

Managing Post Incident Stress

Critical Incident Stress Management and Peer Support

In the UK we have access to a superb network of mental health advisors, doctors, nurses, councillors, therapists etc.... But learning how to notice, understand and manage stress helps us to mitigate the psychological impact that may occur after an incident, accident or traumatic event. Understanding stress and its reactions can help normal recovery from these events before harmful stress reactions affect job performance, careers, families and our health.

Within the aviation industry we have support networks such as the PAN network to help with this.

Some examples that might evoke stress reactions:

- Loss of a close family member (parent, partner, Child).
- Being involved in an accident that included serious injury or fatalities (at or outside of work).
- Miscarriage.
- Divorce.
- Failure of simulator check, command course or conversion course.
- Multiple seemingly less critical events without a recovery period, compounding stress over time.
- Long term sickness or permanent loss of licence.
- Ongoing, lengthy family disagreements.
- Family member with life changing physical or mental health issues.
- An on-the-job incident where there exists the real or perceived threat of death or serious injury to a crew member or passenger, e.g. bomb threat, near mid-air collision, passenger evacuation, or temporary loss of control of an aircraft.
- An aircraft event evoking major media coverage.
- Participation in aircraft accident investigation activities.

A traumatic event becomes a critical incident when it receives a strong emotional response. This may disrupt lives, workplace production and functionality. Critical incidents are normally measured in severity, from minor to severe, and you may conclude from people's responses that they are unable to function normally. They can display many symptoms of shock including anger, shame, anxiety or depression but everyone responds to situations differently, so any support needs to be tailored to individuals.

Early intervention is vital.

Such critical events need to be dealt with as early as possible, and those involved

should support staff with compassion and care due to the impact that the critical events have had. Incidents like these can be so traumatic that they may affect an entire team of workers, in varying degrees. This means managing the situation can be very difficult and needs a structured, professional approach.

WHAT IS A STRESS REACTION?

Stress reactions are psychological and physiological changes that occur in a person who has been exposed to a stressful event. Often we may not recognise our stress reactions and may even believe that because of our training and experience we are immune to them.

Stress reactions may appear within days or they may take months or years to surface. If stress reactions do not diminish in frequency and intensity within a few weeks of the event, assistance from a mental health professional may be necessary. Counselling via a mental health professional does not jeopardise a pilot's medical certification.

The following is a list of common stress reactions

Physical	Thinking/Cognitive	Emotional	Behavioral
Chest tightness	Blaming	Abandoned	Alcohol consumption
Chills	Confusion	Agitation	Antisocial actions
Cold	Difficulty calculating	Anxiety	Changes in activity
Diarrhea	Difficulty concentrating	Apprehension	Changes in sex life
Dizziness	Difficulty in problem solving	Denial	Emotional outbursts
Fast breathing	Difficulty making decisions	Depression	Erratic movements
Fatigue	Difficulty naming common objects	Fear	Harsh with family
Grinding teeth	Difficulty reading	Feeling isolated	Hyperalert to environment
Headaches	Disorientation (place/time)	Feeling lost	Inability to rest/relax
Hormone changes	Distressing dreams	Feeling numb	Increase/loss of appetite
Nausea	Hypervigilance	Grief	Job changes
Profuse sweats	Increased/decreased alertness	Guilt	Nonspecific body pains
Rapid heartbeat	Intrusive memories	Intense anger	Pacing
Sleep problems	Memory problems (short or long term)	Irritability	Paranoia
Thirst	Offensive/defensive self reviews	Limited contact	Relationship problems
Tremors (hands)	Overwhelmed by normal routines	Sadness	Speech pattern changes
Twitching	Poor/decreased attention span	Uncertainty	Startle reflex intensified
Upset stomach	Seeing event over and over again	Wanting to hide	Suspiciousness
Visual difficulty	Slower thought process	Worry	Withdrawal into oneself

STRESS MANAGEMENT INFORMATION

You can help mitigate the effects of stress reactions.....

INFORMATION FOR YOURSELF

Remember: You are normal and are having common reactions to an abnormal situation.

