

## WHO is the On-Site Academy?

The On-Site Academy has a skilled staff of licensed clinicians, CISM advanced-trained peers, national trauma consultants, and additional support staff from Law Enforcement, Fire, Emergency Medical Services, Military and family of first responders.

### For more info...

We know you have questions. Please do not hesitate to contact us!

Ph: (978) 874-0177

Fx: (978) 874-0770

info@onsiteacademy.org

www.onsiteacademy.org

www.facebook.com/onsiteacademy

Want to talk to someone that has been through the program? We have many graduates willing to talk to you about their experience with On-Site Academy! They remember what it was like to walk through these doors.

"A place to go to get away from the everyday stressors of life, start the healing process, an deal with the incident that put you out of service in the first place."

-Stowe, MA. Firefighter, E.M.T., and  
Navy veteran of the U.S.S. Iowa  
explosion

We take your confidentiality very seriously! Please make an appointment before arriving.



## On-Site Academy

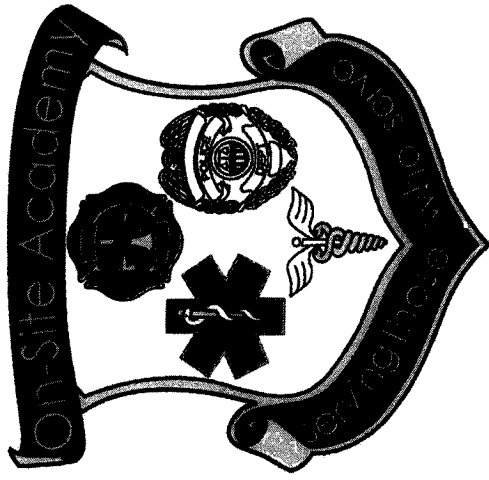
P.O. Box 1031;  
Gardner, MA 01440  
219 Bragg Hill Road;  
Westminster, MA 01473

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# On-Site Academy

"Serving Those Who Serve"



Training and treatment for emergency personnel working on critical incident stress management and/or substance abuse.

### Emergency personnel:

Firefighters, Law Enforcement, Emergency Medical Personnel, Military Personnel and other first responders.

Phone: (978) 874 - 0177

Pager: (781) 553 - 0542

## Critical Incidents / Trauma

Emergency Personnel have extraordinarily high coping abilities and deal with events, almost daily, that would be highly stressful for any "normal" person. No matter what uniform is worn, he or she is a human being first. Beyond personal histories of traumatic events are work related incidents known to be critical incidents such as:

- Line of duty death/injury
- Suicide of a working colleague
- Serious injury/death of a child
- Prolonged failed rescue
- Mass casualty
- Victim known to responder
- Safety jeopardized
- Administrative betrayal
- Excessive media coverage

These events can overwhelm even the most experienced veteran. In addition, the cumulative effects of years of experience and coping in the field can also be overwhelming. Nightmares, flashbacks, fear of the event happening again, appetite and sleep disturbances, nausea, anxiety and even interruptions in intimacy, are but a few of the possible reactions to stress/trauma.



Main Campus - Windy Hill

## Substance Abuse / Addictions

There is a growing awareness of substance abuse in emergency personnel. Yet many civilian facilities are not equipped to treat emergency personnel in a residential setting in a way that creates safety and understanding for the population. At on-Site Academy emergency personnel work with other emergency personnel. This enables treatment to be open and honest without judgment.

## Why Trauma and Addictions Together?

The integrated model of treating Trauma and addictions together is more and more often considered the treatment of choice as today's understanding of the two diagnoses continues to grow.

Becoming abstinent from substances does not 'fix' Trauma and, in some cases, may cause the symptoms to worsen. Creating a safe environment to treat both the Trauma and the substance abuse simultaneously allows for greater and lasting success.



Our main rooms are all set-up family style

## Programs

Programs are tailored to benefit the individuals participating. Our most common programs include:

### Intensive Intervention Program:

Treatment and education focusing on Critical Incident Stress Management

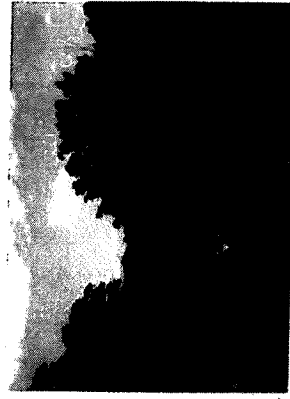
**RESTORE:** 3-day program for combat veterans (from all time periods) returning to or entering emergency personnel jobs at home.

**Extended Care Program:** 30-90 day program for critical incident stress and addictions together.

**Transition Program:** Allows return to home and work while still receiving addictions support.

**W.I.N.G.S. Widows/Widowers In Need of Grief Services following Line-of-Duty Death Suicide, Accident and/or Natural Causes.**

**Family Education and Support:** Non-residential services for loved ones affected by and/or concerned about an emergency personnel's career and/or symptoms.



Located on 29 acres of land; the rest of the world melts away.



