Stress Information Sheet

You have experienced a traumatic event or critical incident (any incident that causes members of the uniformed services 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 emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional aftershocks when they have passed through an abnormal event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they 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 a stress reaction may last a few days, a few weeks, a few months, or occasionally longer, depending on the severity of the traumatic event. With understanding and the support of loved ones stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance may be necessary. This does not imply craziness or weakness. It simply means that the particular event was too powerful for the person to manage by himself or herself. Here are some common signs and signals of a stress reaction:

Physical	Cognitive	Emotional	Behavioral	Spiritual
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Nausea</li> <li>• Muscle tremors</li> <li>• Twitches</li> <li>• Chest pain*</li> <li>• Difficulty breathing*</li> <li>• Elevated BP*</li> <li>• Rapid heart beat*</li> <li>• Thirst</li> <li>• Headaches</li> <li>• Visual difficulties</li> <li>• Vomiting</li> <li>• Grinding teeth</li> <li>• Weakness</li> <li>• Dizziness</li> <li>• Profuse sweating</li> <li>• Chills</li> <li>• Shock symptoms*</li> <li>• Fainting</li> <li>• Etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Blaming someone</li> <li>• Confusion</li> <li>• Poor attention</li> <li>• Poor decisions</li> <li>• Heightened/ lowered awareness</li> <li>• Poor concentration</li> <li>• Memory problems</li> <li>• Hypervigilance</li> <li>• Difficulty identifying familiar objects or people</li> <li>• Increased or decreased awareness of surroundings</li> <li>• Poor problem solving</li> <li>• Poor abstract thinking</li> <li>• Loss of orientation</li> <li>• Disturbed thinking</li> <li>• Nightmares</li> <li>• Intrusive images</li> <li>• Etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Guilt</li> <li>• Grief</li> <li>• Denial</li> <li>• Severe panic (rare)</li> <li>• Emotional shock</li> <li>• Fear</li> <li>• Uncertainty</li> <li>• Loss of emotional control</li> <li>• Depression</li> <li>• Inappropriate emotional responses</li> <li>• Apprehension</li> <li>• Feeling overwhelmed</li> <li>• Intense anger</li> <li>• Irritability</li> <li>• Agitation</li> <li>• Etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Change in activity</li> <li>• Change in speech patterns</li> <li>• Withdrawal</li> <li>• Emotional outbursts</li> <li>• Suspiciousness</li> <li>• Change in usual communication</li> <li>• Loss or increase in appetite</li> <li>• Alcohol consumption</li> <li>• Inability to rest</li> <li>• Anti-social acts</li> <li>• Nonspecific bodily complaints</li> <li>• Hyperalert to environment</li> <li>• Intensified startle reflex</li> <li>• Pacing</li> <li>• Erratic movements</li> <li>• Change in sexual functioning</li> <li>• Etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Anger at God</li> <li>• Withdrawal from faith-based community</li> <li>• Crisis of faith</li> <li>• Cessation from practice of faith</li> <li>• Religious obsessions</li> <li>• Religious compulsions</li> <li>• Religious hallucinations or delusions</li> <li>• Etc.</li> </ul>

\* Indicates need for prompt medical attention

## **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 are 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, including alcohol. You don't need to complicate this with a substance abuse problem.
- Reach out – people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers by sharing your 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, too.
- Don't make any big life changes.
- Do make as many daily decisions as possible. This will 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 members and friends: (The above suggestions apply to you as well if you are having a stress reaction – see page 6 of this handout):**

- Listen carefully
- Spend time with the traumatized person.
- Offer your assistance and a 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 they are “lucky it wasn't worse” – those statements don't console traumatized people. Instead tell them you are sorry the event occurred and you want to understand and assist them.

## Information for Significant Others and Families

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 uniformed service personnel exposed to a critical incident. No first responder 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, behavioral, and spiritual. 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 a 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 reaction.
- The symptoms will normally subside and disappear in time if you and your loved ones 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 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 may 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, your children’s, etc. Maintain or return to a normal routine as soon as possible.
- If the signs of stress your loved one is experiencing do not subside within a few weeks, or if they intensify, consider seeking further assistance. *Green Mountain CISM* 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 (requires time) | “Hello, again...”   |

**Signs of Grief:**

Feelings	Thinking	Physical	Behaviors
<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Anger</li> <li>• Guilt</li> <li>• Self reproach</li> <li>• Anxiety</li> <li>• Loneliness</li> <li>• Fatigue</li> <li>• Helplessness</li> <li>• Shock</li> <li>• Yearning</li> <li>• Emancipation</li> <li>• Relief</li> <li>• Numbness</li> </ul>	<ul style="list-style-type: none"> <li>• Disbelief</li> <li>• Confusion</li> <li>• Sense of presence</li> <li>• Hallucinations</li> <li>• Preoccupation</li> </ul>	<ul style="list-style-type: none"> <li>• Hollowness in stomach</li> <li>• Tightness in chest</li> <li>• Tightness in throat</li> <li>• Oversensitivity to noise</li> <li>• Sense of depersonalization (“Nothing seems real, including me.”)</li> <li>• Breathlessness, shortness of breath</li> <li>• Weakness in muscles</li> <li>• Lack of energy</li> <li>• Dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disturbance</li> <li>• Appetite disturbance</li> <li>• Absent-minded behavior</li> <li>• Social withdrawal</li> <li>• Dreams of deceased</li> <li>• Avoiding reminders of deceased</li> <li>• Searching and calling out</li> <li>• Sighing</li> <li>• Restless overactivity</li> <li>• Visiting places or carrying objects that remind survivor of deceased</li> <li>• Treasuring objects belonging to deceased</li> </ul>