- While exercise is always important, vigorous exercise is especially critical within the first 24–48 hours of an accident or incident to offset physiological stress reactions. Move around, stretch, and walk. Alternate relaxation techniques, such as deep breathing, with exercise.
- Take naps or just rest. Get more rest than normal.
- Eat healthy food and snacks. Eat meals on your regular schedule, even if you are not hungry.
- Drink more than your normal amount of water. This helps rid your body of toxins built up by the body's physiological stress reaction.
- Reduce your use of caffeine and alcohol. Both interfere with normal sleep and the processing of the accident/incident or trauma.
- Contact friends and talk to people you trust. This is the most healing action you can take. Talk about your reactions to the event and its effects on you.
- Realize that those around you—especially your family—may be under stress, too. Talk to them about what is going on with you.
- If you live alone, have someone stay with you for a day or so.
- Structure your time, keep busy, and follow your routine of eating, sleeping, exercising, spending time with family, etc.
- If you cannot sleep after a few days, call PAN. Sleep is critical to recovery.
- Give yourself permission to feel rotten. You may feel sore muscles in various parts of your body from the physiological stress.
- Insist on a critical incident stress defusing from your mental health professional.
- Ask for a critical incident stress debriefing if you are experiencing stress reactions a week or more after the event.
- Do not make big life changes or major decisions for some time after a major event.
- Make as many small, daily decisions as you can. This will give you a feeling of control over your life.
- Recurring thoughts, intrusive memories of the event, and flashbacks are normal. Don't try to fight them. They will decrease over time and become less painful. If they do not decrease or stop within 30 to 45 days, call PAN or your mental health professional. You do not have to live with haunting memories, intrusive thoughts, nightmares, flashbacks, or other stress reactions. Talk about

your reactions. Confidential resources are available to help.

- In the event of an accident or incident with your airline, contact your family immediately to let them know you are okay. Let them know to expect calls from friends and family. A message on a recorder to let those who care know you are okay is often helpful if you can't answer the calls.
- Designate a friend or family member to go to your home to assist your significant other and/or family in the event you are involved in a serious incident or accident.
- Keep your will up to date. Talk to your significant other and/or family about what to expect in the event you are involved in a serious incident or accident, what to do, and where to get information.

INFORMATION FOR FAMILY MEMBERS AND FRIENDS

Share the following information/suggestions with those close to you.

- Offer your assistance. Realize a crewmember who has been involved in an accident may not know what he or she needs or wants.
- If you don't know how to help, call your doctor or mental health specialist for assistance.
- Spend time with the traumatized person even if you don't say anything. Just be there.
- Listen carefully without offering advice. Don't try to "fix" the situation.
- Don't take the person's anger or other feelings personally.
- Be prepared for mood swings. People experience trauma and cope with its aftermath in different ways. Respect these differences.
- Give the traumatized person private time.
- Go for a walk together outdoors.
- Help them with everyday tasks. Most people will not call and ask for help.
- Create an environment in which it feels safe to share. Don't attempt to force traumatized persons to talk if they don't want to.
- Be sensitive to the fact that adhering to a preestablished routine sometimes helps reorient the individual to prior functioning levels.
- A sensitive touch, a caring embrace, or someone sitting quietly nearby may also be supportive while individuals sift through some of their own issues.
- Most of the time, a barrage of help is available immediately after a traumatic event. But, as days and weeks go on, your friend or peer may need your help even more. Stay in touch!
- Don't try to analyze the behaviors that may become apparent. Acceptance and support are the key elements of providing comfort.
- If a loved one was lost, we cannot make grief less painful. Often a simple

"I'm sorry for your loss" is enough.

- Don't avoid talking about the event because you don't know what to say or fear you may say the wrong thing. A sincere expression of concern or asking how things are for them is very beneficial.
- Don't tell them that they are "lucky it wasn't worse." Traumatized people are not consoled by such statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and help.
- Don't tell them, "It is God's will." They may not share your concept of life and God.
- Don't say, "You should be over this by now." People may take months or years to recover from a serious trauma or the loss of a loved one.
- Don't say, "Everything will be okay." You don't know that it will.
- Don't say, "I know how you feel." No one knows how anyone else feels without listening carefully.
- Don't talk about your own incidents or accidents even though theirs may remind you of yours. You may be surprised how difficult this is to do.
- Don't ask how they feel unless you really want to know and have time to listen.
- Keep "curious questions" for your own self satisfaction in their appropriate place. A later time might be more beneficial to everyone. Ask them if they mind talking about the event before you ask questions. Explain why you want to know what happened.
- Resist telling people how they should feel and try to let them know you have heard how they do feel.
- Call for help for yourself when you feel overwhelmed.

