working together
FOR CHILDREN
Carlow Children's Services Committee

County Carlow Children and Young People's Services Committee

Psychosocial Response to Critical Incidents & Major Emergencies

PROTOCOL

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Authorship

This protocol has been developed by the County Carlow Children and Young People's Services Committee (CCCYPSC) and forms part of its identified strategy goals.
The purpose of this protocol is to coordinate the psychosocial response of the community involved in dealing with critical incidents and major emergencies that impact on children, individuals and families, and to support the protocols of other agencies.

1.0 PREPARATION AND PLANNING

Preparation and planning are critical to responding in a coordinated manner in the aftermath of a critical incident / major emergency.

1.1 Essentials of Good Planning

It is acknowledged that the essentials of good planning are:

- strategic, operational and tactical preparedness;
- timeliness;
- flexibility;
- integration;
- good communications;
- timely and trusted sharing of information with the public and among the responding agencies;
- efficiency and effectiveness; and
- effective planning and co-ordination of service responses may maximise the collective resilience of the public and communities and the personal resilience of affected persons and responders

1.2 Developing Structures

Two key areas of planning and preparation are being developed

(i) The development, enhancement and support of ongoing community resilience via statutory, voluntary, sporting, religious, and community groups.

(ii) The establishment of the appropriate interagency structures namely: the

- Critical Incident Management Team (CIMT)
- Front Line Response Team (FLRT)

1.3 The inherent resilience and resourcefulness of communities

It is acknowledged that the responding to individuals following critical incidents / major emergencies aims to support the community's inherent resilience and resourcefulness.

- services should recognise people's inherent resourcefulness but also their need for informally provided support and responsive services;
- the emphasis of interventions should be on empowering communities and people who are affected;
- the public must be trusted with accurate information that is provided regularly by credible persons;
- services that offer psychosocial and mental health interventions should be made available to support survivors‟ resilience and to complement personal and collective resilience and coping;
- it is important to take a positive and co-operative stance to responding effectively to enquiries from the media; and avoiding the corrosive effects or rumour is also important.

2.0 THE PROTOCOL

2.1 Definition of a Critical Incident

For the purpose of this protocol a critical incident is defined as any incident that overwhelms individual's or the local community's capacity to support children[1] and their carers affected by events such as murder, suicide, extremely violent assault, witnessing or experiencing an incident involving firearms, sudden death in a public/community setting, serious accidents e.g. fires, drowning, road traffic accidents.

2.2 What do we mean by a critical incident response?

When a critical incident happens, the co-ordinated interagency response will generally involve:

• **PLANNING** – the agencies working together, with the local community, including adults with responsibility for the relevant child or children,

- to assess the significance and impact of the event in the context of the child's family and wider community,
- to draw up/ or contribute to a co-ordinated critical incident response plan
- to mobilise community resources, where possible and to access other support systems

• **INFORMATION & ADVICE** – providing information and advice to parents, carers, front line staff and agencies and the wider community as they come to terms with the situation.

• **SUPPORT** – providing consultation as needed to parents, carers, staff, front line agencies and the wider community. This may involve regularly convened support meetings for key people in the child's life, until the crisis phase has passed

.

• **SIGNPOSTING** – working with parents, carers, staff, front line agencies and the wider community for children who are most in need of support, and highlighting relevant pathways such as GP referral in the first instance for reviewing their needs and for onward referral, if necessary.

2.3 Incident Levels

Level 1: a critical incident in a community setting which impacts on a specific number of children

Level 2: a critical incident impacting on a significant number of children and/or with a high media profile and/or involving the wider community

Level 3: a major incident that happens in this locality that triggers a broader emergency response at regional or national level

The appropriate interagency response for each level will be determined by the Critical Incident Management Team for each geographical area.

[1] Children defined as people aged 0-18 years

2.4 General Principles

1. First do no Harm
2. Make children, families and communities feel safe and secure
3. Provide Practical Support: Identify and assist with current needs
4. Connect with children, families and communities so as to facilitate people's social support and help to identify inner resilience and strength in order to promote cope
5. Provide hope

3.0 IMPLEMENTING THE PROTOCOL

3.1. Structures

The structures consist of two multiagency teams namely: Critical Incident Management Team (CIMT) and Front Line Response Team (FLRT)

3.1.1 Critical Incident Management Team (CIMT)

This team will assess, prioritise and manage the response to the incident.
The CIMT will be notified of the critical incident through a system agreed with the local network.

(i) Role:

- To be first point of contact following critical incident
- To assess the level of incident and response required
- To co-ordinate and lead the response
- Decide on actions required
- Decide which agencies need to be mobilised - as appropriate to circumstances
- Evaluate the response
- Update the protocol to ensure the appropriate response is provided

(ii) Membership:

- The Area Child Care Manager of the Child & Family Support Agency (CFSA) or designate chairs the CIMT.

The CIMT members need to be of appropriate seniority to be able to make quick decisions and have access to relevant information from front line staff in each agency. Given the nature and diversity of potential critical incidents the CIMT may call on appropriate expertise to assist it in its tasks.

Examples of possible membership of the core CIMT are listed in Appendix 1.

