

HPN EAP Newsletter for Employees

Critical Incident Response (CIR): A Response to Traumatic Events



Critical Incident Response is probably fairly well known from its use with the survivors of airplane crashes and other highly-publicized events. Today, it is being used in New York and Washington D.C. Serious workplace injuries, accidents or acts of violence (such as robberies) are some of the typical events, which might be experienced as “Critical Incidents.”

Q: What is Critical Incident *Stress*?

A: Every animal, including humans, responds dynamically to a crisis. In a “fight or flight” response, a deer being attacked by a cougar is going to have changes in hormone levels, blood circulation, pupil dilation – and if digestion or hair growth was going on, that may get put on hold.

Humans respond the same way. But with people, we can also identify a cognitive stress reaction. It is not uncommon to hear people say all they saw was the gun, or the exit sign, or their role in CPR. We tend to get a sort of tunnel vision and time is often experienced as expanded or contracted. It may seem like hours before help arrives or the event might seem to have happened in the blink of an eye. In short, we often do not have a great foundation of memory for looking back and reflecting upon a highly stressful or traumatic event. After the event, it is not uncommon to have some normal (yet uncomfortable) related symptoms, such as:

- Cognitive: difficulty with concentration, problem solving, decision making, memory problems, flashbacks, isolation.
- Physical: fatigue, insomnia, nightmares, startle reactions.
- Emotional: depression, guilt, anxiety, fear, numbness, helplessness, amnesia, anger.(scapegoating, irritability, frustration, violent fantasies).

Q: What Happens During a Formal Critical Incident Response?

A: The group of people who were affected by the incident is asked to come together in a private space. Ground rules are given that this is not a critique of performance or procedures; it is for people to be able to talk about their experience. Also, everyone is asked to agree to respect each other's privacy by not talking unnecessarily outside the group about what others have to say. A mental health professional (sometimes accompanied by peer de-briefers from Industry, Emergency Medical Services or Law Enforcement) leads the group through clearly establishing:

- The Facts: "Who saw what first, how long until the next person came in, how far away was that?"
- Thoughts About the Event: "What was everyone thinking while that was happening?"
- Reactions Since the Event: "Since the event 48 hours ago, what has been the most difficult part of this?" "Has anyone else been having trouble sleeping?"
- Any Useful Teaching: "Here is what you might expect or what people have experienced after other incidents, try not to stress about the stress."
- Group Closure: "Here are some other resources." "What can everyone do to recognize this event together?"

Perhaps some of this information will help you to understand your own stress reactions and/or give yourself permission to do some extra self-care.

Call Health Promotion Northwest at 360-788-6565 for more information and services.

