

**PORTLAND METROPOLITAN REGIONAL
BASIC ACADEMY #2001-1**

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**TRAUMATIC INCIDENT
AWARENESS REFERENCE
MATERIAL**

**Material Compiled and Presented by
Denney Kelley**

Stress Continuum

General Stress	Cumulative Stress	Critical Incident Stress	Posttraumatic Stress Disorder
Inescapable	Build-up of general stress	Caused by traumatic event	Requires 30+ days of symptoms post-incident, including: <ol style="list-style-type: none">1. Intrusion2. Avoidance3. Arousal
Normal	Destructive over time	Normal	Debilitating
Distress	Burnout	Painful/upsetting but normal	PTSD

Note: No amount of cumulative stress will result in Critical Incident Stress or PTSD.

Defining Critical Incident

Solomon-Any situation that results in an overwhelming sense of vulnerability or loss of control.

Mitchell-Any situation faced by emergency service personnel that causes them to experience unusual strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.

Fay-An event which challenges ones worldview and produces a temporary state of psychological unbalance and emotional turmoil. (Mitchell)

NORMAL TRAUMATIC STRESS REACTIONS

1. During the Incident

- Sensory acuity heightened and focused (tunnel vision 67%).
- Functioning on “auto pilot,” training kicks in.
- Time distortion, slow (67%) or fast (16%) motion.
- Depersonalization.
- Auditory distortion, diminished (51%) or increased (18%) sound.
- Rate of respiration increases.
- Non-essential bodily functions shut down.
- Pulse and blood pressure increase.
- Hormonal release including adrenaline, cortisol and thyroxine.

2. Immediately Following the Event

- Stress hormones continue at elevated levels.
- Hyper vigilance.
- Difficulty tracking.
- Headache.
- Nausea, vomiting, diarrhea.
- Agitation.
- Anger at what happened.
- Exaggerated startle reflex, “jumpy.”
- Muscle tremors.
- Feeling unusually cold or warm.
- Hyperventilation/lightheaded feeling.
- Profuse sweating.

NORMAL TRAUMATIC STRESS REACTIONS (Continued)

Note: Many officers report that they do not feel the full impact of the incident until two or three days afterwards.

3. 72 Hours to 30 Days Post Incident

- Sleep/Appetite Disturbances.
- Agitation.
- Irritability/Anger Outbursts.
- Hyper vigilance.
- Difficulty concentrating.
- Headaches/nausea/other physical complaints.
- Mood swings.
- Shame/guilt.
- Preoccupation with the incident.
- Unusual feelings of vulnerability.
- Recurrent/intrusive/distressing memories.
- Nightmares.
- Flashbacks.
- Anxiety when exposed to events that resemble or symbolize the incident.
- Feeling like an outsider or distant from others.
- "What's the use" attitude or resignation to early death.
- Restricted range of emotions.
- Escapist or numbing behaviors.
- Depressed immunity/increased susceptibility to illness.



Critical Incident Stress Information Sheet

You have experienced a traumatic event or a critical incident (any incident that causes someone to experience unusually strong emotional reactions which have the potential to interfere with their ability to function). 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 a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may 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 or a few months and occasionally longer, depending on the severity of the traumatic event. With understanding and the support of loved ones, the stress reactions usually pass more quickly. Occasionally, the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by him or herself.

Here are some common signs and signals of a stress reaction:

Physical*	Cognitive	Emotional	Behavioral
Chills	Confusion	Fear	Withdrawal
Thirst	Nightmares	Guilt	Antisocial acts
Fatigue	Uncertainty	Grief	Inability to rest
Nausea	Hypervigilance	Panic	Intensified pacing
Fainting	Suspiciousness	Denial	Erratic movements
Twitches	Intrusive images	Anxiety	Change in social activity
Vomiting	Blaming someone	Agitation	Change in speech patterns
Dizziness	Poor problem solving	Irritability	Loss or increase of appetite
Weakness	Poor abstract thinking	Depression	Hypersensitive to environment
Chest pain	Poor attention/decision making	Intense anger	Increased alcohol consumption
Headaches	Poor concentration/memory	Apprehension	Change in usual communications
Elevated BP	Disorientation of time, place or person	Emotional shock	
Rapid heart rate	Difficulty identifying objects or people	Emotional outbursts	
Muscle tremors	Heightened or lowered alertness	Feeling overwhelmed	
Shock symptoms	Increased or decreased awareness of surroundings	Loss of emotional control	
Grinding of teeth		Inappropriate emotional response	
Visual difficulties			
Profuse sweating			
Difficulty breathing			

**Any of these symptoms may indicate the need for medical evaluation.*

ABNORMAL TRAUMATIC STRESS REACTIONS

1. The persistence of any normal symptom(s) beyond a period of 30 days.
2. The presence of any symptom(s) to such a degree that normal social or occupational functioning is impaired.
3. Suicidal ideation.
4. A marked increase in the consumption of alcohol or other drugs.
5. Increased risk taking to the point of foolhardiness.
6. Episodes of domestic violence.
7. Obsessive second guessing.

