Nebraska Psychological First Aid Curriculum

UNIVERSITY OF NEBRASKA
PUBLIC POLICY CENTER

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Nebraska Psychological First Aid Training Program
University of Nebraska Public Policy Center

Brief Overview
This training program is an adaptation of "Community-Based Psychological Support" developed by the International Federation of Red Cross and Red Crescent Societies. The purpose of the Nebraska psychological first aid program is to equip natural helpers to provide psychological support to survivors of critical events (e.g. disasters, conflicts, accidents, etc.). This training program is 8 hours long and designed to fit into the busy schedule of natural helpers and community responders. It is segmented into seven modules, each addressing critical skills that can make an immediate and lasting impact on a person's psychological health following a crisis.

The Modules

(1) Psychological support – 1 hour
Defines psychological support and provides natural helpers with skills to provide support to individuals following critical events. The module focuses on providing psychological support in disasters, but the approach is applicable and relevant to other contexts as well.

(2) Stress and coping – 1 hour
This module focuses on how natural helpers can help people manage stress. Basic information about stress and coping is provided along with simple intervention techniques.

(3) Supportive communication – 1.5 hour
Natural helpers may find themselves in challenging situations, where feeling confident about how to communicate well with other people is vitally important. This module provides practical communication tools that can be used in many situations.

(4) Promoting community self-help – 1 hour
Module 4 explores how to engage individuals and communities in their own recovery process. Engaging people in their own recovery can reduce feelings of powerlessness, which in turn may reduce the risk of developing more serious psychological problems later.

(5) Populations with special needs – 1 hour
Module 5 describes populations who are vulnerable to the psychological effects of a disaster or traumatic event. It explores the psychological needs of these groups, while recognizing the vital role they play in social and community structures.

(6) Helping the helper – .5 hour
Timely and adequate support for helpers is a prerequisite for providing quality care and relief to others. Helpers may be affected both positively and negatively by the experiences they have caring for others. This module provides information that can assist helpers tp care for their own mental health needs.

(7) De-escalation – 2 hour
This module focuses on working with agitated or angry individuals and the strategies that can be employed to assist them. Natural helpers are introduced to active listening, interviewing and empathy skills that are useful in helping others manage fear and anxiety.

International Federation of Red Cross and Red Crescent Societies. (2003). *Community-based psychological support Training manual.*
Zagurski, R., Bulling, D., Chang, R. (2004). Nebraska Psychological First Aid Curriculum. Lincoln, NE: University of Nebraska Public Policy Center.

Nebraska Psychological First Aid – Trainer Manual

This manual is designed to help you deliver information to adult learners. It includes suggestions for setting the stage for an effective presentation, tips for successful delivery of the material, and evaluation tools to gauge how much knowledge your audience has gained.

The most important part of this manual is the curriculum content.   Learning objectives are provided with each facet of the presentation to help you focus on the most important aspects of the curriculum for your audience.

1.   Setting the Stage

Good planning is a key ingredient of every successful presentation. This is true for both experienced and novice presenters. Once you are asked to provide this training curriculum, it is important for you to begin asking questions about your audience, the physical layout of the room you are presenting in and the resources available to you.   This will help you prepare for a successful presentation. Use the following questions to guide your planning in conjunction with the checklist at the end of this section.

Who will be in the audience?
□   **Adults?   What age range?**
It is good to know whether your audience will consist of mainly young adults, elderly, or a mixture of ages. You can tailor your presentation to fit the audience by highlighting statistics and facts of interest to the age group to whom you are speaking.
□   **Children? What age range?**
This curriculum is designed for adults, though older adolescents may also benefit from some of the concepts. There are times that children may be part of the audience and it is helpful to have an idea of their age range.
□   **Specific professions or interests represented?**
Your audience may be a church group, mental health professionals, a group of health care professionals, or other group of individuals with common interests. You may wish to highlight information that is of particular interest to the community to whom you are presenting.
□   **Cultures represented in audience?**
It is important to assess the cultural needs of your audience ahead of the presentation if possible. Will you need an interpreter to get your message across? Will there be hearing impaired members of the audience or those who understand limited English? You may also want to do some research in advance of the presentation about the cultures that will be represented. Most audiences appreciate efforts you make to create a presentation that is practical, applicable, and understandable to them.
□   **Estimated number of people in audience?**
The way you prepare for a presentation will often depend on the size of the audience. The way you set up the room, the type of presentation style you choose to use, and the way that you organize the activities can depend on the size of the group you expect. Be prepared and flexible as the estimated size of the audience doesn't always match the actual size! You may expect a very small audience and instead, a very large group shows up for your presentation.