(iii) Role and Function of CIMT Chairperson (Health Service Manager/delegate)

- Convene the CIMT and select its members as appropriate to the incident
- Chair the group or agree another agency to chair
- Liaise with the Health Service Psychosocial Management Response Team
- Ensure implementation of agreed actions through Health Service or other agencies
- Activate and de-activate the response plan
- Monitor, evaluate and review local responses to an actual event
- Convene a meeting of the CIMT on an annual basis to update information and test systems and plans

(iv) The Media

The CIMT will prepare a protocol for dealing with the media, to include appointing a media spokesperson from within itself. The protocol will cover the provision of accurate information to the media with, while prioritising the protection of affected children, their families and frontline workers from unnecessary intrusion. (see Appendix 6)

3.1.2 Front Line Response Team (FLRT)

This team will be appointed by the Critical Incident Management Team to provide the front line response to the critical incident

(i) Role:

The role of the FLRT is to carry out the actions as identified by the CIMT, in order to meet the needs of the critical incident

1. Each member agency will identify front line staff who will be released from their other duties to respond in a prompt fashion when the need arises.
2. FLRT will remain in place for the duration of the critical incident and then stand down

FLRT will provide to support other staff in community groups, projects etc, to prepare their response to the aftermath of a critical incident, as appropriate

(ii) Tasks

Some tasks FLRT might be directed to deliver by the CIMT include

- To liaise with other nominated representatives e.g. community representatives (interagency joint working),
- To advise the CIMT on relevant background and contextual knowledge ensure information about the critical incident is checked for accuracy before being shared
- To disseminate supportive information, as appropriate
- To identify and report on the status of vulnerable children and families
- To liaise with families including processing consent forms if required
- To set up community-based meetings as appropriate
- To provide up to-date information for the media spokesperson

3.2 Confidentiality

Even though the events surrounding a critical incident in the community are often very much in the public domain it is critically important to ensure that confidentiality is strictly maintained by responding professionals and personas per agency and ethical guidelines.

3.3 Support

- It is important to be mindful that in a country the size of Ireland, it is possible for professionals, especially those working in smaller teams, to be personally affected by a critical incident in their area. Consideration needs to be given as to whether it is appropriate and ethical for responders who have been affected to become involved in the plan, or not, or to change their role within the team.

- Responding personnel need to be aware of the internal support systems within their agencies.

3.4 Scaling down the Response

CIMT will need to constantly review the response to the incident to ensure the appropriate level of resources is available. Consideration will need to be given to scaling back the response at an appropriate time and in consultation with other key agencies.

Deactivation of the Plan

The senior CIMT chairperson has the authority to deactivate the response plan or phases of it, as appropriate. A review session should be held as part of the deactivation process in order to:

- Support staff who have been involved in the response
- Consider and review the experiences of all involved
- Review the resources and effectiveness of the plan
- Identify any particular difficulties that were encountered
- Identify any training, response needs or wider implications and act on these appropriately

4.0 Review and Evaluation of the Protocol

4.1 Evaluation of Response & Capturing the Learning

Critical incidents are rare events and their unexpected nature can make it difficult for responders to mobilise an ideal approach. Services should always document their experiences to continuously review practice and improve responses to supporting communities and affected families. Such material can be anonymised and made available to skilled colleagues working within an ethically monitored framework. Whilst it is fully recognised that all responders will be doing their best in the immediate situation, this information can help improve practice in responding to similar tragic events in the future.

- The CIMT will evaluate and update the protocol
- CMIT will convene a meeting when the plan is being de-activated, to ensure that all relevant information is gathered to ensure the best possible response to critical incidents
- FLRT responders will feedback their experiences of the response into the CIMT

Appendix 1

First contact: Chairperson - Area Manager Child and Family Services: 056-7784642

Critical Incident Management Team (CIMT) - Core Membership

Critical Incidents Management Team Members need to be of sufficient seniority within their organisation to make decisions on behalf of their organisation.

Agency	Title
Health Service/CFSA Health Service Area Manager/	Manager Children & Family Services or designate
General Practice	GP Representative or designate
Primary Care Team/Nursing Service	Primary Care Team/Nursing Service representative
Psychology	Principal Psychologist
Principal Social Worker	Principal Social Worker
An Garda Síochána	Chief Superintendent or Designate
Community Representative Carlow Regional Youth Services	CEO, Carlow Regional Youth Services Ltd.
National Educational Psychological Service	Senior Psychologist
Carlow Local Authorities	Senior Executive Officer, Corporate Services, Carlow County Council

Appendix 2

Critical Incident Management Team (CIMT) - Other Possible Members

Representatives from the groups below may sit on the CIMT, as appropriate to the particular incident at the invitation of the CIMT chairperson

Agency	Title
Health Service Resource Officer for Suicide Prevention	Resource Officer Suicide Prevention
Mental Health Services	
Social Work Service	
Health Promotion	
Internal Communications	
Statutory Agencies • Dept of Social Protection - Community Welfare Manager • KK/CW Education Training Board • Military Personnel • Office of Public Works • Irish Rail Irish • Water Safety	
Community & Voluntary Sector • County Carlow Development Partnership • Talk It Over Bereavement Support Group • Parents groups • Local voluntary sector/community organisations • Clergy • Funeral Directors • Local sporting organisations e.g. GAA • Student representatives e.g. USI Welfare Officers	

Appendix 3

Front Line Response Team (FLRT) Membership

A Front Line Operational Team will be appointed, when appropriate, by the CIMT for each incident. Each team will be made up of a combination of the following people, **as appropriate** to the particular incident.

