



B.C. SEARCH & RESCUE ASSOCIATION

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM

ADVICE FOR FAMILY AND FRIENDS

Critical Incident Stress - WHAT IS IT?

Critical Incident Stress (CIS) is not a new phenomenon. In the past it was known, among other terms, as battle fatigue or shell shock and has probably been around for as long as mankind. It is important to recognize that CIS is not a psychiatric disorder. It is a **NORMAL HUMAN REACTION TO AN ABNORMAL SITUATION**.

Simply put, it is a temporary overwhelming of a person's capacity to cope with or to assimilate a traumatic experience.

Facts about CIS:

- It can affect anyone at anytime, if the timing or conditions are right.
- What affects one person may not affect another.
- Most of the effects of CIS, when recognized and faced, will diminish in frequency and intensity and disappear within 6 to 8 weeks.

The frequency with which we will experience CIS and the intensity of our experience will depend upon our:

- physical health
- temperament and personality style
- past experiences
- previously acquired coping mechanisms
- philosophical, religious and spiritual beliefs
- knowledge and comfort with ourselves.
- family and other support systems.

Most Common Short-Term Effects

- overwhelming sense of fatigue
- disturbed sleep
- appetite increased or decreased
- flashbacks - replaying of the event
- preoccupation with the event
- withdrawal, irritability or anger
- loss of ability to focus or concentrate
- no confidence in decision-making
- loss of interest in something previously enjoyed

For more information: www.bcsara.com/cism



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- agitation and pacing
- jumpiness and startle reactions
- lack of trust
- lack of security
- fear of repetition of the event
- morbid sense of humour

Most Common Long-Term Effects

- isolation
- difficulty forming or maintaining relationships
- lack of trust
- hostility
- inability to work
- chronic stress-related health disorders; development of Post Traumatic Stress Disorders, including anxiety states and depression

HOW CAN YOU HELP?

Most important; listen, Listen, LISTEN.

1. Encourage them to talk about what they are experiencing.
2. Don't try to reassure them that everything is okay. It isn't, for them.
3. Don't tell them you know how they feel. You do not, even though you may have had a very similar experience.
4. Don't be afraid to tell them how you feel - that you're sorry to see them in this state, that you care about them and what they are going through. But don't show shock or horror when gory scenes are described; this may cause them to shut down further communication.
5. Remember that denial and numbing out, in the early stages, are healthy ways of coping. Offer reassurance that it's okay to feel this way at this time - almost like a circuit breaker protecting from overload, power is returned gradually.
6. Remember that feelings of distress are a central aspect of CIS. Helping the person to identify and name the experience reinforces the healthy functioning part of their personality and helps them begin to rebuild a sense of being in control.

Take care of yourself. See that you get a healthy diet, adequate sleep and rest, regular exercise at least three times a week, recreation, and someone that you can talk with and share what you are going through as a support person.

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Recognize that problems in your relationship may become more acute, more evident when one partner is experiencing CIS.

And remember, you can not do it all yourself - you will be most effective when you are a helper, not a rescuer.

WHEN SHOULD I ENCOURAGE THEM TO GO FOR HELP?

Refer to a Mental Health Professional or an EAP Professional

1. when short-term symptoms are not diminishing in intensity and duration or are of more than 4 months duration or are markedly intensifying
2. when there are prolonged feelings of loss of control or inability to make decisions
3. any extreme changes in behaviour
4. depression and especially suicidal thoughts

Refer to Their Physician

1. medical symptoms, particularly chest pains, profuse tremors, hyperventilation, prolonged shortness of breath.

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