

## I. *Active Listening Skills*

- demonstrate understanding and remember your tone of voice

### Purpose:

- a. lower emotions and return subject to "normal"
- b. encourage behavioral change
- c. gather information
- d. establish rapport and influence

### Techniques:

- a. emotional labeling -
  - listen to the facts and hear the emotion then give it back to him
  - "you sound angry...."
  - "you seem hurt...."
  - "you sound betrayed...abandoned etc...."
  - "I didn't say you were angry, I said you sound angry.."
- b. paraphrasing
  - used to confirm meaning and display attentiveness
  - subject: "she's always talking and doesn't pay attention to what I say"
  - negotiator: "she doesn't listen to you"
- c. mirroring / reflecting
  - good initial technique to repeat the last few words especially if subject is ranting and raving
  - subject: "she doesn't pay attention to what I say to her and it makes me angry"
  - negotiator: "It makes you angry."
- d. summary
  - Periodically covering the main points, it's his story & his feelings in your words
  - "Ok, what you've told me so far is this.....and as a result you feel..... Do I understand correctly?"
- e. open ended questions
  - What ...?, When...? How...?
- f. minimal encouragers
  - periodically "Uh-huh.....really?" "yeah" "OK" etc
  - when subject is speaking for an extended time
  - subject may be used to hearing them when others were not "listening" to him
- g. effective pauses
  - immediately before or after saying something meaningful
  - can be an appropriate response to anger followed by an "I" message
- h. "I" messages
  - used to confront the subject about behavior that is counterproductive
  - "when you yell at me it makes me feel frustrated because it stops me from listening to you"
  - "when you ....I feel.....because..."
  - "when you scream at me I find it difficult to listen to you"

## Critical Incidents

1. Suicide of a colleague
2. Line of duty death
3. Serious line of duty injury
4. Disaster/ multiple casualty incident
5. Police shooting/ accidental killing or wounding of an innocent person
6. Significant events involving children
7. Prolonged incidents, especially with a loss of life
8. Personally threatening situations
9. Events with excessive media interest
10. Any significant event capable of causing considerable emotional distress for those who are exposed to it

**GREATER BOSTON CISM TEAM  
THINGS YOU CAN DO TO HELP YOURSELF**

**Available 24/7**

These are some suggestions. You know yourself best and know what works for you, but we have found these are most helpful for emergency services personnel.

- Within the first 24-48 hours, periods of mild, aerobic exercise alternating with relaxation to alleviate some of the physical and emotional reactions.
- Structure your time – keep busy.
- Make as many every day decisions as possible that will give you a feeling of control in your life.
- You're normal and having normal reactions – do not label yourself as crazy.
- Be aware of numbing the pain with overuse of drugs or alcohol. You don't need to complicate this event with a substance abuse problem.
- Reach out – people do care.
- Spend time with people who make you feel good.
- Give yourself permission to feel rotten.
- Help yourself and your co-workers by checking in with each other and see how they are doing. Just remember not to smother others.
- Get some rest.
- When you can't sleep, think about writing down your thoughts to release them.
- Do not make any life changing decisions during or immediately following a critical incident.
- Recurring thoughts, dreams or flashbacks are very common. Talk to someone.
- Eat small, well-balanced meals, even if you may not feel very hungry.

**GREATER BOSTON CISM TEAM  
CRITICAL INCIDENT STRESS REACTIONS**

**Available 24/7**

This is a short list of some common stress reactions. These reactions usually subside in 3 – 6 weeks. Call us if you're still experiencing these after 6 weeks. Follow up services may need to be considered.

**PHYSICAL \***

Fatigue  
Nausea  
Muscle tremors  
Twitches  
Elevated BP  
Rapid heart rate  
Thirst  
Headaches  
Visual difficulties  
Vomiting  
Teeth grinding  
Weakness  
Profuse sweating  
Fainting  
Chest pain, shock symptoms  
Difficulty breathing

**BEHAVIORAL**

Change in activity  
Change in speech patterns  
Withdrawal  
Emotional outbursts  
Suspiciousness  
Change in communication  
Loss or increase in appetite  
Alcohol or substance abuse  
Restlessness  
Irritability  
Non-specific body complaint  
Startle reflex  
Pacing  
Erratic movements  
Changes in sexual functioning  
or needs  
Road rage

**EMOTIONAL**

Anxiety  
Guilt  
Denial  
Severe pain  
Emotional shock  
Fear  
Uncertainty  
Loss of emotional control  
Depression  
Apprehension  
Feeling overwhelmed  
Intense anger  
Agitation  
The "emptied out" feeling

**COGNITIVE**

Blaming someone  
Confusion  
Poor decisions  
Heightened or lowered alertness  
Poor concentration  
Memory problems  
Hyper vigilance  
Increased or decreased awareness  
of surroundings  
Poor problem solving  
Difficulties identifying familiar  
objects or people  
Intrusive images

\*Any of these may indicate a need for medical evaluation.

**CISM TEAM**  
**Information Sheet for Significant Others**

Your loved one has been involved in an emotionally charged event, often known as a *critical incident*. S/he may be experiencing normal stress responses to such an event. No one is immune to critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during his/her career.

- The signs of critical incident stress are cognitive, physical, emotional, behavioral and spiritual. Your loved one has a handout explaining these. Ask to share it with you.
- Critical incident stress responses can occur immediately, within hours, days or even after weeks after the incident.
- Your loved one may experience a variety of signs and symptoms of a stress response or they may exhibit only one sign at a time.
- Suffering from the effects of a critical incident is completely normal. Your loved one is not the only one suffering – colleagues who shared the event are probably suffering with their reactions as well.
- Symptoms usually subside and disappear in time, sometimes with help. Don't be afraid to reach out for help. The MBCISM Team is available for family assistance. We can make the appropriate referrals.
- All phases of our life overlap and influence each other – personal and professional. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family and current life issues.
- Encourage, but do not pressure, your loved one to talk about the incident and his or her reactions to it. Talk is the best medicine. Your primary role here is to listen and reassure.
- Ask your loved one what would be most helpful during this time and try to accommodate his or her needs.
- If the signs and symptoms of distress do not subside after a few weeks, consider asking your loved one to seek further assistance. We can help you find a professional who understands, is knowledgeable and can guide you through this process.