How much time do I have to present the material?
The Nebraska Psychological First Aid Curriculum is designed to be delivered in about eight hours. It's important to note that most adults don't sit still or tolerate lecture presentations lasting that long, so be prepared to take frequent breaks and vary your delivery style.

Most people can sit for no longer than one hour, so you should include breaks and activities at least every 50 minutes. This allows time for you and those in your audience to stretch, take a break, and remain focused on the material.

Bring a watch or know where a clock is in the room so you stay on time. All audiences appreciate a presentation that begins and ends on time.

How is the room set up?
The room set up can guide your choice of delivery options. Speaking from a podium in an auditorium is much different than presenting in a room with sofas and over stuffed chairs. Sometimes you have a choice about room set up. A general rule of thumb to follow is that the longer the presentation, the more likely you are to need a room set up that encourages interaction.
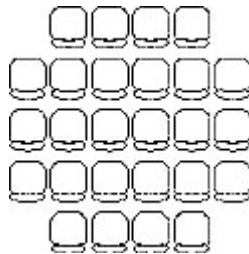
There are some standard meeting room set up styles that could influence whether you choose to use PowerPoint, an overhead projector, or just handouts.
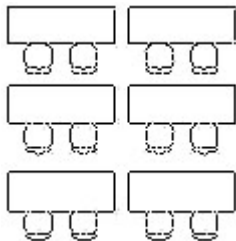
Classroom Seating
This seating style works well if you want the audience to take notes. It is a good set up if you want to deliver your presentation like a lecture. This seating style is less intimate than some others and doesn't encourage much interaction.

Theatre Style Seating
Large audiences often are seated in this configuration. Everyone is facing the speaker and ready to listen. The seats are often close together, leaving little room for interaction between audience members and the speaker. This configuration is best for short presentations with large groups. It isn't easy to do the activities in the Psychological First Aid Curriculum with this seating arrangement.
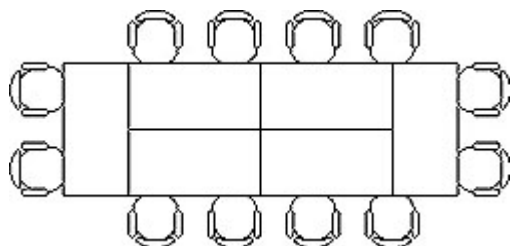
Conference Seating
This arrangement works well for small groups. It can be challenging to use projectors or flip charts using this seating style. Conference Seating works best with handouts and presentation styles that encourage discussion among participants.
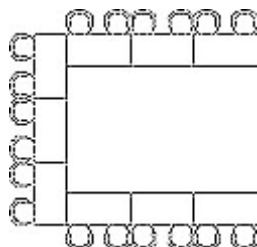
Semi Circle Seating
This seating style can be used with or without tables. It is used for small and medium sized groups. The benefit of this seating arrangement is that it allows all participants to see you and each other. This arrangement works well with audio-visuals such as power point or use of an overhead projector.
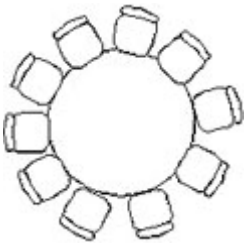
Banquet (Round Table) Seating

More people can fit into a room when round tables are used. This is often the set up used for presentations that encourage interaction among participants. There may be challenges associated with holding people's attention and positioning projectors so everyone can see it. This seating style is good for encouraging cohesion and participation in the group activities that may include discussion or role plays.

What are my presentation resources?

