

Dealing with Critical Incident Stress and Compassion Fatigue

Question: Since the World Trade Center bombing I have been bothered by terrible nightmares and feelings of dread. Even though I had no direct contact with any of the victims or the incident, I watched an awful lot of the TV coverage and now I find myself snapping at my co-workers and family. I also feel very depressed, don't have much hope for the future and frequently find myself crying over nothing. I am wondering if it has anything to do with the bombing incident or if I am just reacting to the stress in my work as a burn unit nurse. I heard the term "critical incident" used in regards to the bombing of the World Trade Center and the stress people were feeling afterward. What does it mean and can those of us not involved in the incident be feeling this same stress?

Answer: Yes you could be having a "critical incident stress response." "Critical incidents" are emergent events that typically involve tragedies, deaths, serious injuries, hostage situations and/or life-threatening scenarios. Emergency responders: paramedics, nurses, doctors, firemen, police, etc. typically encounter these types of situations on a daily basis. Unfortunately, sometimes the situation and its aftermath are so overwhelming that even professionals who have adopted skills to cope with this type of stress on a daily basis may be overcome by the emotional impact of such an event. During and following a major disaster "Critical Incident Stress" can occur, impacting the responder's performance, judgement, and well being.

For example, bombing of the World Trade Center was a critical incident that is leading to widespread critical incident stress. This national event has touched the life of every American. Those not directly involved in the incident and rescues have also felt the impact of the attack and have been devastated by the images of senseless death, crushing sorrow and unrelenting grief

During these difficult times it is easy for dedicated health professionals, whether directly involved in the tragic events or not to lose sight of their own needs. Many feel compelled to help and provide their professional expertise and for some there is a realization that there is little one can do to change the outcome. The stress of this situation added to already stress filled professional and personal lives could result in severe stress, anxiety and feelings of powerlessness. The risk is the possibility of becoming victims to what Charles Figley, PhD, calls "compassion fatigue".

Compassion fatigue is a form of stress response unique to health care providers who daily deal with illness and death. Unlike critical incident stress, compassion fatigue is not generally related to any one single event, but is rather the result of an accumulation of stressful encounters. The day-to-day pain and suffering that all healthcare workers and especially critical care nurses are exposed to is a primary cause of compassion fatigue. The Gift From Within organization (www.giftfromwithin.org) has several valuable references available on this topic, including an excellent 15-minute videotape appropriate for inclusion in a staff discussion about compassion fatigue and critical incident stress.

Ongoing compassion fatigue, in combination with the added burden of a critical incident like the World Trade Center bombing, can lead to severe stress. The signs and symptoms of this stress may appear immediately or weeks to months later. The International Critical Incident Stress Foundation, Inc. has published on their website (www.icisf.org) a list of many of the possible signs and symptoms that may be experienced as a result of a critical incident. (See [Table 1](#)).

**Table 1. Signs & Symptoms
Of Critical Incident Stress**
(Occur During and After the Incident)

Physical	Intellectual	Emotional	Behavioral	Spiritual
Thirst	Nightmares	Guilt	Antisocial acts	Anger at God/Supreme Being
Fatigue	Uncertainty	Grief	Inability to rest	Questioning of previously held beliefs
Nausea	Hyper-vigilance	Panic	Intensified pacing	Withdrawal from church
Fainting	Suspiciousness	Denial	Erratic movements	Loss of meaning or purpose of faith
Twitches	Intrusive images of incident	Anxiety	Change in social activity	Change in religious involvement (↑ or ↓)
Vomiting	Blaming someone	Agitation	Change in speech patterns	Anger with clergy
Dizziness	Poor problem solving	Irritability	Loss of or increase in appetite	Sense of isolation from God/Supreme Being
Weakness	Poor abstract thinking	Depression	Hyper-environmental alertness	Religious rituals seem empty & meaningless
Chest pain	Poor attention/ decisions	Intense anger	Increased alcohol consumption	Inability to pray or communicate with God/Supreme Being
Headaches	Poor concentration/memory	Apprehension	Change in usual communications	Inability to find solace in religious beliefs
Elevated BP	Disorientation of time, place or person	Emotional shock		
Rapid heart rate	Difficulty identifying objects, people	Emotional outbursts		
Muscle tremors	(↑ or ↓) alertness	Feeling overwhelmed		
Grinding of teeth	(↑ or ↓) Awareness of surroundings	Loss of emotional control		
Shock symptoms		Inappropriate emotional response		
Visual difficulties		Feelings of powerlessness		
Profuse sweating		Desire to escape		
Difficulty breathing		Feelings of dread or impending doom		
		No reason to go on		

What can you do to help yourself and/or your co-workers cope with a critical incident and/or compassion fatigue? The stress literature recommends the following strategies:

Self-Help Strategies for Managing Critical Incident Stress or Compassion Fatigue

STRATEGIES	SUGGESTIONS
Do a critical incident debriefing	<ul style="list-style-type: none"> ◆ With a trained intervention therapist ◆ During (if possible) and immediately after the critical incident ◆ With other team members
Structure your time and keep busy	<ul style="list-style-type: none"> ◆ Re-establish old routines ◆ Resume a normal schedule as soon as possible
Give yourself permission to feel rotten	<ul style="list-style-type: none"> ◆ Take some time off to pamper yourself
Do something that makes you feel good	<ul style="list-style-type: none"> ◆ Get a massage or facial ◆ Do an activity you enjoy (e.g. go on a picnic, play ball, go to a game, get out into the country, take a hike, play with small children and/or pets, etc.)
Share your feelings with others	<ul style="list-style-type: none"> ◆ During group debriefings and one-to-one encounters
Accept whatever feelings you are having	<ul style="list-style-type: none"> ◆ It is a normal response to a dreadful experience ◆ Don't label yourself as crazy. ◆ Talk to people and share your feelings. ◆ Talk is the best medicine
Reach out to others	<ul style="list-style-type: none"> ◆ People do care. Give them a chance to help
Spend time with family and friends	<ul style="list-style-type: none"> ◆ Cherish the bonds that hold you together and celebrate your relationship
Be careful of numbing the pain with overuse of drugs or alcohol	<ul style="list-style-type: none"> ◆ Don't complicate matters by developing a substance abuse problem
Help your co-workers as much as possible	<ul style="list-style-type: none"> ◆ Share your feelings ◆ Check how they are feeling ◆ Encourage them to join in group debriefing sessions
Keep a journal	<ul style="list-style-type: none"> ◆ Fill it with all the feelings and pain that you can't express to others. ◆ You may find it especially helpful during times of added stress and anxiety or when sleep disturbances are more likely to occur
Get regular periods of appropriate physical exercise	<ul style="list-style-type: none"> ◆ Alternate with relaxation. It may alleviate many of the physical symptoms common to the stress response ◆ Play group games like baseball, touch football, tag, charades, board games, etc
Have a hearty laugh at least once a day	<ul style="list-style-type: none"> ◆ Watch comedies, old funny movies, play with your children or pets, etc
SMILE and mean it	<ul style="list-style-type: none"> ◆ Think about the good things and the blessings in your life ◆ Show your smile to others
Eat regular meals of wholesome food	<ul style="list-style-type: none"> ◆ Even if you aren't hungry ◆ Avoid high fat, sugar and salt foods

	<ul style="list-style-type: none"> ◆ Share your meals with others ◆
Take care of your body	<ul style="list-style-type: none"> ◆ Drink at least eight (8) glasses of water/day ◆ Try to get at least 6-8 hours of uninterrupted sleep per night
Reassert a sense of control in your life by doing something purposeful to help remedy the problem	<ul style="list-style-type: none"> ◆ Donate blood ◆ Give money to charity ◆ Volunteer your service
Make daily decisions	<ul style="list-style-type: none"> ◆ Even small ones will help you feel in control of your life again
Avoid any big life changes or decisions	<ul style="list-style-type: none"> ◆ This is not a good time to change jobs, move, go back to school, etc.
Accept that recurring thoughts, images and dreams are normal and will decrease with time	<ul style="list-style-type: none"> ◆ Telling someone about them may help ◆ Try to replace the negative thoughts with happy, joyous thoughts (e.g. visualize things that make you happy, take out photos of happy times, etc.)
Seek professional help if you are:	<ul style="list-style-type: none"> ◆ Feeling or experiencing any signs and symptoms of critical incident stress to the point where it is frightening or distressing to you ◆ Thinking about doing harm to yourself or others ◆ Getting feedback from family or friends expressing concern about your well being and advising you to seek help ◆ Just in need of someone to talk to about your experiences and feelings

Strategies for Family & Friends to Use With a Healthcare Worker Suffering from Critical Incident Stress or Compassion Fatigue

- ◆ Allow the person to talk about their experiences and feelings. Listen without judging or advising
- ◆ Spend time with the traumatized person and provide a comforting and accepting environment
- ◆ Offer to listen and support them, even if they do not ask for help
- ◆ Assist with everyday tasks and routines (e.g. offer to help with their patient care assignment or a personal task like grocery shopping)
- ◆ Give them private time to be alone with their thoughts
- ◆ Try not to take their anger or erratic emotions personally
- ◆ Tell them how sorry you are they had such a difficult experience and that you want to be supportive to them in whatever way possible
 - ◆ Avoid telling them "You are lucky, it could have been worse". They don't feel lucky and this only diminishes the trauma and negates its impact on them
 - ◆ If you see signs and symptoms that concern you, express your concern to the traumatized person and offer support and help

Resources are available from both the International Critical Incident Stress Foundation and the Gift From Within. Their web and mailing addresses and some of their resources are listed below.

