



Leader Support Guide

Managing Traumatic & Critical Incidents

“Serious, traumatic or critical incidents may be accidental, intentional or a natural disaster. Whatever the cause, entire groups of people can be devastated”.

Introduction:

Individual members will react differently to the same experience. How each respond is determined by many factors. There are, however, physiological, behavioural and psychological responses, which tend to be common to particular age groups.

When a death or significant loss is associated with a traumatic incident it is rare for the grieving process to be uncomplicated. Generally, individuals have to come to terms with the shock of the trauma before the grieving process can begin.

In general, people of all ages will show as their most frequent symptoms, sleep disturbances and night terrors, persistent fears about normal events, fears of future incidents, loss of interest in activities.

ACKNOWLEDGEMENT

These guidelines are a result of the expertise provided by the generous staff and publications of the following.

*NSW Dept of Education & Training (Ryde District Office)
Scout Association of Australia (Queensland Branch)
Guidance Unit, Department of Forensic Medicine Westmead NSW
IPS Trauma Management Team*

What do I do when a major critical incident occurs?

“FIRST THINGS FIRST”

Any injured or traumatised members:

1. Seek Help.

Immediately contact appropriate emergency service and arrange attendance. Ensure care and well being of those involved.

2. Notify

Immediately notify the senior member of Region or Branch HQ. Advise regarding the facts and need for support or counselling. In the case of Activities this notification would come from the “Home Leader”.

3. Refer

All Media Requests are to be referred to Branch HQ.

4. Supervise

Have a Responsible Team Member oversee scene.

5. Communication

Ensure Region or Branch HQ’s are kept fully informed and up to date. Again the Home Leader has a role to play here.

Others Not Injured but involved or Observers of Incident.

1. Consolidate

Ensure those involved, including observers are kept together, until advised otherwise.

2. Remove

If necessary move those involved to safety and away from what might be an unpleasant scene.

3. Notify

Advise Region or Branch HQ immediately providing essential details of the incident and those involved. In the case of Activities the “Home Leader” would support this function.

Branch HQ will take control of the management of the situation.

4. Manage

Ensure speculation and rumour is not a substitute for the facts. Ensure all information is a factual account of

what has happened and answer questions openly and honestly. Do not speculate.

(Do NOT use terms that may cause concerns later. Terms such as “They were skylarking”; “They were misbehaving”; “being stupid” etc. Simple statements such as “they were too close to the edge and fell” are best).

Foster an atmosphere of trust and avoid words that might inhibit emotional responses. (Eg. “Act your age”, “grow up”) use words such as “its natural to be upset and to show feelings”.

What happens next?

In the first few hours, provide lots of support

- 1) Comfort and console.
- 2) Foster a trusting open atmosphere and answer questions openly and honestly.
- 3) Say little. Show you care. Simply sitting quietly beside the person may be all that is required at this stage.
- 4) Provide information about what happened and about what is being done to help those involved. This helps the person come to grips with reality and to reorient to the present.
- 5) Accept silence but allow expression of initial emotional reactions anguish, fear, disbelief, helplessness, and anger.
- 6) Listen with understanding and empathy.
- 7) Say little but use minimal prompts and gentle probing to encourage expression of feelings. Responses such as “You’ve had a frightening experience” or simply “I’m sorry” are adequate. Avoid telling the person how he or she must be feeling.
- 8) If the emotional stress is intense stay with the person until other support persons can take over.
- 9) Be alert for anyone who appears not to respond at all to support and who maintains a high level of disturbance. Such persons may require referral to specialist counselling or medical attention.
- 10) Reassure that the confused and painful emotional state is a normal response to such an experience. Assure that others involved who are feeling the same way that it will pass in time. It may be necessary to repeat this from time to time.

11) Be alert from the “phantom incident” effect where a person adds to his or her anxiety level with thoughts and comments such as “If I’d been standing next to him I would have been hurt killed” and “weren’t we lucky! Just imagine what would have happened to us if we..”

12) Gently but firmly remind the person of the reality of what DID happen.

13) Support the person during the reality tasks of the immediate aftermath eg. seeking and receiving news of others killed or injured, giving statements to the police, recovery of personal possessions from the incident scene.

14) Set the person simple practical tasks to restore a sense of present reality and of taking control of him/herself.

15) Importantly encourage your members to form a buddy system for ongoing support, especially for the less ‘open’ members. Encourage them to name someone they would contact when they felt the need to talk, or felt down.

16) Check that support is available before the person leaves the incident scene and goes back into the Troop lines.

What reactions might occur after a traumatic experience?

Youth members of scout age react to traumatic experiences in a number of ways:

An immediate reaction to a traumatic experience may be fearfulness, which can persist for some time. This results from, the challenge to the youth member’s sense of security and invulnerability.