The curriculum modules are available in two different formats: a Microsoft PowerPoint Program and a pdf file using the Adobe Acrobat Reader. The slides can be copied onto transparencies for use with an overhead projector or as handouts to participants. The resources you have will determine how you deliver the material. To use the PowerPoint program you will need a computer with the Microsoft PowerPoint Program and a projector. An overhead projector can often be a cheaper alternative, but it requires a bit more work to insure that the slides are in order and in focus for all to see. Overheads can also be distracting, both to the speaker and the audience as they are changed. Handouts can often be a way to either reinforce the visual material you are showing via PowerPoint or overhead projector, or they can be used without additional visuals. Handouts give participants something to refer to later and to take notes on during the presentation. The presenter should ask the sponsor of the event ahead of time how many copies will be needed and either make the copies or arrange for the sponsor to have the handouts available at the time of the presentation.

The room set up and number of participants will help you determine if a microphone will be needed. Some rooms are small enough that a loud speaking voice is enough to get the message across. Audiences appreciate the use of a microphone if possible as it insures that everyone can hear the message regardless of where they are seated. The speaker should ask the event sponsor or the person responsible for setting up the room if there is a microphone available. Usually a small microphone that clips on clothing (a lavaliere) is preferable to a large one you must hold. You may also want to know if the microphone is wireless or wired as your mobility as a speaker will be limited with a wired microphone.

Some presenters like to have a chalk board, marker board, or flip chart available to write on during their presentation. This may be important if you do not have access to an overhead projector or computer / projector.

Providing refreshments for participants will also help ensure a memorable presentation. Refreshments can range from water and coffee to much more. This optional resource is one you will wish to check on prior to your presentation as the availability of refreshments can lengthen the breaks you take and encourage interaction among participants.

Regardless of the resources you have available or choose to use for your presentation, the audience will appreciate the time you have spent planning ahead to make the presentation smooth, professional, and meaningful to them.

Planning tips

Giving a good presentation involves more than being comfortable in front of people. A good speaker is prepared and organized. Some of the planning tips listed below may seem like common sense, but can be easily overlooked.

- Write down the name and phone number of the contact person for the presentation. This person is often your source of information for the set up information discussed in the previous section.
- Touch base with the contact person within one week of the scheduled presentation to see if there have been any changes or final arrangements made that will affect your presentation.
- Make copies, gather resources, test your power point presentation and back up, and go over the curriculum notes one more time at least a day or two before the presentation.
- Plan to arrive about 30 minutes before the scheduled presentation so there is plenty of time available to set up and test equipment, arrange the room, and generally "get ready" to present. You may also want to check the temperature of the room you are presenting in to insure that it is not too hot or too cold. The comfort of your audience is as important to the delivery of your message as the room set up!

2. Delivering the Message

The Nebraska Psychological First Aid Curriculum is designed for the adult learner. This section of the Manual offers some basic information about how to get your message across to adults.

It is important to keep in mind the way adults learn best when presenting any material you want them to remember. This will help you deliver your message in a way that holds the audience attention and gets your objectives across.

- Adults are Goal Oriented – Usually adults attend a presentation with a goal in mind. They appreciate a program that is organized and helpful in meeting their personal goal. Stating the goals and objectives of the presentation early helps adult learners meet their own goals.
- Adults are Relevancy Oriented – Adult learners want to know how the material you are presenting is relevant for them. This can be accomplished by giving examples or taking examples from the audience that are familiar or applicable to their situation.
- Adults are Practical – The presenter shouldn't assume that all members of the audience are there just to gather knowledge for its own sake. Each person is often looking for something practical they can use in their work or personal life. Adults learn best when the topic is of immediate value.

People learn in different ways. This is referred to as a person's "learning style." The challenge for the presenter is to use mediums to get the message across to all three learning styles.

The *VISUAL* learner often needs to see the material for it to have meaning. They learn best when presented with pictures, slides, graphs, or demonstrations. The visual learner may drift off during a presentation that is mostly lecture or requires lots of listening.

The *AUDITORY* learner prefers lectures. They do well with story-telling or small group discussions and often engage in lively debates. The person with this learning style can often repeat verbatim what the presenter has said about a particular topic and will listen carefully to the nuances of the presentation.

The *KINESTHETIC* Learner does best with practical, hands on exercises. Role playing and games reinforce the message for the person with this learning style. This learner needs to move about and actively participate in the presentation to learn best. They can become inattentive during lectures even with visual reinforcement.