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### Critical Incident List

- Line of Duty Death / Serious Injury
- Suicide of a Working Colleague
- Death / Serious Injury to a Child
- Police Shootings
- Prolonged Failed Rescue
- Mass Casualty Incidents
- Victim Known to Responder
- Personal Safety Unusually Jeopardized
- Administrative Betrayal
- Excessive Media Coverage



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### Personality Traits of First Responders

- Need to be in control
- Obsessive (desire to do a perfect job)
- Compulsive (tend to repeat the same actions for very similar events; traditional)
- Highly motivated by internal factors
- Action oriented
- High need for immediate gratification
- Easily bored
- Risk takers
- Rescue personality (always rescuing)
- Highly dedicated



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## CRITICAL INCIDENT STRESS INFORMATION SHEET

You have experienced a traumatic event or critical incident (*any incident that causes emergency service personnel to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later*). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience aftershocks when they have passed through a horrible event.

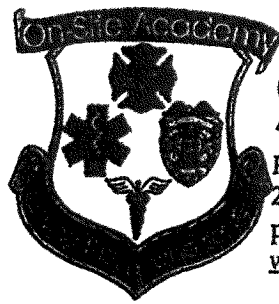
Sometimes the emotional aftershocks (or stress reactions appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself or herself.

Here are some very common signs and signals of a stress reaction:

Physical	Cognitive	Emotional	Behavioral
<ul style="list-style-type: none"> <li>• fatigue</li> <li>• nausea</li> <li>• muscle tremors</li> <li>• twitches</li> <li>• chest pain*</li> <li>• difficulty breathing*</li> <li>• elevated BP</li> <li>• rapid heart rate</li> <li>• thirst</li> <li>• headaches</li> <li>• visual difficulties</li> <li>• vomiting</li> <li>• grinding of teeth</li> <li>• weakness</li> <li>• dizziness</li> <li>• profuse sweating</li> <li>• chills</li> <li>• shock symptoms</li> <li>• fainting</li> <li>• etc.</li> </ul>	<ul style="list-style-type: none"> <li>• blaming someone</li> <li>• confusion</li> <li>• poor attention</li> <li>• poor decisions</li> <li>• heightened or lowered alertness</li> <li>• poor concentration</li> <li>• memory problems</li> <li>• hypervigilance</li> <li>• difficulty identifying familiar objects or people</li> <li>• increased or decreased awareness of surroundings</li> <li>• poor problem solving</li> <li>• poor abstract thinking, loss of time, place, or person</li> <li>• disturbed thinking</li> <li>• nightmares</li> <li>• intrusive images</li> <li>• etc.</li> </ul>	<ul style="list-style-type: none"> <li>• anxiety</li> <li>• guilt</li> <li>• grief</li> <li>• denial</li> <li>• severe panic (rare)</li> <li>• emotional shock</li> <li>• fear</li> <li>• uncertainty</li> <li>• loss of emotional control</li> <li>• depression</li> <li>• inappropriate emotional response</li> <li>• apprehension</li> <li>• feeling overwhelmed</li> <li>• intense anger</li> <li>• irritability</li> <li>• agitation</li> <li>• etc.</li> </ul>	<ul style="list-style-type: none"> <li>• change in activity</li> <li>• change in speech patterns</li> <li>• withdrawal</li> <li>• emotional outbursts</li> <li>• suspiciousness</li> <li>• change in usual communications</li> <li>• loss or increase of appetite</li> <li>• alcohol consumption</li> <li>• inability to rest</li> <li>• antisocial acts</li> <li>• nonspecific bodily complaints</li> <li>• hyperalert to environment</li> <li>• startle reflex intensified</li> <li>• pacing</li> <li>• erratic movements</li> <li>• change in sexual functioning</li> <li>• etc.</li> </ul>

\*Definite indication of the need for medical evaluation.



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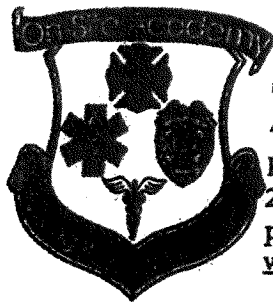
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### Things to try:

- Within the first 24 - 48 hours periods of strenuous physical exercise, relaxation will alleviate some of the physical reactions.
- Structure your time -- keep busy.
- You're normal and having normal reactions -- don't label yourself crazy.
- Talk to people -- talk is the most healing medicine.
- Be aware of numbing pain with overuse of drugs or alcohol, you don't need to complicate this with a substance abuse problem.
- Reach out -- people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they're doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal; write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Make as many daily decisions as possible, which will give you a feeling of control over your life (i.e.: if someone asks you what you want to eat, answer them even if you are not sure).
- Get plenty of rest.
- Reoccurring thoughts, dreams, or flashbacks are normal -- don't try to fight them, they'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

### For Family Members & Friends

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks (like cleaning, cooking, caring for the family, minding the children).
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse" -- those statements do not console traumatized people. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.



