## Emotional and Pyschological First Aid

#### Basic Objectives of Psychological First Aid

- Connect -- Establish a human connection in a non-intrusive, compassionate manner.
- Comfort -- Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Stabilize -- Calm and orient emotionally overwhelmed or distraught survivors.
- Gather Information -- Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate.
- Practical Assistance -- Offer practical assistance and information to help survivors address their immediate needs and concerns.

#### Basic Objectives of Psychological First Aid

- Social Support -- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.
- Highlight Survivor's Efforts -- support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Information about Coping -- Provide information that may help survivors cope effectively with the psychological impact of disasters.
- Link -- Be clear about your availability, and link the survivor to another member of a disaster response team or to local recovery systems, mental health services, or other resources/organizations.

## **Delivering Psychological First Aid**

- Model healthy responses; people take their cue from how others are reacting.
   Be calm, clear-headed, helpful, patient, responsive, and sensitive.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional/physical reactions, and practice self-care.
- Politely observe first; don't intrude. Then ask simple respectful questions to determine how you may help.
- Often, the best way to make contact is to provide practical assistance (food, water, blankets).

## **Delivering Psychological First Aid**

- Speak calmly, in simple concrete terms; don't use acronyms or jargon.
- If survivors want to talk, listen, and focus on hearing what they want to tell you, and how you can be of help.
- Acknowledge the positive features of what the survivor has done to keep safe.
- Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

## Some Behaviors to Avoid

- Do not make assumptions about what survivors are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have experienced. Do not label reactions as "symptoms," or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."
- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people feel safer and more able to cope.
- Do not "debrief" by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a survivor's question, do your best to learn the facts.

## Somatics and the Nervous System

- Autonomic Nervous System (ANS) regulates automatic
- functions in the body, e.g. digestion, heart rate, stress
- responses
- Three components of the Autonomic Nervous System
  - Social nervous system
  - Sympathetic nervous system
  - Parasympathetic nervous system

# **Experiences of the Window of Presence**

- Open, curious, relaxed, alert
- Felt sense of your body
- Available to connection
- Perceive and react accurately to surroundings
- Sense of competence
- Sense of choice and options
- Draws on social engagement to problem solve and work
- together
- Oriented to time and place

## Supporting Engagement in Social NS - 1

- Help the person become curious about their inner and
- outer experience
- Notice information coming to the five senses in the
- moment
- Be responsive and use facial expressive, especially
- upper face
- Make verbal contact, with prosody and a calming voice

## Supporting Engagement in Social NS - 2

- Make brief frequent eye contact, or sustained eye
- contact, if they lock on
- Bring awareness to touch: your contact or somewhere
- they are contacting with their body
- Encourage mindfulness, having an engaged witness
- Give a sense of nonjudgmental caring
- Have the person feel heard and understood, so they
- feel "gotten" and "felt"

## Supporting Engagement in Social NS - 3

- See and recognize them in their health and intelligence
- Reflect them in their capacities and resources
- Have the person remember someone who lights up
- when they see them
- Help the person remember allies in their life, or
- someone/people here now

## **Group Social Nervous System Actions**

- Chanting/singing
- Physical and eye contact
- Games
- Brainstorming, problem solving
- Working together
- Mutual aid
- Providing for/taking care of each other
- Utilizing the principles: connected and differentiated

## Signs of Sympathethic NS States - 1

- Fight and flee stress responses
- Anxiety, panic, emotional flooding, sense of danger
- Hypervigilant and hyperactive
- Exaggerated startle
- Restless, unable to relax
- Rage
- Impulse to bolt (lots of energy in limbs)

## Signs of Sympathethic NS States - 2

- Heart and respiratory rates increase
- Energy moves upward in the body, toward the head
- Blood goes to the muscles and away from the
- periphery, the organs and the face
- Extremities become cold
- Pupils dilate, skin color is pale, skin becomes cold and
- clammy
- Hypersensitivity to light, sound, motion

## Signs of Sympathethic NS States - 3

- Sped up thinking, intrusive and cycling thoughts,
- images, and emotions
- Less aware of the present, relationships, or the
- environment (subtle or acute)
- Inablity to contain the energy and a feeling of
- overwhelm

#### Bringing Sympathetic States Back Into the Window of Presence - 1

- Slow the pace, use the principle of the pause
- Containment, flex arms and legs
- Give them firm contact or they can cross their arms,
- hold their upper arms with their hands, press with their
- hands into the center of their arm and leg muscles
- Help them orient to the present (time, place)
- Remind them they are in 2 time zones their body is
- having a memory, there is no actual danger right now

#### Bringing Sympathetic States Back Into the Window of Presence - 2

- Ask: "What helps you know you are here just now?";
- "What brings you most into the present?"
- Notice sounds, sights, sensations, "Notice what your
- eyes like seeing right now"
- Limit information to sensation only, have the person
- notice sensations in the present
- Ask them to drop the

#### Bringing Sympathetic States Back Into the Window of Presence - 3

- Ask them about the sensations they notice, get curious:
- "What do you notice now?"; "And what happens next?";
- "How does it move or change?"
- Have them notice the edges of the sensation and watch
- for movement or change there
- If they continue to cycle, ask them to locate 6 green
- objects in the room

