Responding to Critical Incidents

COSCA's Guidance for Counsellors and Psychotherapists

1. Critical Incidents

There is no specific definition of what might be a critical incident with attention often focused on the more extreme events which can occur, such as a fire, earthquake or terrorist threat. However, on a smaller scale, exposure to events such as a sudden death of someone in an organisation or an accident in a particular community, can affect people deeply.

The type of events that are encompassed in this guidance by the term 'critical incident' are those that involve traumatic community responses. This can be at local and/or national level and involve communities of place and interest. The events include:

- suicide or suspected suicide
- death due to violence,
- accidental death including road traffic accidents and drowning
- death through illness of members of a community of place or interest.

Responding to Critical Incidents

Following a critical incident, the immediate aims of all those involved in responding are to:

- console and offer comfort
- offer practical help
- recognise the abnormality of the experience of trauma
- recognise the normality of the post-trauma reaction
- not to medicalise or pathologise the reaction
- not to overwhelm with information
- provide informal support that seamlessly merges into other professional support.

In the early stages of a disaster, counsellors can:

- act as consultants to the incident manager, offering support and consultation to people who are in this very demanding lead role.
- sit in on critical incident planning meetings, which should be information exchanges rather than emotionally charged meetings, if this is requested. The counsellor's role at these meetings is to contain emotion and offer support rather than undermine the authority of the incident manager as leader of the group, and be available for individuals after these meeting if needed.
- offer reassurance that the reactions occurring are normal and to provide people with an understanding that it is the impact of the traumatise event that is making them feel the way they do rather than them having a serious mental health problem.
- consider offering low-key one-to-one counselling to support people who request it and/or who may have pre-existing vulnerabilities – states of anxiety, depression, trauma from a previous disaster, etc. Even if the offer of counselling is refused in the short-term, some may note the contact and use it later

Over the weeks and months following a critical incident, counsellors involved in responding should be visible and available as a source of reassurance, but should not impose counselling on anyone. Many people take up to three weeks to settle down after major trauma. Counsellors can help during this period by providing reassurance, explanation, and general normalisation of the response as most people need nothing more than this kind of support.

Different cultural and religious attitudes to death, disaster and trauma should be understood and taken account in responding to critical incidents.

References

World Health Organisation (WHO) (2006) *Report of the Psychological Support Programme in tsunami-affected populations in India*, International Review of Psychiatry, June 2006, 18(3:299-308.

Rose,S.,Bisson,J.,Churchill,R. and Wessely,S. (2006). *Psychological debriefing for preventing post-traumatic stress disorder (PTSD*). The Cochrane Database of Systematic Review, 4.

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