Agency
Health Service/CFSA Psychology Service
Social Work Service
Public Health Nursing Service
An Garda Síochána ○ Community Garda / JLO or designates
Carlow Local Authority Appropriate staff
Community Representative ○ Depending on the incident
NEPS ○ Team Leader and/or ○ Regional Critical Incident Coordinator
Carlow Regional Youth Service • Youth Workers, as appropriate
Administrative Support
Others from the statutory and voluntary/community sectors, as appropriate to the incident - See Appendix 2

Appendix 4

Guidelines for Good Practice

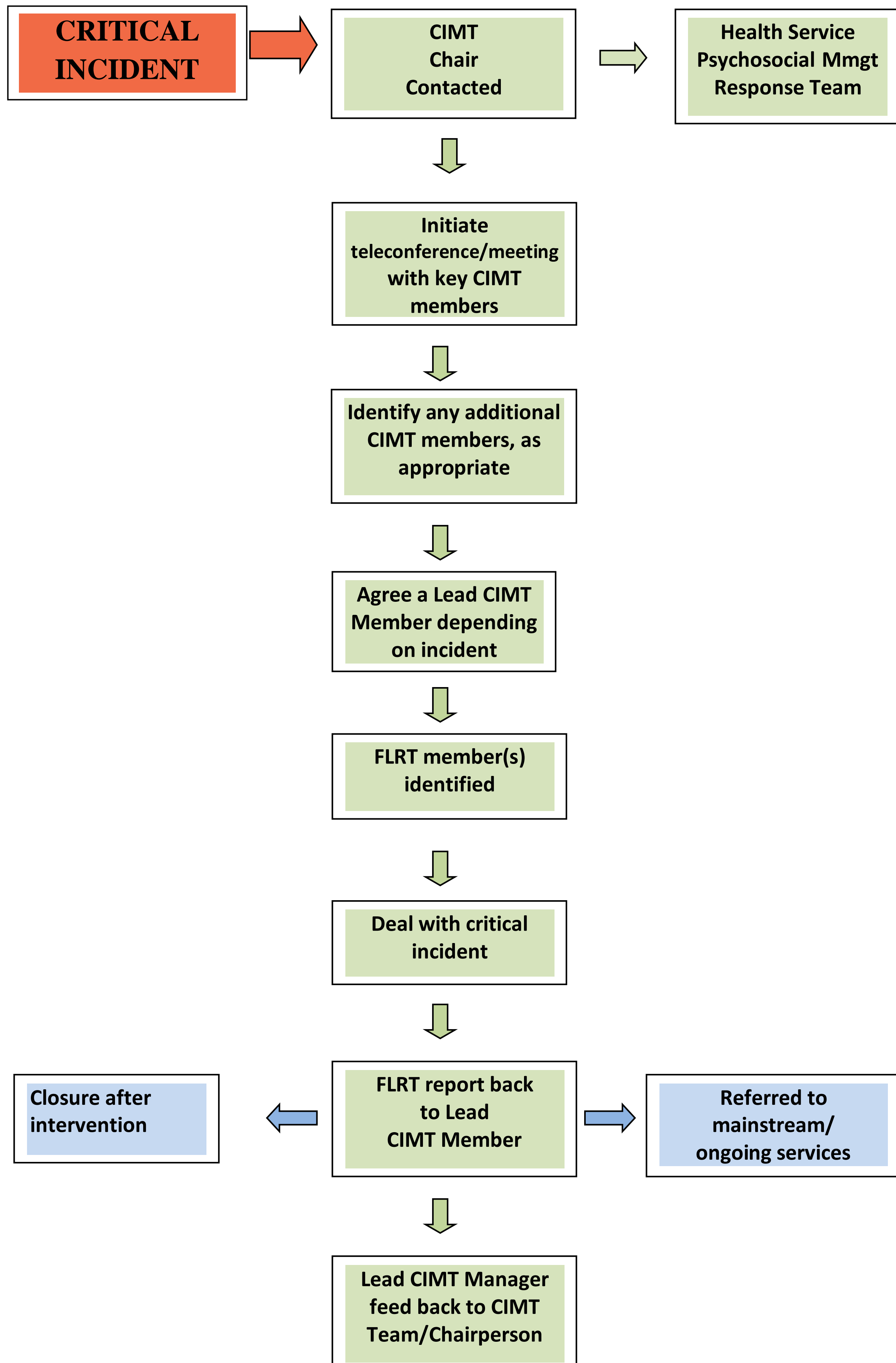
- Best practise indicates that, after a critical incident, children need to be with people they know and trust. It is, therefore, better if adults who are well known to the child provide most of the post-incident support as they will be around in the longer term and will be in a better position to monitor the child's progress over the days and weeks following an incident.

