

**CERT role** is to calm the scene by stabilizing individuals. Not ‘therapy’; rather, it is a set of techniques to provide support, emotional intervention during field operations.

- ✓ Stabilize Individual: Assess for injury and shock.
- ✓ Acknowledge their feelings—listen. Empathize with compassion, protect, connect. Support doesn’t mean fixing the problem or the person. When someone cares, it helps already
- ✓ Realize that some agitation & frustration may be directed at handy volunteers. Attempt to re-direct their energy. Engage help or leave if you feel threatened.

**Varied coping styles & traditions** in different cultures: treat all people with reverence and respect. E.g., uncomfortable with speaking about death? or: “Don’t talk about emotions; just deal with it!” or Don’t touch opposite gender. Apologize if there’s a strong negative response. May find another person with similar background to take over with a particular individual

(See: FEMA Independent Study course IS-505: “Religious and Cultural Literacy and Competency in Disaster” on the FEMA EMI website: <http://training.fema.gov> )

**General strategies**: Listen, support, reassure, encourage to follow instructions, distract, engage in helping. Be upfront, direct, realistic, truthful, even w/children, age-appropriate

- Model calmness: Stay calm, voice even. Smile, even with mask on (eyes can smile; it influences your tone). Keeping an unruffled tone can even impact your own state of mind.
- Always ask permission to enter their space, to provide help, or to interact/ touch them.
- Use active, empathetic listening: occasionally paraphrasing what they’re seeming to express, to confirm your understanding, and that they’re being heard.
- Ask the name of the individual they are worried about or lost. Recognize that deep bonds can produce profound emotions, grief.
- Talking while eating together may develop comradery (breaking bread)
- Not “How are you?”: (too easy to say ‘Fine’)- Try: “..Nice to meet you..is it OK if we talk a few minutes, \_\_\_(name)?” “...What’s hardest for you right now?” “..What do you need right now?”
- Avoid out-loud labeling, e.g., ‘traumatized’, etc.
- May engage them in a task, to feel useful, as distraction. Helping can be restorative.
- Leave them more comfortable: Blanket, hydration? Pre-identify time constraints, so you don’t leave abruptly, if you can help it. “I hope to be able to return in the next \_\_\_½ hr...” or “These people\_ know that you’re here” or “I will be letting help know you are here...”

**Avoid Saying:** “I understand.”, “Don’t feel bad.”, “You’re strong/You’ll get through this.”, “Don’t cry.”, “It could be worse”, “At least you still have\_...”

**Instead Say:** “I’m here to listen.”, “I’m here for you, now.”, “Tell me what’s happening.”, “Cry if you want/need to.”, “This IS difficult/challenging...”

### **Children:**

How are you feeling? Are you with someone? Do you have questions? Listen at their level, shield from harsh sights if possible, find quiet area with good distractions, not alone, hold them, drink (if appropriate)/ warmth, provide activity, toy; something familiar or cuddly. Leave documentation with ID & condition, date/ time.

### **Over aroused survivor:** agitated, enraged, hysterical, breathing heavily, panicked

- They may feel: fear, loss of control of their environment, deep frustration, anger, intense sadness, traumatic grief & loss.
- Deep breaths: Speaking slooowly, evenly paced- “Let me try to answer any of your questions. And first, will you do me a favor- just breath *with me*, r e a l s l o w-- nice big breaths counting to 4, like this— *in-* 1,2,3,4 (you do it obviously); *hold-* 1,2,3,4; *out-* 1,2,3,4. Good!... Now again...”
- May need to separate out a particularly agitated individual; distress is contagious.
- CERT members should never deal with unruly or out-of-control individuals/crowds. Be clear, polite, respectful (“sir”; “ma’am”)- confident communication can head off negative encounters. Have a planned escape route. If uncomfortable, call for backup. Back away from situation
- Direct them with “**Do** this/ please go here\_\_\_”, instead of a “**Don’t** do this\_\_\_” for better response
- Stressful survivors can show signs of being suicidal, psychotic, or unable to care for themselves. Be sure to refer these cases.

**Dissociative survivor:** Shut-down, stunned, immobile, pale, numb, vacuous, lack of focus, disoriented, low responsiveness, helplessness, vulnerable

- Sense of perspective & time can be off; replays of scenes are common
- Making eye contact, (except in some cultures with opposite gender): “Can you tell me what’s going on? Show me if something hurts? Let’s take some good, quick breaths-- In-out- in- out..” (as above, but quicker to energize them).
- Walk & talk: “Do you think that you can come out here with me? ...Let’s walk over here- will you come with me?” “...Let’s check this out....”
- Don’t force conversation if they’re not ready- allowing for silence can sometimes stimulate them to fill the void. Check back on a regular basis to see if their reactions or needs have changed.

**Some response categories to stress-** (Five Fs): 1) freeze, 2) flight, 3) fight (attempt to combat the threat), 4) fright (physical immobility as a protective instinct), and 5) faint.

**Stress is natural response to change or loss. Underlying causes:**

Emotional: nervousness, agitation; irritability, feeling out of control; helplessness; self-blame; shock; numb & stunned; disconnect from love or joy, relationship discord; grief; detachment, withdrawal; denial; feelings of abandonment; being overwhelmed and fragile.. or, exhilaration from surviving, from adrenalin; mood swings.

Cognitive: difficulty making decisions. Repeatedly replaying the traumatic event, and flashbacks, reoccurrence of disturbing dreams; rumination or racing thoughts. Always being on guard or on constant alert. Feelings of dissociation; distortion of time and space.

Spiritual: loss of hope; limited expectations about life, obsessive use of prayer; loss of self-efficacy; feelings of despair and disillusionment; intense questioning (“Why Me?”); redefining meaning and importance of life.

Help survivors connect to natural support systems, such as family, friends, or clergy

**Possible Physical Symptoms:**

Loss of appetite; headaches or chest pain; diarrhea, stomach pain, or nausea. Hyperactivity. Increase in alcohol or drug consumption. Nightmares; the inability to sleep, and fatigue or low energy

May help them decide what their basic needs are and how to get access to improvement (e.g., encouraging healthy eating and resting)