It is normal for people to be unable to recognize their own stress reactions. If you encounter someone you think could benefit from Peer Support or Stress Management, then tell them about it. Get them to call PAN, the Peer Assistance NetwoRK or their GP.

Let the person who answers the phone know if you have an urgent problem. All information given to the PAN network is confidential.

List your peer support volunteers or for example three friends whom you can call upon for support in times of stress. If you can't come up with three people you feel comfortable talking with, get to work on your support network now, before you need it.

Talk with your significant other and/or family about what they should do in the event you are involved in an incident or accident. Give them phone numbers to call for information and prepare them to be contacted by the media. Select someone to liaise with your

family and the company in the event you are seriously injured.

Add the Peer Support Network Website and other supportive friends numbers here:

Additional Information:

Each person's stress reactions will be different. However crew members experiencing stress reactions from an accident or incident most often complain about sleep problems, anger at the company, or the loss of "flying as fun." It has been found that of the pilots with post traumatic stress disorder or longterm severe stress, approximately 70 percent of those who received proper assistance continued their aviation careers.

However, of those pilots not receiving any critical incident stress support, 60 to 70 percent left their aviation careers within two years of the critical incident or accident.

- **Critical Incident:** a stressful event that may evoke stress reactions in those either directly or indirectly involved. At work it may be an incident, accident or investigation, or simply an occurrence such as an unruly passenger on the aircraft. In ones personal life it may be loss of a family member, difficult divorce, serious illness, family conflict.....A critical incident may overwhelm a persons normal coping mechanism and leave the individual feeling out of control or helpless.
- **Peer Support:** designed to assist crewmembers, accident investigators, or their families with a critical incident. Support consists of phone calls, person-to-person contact, defusings, and, if necessary, a critical incident stress debriefing.
- **Peer Support Volunteer (PSV):** a volunteer who has been specifically trained and certificated in critical incident stress management, peer support and Critical Incident Response Programme (CIRP) protocols. Trainers approved by the International Critical Incident Stress Foundation provide the certification courses.
- **Critical Incident Stress Debriefing (CISD):** a seven-step managed venting of thoughts and reactions to a critical incident by those involved. This debriefing usually occurs within a week after an accident or incident; however, it can be done weeks, months, or even years later. The CISD is conducted by trained Peer support volunteers accompanied by an approved mental health professional. Debriefings are confidential and do not involve management personnel. CISDs are not operational debriefings. They are conducted to provide support to the individuals involved and to mitigate the long-term effects of stress reactions. No records or notes are kept during debriefings. A typical CISD lasts from 1½ to 3 hours depending on the size of the group.
- **Post Traumatic Stress Disorder (PTSD):** a psychiatric diagnosis described as the development of characteristic symptoms following a psychologically distressing event, or multiple events that expose a person to an intensity and/or duration of

emotions outside the range of usual human experience.

Major characteristics may include the following:

1. The traumatic event is persistently re-experienced, often as flashbacks or intrusive memories,
2. There is persistent avoidance of things associated with the trauma and numbing of general responsiveness, such as the inability to enjoy aspects of life previously important, e.g. hobbies, family, sex etc.
3. There are persistent symptoms of increased arousal such as hypervigilance (always being on the alert for something to happen), sleep problems, irritability and outbursts of anger, difficulty concentrating, and exaggerated startle response.

PTSD has longterm debilitating effects but it can be treated. The diagnosis is not made if the disturbance lasts less than one month. A less severe form of PTSD is Acute Stress Disorder. These stress disorders seriously threaten health, career, and family. Early intervention has proven effective in preventing or mitigating the development of long-term stress disorders.