Resources for Critical Incident Stress & Compassion Fatigue

International Critical Incident Stress Foundation, Inc.

10176 Baltimore National Pike, Unit 201

Ellicott City, MD 21042

Phone: (410) 750-9600

FAX: (410) 750-9601

<http://www.icisf.org>

Critical Incident 24 Hour Emergency Hotline

(410) 313-2473

Courses & Critical Incident Stress Debriefing Training

<http://www.icisf.org/classes/getclass.asp?id=36>

Critical Incident Stress Management in the Healthcare Setting

<http://www.icisf.org/classofferings.htm>

Table of Classes Offered

<http://www.icisf.org/congress6WC/>

6th World Congress

<http://www.icisf.org/classes/getclass.asp?id=32>

Domestic Terrorism and Weapons of Mass Destruction: A CISM Perspective

Downloadable Documents

<http://www.icisf.org/documents.htm>

Gift From Within Post Traumatic Stress Disorder Resources for Survivors & Caregivers

16 Cobb Hill Rd.

Camden, Maine 04843

Phone: (207) 236-8858

FAX: (207) 236-2818

www.giftfromwithin.org

Videos

<http://www.sourcemaine.com/gift/Html/resource.html>

1. "When Helping Hurts: Sustaining Trauma Workers" 1998
2. "Recovering From Traumatic Events: The Healing Process" 2001

Books:

<http://www.sourcemaine.com/gift/Html/resource.html>

1. [Assessing Psychological Trauma and PTSD](#) Edited by: John P. Wilson and Terence M. Keane. 1997 The Guilford Press.
2. ["Battered Woman."](#) Lenore E. A Walker.
3. ["Compassion Fatigue: Coping with Secondary Traumatic Stress."](#) Charles Figley,
4. ["Disasters: Mental Health Interventions \(Crisis Management Series\)."](#)John D. Weaver.
5. ["Handbook of Posttraumatic Therapy."](#) Edited by Mary Beth Williams, Ph.D, L.C.S.W., and John F. Sommer Jr. Greenwood Publishing Group, 1994.
6. ["How to Survive Trauma: A Program for War Veterans & Survivors of Rape, Assault, Abuse or Environmental Disasters."](#) Benjamin, PhD Colodzin, Olympia Institute, PO Box 750, Bolinas, CA, 94924.
7. ["I Can't Get Over it: A Handbook for Trauma Survivors."](#) Aphrodite Matsakis, Ph.D., New Harbinger Publications, Inc., 1992
8. ["Post-Traumatic Stress Disorder-A complete guide to PTSD."](#) Aphrodite Matsakis, Ph.D. , New Harbinger Publications, Inc., 1994
9. ["Post Traumatic Therapy"](#) in The International Handbook of Traumatic Stress Syndromes, F.M. Ochberg, Author, Wilson & Raphael, Editors, Plenum 1993
10. ["Post Traumatic Therapy and Victims of Violence."](#) Frank M. Ochberg, M. D. Brunner Mazel Publishers, 1988
11. ["Trauma and Its Wake: The Study and Treatment of Post-Traumatic Stress Disorder."](#) (Brunner Mazel Psychosocial Stress, Vol 4) by Charles R. Figley (Editor), Highly clinical, comprehensive, research, and intervention, 1986.
12. ["Trauma and Its Wake : Traumatic Stress Theory, Research and Intervention."](#)(Psychosocial Stress Series, No 8). Charles Figley,
13. ["Trauma & Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror."](#) Author, Judith Herman, M.D. Basic Books, 1992.

Articles:

<http://www.sourcemaine.com/gift/Html/resource.html>

1. Psychotherapy-Special Issue: "Psychotherapy with Victims," Guest Editors: Frank M. Ochberg and Diane J. Willis, Volume 28/No.1 Spring 1991, Available from Case Western Reserve University, Department of Psychology, 216-368-2841.
2. Bosnia's Death Highway: My Personal Story of Trauma Work, Compassion Fatigue and Hope, Danica Borkovich Anderson
3. Cultivating Resiliency, Speech given at the ISTSS Annual Conference, November 2000 Dr. Carl Bell
4. Bound By A Trauma Called Columbine, Frank M. Ochberg, MD

Music:

<http://www.sourcemaine.com/gift/Html/resource.html>

1. The Official CD of the ["Lullaby For Columbine"](#) Project featuring Rachael Lampa, Adrian Belew, Danny Oertli,

Survivor Psalm

***by Frank Ochberg, MD
and Gift From Within***

I have been victimized.
I was in a fight that was
not a fair fight.
I did not ask for the fight.
I lost.
There is no shame in losing
such fights, only in winning.
I have reached the stage of
survivor and am no longer a
slave of victim status.
I look back with sadness
rather than hate.
I look forward with hope
rather than despair.
I may never forget, but I need
not constantly remember.
I was a victim.
I am a survivor.

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