- A public meeting if appropriate needs to give general information on the effects of trauma on children, how parents can support them and when and where to seek help. At least one appropriate professional may be available after a public meeting for short face to face consultations about individual children.

- In no case, where a group of unrelated children is affected by a critical incident (for example a group of otherwise unconnected passengers on a bus that crashes or passers-by at the scene of a murder) should they or their carers be convened as a specific group. To do so could contaminate witness evidence and in any event there is no psychological evidence to support the use of such group debriefing. Families specifically affected by such scenarios should be contacted individually.

Appendix 5

Flow Chart for CIMT Process



Appendix 6
Protocols of participating agencies

1. The role of the Health Service

Following a critical incident, the primary role of the Health service is to advise and support parents, carers, Health Service staff, front line agencies and members of the wider community who know the child well and are best placed to support them through this critical period in their life. Best practise indicates that, after a critical incident, children need to be with people they know and trust. It is, therefore, better if adults who are well known to the child provide most of the post incident support as they will be around in the longer term and will be in a better position to monitor their child's progress over the days and weeks following an incident.

However, this does not exclude the possibility of Health Service staff working directly with individuals or groups. The Health Service will provide immediate short term support, information, advice and onward referral to appropriate services. Best practice indicates that counselling is not the best response in the immediate aftermath of critical incident/major emergency

- Children or adults affected by critical incidents in the first instance need to be directed to their General Practitioner.
- Health Service staff, with the consent of the child's parents or guardians, may meet an individual child about whom there are particular concerns and may facilitate an onward referral. It is envisaged that the number of individual children seen by Health Service staff for this purpose will be minimal.
- Appropriate Health Service/NEPS/CIMT staff may also meet with a group of children to support them in talking about what has happened and to give them information about the normal reactions to such an event. This will only happen when the group is a pre-existing one that is likely to continue for the foreseeable future (e.g. a youth club, a sports team, an established group of friends, a group of siblings/related children) and when the convening of such a group would not contaminate witness evidence.
- In co-operation with others, a community meeting might be held in order to support local people and to disseminate information. Health Service/NEPS/CIMT staff may attend such a meeting to outline the role of the Health Service, answer questions on the possible psychological impact of the event and offer advice on how parents, carers and the wider community can best support affected children. Such a meeting would be complementary to any meetings convened by a school in the context of the NEPS or VEC protocols.
- Agency specific support meetings might be held e.g. for volunteers in the local GAA, for relevant Health Service staff, for the local youth service

- In a very limited number of cases a decision may be made by the Health Service, in consultation with other agencies, to provide a drop-in advice service for parents, carers and the wider community
- In the exceptional circumstances of a major emergency, the Health Service may co-operate with other agencies in providing an emergency helpline and proactively disseminating appropriate information throughout the wider community.

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2. The Role of NEPS

The role of NEPS Psychologists is to help the school cope in the aftermath of a critical incident and maintain their routine. NEPS support schools in managing critical incidents in four main ways:

1. Prevention (SPHE programmes, Pastoral Care Teams, Mental Health Awareness)
2. Preparation –NEPS Psychologists encourage and support schools to develop a Critical Incident Policy, a Critical Incident Plan and a Critical Incident Management Team
3. Intervention –NEPS Psychologists support the school over the short and medium term
4. Follow –up – NEPS Psychologists support the school in monitoring students, identifying pupils that may need onward referral, policy review

In the event of a critical incident, NEPS Psychologists provide:

- Immediate short term support, information and advice – by phone or by visiting the school
- Assistance to staff in planning how to respond to a critical incident by attending a meeting with the Critical Incident Management Team
- Screening to identify children and staff in most need of support

NEPS Psychologists do not provide counselling.

The primary role of NEPS Psychologists is to advise and support the teachers and other adults who work daily with students and who know them well. Best practice indicates that students need to be with people they know and trust.

It is therefore better if school staff provide most of the support for students as they will be around in the longer term and will be in a better position to monitor their students over the days and weeks following an incident.

Appendix 7

Media Management

The CIMT will prepare a communications plan for dealing with the media specifically designed to the local situation, to include appointing a media spokesperson from within itself. The protocol will cover the provision of accurate information to the media with, while prioritising the protection of affected children, their families and frontline workers from unnecessary intrusion.
It should include

- Regular briefings for the media with timely accurate information
- Agree identified person to contact media
- Agree media spokesperson(s)
- Monitor local/national coverage
- Use Press Ombudsman for complaints as appropriate.