The trick for the presenter is to balance all three learning styles by combining presentation mediums. This can be done by having a carefully prepared presentation that includes something for the visual learner to see while satisfying the auditory learner with prepared, organized lecture material. The kinesthetic learner will enjoy role plays or other activities that are "hands on." If a presenter senses that a number of the audience seem to be kinesthetic learners, it may be helpful to emphasize participatory activities in the presentation to reinforce the message being sent.

Facilitating Discussion
This segment briefly addresses what to do to facilitate any discussion within the presentation format. Discussion plays a vital role in active learning. The learning environment can be enhanced by a good discussion that stimulates thought yet remains on track with the topic being presented. The following tips for facilitating discussion are paraphrased from a book called **101 Strategies to Teach any Subject** by Mel Silberman:
 - ➢ Paraphrase what the audience member says so they feel understood and so others in the audience understand what is being said. "So what you're saying is..." or "You're saying that…."
 - ➢ Compliment an interesting or insightful comment. "That's a good point…."
 - ➢ Mediate differences of opinion between students, and relieve any tensions that may be brewing. "I think you aren't really in disagreement, but are presenting two different sides of the issue…."
 - ➢ Summarize the major views of the group.

The presenter must keep in mind that an active discussion aids in retention of material, but it can also side track the presentation. Be prepared to inform those who wish to continue a discussion beyond what you have time for to do so after the material has been presented. The other audience members appreciate a presenter who can keep the group on task and the discussion focused.

Checklist For Nebraska Psychological First Aid Trainers

Who is the contact person for the Presentation?

Name	
Address	
Phone Number	
E-mail	

What is agreed upon <u>Date</u> and <u>Location</u> of the Presentation?

Who is in the Audience?

Adults	
	☐ Young Adults (20's)
	☐ 30's – 50's
	☐ 60's or older
	☐ Mixture of ages or unknown
Children	
	☐ Elementary Age
	☐ Middle School Age
	☐ High School Age
Gender	
	☐ Mostly Males
	☐ Mostly Females
	☐ Mixed Group (Males & Females)
Specific Groups	*List interest or professions represented:*
Cultures represented	*List cultures represented:*
	☐ Interpreters needed
Estimated number of people in audience:	

How is the Room set up?

	☐ Classroom Style
	☐ Theater Style
	☐ Conference Seating
	☐ Semi-Circle Seating
	☐ Banquet (Round Table) Seating

What are the presentation resources?

	☐ Computer & Projector for Power Point Presentation
	☐ Overhead Projector and Transparencies
	☐ Copies of Hand out Material
	☐ Chalk board or Marker board (with chalk & markers)
	☐ Microphone (hand held or clip on?)
	☐ Refreshments

Were Evaluations Distributed?

	_____ Number Distributed
	_____ Number Collected

The remainder of this manual contains the curriculum for the Nebraska Psychological First Aid Training. It is designed to accompany slides that are available in pdf or Powerpoint formats.

Pre and Post tests are included at the end of this manual.

Though the manual and slides are available in the public domain, it is appreciated when you appropriately cite the material. The recommended citation is as follows:

Zagurski, R., Bulling, D., Chang, R. (2004). Nebraska Psychological First Aid Curriculum. Lincoln, NE: University of Nebraska Public Policy Center.

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Module 1 - Psychological support

This module introduces psychological support, shows why it is needed, and explains the role of volunteers in helping to relieve emotional suffering by helping people to strengthen and use their own resources to rebuild shattered lives.

While the module focuses on the provision of psychological support in larger-scale critical events, the approach is also adaptable to many other settings.

Module 1 - Learning Objectives

At the end of this module, participants will be able to:
- Describe the purpose of psychological support
- Describe the role of volunteers in the provision of psychological support
- Describe the basic principles involved in the implementation of a psychological support program in a disaster situation

Disasters are numerous and are by their very nature a serious threat to the health and well-being of the people involved. The social and psychological consequences of a disaster can interfere with a person's ability to carry on with his or her life.

