

PART 5: STRESS, TRAUMA AND YOU

Critical/traumatic incidents: managing reactions

Welcome to a five part series of Fact Sheets on stress and trauma. The series will be looking at different aspects of stress and trauma, the differences and similarities, their impacts on emergency services workers, and ways to manage your reactions.

Unlike other professions, emergency services workers are routinely and regularly exposed to potentially traumatic events in the course of their work.

So while attending critical incidents is a normal part of the job, psychologically speaking, these events are considered abnormal. Research is clear that there are a wide range of reactions (or stress reactions) that are considered normal reactions to an abnormal event. But how do you know if what you are experiencing is normal? Why do people react differently to the same event? What do you do if you are reacting with distress? When should you seek professional support?

The previous Fact Sheets in this series have explored stress, burnout, trauma and PTSD. This Fact Sheet builds on those, and explores what happens following critical incidents, ways to support yourself, and links to further resources.

What is a critical incident vs a traumatic event?

In emergency services language, the term 'critical incident' is often used to refer to events that are potentially

traumatic. As we've established in this series however, Phoenix Australia, who is the leading national body on post-traumatic mental health, define potentially traumatic events as those that involve exposure to actual or threatened death, serious injury, or sexual violence, and can include experiencing the event personally, witnessing the event, learning that it happened to someone close to you, or through repeated exposure to the traumatic details of the event.

In the Tasmanian emergency services, critical incidents include:

- a. the death of, or serious injury to, an emergency service worker (including suicide);
- b. any incident involving serious threat from firearms, or in which an emergency service worker is fired upon, or returns fire;

- c. any other situation in which there is a serious threat to the life or safety of an emergency service worker;
- d. situations involving serious injury to, or the death of, a child; and
- e. any other situation that, in the opinion of the manager or supervisor, has the potential to produce, or has produced, a high level of immediate or delayed emotional reaction in one or more emergency service workers.

Events have the potential to be traumatic because they are often, although not always, sudden, unexpected and have the capacity to overwhelm our usual coping mechanisms. Traumatic events cover a broad range of experiences, and can be one-off events such as a car accident or assault, or long-term or repeated events such as childhood abuse or war.



What happens after a traumatic event? Why do people have different reactions?

There is a trend for symptoms to occur following a traumatic event and then decrease over time (Black Dog Institute). Most people recover from traumatic experiences with time, and by using their usual supports and coping strategies.

Our responses to events, even the same event, are different because we all bring our unique selves. Each of us have different histories, experiences, coping strategies, supports, and states of current health. In addition, emergency services workers have different roles, responsibilities, training and exposure. All of these contribute to how we react to traumatic events.



There are no right or wrong reactions

It is important to note that reactions to traumatic events are normal psychological responses to events that are uncommon and psychologically speaking, abnormal. A normal reaction to an abnormal event is an easy way to remember it.

Following a traumatic event there are many possible pathways, some of which include:

- No discernible impact on wellbeing at any stage
- Significant impact immediately post-event before returning to pre-event functioning
- Significant impact without a return to pre-event functioning (green)
- Delayed reaction without recovery
- Gradual and ongoing decline rather than any significant response

Symptoms

As we covered in previous Fact Sheets, people may experience a range of stress reactions following a traumatic event or exposure. Some people might experience distress, fear, guilt or anger, while others may not experience any strong emotions. All of these are **normal** psychological reactions to an **abnormal** event. Reactions can vary enormously in intensity and impact.

Some common reactions are listed below (this list is not exhaustive):

PHYSICAL

- Fatigue/lethargy
- Tremors or shakes
- Increased heart rate, blood pressure
- Headaches
- Muscular tension/aches
- Nausea
- Upset stomach/ gastrointestinal symptoms
- Sweating
- Teeth grinding
- Dizziness
- Agitated

EMOTIONAL

- Numbness
- Low frustration tolerance
- Anxiety
- Easily upset
- Fear
- Agitation
- Horror
- Irritability/Anger
- Overwhelmed
- Disconnected or numb
- Shock
- Guilt

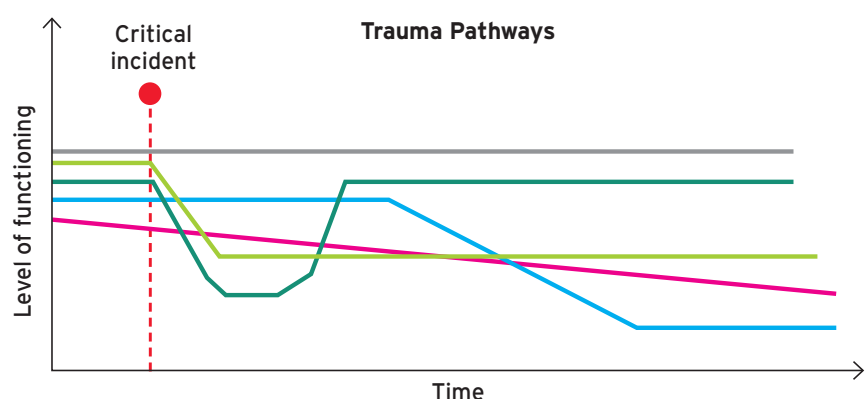
COGNITIVE/MENTAL

- Changes in alertness
- Trouble remembering parts of the incident
- Problems with memory
- Time distortion
- Disturbed dreams
- Preoccupied with memories of the incident
- Intrusive thoughts
- Confusion
- Poor attention/concentration
- Easily distracted
- Self-doubt
- Change in world view

BEHAVIOURAL

- Inability to rest
- Wanting to be alone
- Hypervigilant
- Changes in interest/ participation in social activities
- Feeling jumpy or easily startled
- Changes in appetite, activity, sleep, sex
- Increased alcohol, smoking, drugs or food intake

When the stress reactions persist and do not resolve, some people can experience longer term difficulties that require additional or more intensive support. Part 4 of the Stress Trauma and You Series, *Trauma and PTSD*, has more information about this.