The media in all its forms, print, TV, radio, internet can be helpful in responding to the tragedies described in this document by:

- Providing information about local or national support services
- Offering advice to families and friends about warning signs for people
- at risk
- Considering the impact on family, friends and communities

However research also indicates that inappropriate media reporting can have a negative effect by sensationalising the tragic incident. The following should be avoided

- Sensational reporting or headlines
- Front page reporting or photographs
- Mentioning suicide as a way of solving personal problems
- Simplistic explanations

The media should be requested to follow the IAS/Samaritans media
Guidelines available on www.ias.ie or www.samaritans.org or www.nosp.ie

Appendix 8

Phases of Response

Given the unpredictability and interpretations of such events the following general guidelines are offered

1. *The Immediate Aftermath*
When an agreed critical incident has occurred it is advised that

- through an agreed reporting mechanism the Critical Incident Management Team (CIMT) will be convened. At this meeting the Team will decide whether it is appropriate to implement the agreed community response plan.
- Those agencies, both voluntary community-based and statutory, who will have a role in implementing the response plan, and who may not be part of the core CIMT, will be notified.
- the responsibilities and roles of each of the key participants in responding will be reviewed and agreed. This will provide clarity as to what each agency and individual is doing.
- one person from CIMT will be nominated to act as media spokesperson

At the end of the immediate period review actions taken and plan for the next stage

2. *The Reactive Period*

- if appropriate provision of help line support that may be currently available in the community will be advertised.
- If counselling services are indicated and not available to the community, it may be necessary to consider the use of accredited counsellors supported by local mental health professionals in drop in centres which are easily accessible to the public (schools, churches, community centre) who may be impacted by the critical incident.
- Consider the provision of a community meeting event during which information on signs and symptoms of stress/distress can be provided along with information about local services both statutory and voluntary and how they may be accessed.
- It may be appropriate to provide support to appropriate groups during this period e.g. sporting organisations, clubs, associations, school friends, etc which have been impacted.
- Engage the local media proactively in publishing information relating to available supports and other relevant information e.g. bereavement information, concerned about suicide leaflets etc.

- Consider the provision of fast track expert mental health service support and advice to primary care services who may be dealing with an increase in presentations with of people in severe distress and appear at risk.

- Continually monitor uptake of services and adapt or modify plan as appropriate to the local requirements

- Review the actions taken and knowledge gained from the implementation of the actions in the reactive period.

The Outreach Period (weeks, months, years)

• support will continued for those persons who have presented for support during the reactive period

• relevant training will be provided at a community/voluntary and statutory level to equip the whole community in addressing critical incident or traumatic stress at a local level.

• local action plans at a cross community level will be developed providing local responses to local issues

• appropriate services which may have been identified as lacking during the reactive period will be developed and supported e.g. bereavement counselling

• the CIMT will meet at appropriate intervals to:

- Oversee the preparation of relevant materials - critical incident information leaflets should be available for agencies to distribute (e.g. the Gardaí could give to families on house visits) along with a predetermined system for making contact with the public e.g. a mail drop, notices in churches, shops, schools, community centres. Standard consent forms and covering letters should be prepared for other services to use when informing families of referral to the Health Serviceor other agencies.
- Oversee ongoing staff training and development
- Review incidents per quarter, identify trends and make recommendations, as appropriate
- Monitor and update this protocol as required

Appendix 9

Psychological First Aid: How You Can Support Well-Being in People Who Have experience Traumatic Stress

People often experience strong and unpleasant emotional and physical responses to disasters. Reactions may include combinations of confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others. Practice-based research indicates that Psychological First Aid can help alleviate painful emotions and reduce further harm from initial reactions to critical incidents. Your actions and interactions with others can help provide psychosocial first aid to people in distress.

Psychological First Aid creates and sustains an environment of
(1) safety
(2) calming
(3) connectedness to others,
(4) self efficacy—or empowerment
(5) hopefulness

PSYCHOLOGICAL FIRST AID:
DO's

- Do help people meet basic needs for food & shelter, and obtain emergency medical attention. Provide repeated, simple and accurate information on how to obtain these. (safety)
- Do listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel (calming)
- Do be friendly and compassionate even if people are being difficult (calming).
- Do provide accurate information about the disaster or trauma and the relief efforts. This will help people to understand the situation (calming).
  Do help people contact friends or loved ones (connectedness)
- Do keep families together. Keep children with parents or other close relatives whenever possible. (connectedness)
- Do give practical suggestions that steer people towards helping themselves (self-efficacy)
- Do engage people in meeting their own needs (self efficacy)
- Do find out the types and locations of government and non-government services and direct people to services that are available (hopefulness)
- If you know that more help and services are on the way do remind people of this when they express fear or worry (hopefulness)

DON'Ts:

- Don't force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences).
- Don't give simple reassurances like "everything will be ok" or "at least you survived" (statements like these tend to diminish calmness).

- Don't tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (this decreases self-efficacy).
- Don't tell people why you think they have suffered by giving reasons about their personal behaviours or beliefs (this also decreases self-efficacy).
- Don't make promises that may not be kept (un-kept promises decrease hope).
- Don't criticise existing services or relief activities in front of people in need of these services (this may decrease hopefulness or decrease calming).

Appendix 10

Handout for Adults Who have Experienced a Critical Incident or Traumatic Stress

Normal Responses to Abnormal Events

Do you or someone you know experience disturbing images, flashbacks, try actively to forget these memories and can't, feel sad and numb, can't think straight, are unable to concentrate, are irritable, shudder when you hear a sudden noise, and cannot sleep. If so, you may be experiencing an intense stress response following a "critical incident" in fact a normal reaction to an abnormal event.

