



City of Vancouver
Fire and Rescue Services

Vancouver
Fire Fighters Association
International Association of Fire Fighters
Local 18



Family Members Handout

Your loved one has been involved in an emotion-charged event, often known as a critical incident. They may be experiencing normal stress responses to such an event (critical incident stress). Critical incident stress affects up to 87% of all emergency personnel exposed to a critical incident. No one in emergency services is immune from critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during their career.

IMPORTANT THINGS TO REMEMBER ABOUT CRITICAL INCIDENT STRESS:

- The signs of critical incident stress are physical, cognitive, emotional and behavioral. You can find these at the bottom of this handout.
- Critical incident stress response can occur right at the scene, within hours, within days, or even within weeks.
- Your loved one may experience a variety of signs/symptoms of a stress response or they may not feel any of the signs at this time.
- Suffering from the effects of critical incident stress is completely normal. Your loved one is not the only one suffering; other emergency personnel shared the event and are probably sharing the reaction.
- All phases of our lives overlap and influence each other, personal, professional, family, etc. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family, and current developmental issues.
- With understanding and your support, any 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 weakness. It simply indicates that the particular event was just too powerful and outside our realm of common experience for someone to manage by themselves.
- You may have your own feelings and reactions to your spouse's symptoms and healing. Some common feelings are: Feeling abandoned by spouse, anger/irritability toward children and/or spouse, fear for spouse, sadness, loss, feeling isolated from spouse, feeling unappreciated by spouse, increased worry about spouse's safety, avoidance of spouse, numbness and isolation, etc.

WHAT CAN YOU DO TO SUPPORT YOUR SPOUSE?

- Encourage, but do NOT pressure, your loved one to talk about the incident and their reaction to it. Talk is the best medicine. Your best way of helping is to listen and reassure. Remember that even if the event is upsetting to you and your loved one, your children may be affected, also. They may need to talk, too.
- Take care of yourself. Though not involved in the incident, you are a participant of the incident, through your spouse. Make sure there is someone with whom you can talk things out. It can be difficult and exhausting to care-take for others, so it is important that you "put on your oxygen mask" first.
- Spend time with the traumatized person, but also ensure you give them private time.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for family, minding children, etc.
- Don't take their anger or sad feelings personally. It's not unusual for a traumatized person to express extreme sadness or other emotions at times.



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- Share your feelings about the situation. Don't say 'I know how you are feeling', because you don't. You may have gone through something similar but not through their experience or as seen through their eyes.
- Don't tell them that 'It could have been worse' – traumatized people are not consoled by these statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

What about the kids?

As parents, our first instinct is often to try to hide our own responses from children. Children's survival depends on perceiving the emotional state of adults upon whom they depend. They know when their parent is upset. When we don't acknowledge that to the child, he must then make his own assumptions about what's upsetting us. The child has a very self-centered view of the universe, and consequently decides that whatever has upset the parent is his fault. This, of course, leads to heightened anxiety in the child and actually makes the situation worse. Not telling a child what is going on, therefore, doesn't shield them. It actually creates distress.

Kids, especially younger kids, can react to your energy and moods. Things to watch for are:

- Acting out behavior
- Regressive behavior
- Anxiety
- Protectiveness
 - We get protective of them
 - They get protective of us

When talking with your kids, remember:

- Kids are much more concrete in their thinking than adults are. They don't grasp abstract concepts.
- Make sure you talk to them at a level they can comprehend.
- Young children need to be held.
- If you're anxious, your kids will be anxious.

Other things to keep in mind:

- Adolescents exposed to trauma can develop PTSD more quickly because they haven't developed the resiliency to be able to process trauma.
- Include the child in the cleanup efforts and other activities designed to return life to normal. He or she will feel more in control if able to help out a little.
- Adolescents can be very self-centered and can react as if an event only impacts them.
- Do not expect the child to take care of you and your stress. Find help to cope with your own stress.



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

Physical	Cognitive	Emotional	Behavioral
<ul style="list-style-type: none"> • fatigue • nausea • muscle tremors • twitches • chest pain* • difficulty breathing* • elevated BP • rapid heart rate • thirst • headaches • visual difficulties • vomiting • grinding of teeth • weakness • dizziness • profuse sweating • chills • shock symptoms • fainting • etc. 	<ul style="list-style-type: none"> • blaming someone • confusion • poor attention • poor decisions • heightened or lowered alertness • poor concentration • memory problems • hyper-vigilance • difficulty identifying familiar objects or people • increased or decreased awareness of surroundings • poor problem solving • poor abstract thinking, loss of time, place, or person • disturbed thinking • nightmares • intrusive images • etc. 	<ul style="list-style-type: none"> • anxiety • guilt • grief • denial • severe panic (rare) • emotional shock • fear • uncertainty • loss of emotional control • depression • inappropriate emotional response • apprehension • feeling overwhelmed • intense anger • irritability • agitation • etc. 	<ul style="list-style-type: none"> • change in activity • change in speech patterns • withdrawal • emotional outbursts • suspiciousness • change in usual communications • loss or increase of appetite • alcohol consumption • inability to rest • antisocial acts • nonspecific bodily complaints • hyper-alert to environment • startle reflex intensified • pacing • erratic movements • change in sexual functioning • etc.

*Definite indication of the need for medical evaluation.

Needing someone to talk to? Feeling Suicidal?
Contact your Local Lower Mainland Crisis Society 24/7:

ANYWHERE IN BC: 1-800-SUICIDE (1-800-784-2433)

Lower Mainland: (604)-872-3311

Mental Health Support Line: 310-6789

Online Chat Services (youth): www.youthinbc.com (noon - 1am)

Online Chat Service (adult): www.crisiscentrechat.ca (noon - 1am)

To find a local Counselor visit:

<http://bc-counsellors.force.com/CounsellorSearch>

Call 211 or go to www.bc211.ca

Employment Assistance Program:

www.HomeWeb.ca / 1.800.663.1142.

Visit our very own website for these and many more resources:

www.VancouverCISM.com