## Signs of Freeze

- Hyper-arousal + immobility
- Feeling unable to move, stiff, rigid, constricted muscles
- Eyes don't see or relate with presence
- Unable to feel
- Sympathetic and parasympathetic at the same time
- Energy intensive (people tire quickly here and if it is
- ongoing the person will often go into collapse)

## **Bringing Frozen States Back Into the Window of Presence**

- Contain/squeeze with firm solid contact
- Move the threat away (even if it imagined/in their mind)
- Flex and release muscles
- Breathe into belly, use sound
- The person may move out of freeze into sympathetic
- (because this was the previous state)

## Signs of Parasympatheitc NS States

- Collapse
- Withdrawal
- Minimal breathing
- Submissive, passive
- Flaccid muscles
- Low affect or facial expression, lack of relating
- Unable to think clearly
- Little presence or sense of life force, depression
- Spaciness and diffuseness

#### **Bringing Parasympathetic States Back Into the Window of Presence**

- Feel the tone in your own body
- Orient the person to what is happening, have them
- orient and notice details around them
- Encourage micro-movements
- Try creative opposition in gentle ways
- Verbal contact
- Stimulating touch rocking, pressing

## **Include Other Body Needs**

- Anticipate basic needs as best you can:
- ► Warmth
- ► Food
- ► Water
- Offer it rather than asking "Can I get you anything?"

## **Just Being**

- Your heart has a measurable electromagnetic field that
- extends out 25 feet (strongest within 3 feet)
- Hearts sense the heart rate of the other and sync
- When your heart rate is steady, even just standing next
- to someone helps
- Try to get close to them (with consent), within 3 feet is
- good, hand on back even better and steady your own
- breathing and heart rate, feel your own feet on the
- ground, take a deep breath

## **Know Your Own Signs**

- What are your signs that you are going out of your
- window of presence?
- Hyper Sympathetic states?
- Hypo Parasympathetic states?
- What helps you to get grounded/present again?
- Make a list of resources/practices for yourself, put this
- somewhere you can see it/access easily as needed
- Somatic practices yield cumulative harvests/nourishment

- What are the places/patterns/habits in your nervous
- system that are challenging for you to navigate?
- What is challenging for you in the emotional support
- role?
- What are you working to deepen/grow/cultivate in
- yourself in emotional first aid
- In caring for yourself
- In caring for others

## Integration

- Often we skip over the ends of things: the follow through
- and integration phases, this is a society-level issue
- (skipping from action to action, activity to activity)
- This leaves experiences incomplete and unintegrated,
- positive or negative
- It is a time to discharge any left over mobilized energy
- Metabolize, debrief, storytelling, sharing, listening
- Make space for this after an emotional first aid
- experience, for all involved

## **Peer Counseling**

- Peer-counseling can help us stay grounded and centered, and can give us the space to remain whole and intact under tense and scary circumstances.
- Often, a few people who want to be peer counselors would be located in a medic area to listen to survivors or others who are in crisis.
- Remember, you're not trying to be a professional or "have it all together". Peer counseling is about being real and sharing our humanity.
- Corporate monocropped culture suppresses true listening and imposes labels, rigid habits, and preconceived notions.
- Real support and caring means breaking down habitual ways of interacting, and meeting each other in spaces of true, effective listening.
- Reflect upon the political dimension of personal problems, and reframe problems within a framework of a crazy-making society instead of blaming the person suffering.
- Think back to those few friends, mentors, counselors, or family members who have had the biggest impact on you. how would you characterize the communication between you? was it helpful, meaningful, telepathic, or inspirational?
- Chances are that those who influence us most are powerful listeners. Whether instinctively or through practice, they have developed the skill of empathy.

## 4 Characteristics of Empathetic Listeners

- I. desire to be other-directed, rather than to project one's own feelings and ideas onto the other.
- 2. desire to be non-defensive, rather than to protect the self. when the self is being protected, it is difficult to focus on another person.
- 3. desire to imagine the roles, perspectives, or experiences of the other, rather than assuming they are the same as one's own.
- 4. desire to listen as a receiver, not as a critic, and desire to understand the other person rather than to achieve either agreement from or change in that person.

#### 10 Discrete Skills for Empathetic Listening

- 1. attending, acknowledging --- providing verbal or non-verbal awareness of the other, ie, eye contact.
- 2. restating, paraphrasing --- responding to person's basic verbal message.
- 3. reflecting --- reflecting feelings, experiences, or content that has been heard or perceived through cues.
- 4. interpreting --- offering a tentative interpretation about the other's feelings, desires, or meanings.
- 5. summarizing, synthesizing --- bringing together in some way feelings and experiences; providing a focus.

## 10 Discrete Skills for Empathetic Listening

- 6. probing --- questioning in a supportive way that requests more information or that attempts to clear up confusions.
- 7. giving feedback --- sharing perceptions of the other's ideas or feelings; disclosing relevant personal information.
- 8. supporting --- showing warmth and caring in one's own individual way.
- 9. checking perceptions --- finding out if interpretations and perceptions are valid and accurate.
- 10. being quiet --- Allow periods of silence while we find what to say. Don't react or speak up automatically. Watch how your reactions to what others say reflect your own experience, not the person speaking. Give yourself time to respond from a deeper place.

#### Practice!

- In a group of 2, one person begins as the listener while the other person shares.
- After 3 minutes, switch roles.

## References

- "Psychological First Aid Field Operations Guide."
  <u>https://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp</u>
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