Critical Incident Stress

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Phases Of Disaster

Myers and Zunin, 1990

Pre-disaster

Honeymoon (Community Cohesion)

“Heroic”

Impact

Disillusionment

(Coming to Terms) Working Through Grief

Reconstruction A New Beginning

Inventory

Trigger Events and Anniversary Reactions

1 to 3 Days - TIME - 1 to 3 Years

Threat Warning
Stages of Psychological Response to Disaster

- “Rescue” stage
- “Inventory” stage
- “Reconstruction” stage
Rescue Stage

1st few hours or days after disaster

- Psychic numbing: stunned, dazed, confused
- Heightened arousal
- Survivor guilt
- Ambivalence over help
- Affective & cognitive instability
Reactions to Crises

Critical Incidents:
- unusually challenging events that have the potential to create significant human distress and can overwhelm one’s coping mechanism.

Psychological crisis:
- the significant distress, impairment and dysfunction in response to critical incidents. There is destabilization and usual coping mechanisms have failed.
Critical Incident Stress Symptoms

- Crisis affects people in many ways
- Individuals who have experienced a traumatic event do suffer psychological stress related to the incident
- In most instances, these are normal reactions to abnormal situations
- These emotional aftershocks may appear immediately after the traumatic event, or even weeks or months later
Critical Incident Stress Symptoms

**Cognitive**
- Confusion
- Hyper-vigilance
- Intrusive thoughts, images, or nightmares about the critical incident
- Preoccupation with the critical incident
- Memory disturbances

**Emotional**
- Increased tension and inability to relax
- Persistent worry and fear
- Guilt
- Grief reactions
- Irritability or angry outbursts
- Lessened ability to feel joy or happiness
- Sense of helplessness
Critical Incident Stress Symptoms

Behavioural

- Social withdrawal
- Restlessness
- Sleep disturbances
- Increased intake of alcohol or substances

The signs and symptoms of critical incident stress are normal reactions to crisis, and usually disappear over 2-3 weeks.

Symptoms lasting more than a month leads to a likely diagnosis of Post Traumatic Stress Disorder
Inventory Stage

Weeks to about 12 months after disaster

- Initial “honeymoon” phase of having survived and being safe is over
- Gradual realization of true impact or lasting consequences of disaster
- Disillusionment sets in: slowness of reconstruction, corruption etc
Inventory Stage

“second” disaster effects

- Rapid influx of well-meaning helpers & poor people from outside of disaster area: impact on already limited resources
- Refuge in relief shelters for extended period of time: personal & material losses, loss of privacy/independence/familiar environment, disruption of family roles & work, issues of sanitation, personal assaults on vulnerable groups
Possible Psychiatric Complications

- Depression
- Anxiety disorders
- Alcohol and substance abuse
- Post Traumatic Stress Disorder (PTSD)
Differentiating Distress and Dysfunction

- Critical Incident Stress Reactions or Post Traumatic Stress (PTS), is a normal survival response.

- Post Traumatic Stress Disorder (PTSD) is pathological, leading to difficulty in functioning.
Signs of Dysfunction

- Panic attacks
- Suicidal/Homicidal Ideation
- Dissociation
- Severe exaggerated startle response
- Violence
- Addiction
- Self-neglect
- Inability to speak/understand speech
- Recurrent dizziness & headaches

- Persistent cognitive difficulties
- Persistent hopelessness and helplessness
- Persistent sleep disturbances
- Persistent irregular heartbeats
- Seizures
- Loss of consciousness
- Numbness/paralysis
Crisis Intervention

Research Findings
The Need

- Disasters may create significant impairment in 40-50% of those exposed (Norris, 2001, SAMHSA)

- About **50%** of disaster workers likely to develop significant distress (Myers & Wee, 2005)

- Terrorism likely to adversely impact majority of population (IOM, 2003);

- Ranges from ~ 40 - 90% (JHU, 2005)
The Need: Singapore Statistics

- Study of healthcare workers during SARS: 35% doctors & 25% nurses were suffering from psychiatric disorders; 20% suffered from PTSD. (Chan & Chan, 2004)

- Study on rehab staff in a General Hospital: 23.4% had psychiatric symptoms; 12.5% suffered from PTSD. (Sim & Chan, 2004)
The Need: Singapore Statistics

- Study on media workers during Asian Tsunami: 25% suffered from psychiatric disorders; 33% suffered from severe posttraumatic stress symptoms. (Sim et. al., 2006)

- Study on medical relief workers: 10% suffered from severe posttraumatic stress symptoms. (Chan & Chan, 2006)
In the case of terrorism,

THE ICEBERG EFFECT OF TERRORISM (and disasters)…
more psychological casualties than physical casualties…80/20 Effect?

(Holloway, et al., 1997, JAMA; DiGiovanni, 1999, Am. J. Psychiatry)
In response to the acute mental health needs of those in crisis, the field of CRISIS INTERVENTION was born.

It is a form of EARLY INTERVENTION.

It is also known as PSYCHOLOGICAL FIRST AID.
CRISIS INTERVENTION

To foster natural resiliency through:

Goals:
1. Stabilization
2. Symptom reduction
3. Return to adaptive functioning, or
4. Facilitation of access to continued care

(adapted from Caplan, 1964, Preventive Psychiatry)
LESSONS LEARNED FROM COMMUNITY MENTAL HEALTH

- Early Psychological Intervention may reduce the need for more intensive psychiatric services. (Langsley, Machotka, & Flomenhaft, 1971, Am J Psyc; Decker, & Stubblebine, 1972, Am J Psyc)


- Early Psychological Intervention may reduce alcohol use. (Deahl, et al, 2000, Br J Med Psychol; Boscarino, et al., 2005)
LESSONS LEARNED FROM CONSULTATION MENTAL HEALTH
(Stapleton, Medical Crisis Intervention, 2004)

- Early Psychological Intervention is improved by increased training (Cohen’s d = .57 vs. .29)
- Early Psychological Intervention outcome is enhanced via multiple sessions (.60 vs .33) (plateau at 2-3 sessions, Boscarino, et al., 2005)
- Early Psychological Intervention is enhanced via the use of multiple interventions on PTS (.62 vs .55)
LESSONS LEARNED FROM THE WORKPLACE

- Post disaster crisis intervention (CISM) was associated with reduced risk for
  - binge drinking \((d=0.74)\),
  - alcohol dependence \((0.92)\),
  - PTSD symptoms \((0.56)\),
  - major depression \((0.81)\),
  - anxiety disorder \((0.98)\)
  - global impairment \((0.66)\),

compared with comparable individuals who did not receive this intervention (Boscarino, et al, IJEMH, 2005).
Crisis Intervention Promotes

- Resistance
- Resiliency
- Recovery