Self-care after Critical Incidents

Most people cope well and recover using their social supports and existing coping strategies, but there are things you can do following critical incidents to help you readjust and cope with any reactions:

- Acknowledge any reactions and give yourself permission to feel - you are having a normal reaction to an abnormal event
- Maintain normal routines - doing what you usually do helps you to readjust to your patterns of daily functioning but don't throw yourself into lots of activities or work.
- Keep up contact with your social supports and spend time with people you care about.
- It is ok to spend time on your own, but don't allow yourself to become isolated or shut off from others
- Try and cut back on anything that has a stimulating effect on your system - tea, coffee, chocolate, soft drink and cigarettes. Your nervous system is already 'amped up' enough, and these can interfere with its ability to return to normal.
- Similarly, avoid alcohol, but also because it can be used to mask unpleasant feelings.
- Talk about what's going on if you feel ready and able.
- Give yourself time to readjust.
- Don't overexpose yourself to media about the event
- Find a source that can give you factual information about any formal processes.

Each day try and make time for:

- Plenty of rest. Even if sleeping is difficult, lying down is still restful, and keeping to your normal sleep/wake times will help maintain your routine.
- Healthy diet. Your physical, mental and emotional health has been taxed and the body is in need of nutritious food.
- Exercise in moderation. Physical activity helps to burn off the stress hormones in the body that may have been released in response to the incident, reduces muscle tension and aids sleep. However vigorous exercise may have the opposite effect in the aftermath of an incident, so go easy and pay attention to your body.
- Relaxation. Engaging in relaxing or mindful activities can help the nervous system to settle and readjust after stress, so engage in something that you enjoy.

If you have tried these strategies and things have not improved, or have gotten worse, seek professional help. **Wellbeing Support is contactable on 6173 2188 or wellbeing@dpfem.tas.gov.au.**

Organisational Support after Critical Incidents

AT and DPFEM are committed to providing support following critical incidents to ensure workers have access to appropriate support mechanisms. The Tasmanian Emergency Services Critical Incident Stress Management Program, established in 1988, is responsible for responding to and managing the impacts and aftermath of critical incidents. It is largely a peer-driven response, and consists of a team of peers and psychologists, with managerial and clinical support.

The most appropriate response is determined by assessing all available information about the incident.

Through the provision of a range of services such as education and information, assessment, defusing and on scene support, debriefing and follow up, the CISM team aim to help employees manage and recover from symptoms and impacts.

CISM can be contacted 24/7 on **0427 181 207** or by email **manager@cism.tas.gov.au**

Delayed Reactions

Sometimes people can experience a delayed reaction to a critical incident, which can emerge weeks, months or years after the event. Particular situations, other life stressors, life stages or another critical incident may act as the switch that triggers these delayed reactions, such as:

- Attending a court case or inquest
- Experiencing another incident that has some similarities to the initial incident
- Watching TV programs that remind you of the event
- Changes in your life circumstances e.g. having children of your own, death of a loved one
- Experiencing a number of distressing events in a short space of time

Delayed reactions, despite the time that has passed, often present as though the incident has just occurred, so it is important to seek professional advice and to follow the self-care tips above to support yourself.

When to seek professional help

If you are experiencing any of the below, it is important to seek further support:

- You are worried about or distressed by your reactions, or the reactions are getting worse
- Your reactions are impacting on your daily life and functioning at home and work
- You are unable to carry out your normal roles e.g. parenting, work
- You are feeling jumpy, on edge or frightened most of the time
- You are feeling hopeless, helpless or that you can't go on
- You have thought about self-harm, suicide or harming others.

Want further help or resources?

PHOENIX AUSTRALIA

www.phoenix.org

BEYOND BLUE

www.beyondblue.org.au

BLACK DOG INSTITUTE

www.blackdoginstitute.org.au



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GPO Box 308, Hobart TAS 7001
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P (03) 6173 2188
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GET HELP NOW

You can access a range of confidential services, which are designed specifically for the Tasmanian emergency services community from Wellbeing Support.

Ambulance Tasmania Peer Support 6166 1994

CISM 0427 181 207 | manager@cism.tas.gov.au

Wellbeing Support Psychological Services

Phone (office hours) 6173 2188 | wellbeing@dpfem.tas.gov.au

Wellbeing Support Officers:

South 0429 453 689 or 0436 800 604 **North** 0436 812 038 **North West** 0419 126 551

Further general information is available at mypulse.com.au

Printed fact sheets are available from wellbeing@dpfem.tas.gov.au