



LAKES REGION CISM PEER TEAM

You have experienced an event “outside the norm” that may be called a traumatic or critical event. Critical events may cause severe emotional and physical reactions that impact your ability to function normally. This is common and is the result of stress response. Stress response may happen immediately or several hours, days, weeks, even months after the event. Know the signs and how to manage stress response. Often talking with family, friends, and doing things you enjoy can help. Peer support is available to listen, provide resources, and may refer to a culturally competent clinician if needed.

REACTIONS TO CRITICAL INCIDENT STRESS

<u>Physical</u>	<u>Cognitive</u>	<u>Emotional</u>	<u>Behavioral</u>	<u>Spiritual</u>
Fatigue	Confusion	Fear/Anxiety	Withdrawal	Anger at God
Nausea	Nightmares	Guilt	Inability to rest	Crisis of Faith
Vomiting	Hypervigilance	Panic Attacks	Motor agitation	Withdrawal
Chest Pain	Intrusive images	Agitation/Irritability	Change in appetite	
Headaches	Inability to focus	Depression	Change in social behavior	
Elevated BP	Poor memory	Intense anger	Change in alcohol/drug use	
Muscle tension	Decision making	Overwhelmed	Avoidance of work, place of event, people	
Difficulty Breathing	Suicidal Thought	Tearful	Avoidance of similar calls	

STRATEGIES TO MANAGE STRESS RESPONSE

“Edgy”, “anxious”, “jacked up” are some words people use to describe their response to various stress events. Your body is wired to respond this way and it is NORMAL. Immediately after an event out of the norm the heart is pounding, headaches, sweating, feeling numb, nausea, cannot breathe, chest pain, agitation. Hours, days, and possibly for 3 to 4 weeks later sleep disturbance, nightmares, intrusive thoughts/images, avoidance of things that remind you (ie work in some cases, similar calls), difficulty with focus/concentration, difficulty making decisions... ALL NORMAL.

Not so fun facts- this can come on as result of response to years of cumulative stress and seem “random”. Post-Traumatic Stress Injury may onset several weeks, months, or even years after an event that exceeds level of your average calls or if something else triggers the response (ie having your own children then makes calls involving children even more stressful). Stress responses should subside over the course of 3-4 weeks. If things are getting worse or last longer than a month, consider seeking help from a behavioral health provider **who is experienced working with responders**.

What causes this??? A little almond sized thing called the amygdala in the limbic system of the brain. This is the “alarm system” for the body where our automatic fight-flight-freeze happens. Fight-flight-freeze causes adrenaline and cortisol surge. People who are working as first responders and public safety officers are “fight response” people. The nature of your job causes you to be in a perpetual state of alert and response which seems normal to you but your increased production of adrenaline and cortisol affects health and wellness.

Serious effects of stress: you are statistically at a much higher risk for serious health issues due to inflammation caused by chronic stress/adrenaline and cortisol dump. You are also at higher risk to have post-traumatic stress injury, substance misuse issues, and very high risk for suicide. **GOOD NEWS:** There are things you can do to reduce the adrenaline/cortisol post stress event. Responders Together NH at Kilter Fitness in Bristol has info and resources 603-254-9610 or find them on FB. Free open gym for responders! Also visit www.responderstogethernh.org

***WORKOUT/GET ACTIVE**

Hit the gym. Get outdoors. Moderate to hard workouts will significantly decrease levels of stress hormones AND increase feel good hormones. Rhythmic and repetitive things like boxing/martial arts, weight training, yoga, Pilates, running, walking, hiking, biking are all great. MOVE!!!

***PROGRESSIVE MUSCLE RELAXATION**

Flex hard, hold 10 to 30 seconds, then release each muscle group in progression from head to feet, feet to head, then entire body. There are scripts on u tube if you like guided stuff.

***BODY SCAN**

Start at your head and scan to your feet. Notice and soften any area that feels tight. Intentionally soften and relax muscles. You can do this anywhere!!

EYE GAZE (this regulates blood pressure, heart rate)

Focus your gaze on one spot on the wall or floor for several seconds. Without moving your eyes, shift to what you see in peripheral vision.

***BOX BREATHING**

Breathe four sides of the square: IN 4, HOLD 4, OUT 4, HOLD 4. Repeat a few times. Any focus on a repeated breath pattern works because it requires the cortex, limbic system, and brainstem to communicate with each other.

***VISUALIZATION/CALM PLACE/SOMETHING YOU LOVE DOING**

Your brain does not know the difference between real and imagined. Think dreams/nightmares and how real that can feel. Go on a headspace vacation or practice moving between a mildly irritating event and pleasant/calm. This trains your brain to be able to refocus away from stressful memories/images. **FLASHBACKS:** fast forward through the event to the point you thought it was under control or over.

GROUNDING IN THE PRESENT (also good for intrusive thoughts, images)

A gentle grounding would be to notice what is happening on a sensory level in the present moment. Notice you 5 things you see, 4 things you hear, 3 things you can touch, 2 things you smell, 1 thing you taste. Other grounding strategies might be hot/cold shower, hard workout, being outside and again noting what you see, hear, touch, smell, and taste.

REFRAME UNHELPFUL THOUGHTS “EVEN THOUGH [event/stress factor], AT LEAST _____”

You may have to stretch sometimes; at least the sun came up, I have electricity, an asteroid didn't hit last night, etc. Other ideas: Take inventory of what went WELL on the call/shift, list things you are grateful for each day. Be aware of NEGATIVE LENS bias. You aren't called to happy and heart lifting situations. You spend way more time with people and events that are the opposite of desired situation or behavior.

SLEEP

Not something everyone can “do” but this is the body's natural method of washing away stress hormones and repair. Exercise, diet, reducing alcohol, and good sleep hygiene can help.

NOTE:

IF YOU OR SOMEONE YOU KNOW IS THINKING OR TALKING ABOUT SUICIDE SEEK HELP.

CALL THE NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255) or call 988 or 911

Talking and asking about suicide PREVENTS suicide

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.

SUICIDE AWARENESS AND PREVENTION 988

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