

Critical Incident Stress

Sherry Jones, RN, AEMT

You may have become aware, in recent years, of specially trained personnel responding to critical incidents. Even before the NTSB has their coffee pot plugged in, a team of mental health professionals are at the ready to handle human responses to tragedy. As members of an organization that deals with cries for assistance in the face of loss or disaster, members of Civil Air Patrol need to arm themselves against the potential to suffer emotional damage.

A critical incident is any event outside of the range of normal and usual human experience that would be markedly distressing to anyone. An individual who has experienced or witnessed such a situation has the potential to suffer debilitating responses. Whether these stressor's effects are immediately apparent or surface later, they may infiltrate into all aspects of life. We can assist in guiding those involved into some measure of psychological and physical wellness. In recent years, public safety personnel are among the largest growing group experiencing negative effects of witnessed trauma. We cannot change the things we see or experience, but we can learn to deal with how we respond to them.

The stress reaction is far more than emotional, as there are neurochemical changes in the brain. People may be on guard, on fire, and over-reactive without the ability to control their reactions. Younger people are more vulnerable, and there are degrees of stress reaction directly correlational to the amount of control each victim has over their situation. There are no rules to how we may respond to our search and rescue or disaster relief efforts, so we need to become educated and self-aware.

Suppressed trauma may last for months or years, symptoms of which can include haunting memories, social withdrawal, and anxiety or depression. Feeling helpless and hopeless, victims may retreat into emotional detachment, experiencing psychological numbing. A lack of outward symptomology falsely reassures the casual observer that there has been no disruption in an individual's life, but this appearance of coping through emotional distancing represents a larger problem, since the stressors are still active.

What is regarded as a stressor by one individual may not be of significant concern for another, or even for the same person under different conditions at another time. The reactions to traumatic incidents also fluctuate between individuals and within the same individual with varying circumstance. Their capacity to adapt can be roughly equated with an experientially refined degree of ability and desire to survive. Whatever changes that occur within each person are a result of defense systems uniquely designed to deal with those stressors; forward movement, away from the stressor and toward healing, is promoted by reducing or alleviating the negative aspects of the experienced or witnessed traumatic episode.

The inseparable connection between mind and body is further evidenced by the psychological and behavioral signs and symptoms of unresolved anxiety. Lesser stages of mental disruption present as nightmares, flashbacks of the incident(s), trauma-related intrusive thoughts, emotional withdrawal from family, friends and coworkers, hypervigilance, difficulty falling or staying asleep, and an inability to control anger. The severely affected individual has a far longer and more difficult climb back toward an acceptable level of functional normalcy.

One type of conditioned response to trauma is to become "clinical." By concentrating on the functions and protocols necessary to perform the task at hand, a psychological distance prevents the worker from realizing the situation in which he may find himself is an abnormal one. This safeguard is only effective during the crisis; s/he must still mentally debrief later if s/he is to remain psychologically sound. This conflict, from the attempt to mentally insulate oneself, is quite common ("I just did what I have been trained to do"). To effectively continue performing their duties, the worker may constrict emotionally, resulting in further struggle as family members sense their distancing and anger.

The defusing of emotion that occurs during stressful times can often be accomplished through the use of humor. As demonstrated in the television series, "M*A*S*H," a more colorful or dramatic sense of whimsicality is applied to the type of situation outside the politically correct views of "normal" society. Aside from having an unusual brand of wit, the typical ES worker has been described as altruistic, courageous and service oriented. (S)He may have chosen this type of work because of high expectations

and levels of perfectionism. Ongoing studies suggest that women, who are more likely to talk openly about their experiences, respond differently than males to stressors and expected heroism.

Critical Incident Stress Management (CISM) provides help for those affected. It focuses on the aftermath of critical incidents, which include prolonged rescues, highly emotionally charged or multiple casualty incidents, and operations with intense news coverage. Lending an empathetic ear to ES workers, CISM teams initiate and encourage the type of conversation that provides an emotional outlet. All discussions are strictly confidential. No notes are taken and no critique is made of the operations. The focus is on the emotional repercussions of the situation. This process of debriefing was designed by Dr. Jeffrey Mitchell in 1989, whose structured format of “talking it out” is recognized as the standard in the industry for CIS Management.

Critical Incident Stress is a silent psychological enemy lurking behind the assistance the ES workers provide. With the comparatively small effort of CIS Debriefing, personnel can regain a foothold, emerging stronger and more skilled at handling the next crisis. “These are the people who answer the alarms that go off when we lose control of our lives. When the seams of civilization split, they mop up the mess. They are the ‘somebody’ in ‘somebody has to do something’” (Toomey). For our ES personnel, the second set of victims of tragedy, CIS intervention seems the least we can do.