

**Our role is to calm the scene by stabilizing individuals. Not ‘therapy’; rather, it is an intervention to provide emotional balance and support during field operations.**

**Keep in mind:** Foremost address medical needs. Don't forget comfort & digestive needs.

Promote effective coping strategies and facilitating resilience

Acknowledge feelings— empathy, compassion. Support doesn't mean fixing the problem or the person. When someone cares, it helps already

**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. OK to apologize if strong negative response. May find another person with similar background to take over with a particular individual

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

- Always ask permission to enter their space, to provide help, or to interact/ touch them.
- Stay calm, voice even. Smile, even with mask on (eyes can smile; it influences your tone).

#### **Model calmness**

- **Use active, empathetic listening:** occasionally paraphrasing what they're expressing, and confirm your understanding. "... What I'm hearing you say is...."
- Talking while eating together may develop comradery (breaking bread)
- Not "How are you?" (too easy to say "Fine"). "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?"
- Allow for silence
- 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"... "I will be letting help know you are here"...

#### **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 tasks, toy, stuffed animal; something familiar. Leave documentation with ID & condition, date/ time.

**Over aroused survivor**: Panicked, hysterical, enraged, breathing heavily, agitated

- They may feel: fear, anger, intense sadness, deep frustration, and traumatic grief, loss of control & unpredictability.
- Deep breaths: Speaking slooowly, evenly paced- “Let me answer any of your questions. 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* (blow)- 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 crowds. Clear, polite, respectful confident communication can prevent negative encounters. Have a planned escape route. Call for backup, if uncomfortable. Back away from situation, as needed
- Stressful survivors can show evidence 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). “Do you think that you can come out here with me? ...Let’s walk over here, will you come with me?”
- Don’t force conversation if they’re not ready. Check back on a regular basis to see if their reactions or needs have changed

**Responses to stress**-(Five Fs): 1) freeze, 2) flight, 3) fight (attempt to combat the threat), 4) fright (immobility), and 5) faint.

### **Psychological Reactions**

Emotional: nervousness; helplessness; shock; numbness; inability to feel love or joy; feelings of abandonment. Or, agitation; feelings of detachment; exhilaration as a result of surviving; unreal feelings; feelings of being out of control; instances of denial; feelings of being overwhelmed; and feelings of fragility.

Cognitive: difficulty making decisions; reoccurrence of disturbing dreams; memories and flashbacks; feelings of always being on guard or on constant alert; feelings of dissociation; distortion of time and space; rumination or racing thoughts; or repeatedly replaying the traumatic event.

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

**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

**Help them decide** what their basic needs are and how to get access to them; e.g., encouraging healthy eating and resting. If access to resources, help survivors connect to natural support systems, such as family, friends, clergy, public agencies