These consequences may include:
- Loss of loved ones
- Loss of material goods
- Loss of employment/income
- Loss of social cohesion
- Loss of dignity, trust and safety
- Loss of positive self-image
- Loss of trust in the future

Activity #1

Give out 3 blue, 3 green and 3 white index cards - each person will get 9 total cards. On each card:

Blue cards – write the name of a person close to you on each card

Green cards – write down one of your favorite belongings

White – write down something you enjoy, an activity, or hobby.

After you have written on each card, place them face down on the table and shuffle them around. Close your eyes and pick three cards.
These are the three things you will have lost in a disaster.

Discuss with the group how you feel about losing these things or people.

Disaster Mental health differs from traditional mental health in that it focuses on normal people who are responding to an abnormal event. Disaster mental health avoids pathologizing, or viewing people as sick, because of their response to the event. Instead, disaster mental health recognizes many reactions are normal considering that the situation is abnormal.

"Just because you have experienced a disaster does not mean you will be damaged by it,
but you will be changed by it" (Weaver, 1995)

Disaster mental health helps individuals affected by disasters return to their pre-disaster functioning. Disaster mental health work does not lessen or treat psychological pathology that may have existed prior to the disaster. However, we also know that at times, there will be people who will need more intensive, traditional mental health services as a direct result of the disaster experience. For the majority of people, who are having a normal reaction to an abnormal event, trained community responders can provide psychological first aid to help them return to normal functioning. The community responder may take on a number of activities to fulfill their role of providing psychological first aid. These activities may include:
- Provide Social Support
- Educate about normal and abnormal stress reactions
- Teach Stress Management techniques
- Mobilize Community Resources

For those people who need more intense mental health services, licensed and trained mental health responders are necessary. By having a cadre of community responders who will work with the normal reactions to abnormal situations, the licensed and trained DMH therapist will be free to focus on those individuals requiring more assistance.

Psychological support in a disaster must be restricted to activities that do not exceed the helper's level of training. Many natural helpers in communities can fill this role by being emotionally available and listening.   Once the situation has been adequately assessed, activities should be aimed at mobilizing and empowering communities and individuals to care for themselves.

Because it is recognized that individuals are often best served by members of their own communities, psychological support activities directed at improving community functioning are often the most efficient way of supporting the largest number of people.   This leaves open the option of more individually tailored interventions for those whose needs are more extreme or unique.

The three goals of providing psychological support include:
1. Relieve suffering, both emotional and physical
2. Improve people's short term functioning
    a. In the immediate aftermath of a crisis, people may have reactions or make decisions with serious long-term implications. Helping people to function well in the short term can prevent future problems.
3. Accelerate the individual's course of recovery
    a. Early psychological support may help to reduce or relieve stress, thus decreasing the chance of people developing long-term stress reactions, such as anxiety or depression.

Those who offer psychological support must have good people skills and show concern, willingness and interest in helping those in need.

The following are examples of characteristics which may have come up in the discussion, and are considered to be essential:

- Good Listening skills
- Patient
- Caring attitude
- Trustworthy
- Approachable
- Empathetic
- Culturally competent
- Non-judgmental approach
- Kind
- Committed
- Flexible
- Able to tolerate chaos

The training provided in this manual will help volunteers to be more aware of some basic ideas and techniques which will aid them in their work. Most people have what it takes to be supportive to another person. It is the goal of this training to teach people how to recognize the skills they need and how to enhance and apply those skills more effectively. Once training has taken place, it is important to use and refine the skills and techniques learned. Since psychological support can be valuable in critical events of any size, most volunteers will find many opportunities to put new ideas and enhanced skills into action.

Basic principles of psychological support programs

The organization and provision of psychological support will depend entirely on the critical event for which support is needed. It must be clear that there are no simple solutions. A number of guiding principles have, however, been identified, which should be considered before and during implementation of a psychological support program. In addition, evaluation of the support program after the event should be based on these guiding principles:
- Do no harm
- Uses a Community-based approach
- Recognizes and uses indigenous healing networks and practices
- Uses trained personnel

- Empowers affected people
- Encourages community participation
- Exercises care with terminology
- Encourages active involvement
- Values early intervention
- Uses viable interventions

Community-based approach

Past experience has shown that community-based approaches are best when implementing psychological support programs. Building on local resources, providing training and upgrading local structures and institutions are critical to the success of a psychological support program. This approach allows trained volunteers to share their knowledge with fellow community members. Because the majority of emotions (e.g. distress and sorrow) do not require professional treatment, these local resources often become instrumental in providing successful relief. A much larger number of people can be helped by working with groups rather than individuals and focusing on strengthening networks in the community. In addition, involving the community with its knowledge, values and practices makes culturally appropriate response more likely.