Often a compelling urge to put together a detailed picture of the events of the incident by repeatedly going over details with others who were involved.

For some it may even be important to visit the scene of the incident sometimes on more than one occasion. This is a part other process of accepting the reality of the experience.

They will tend to turn to their peers for support and consolation. This can be upsetting for Leaders and parents who may feel shut out in their efforts to help.

Over time, a sudden memory, sound, situation, or smell may trigger flashbacks or sudden recall of vivid

disturbing mental images. Intense anxiety and stress may be reactivated for a short time.

It is important for the Scouting routine continue to be as normal as possible. Routine breeds security.

What are some of the observable reactions and symptoms?

Physical Symptoms:

- Headaches
- Vague aches/pains
- Overeating/loss of appetite
- Bowel problems
- Skin disorders
- Sleep disorders

Behavioural Reactions

- Decreased Scout performance
- Sadness/depression
- Failure to perform responsibilities
- Atypical behaviour
- Loss of interest in activities with peers
- Lack of emotion
- Attention - seeking behaviour
- Disruptive
- Loss of interest in peer activities/hobbies
- Resistance to authority
- Rebellious behaviour
- Tension
- Illusions/hallucinations
- Antisocial (eg. stealing)

The first few hours have been managed, what happens next?

The time of greatest reaction and need is 24 to 72 hours after a critical incident. Remember that young people are very resilient and will take their cue from how their leaders react.

1. For those on whom the incident has had a marked impact, this period is characterised by:

- a resurgence of intense emotions - anger, guilt, fear, despair
- intrusive thoughts and perhaps nightmares
- a need to piece together the details of the events of the incident and to work through the experience and associated emotional reactions.

2. In order to assist those in need:

- Encourage a resumption of regular routine, as a structured environment will facilitate recovery.
- Provide support for leaders, and others who are in close contact with those affected.
- Encourage the person to talk about his or her current feelings and feelings experienced during and just after the incident. The responsible Troop Leader can help other Leaders to be sensitive to the needs of some Youth Members to talk about their emotional responses.
- Reassure the person that intrusive thoughts, recurring nightmares, intense feelings, mood swings are normal reactions and are likely to be short-lived.
- Encourage youth members and Leaders, who show intense, need to work through the events of the incident and their reactions to them, to seek help through their local medical practitioner, school counsellor or Community Health Centre.
- Irrational feelings of survivor guilt or shame at perceived inadequate behaviours or loss of emotional control during or after the incident are often key issues that can be effectively worked through in a group environment, over a number of sessions if necessary.
- Questions such as “Where were you when...?” “What did you do when....?” can be useful in a group to help participants understand the events better. Other useful activities are reading and

discussing newspaper reports of the incident, and arranging visits to the incident scene.

- Questions such as “How did you feel when the incident happened?” or “How did you feel when you heard what happened?” and “Are there feelings you experience now as a result of the incident that worry you?” are useful to generate explorations of feelings.
- Where the incident has involved death or serious loss, it may be at this stage that the grieving process begins. Where death has occurred encourage, but don't insist or force participation in memorial services and attendance at funerals by those close to the deceased.

What are the reactions to Grief or Loss?

First rule is to remember that young people are very resilient. Youth Members in this age group are capable of thinking abstractly about death and, with support, they normally are able to progress through the four main tasks of mourning.

1. Accepting the reality of the loss.
2. Dealing with the pain of grief.
3. Adjusting to the environment without the presence of the deceased person.
4. Withdrawing emotional energy and re-investing that energy in another relationship.

Thought patterns, which mark the early stages of grieving, are disbelief, helplessness, confusion, preoccupation and sometimes a sense of presence of the deceased and hallucinations. These may be accompanied by frequent crying and the treasuring of objects which belonged to the deceased.

Behaviours following bereavement are similar to those, which may occur after a traumatic incident. However, where grief is acute some physical sensations may be apparent.

- Hollowness in the stomach
- Tightness in the chest and/or throat
- Dry mouth
- Over sensitivity to noise
- Sense of de-personalisation, nothing seems real
- Breathlessness, sighing
- Lack of energy.

When grieving is associated with a traumatic experience, reactions to the shock of the trauma tend to dominate and the grief process may not properly begin for several weeks.

Youth members in their early teens may wish to explore philosophical or religious questions about death. While peers are the most probable targets for these discussions, Leaders and parents may be approached about this issue.

Generally youth members who are eleven and older, share adult understandings of death. They may experience grief reactions including shock, denial, guilt, anger and bargaining when someone has died, and finally acceptance before they are able to return to a level of functioning similar to that evident before their loss.

Remember it is important to encourage youth members, as well as Leaders, to form a buddy system for ongoing support, especially for the less 'open' members.