This handout is presented to those who may have experienced such an incident that brought about these intense stress responses. It offers the opportunity to make some sense of your or you colleagues experience(s). You are invited to cut this handout out and give it to a friend or colleague who may be experiencing distress associated with intense stress. The events that may generate these reactions are known as a "critical incidents".

What is a Critical Incident?

A traumatic or critical incident is any event that is outside the range of usual human experience. It is an event that causes an unusually intense stress reaction which has the emotional power to overwhelm an individuals usual ability to cope. It may impede peoples coping mechanisms immediately or in the future following the event. It may impair their ability to adjust, and it may negatively impact on their work.

Examples of Critical Incidents include

- Death or serious injury
- Personal loss or injury, real or threatened
- Personnel being violently threatened
- Close encounter with death
- Suicide of a fellow worker / patient
- A situation with excessive media interest
- Other incidents not covered above but which are associated with unusually strong emotional reactions.

Normal Responses to Abnormal Events

A critical incident is an emotional shock. It is not easy to take in what has happened and to come to terms with it. After a critical incident, it is **normal** to experience all kinds of unpleasant feelings, emotions and body sensations. During this time, memories and images of the critical incident, and thoughts about it, come into your mind even if you try to shut them out. These experiences may be confusing and even frightening. You may wonder if you will ever get over the critical incident, if you are losing control of yourself, or even if you are going mad. These worries are entirely understandable.

However, you will discover from this handout that the thoughts, feelings and sensations you are experiencing are **a normal reaction** to stress, and show that your body and your mind are working to come to terms with the critical incident. Each person reacts to critical

incidents in their own unique way. Nonetheless, there are common reactions which many people share. This handout describes some of these common reactions.

How Does Our Mind Respond After A Critical Incident?

FLASHBACKS	Memories or flashbacks where images or feelings associated with the critical incident come into mind when you don't want or expect them.
NIGHTMARES	Distressing dreams or nightmares about the incident
REMINDERS	Anxiety or distress when you see or hear something that reminds you of the critical incident e.g. T.V., news items, a film, etc.
TRYING TO FORGET	You actively try to forget or put out of your mind thoughts and recollections of the critical incident
CONCENTRATION DIFFICULTIES	Problems with thinking, in concentrating or remembering things
PREOCCUPATION	Preoccupation with the critical incident
UNABLE TO RECALL	You may not be able to remember particular aspects of the critical incident even when you want to.

Why Does Our Mind Respond To Critical Incidents In This Matter?

It is important to remember that these reactions are temporary. They are a result of intrusive and distressing feelings and memories about the critical incident. In an attempt to make sense of what happened to you, your mind is constantly going over the critical incident, bringing it back up, chewing it over, trying to digest it. Naturally this means that you have less mental space available to concentrate on other things.

These experiences are intrusive – they happen whether you want them or not, and you may well come to feel that you have no control over what you are feeling, thinking and experiencing, day or night. Trying to push flashbacks and memories out of your mind will not stop them from coming back, and may in fact make them all the more persistent.

How Does Our Body Respond After A Critical Incident?

PHYSICAL SYMPTOMS	Physical symptoms such as tense muscles, soreness in neck, shoulders and back, trembling or shaking, heart palpitations, diarrhoea or constipation, nausea, headaches, sweating, tiredness, exhaustion and fatigue.

DISTURBED SLEEP	Sleep problems including falling and/or staying asleep, waking in the middle of the night, distressing dreams or nightmares.
IRRITABLE	You may become more irritable or more short-tempered. You may find yourself snapping at people close to you, or losing your temper for trivial reasons.
INABILITY TO UNWIND	You may find that you have an inability to unwind or relax
JUMPY	You may be more "jumpy" than usual or easily startled by loud noises or sudden movements
AVOIDANCE	You may find yourself avoiding situations or thoughts that remind you of the critical incident
LOSS OF INTEREST	Lack of interest in usual activities, including loss of appetite or sexual interest

Why Does Our Body Respond To Critical Incidents In This Matter?

Physical Arousal is a common reaction to critical incidents. After critical incidents adrenaline, a powerful hormone is released to help you to respond adequately to threat or danger. After a critical incident, your body may stay constantly on the alert, prepared for instant action, even though the critical incident has passed. The critical incident has forced you to realise that there is danger in the world, and you are all set to deal with it. It is as if your body has failed to realise that the danger is past. Your body stays on "red alert" and it continues to react as if you are still under threat. With high levels of adrenaline in your body this is why you may feel keyed up, tense, jumpy, irritable and have trouble sleeping.

Avoidance is a strategy to protect yourself from things that you feel have become dangerous, and thoughts and feelings that seem overwhelmingly distressing. While avoidance reduces distress in the short term, it is not always the best longer-term strategy for getting over the critical incident and one is advised to confront their avoidances.

How Do Our Emotions Respond After A Critical Incident?

FEAR & ANXIETY	of being alone or other frightening situations of damage to oneself and those we love of being left alone, of having to leave loved ones of "breaking down" or "losing control" of a similar event happening again
ANGER & IRRITABILITY	You may feel angry at what has happened, at whoever caused it or allowed it to happen, at the injustice and senselessness of it all, at the shame and indignities, at the lack of proper understanding by others. You may ask WHY ME?
HELPLESSNESS	Critical incidents show up human powerlessness, as well as strengths. Critical incidents can make people feel powerless and out of control

SADNESS for deaths, injuries and losses of every kind and feelings of loss or aloneness. Your mood may be low you may have feelings of hopelessness and despair, frequent crying spells.