BIO-CHEMISTRY OF TRAUMATIC STRESS

1. Assessing a situation as life threatening results in a massive release of hormones. The purpose of this “chemical dump” is to permit a person to function at absolute peak efficiency for a brief period of time.
2. The amount of hormones released amounts to essentially an “overdose.” The trade off nature has made is in favor of short-term effects from this overdose in exchange for the heightened abilities necessary for immediate survival.
3. These chemicals remain active in the body for up to two weeks and cause many of the symptoms associated with trauma.
4. Every detail associated with a life threatening incident is permanently etched into the memory but because of the effects of the stress hormones, these memories may be “filed” incorrectly.
5. This “misfiling” may cause gaps in what you recall, flashbacks, nightmares, or anxiety experienced seemingly at random. These are normal reactions to abnormal circumstances.
6. Physical exercise on a regular basis beginning within 24 hours of the traumatic incident and continuing on a daily basis can help “burn off” the hormones causing the symptoms.
7. Consumption of caffeine immediately after a traumatic incident and/or consumption of alcohol within a period of 72 hours after a traumatic event can make the symptoms worse.

THE THREE FACTORS WHICH PREDICT THE SEVERITY OF TRAUMA REACTIONS

1. Prior History of the Individual

- Individuals with prior unresolved traumas and problems maybe more susceptible to psychological injury.

2. The Perceived Severity of the Trauma

- Sudden, unexpected.
- Person experiences vulnerability.
- Person experiences loss of control.
- Outcome.
- Degree of injury, threat, death to self and others.

3. Nature of the Recovery Environment (what happens to person afterward)

- Treatment by agency.
- Peer support.
- Command staff support.
- Support from friends and family.
- Psychological debriefing and treatment.
- Public support.

Of the above three factors, No. 3, the Nature of the Recovery Environment, is the most important. How a person is treated afterward usually makes the biggest difference in how quickly they recover.

PRIMARY FACTORS IN RECOVERY FROM STRESS AND TRAUMA

1. Self-Care

- Healthy lifestyle choices.
- Social/emotional support network of friends, peers, family.
- Proactive in solving own problems (educate self about problems and coping strategies, seek help when needed, avoid victim mentality).
- Spiritual foundation (not necessarily religious) that provides values, meaning, and purpose to life.

2. Peer Support

- Peer support and counseling training.
- Traumatic incident support team.
- Alcohol recovery support team.
- Peer adviser team.
- Disabled officer support team.
- Significant other support team.

3. Good Supervision and Administrative Support

- Commitment to physical and emotional welfare of employees.
- Training in supervision skills and mental health issues.
- Administrative support for good supervision.
- Good role modeling by supervisors.
- Innovative program development.
- Willingness to confront problems.
- **People are First.**

PRIMARY FACTORS IN RECOVERY FROM STRESS AND TRAUMA (Continued)

4. Mental Health Professionals

- Training for employees and supervisors.
- Clinical supervision in peer support issues.
- Traumatic incident debriefings.
- Psychotherapy.
- Consultation as problems arise.
- Psychological evaluations.

Peer Support Checklist

DO:

- Remember confidentiality.
- Respond in person as quickly as possible. Be prepared to spend some time with him/her.
- Get the individual some distance from the immediate scene.
- Let the person determine how much contact s/he wants to have with you; however, *never leave someone alone if you have concerns about his/her state of mind.*
- Remind the individual that his/her physical, sensory, emotional, and thinking symptoms are normal.
- Assist the person in contacting his/her family.
- Offer to stay with or help him/her locate a suitable friend to stay with overnight for a day or two.
- Ask questions that show your concern such as, "How are you doing?" or "What can I do for your family?"
- Be careful about making statements to the effect of, "I'm glad to see you're OK." It is better to say, "I'm sorry you had to go through that."
- Listen non-judgmentally. Listening is doing something.
- Be prepared to repeat instructions and information.
- Suggest the individual use an answering machine to screen his/her phone calls for a period of days.
- Encourage him/her to consider the use of available administrative leave.
- Know your limits. Support the individual to get professional help when necessary.