Ensure everyone has identified, in their mind, someone they would contact if or when they felt the need to talk, or felt down.

So, how can I best support members after a traumatic incident?

- Communicate caring and acceptance
- Demonstrate a sincere interest in what the youth member is saying. Young people will communicate more effectively when they feel safe, accepted and understood.
- Recognise and acknowledge youth member's feelings so that they are able to feel at ease in exploring information further.
- Maintain a positive attitude so that youth members are helped to view the future in a hopeful way. Reassure youth members that their feelings and behaviours are normal reactions and will fade in time.
- Assist youth members with overwhelming, immediate problems initially. Success even in a small practical way will help to build trust and confidence.

Be Patient

- Allow the youth member to express his/her concerns at a rate, which is personally comfortable.
- Be patient in gaining an understanding of the youth member's account of the incident. The story may be told in a garbled form with disjointed factual and emotional content flowing quickly.
- Tracing back carefully over aspects of the story, which can be discussed with comfort, may assist in ordering thoughts, reducing fears and re-establishing trust.

Be Aware of Body Language

- Observe the youth member's body language and be sensitive to nonverbal signals he or she may be communicating, eg. tone of voice, pace of speech, body positioning.
- Maintain appropriate eye contact, lean forward slightly when talking and face the youth member, to show attention and interest.

Use Simple Language

- Listen carefully and try to understand what the experience means within the context of the youth member's total environment.
- Use short sentences and unemotional language.
- Use a quiet, steady voice, with minimal prompts, (eg. uh-huh, mmm, nods) to encourage the youth member.
- Encourage the youth member to express his/her feelings openly, eg. "How did you feel when. . . happened?" Use open-ended questions when seeking more information about facts, issues or a closer understanding of the youth member's feelings. Closed questions can be used when the Leader wants specific information, eg. "Who is at home now?" "Was Christine on that bus?"

Monitor Emotional/Behavioural States

- Provide information to youth members when they request it in a way that they can understand. Do not attempt to hide the facts.
- Monitor the youth member's physical, emotional and behavioural functioning over time. Enlist support from Leaders and others if required.

SUPPORT / COUNSELLING REPNSES FOR EACH PHASE
 (Leaders can offer support for phases I-II-III but refer when in doubt.)
 (Only qualified counsellors should offer counselling.)

TRAUMATIC INCIDENT RESPONSES

APPROPRIATE COUNSELLING TASKS

PHASE I

SHOCK & DISRUPTION

Depending on severity can last hours to days.

PHASE II

DENIAL /DISBELIEF

“This is not really happening”.
 “It’s not true”. Attitude.

PHASE III

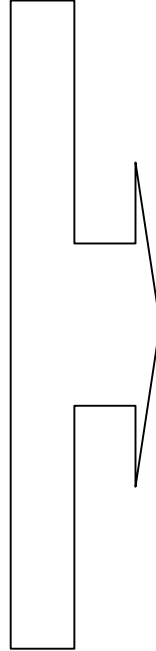
EMOTIONAL IMPACT

24 to 72 hours after but can persist from 6 to 10 weeks plus depending on:

- the situation
- coping skills
- support
- skill of debriefing.

Common to feel

- anger
- depression
- mood swings that reflect anxieties about ever feeling ‘normal’ again.



FOR PHASE I - II - III

- Listening
- Comforting
- Consoling
- Encouraging a sense of safety
- Informing
- Empathising
- Reassuring
- Monitoring
- Co-ordinating

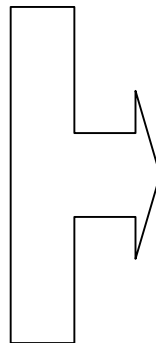
Listening should never stop!

PHASE IV

WORKING THROUGH,

Trained counsellors who know how to deal with the emotions involved should only carry out ‘Feelings’ and ‘working through’

“What If?” “ If only” period in which people try to ‘de-victimise’ by minimising effect of the traumatising experience



FOR PHASE IV

- Co-ordinating
- Structuring
- Working through
- Recognise feelings
- Group work
- Reassuring
- Empowering
- Monitoring
- Self-monitoring

PHASE V

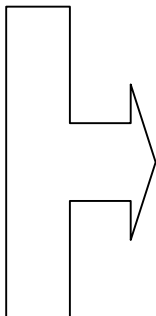
ACCEPTANCE/ RESOLUTION

Coming to terms with the event as being a sad or painful memory

PHASE VI

NORMAL REACTIONS LEADING TO EMOTIONAL STABILITY.

Situational reminders such as anniversaries etc. are quite normal and should be encouraged.



FOR PHASE V – VI

Slowly withdrawing support and substituting it with subtle monitoring of their progress toward normal reactions and life.