EMOTIONAL NUMBNESS The loss of the ability to feel anything very much, including affection and pleasure is another common way of trying to cope with painful feelings and thoughts about the critical incident. It may include feeling alienated from people you care about. Because they have not experienced what you have, it is as if they cannot possibly understand what you are going through.

GUILT You may feel guilt related to something you did, or did not do, in order to survive during the critical incident. Guilt may be present for being alive, not injured, for being better off than others.

SHAME You may feel shame for having been exposed as helpless, emotional, needing others or for not having reacted as one would have wished.

NUMBNESS The shock of the incident can leave you feeling numb and emotionally exhausted.

LOSS OF CONTROL Following a critical incident, your life, and the lives of those you care about, may have been threatened. You may have felt that you had no control over your feelings, your body, your physical safety, or your life. Sometimes the feelings of loss of control may be so intense that you may feel as if you are "*going crazy*" or "*losing it*".

LOSS OF INTEREST Loss of interest in people and activities you used to enjoy often follows critical incidents. Nothing may seem much fun to you any more. You may also feel that life is no longer worth living, and that plans you had made for the future no longer seem important or meaningful.

MIXED-UP You may find that your emotions are "all mixed-up".

FUTURE FEARS You may feel that something dreadful is going to happen to you or your loved ones in the future

Why Do Our Emotions Respond To Critical Incidents In This Manner?

Critical incidents impact powerfully on our minds and bodies. As a result there are numerous challenging emotions present. The complexity of the human condition tries to make sense of these experiences. Consequently, feelings of the experience tend to come into our minds. It is generally thought that this may in fact be part of a natural healing process as our brains try to come to terms with what has happened.

How Do Critical Incidents Impact On Our Family And Social Relationships?

Flashbacks, nightmares, sleep disturbance, anxiety, low mood, anger and irritability may lead to strains in family and social relationships. Given the intensity of thoughts, feelings and emotions you are experiencing, you are more likely to express your frustration and unhappiness with those closest to you. Consequently strains in relationships may appear. This is normal. It would be helpful to give your family or close friends this handout so they can try to understand what you are experiencing.

Is there anything that will help my recovery?

Although people may recover in many different ways it is generally thought that the following may help:

- Being able to talk through your feelings.
- Support and understanding from friends and/or family.
- Gradually getting yourself back to work.
- Trying to make sure you are still doing enjoyable or pleasurable activities.
- Spending enjoyable time in others' company.
- Lots of rest and relaxation, to help body and mind to recover.

Is there anything I might be doing that may not help my recovery?

Again, although there are no hard or fast rules, it's generally thought that the following may not be helpful:

- Refusing to think about the critical incident or anything relating to it.
- Refusing to talk about feelings and thoughts.
- Carrying on as if nothing had every happened.
- Avoiding anything that might remind you of the critical incident.
- Becoming withdrawn and not doing anything enjoyable.
- Thinking about nothing other than the critical incident.
- Using alcohol and other drugs to numb the effects of the critical incident

How Long Will These Reactions Last?

You may find that returning to your normal self takes some time and that you have periods when thoughts or feelings related to the critical incident come back. There may be some aspects of your experience you will never forget. Many people find that the nightmares and flashbacks decrease, though this commonly takes up to a year or so.

As the time since the critical incident increases, feelings that there is a danger around every corner also tend to become less. However, many people remain more sensitive to danger than they were previously, though this does not necessarily make people overcautious, perhaps just more realistic than others.

How Will I Know When I've Recovered?

People generally feel they've recovered when they are able to enjoy life again, and when they return to activities they did previous to the critical incident. When the nightmares and flashbacks have decreased. When they do not restrict their activities or avoid doing something because it reminds them of the critical incident. When you find that you are able to talk about it without becoming very distressed.

Some people seem to recover well without professional help, but with much support and encouragement from friends and family. However, some people find that additional help is needed in order to reduce the physical, thoughts and emotional feelings associated with critical incidents and to put it in the past where it belongs.

When To Seek Help?

- If you don't notice a decrease in the physical, thought and emotional symptoms which are outlined in this handout within a couple of months.
- If you notice the physical, thought and emotional symptoms increase – either they are stronger or more frequent as the weeks go by.
- If you find you are unable to function effectively in your family or working life.
- If you find that you are unable to relate satisfactorily in your family or working life.
- If other people who know you well say that you have been very changed by the experience.

Unrecognised and unattended levels of stress may gradually lessen your quality of life and wreck relationships with work colleagues, family and friends. The most serious stress reactions are anxiety, panic attacks and depression with or without suicidal tendencies. Should these reactions occur, you are advised to seek prompt attention from your G.P.

From Where Can I Get Further Help?