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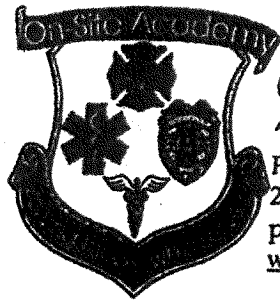
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## CRITICAL INCIDENT STRESS INFORMATION FOR SIGNIFICANT OTHERS

Your loved one has been involved in an emotion-charged event, often known as a critical incident. He/She may be experiencing normal stress responses to such an event (critical incident stress). Critical incident stress affects up to 87% of all emergency personnel exposed to a critical incident. No one in emergency services is immune from 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.

### IMPORTANT THINGS TO REMEMBER ABOUT CRITICAL INCIDENT STRESS:

- The signs of critical incident stress are physical, cognitive, emotional and behavioral. Your loved one has received a handout outlining these signs. Please ask him/her to share it with you.
- Critical incident stress response can occur right at the scene, within hours, within days, or even within weeks.
- Your loved one may experience a variety of signs/symptoms of a stress response or he/she may not feel any of the signs at this time.
- Suffering from the effects of critical incident stress is completely normal. Your loved one is not the only one suffering; other emergency personnel shared the event and are probably sharing the reaction.
- The symptoms will normally subside and disappear in time if you or your loved one do not dwell upon them.
- All phases of our lives overlap and influence each other; personal, professional, family, etc. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family, and current developmental issues.
- Encourage, but do NOT pressure, your loved one to talk about the incident and his/her reaction to it. Talk is the best medicine. Your primary "job" is to listen and reassure. Remember that even if the event is upsetting to you and your loved one, your children may be affected, also. They may need to talk, too.



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### What about the kids?

Kids, especially younger kids, react to stressful situations with some of the following signs:

- Acting out behavior
- Regressive behavior
- Anxiety
- Protectiveness
  - We get protective of them
  - They get protective of us

When talking with your kids, remember:

- Kids are much more concrete in their thinking than adults are. They don't grasp abstract concepts.
- Make sure you talk to them at a level they can comprehend.
- "If you're anxious, your kids will be anxious:."

Other things to keep in mind:

- Adolescents exposed to trauma can develop PTSD more quickly because they haven't developed the ability to process trauma.
- Adolescents can be very self-centered, can react as if an event only impacts them.



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## INFORMATION FOR FAMILIES

### Family Signs and Symptoms:

Because they are confronted with the reactions of their responder to traumatic incidents, members of emergency service families also are prone to exhibiting signs and symptoms.

Research done by Charles Figley, a Florida psychologist, found that family members of emergency personnel who were exposed to traumatic incidents also began to show signs and symptoms of post-traumatic stress.

Signs and Symptoms of Critical Incident Stress which may be experienced by family members:

#### Physical

- nausea
- tremors
- feeling uncoordinated
- profuse sweating
- chills
- diarrhea/constipation
- dizziness
- rapid heartbeat
- elevated B.P.
- headaches
- sleep disturbance
- decreased sexual activity
- easily startled
- shock

#### Cognitive

- slowed thinking
- difficulty making decisions
- confusion
- disorientation
- depression
- trouble concentrating
- memory problems
- difficulty with names
- distressing dreams
- poor attention span
- difficulty calculating
- problem-solving difficulty
- memory lapses

#### Emotional

- anxiety/panic
- fear for responder
- survival guilt
- grief
- feeling numb
- sadness
- irritable toward children
- feeling lost
- feeling isolated from spouse
- unappreciated by spouse
- avoidance of spouse
- anger at spouse
- isolation

It is important to remember that these signs and symptoms, if they appear, are NORMAL, too. The only thing ABNORMAL is the event which triggered the signs and symptoms.

Remember, if any of these signs and symptoms turn up in your family, contact either your family doctor, a mental health professional, or the CISM Team whose phone number is listed elsewhere in this handout. Where you get help doesn't matter, only that you get help. Don't hesitate to call, and don't wait.



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## Listen

When I ask you to listen to me and you start giving me advice, you have not done what I asked, nor heard what I need.

When I ask you to listen to me and you begin to tell me why I shouldn't feel that way, you are trampling on my feelings.

When I ask you to listen to me and you feel you have to do something to solve my problem, you have failed me, strange as that may seem.

Listen! All I ask is that you listen. Don't talk or do – just hear me. Advice is cheap; 50 cents will get you both Dear Abby and Billy Graham in the same newspaper. That I can do for myself; I am not helpless. Maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do for myself, you contribute to me seeming fearful and weak. But when you accept as a simple fact that I do feel what I do feel, no matter how seemingly irrational, then I can stop trying to convince you and get about this business of understanding what's behind what I am saying and doing – to what I am feeling.

When that's clear, chances are so will the answers be, and I won't need any advice. (Or then, I'll be able to hear it!) Perhaps that's why prayer works, sometimes, for some people – because God is mute, and he doesn't give advice or try to fix things. God just listens and lets you work it out for yourself.

So please listen, and just hear me. And if you want to talk, wait a minute for your turn – and I will listen to you.