**Sudden Death – Important Features:**

1. Leaves survivors with a sense of unreality about the 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.

## **What About Our Kids?**

- Kids know something bad happened
- Their thinking may be more concrete than ours
- We try to protect them, they try to protect us
- UNDER NO CIRCUMSTANCES SHOULD YOU LIE TO YOUR CHILDREN
- Kids think differently than adults do
- Understand where your kid is on the continuum when talking to them
- Make sure you use language they understand

## **Talking to Kids**

- Use language they can understand
- Don't try to hide the fact that you're upset – they already know you are
- It's OK to cry in front of your kids
- Give them the accurate information they need

## **Other Things to Try**

- Kids like to draw. Let them
- Encourage other art activities
- Let them write letters
- Encourage them to keep a journal
- Provide spiritual support for them
- Be with them
- Do what you can to make them feel safe

## **Post-Traumatic Behaviors By Age**

- **Pre-School/Kindergarten**
  - Withdrawal
  - Denial
  - Thematic play
  - Anxious attachment
  - Specific fears
  - Regression
- **Younger School-age Children**
  - Performance decline
  - Compensatory behavior
  - Obsessive talking
  - Discrepancy in mood
  - Behavior changes or problems
  - More elaborate re-enactments
  - Psychosomatic complaints
- **Older Children/Adolescents**
  - Acting-out behaviors
  - Low self-esteem and self-criticism
  - Too old, too fast
  - Displaced anger
  - Preoccupation with self

## **What Else Can We Do?**

- Find someone to talk to
- Keep a journal
- Don't isolate
- Keep physically active
- Make small daily decisions
- Accept your feelings – feelings are neither right or wrong, they just are!
- Attend memorial services
- Be aware of yourself and your reactions
- Be alert for changes in how your loved one acts – and how you act
- Utilize your natural support system
- Family
- Friends
- Spiritual supports
- Personal resources
- If something has worked in the past, use it now
- If you have family rituals, continue them – if you don't, start one
- Don't rule out professional help
- Available professional resources include: EAP, Peer Support, Chaplain, Mental Health, etc. In Vermont, call 2-1-1 for information on resources for your community.

## THOUGHTS TO GET YOU THROUGH ALMOST ANY CRISIS (from Stephen Wright and others):

- Why is there an expiration date on sour cream?
- Indecision is the key to flexibility.
- If you ever find something you like, buy a lifetime supply because they will stop making it.
- Why do we press harder on the remote control when we know the batteries are weak?
- Before they invented drawing boards, what did they go back to?
- Be kind, everyone you meet is fighting a tough battle.
- This is as bad as it can get, but don't count on it.
- Why do "fat chance" and "slim chance" mean the same thing?
- By the time you can make ends meet, they move the ends.
- If all the world is a stage, where is the audience sitting?
- Nostalgia isn't what it used to be.
- If the #2 pencil is the most popular, why is it still #2?
- The facts, although interesting, are irrelevant.
- If you try to fail, and succeed, what have you done?
- If you ate pasta and antipasta, would you still be hungry?
- Not one shred of evidence exists in favor of the idea that life is serious.
- Someone who thinks logically is a nice contrast to the real world.
- At a movie theater, which armrest is yours?
- The other line always moves faster until you get in it.
- Why is the alphabet in that order? Is it because of that song?
- If the black box recorder is never damaged during a plane crash, why isn't the whole airplane made of the stuff?
- It's hard to be nostalgic when you can't remember anything.
- I went to a bookstore and asked the saleswoman, "Where's the self-help section?" She said if she told me, it would defeat the purpose.
- What do little birdies see when they get knocked unconscious?
- Do Roman paramedics refer to "IV's" as "4's"?
- If you can smile when things go wrong, you have someone in mind to blame.
- One seventh of your life is spent on a Monday.
- Why do people say "heads up" when you should duck?

*This handout contains information that can be helpful to you and your family in resolving your reaction to a Critical Incident. You are encouraged to read it carefully, share it with your spouse, significant other, and family because they've suffered a Critical Incident, too, and may also have reactions*

*If symptoms persist, or if you feel as if things are getting out of hand, please call for assistance. Your local Clergy, Hospital, Physician or Crisis Line are resources, too. Dial 211 in Vermont for information on other resources for your community. And always, we are here to help.*



**To Contact *Green Mountain CISM*:**

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