If you feel you need further help as a consequence of being involved in a critical incident, you are advised to contact:

- Your General Practitioner
- Caredoc 1850 334 999
- Your Local Health Service / Primary Care Service
- Your Line Manager / Human Resources Department / Occupational Health
- Samaritans – 1890 609060

Conclusion

In this handout you have read about common reactions to critical incidents and you will have had an opportunity to identify those which particularly fit how you have been feeling. **The main message of the** handout **is this: the feelings, thoughts and body sensations you have been experiencing are entirely normal. They are a natural, human reaction to extreme stress associated with critical incidents**.

Do's & Don'ts Following a Critical Incident

1. DO's

DO remind yourself that your reactions are a normal result of critical incident and will pass in time.

DO take some long slow breaths and remind yourself that you are safe and that the critical incident is over if you feel uncomfortable, afraid or anxious.

DO talk to your family, friends, and colleagues about the critical incident, as this will help you to get over your feelings.

DO try to get back into your normal routine as soon as possible.

DO make sure that you are doing things that are relaxing and enjoyable.

DO take every opportunity to review the experience within yourself and with others.

DO ensure that you have adequate rest, sleep, a good diet, and regular exercise

DO confront your fears step by step

DO show this handout to your family/those you live with. It will help them better understand what you are going through.

DO Drive More Carefully And Be More Careful Around The Home And With Machinery.

ACCIDENTS ARE MORE COMMON AFTER CRITICAL INCIDENTS: DO TAKE CARE!

2. DON'T's

DON'T bottle up your feelings

DON'T reject support from family, friends or work colleagues

DON'T avoid situations that remind you of the critical incident

DON'T expect the memories to go away – the feelings will stay with you for an extended time

DON'T use alcohol &/or illicit drugs to manage your symptoms

- Dr. Eddie Murphy
Principal Clinical Psychologist, HSE SOUTH Carlow / Kilkenny

Appendix 11 – Helping My Child Cope after Trauma

After the Trauma: Helping My Child Cope

THINGS PARENTS CAN DO AND SAY

Six things you can do to help your child after a trauma.

1. **Let your children know they are safe.** Younger children may need extra hugs (as well as your teens).
2. **Allow children to talk about their feelings and worries if they want to.** Let them know that being a little scared and upset is normal. If they don't want to talk, they could write a story or draw a picture.
3. **Go back to everyday routines.** Help your child get enough sleep, eat regularly, keep up with school, and spend time with friends.
4. **Increase time with family and friends.** Children who get extra support from family and friends seem to do better after upsetting events. Try reading, playing sports or games or watching a movie together.
5. **Take time to deal with your own feelings.** It will be harder to help your child if you are worried or upset. Talk about your feelings with other adults, such as family, friends, clergy, your doctor, or a counselor.
6. **Keep in mind that people in the same family can react in different ways.** Remember, your child's feelings and worries might be different from yours. Brothers and sisters can feel upset too.

What should I expect after a trauma? In the first few days after a trauma, your child might feel confused, upset, jumpy or worried. This is normal. Most children just need a little extra time to feel better.

What are common changes in my child? After a trauma, changes you might notice are:

- Young children: thumb sucking, bed wetting, clinging to parents, being afraid of the dark.
- School age children: getting easily upset or angry, clinging to parents, nightmares, not paying attention, not wanting to go to school or play with friends.
- Teens: changes in sleeping and eating, new problems in school, arguing with friends or family, complaining of feeling sick.

When and how should I get help for my child? If these changes do not clear up, seem to be getting worse, or there are other things that worry you, talk to your child's doctor or school counselor to find out the best way to help your child and family.

Things other parents have found helpful.

YOUNGER CHILDREN:

"You're safe now."

"Why don't you draw a picture about your time in the hospital."

OLDER CHILDREN:

"You can still spend time with your friends."

"When I'm upset, I find someone to talk to."

Do: Allow your child to talk about what happened, if he or she wants to.
Say: *"A lot has happened. Is there anything you're worried or confused about?"*

Do: If your child doesn't want to talk about what happened, encourage him or her to draw a picture or write a story about it.
Say: *(To younger children) "Can you draw a picture about what happened and tell me a story about it?" (To teenage children) "Can you write a story about what happened and how you're feeling?"*

Do: Keep in mind that brothers and sisters could also feel upset or worried.
Say: *"How are you doing? Is there anything you are worried about?*

Do: Keep up with regular meal and bed times for you child. If sleep is a problem for your child, try a bedtime story and a favorite stuffed animal for younger children, some quiet time and relaxing music for teens.
Say: *(To younger children) "Let's read your favorite book before going to bed." (To teenage children) "How about listening to music that helps you relax?"*

Do: Talk to another adult if you are feeling upset about what happened to your child. Also, talk to your child's doctor if you are concerned about how he or she is dealing with the trauma."
Say: *"I'm feeling a little overwhelmed. It would help to have someone to talk to."*

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The following documents were consulted in the preparation of this protocol:

- Critical Incident Protocol - *South Dublin Children's Services Committee, 2009*
- Responding to Murder Suicide and Suicide Clusters - Guidance document – *HSE, April 2011*
- Responding to Critical Incidents - Guidelines for Schools - *Department of Education and Science, 2007*
- Responding to Critical Incidents - Resource Materials for Schools - *Department of Education and Science, 2007*