Recognition and utilization of indigenous healing networks and practices

Stress and grief are all expressed differently by different cultures. Some cultures place more emphasis on the use of rituals (personal, family and/or group) than others do to cope with loss and trauma. Recognizing and utilizing the indigenous healing networks can help the community recover and can stave off problems that may interfere with recovery and community cohesion. In some cultures, honoring those who have died includes rituals in caring for the bodies of the dead.   For example, Orthodox Jews believe that all bodily fluids are part of the body and should be buried with it. It is also considered respectful for a body never to be left alone or in the dark before burial. If possible, light a candle and place it at the head of the body, or turn on a light and leave it turned on.

It is important to realize that our personal culture colors the way in which we view the world. As a community responder, it is important that we be able to see the world from the point of view of other cultures.

ACTIVITY #3

IN ORDER TO GET ASSISTANCE FROM THE RELIEF AGENCY, YOU MUST FIRST READ AND SIGN THIS FORM:

Nuair a shroicheann tú imeall gach arbh eol duit,
Ní mór duit ceann de dhá rud a chreidiúint
Go mbeidh talamh ann le seasamh air
nó go mbronnfar sciatháin chun eitilte ort.

*Signature*_____   *Date*_____

Discuss whether you would sign the form, and how you would approach this issue with the relief worker.
Please see end of module for translation.

Trained Personnel

Training personnel to augment the disaster mental health response includes teaching them to share and apply basic psychological skills with people affected by crisis, shock and loss. Trained personnel from the community affected by the disaster can react immediately in times of crisis and can assist with the provision of longer-term support to the survivors. They have easy access to, and the confidence of, the disaster survivors. A major benefit of their inside knowledge of the local culture is that they may be able to provide culturally appropriate assistance to the affected population.

Empowerment

There is always the risk in a disaster response that the helper will inadvertently humiliate the recipient or make them passive.   The motivation to help others can be triggered by many well-meaning emotions, but it may also be triggered by the helpers' own personal trauma experience, superiority, arrogance, power and the need for gratitude. Accepting help may start a positive process and solve a crisis. However, it may also emphasize inability and dependency, leading to bitterness or anger about being a victim in the eyes of others.   In general, humanitarian organizations should be aware of the fact that quality relief and assistance is based on helping others to regain self-respect and autonomy, in other words it is based on empowerment. It is as important to focus on the abilities and strengths of recipients as on their problems and weaknesses.

Empowerment can be accomplished through various means, and it is certainly affected by the initial approach to those concerned.   A high degree of community participation is generally accepted as one way to encourage empowerment of the people (International Federation of Red Cross and Red Crescent Societies, 2001).

Community Participation

Basing projects on ideas developed by concerned people themselves will promote empowerment and local ownership and help facilitate and consolidate a long-term capacity for problem-solving. Through participation, people gain an increase in control over their lives, as well as the life of the community. Participation in collective decision-making about their needs, as well as in the development and implementation of strategies, is based on their collective strength to meet those needs.

Care with terminology

Words can have a powerful effect on situations. The terminology used to describe someone needs to be carefully chosen. For example, describing large numbers of the population as traumatized, meaning that they are helpless and will not recover on their own, is inaccurate and counterproductive to healing. Not only could it encourage the development of a passive victim identity, but it also tends to deflect attention from the broader social environment. To be distressed, troubled, angry or preoccupied with a destructive event does not necessarily justify the trauma label.

The word trauma has a powerful, emotional appeal, but it is a clinical term that calls for specific clinical responses which are impossible to provide on a mass scale and which may have little relevance to local suffering and misfortune. When the discussion of trauma is largely based on generalizations and assumptions, it may well have the unintended, but devastating effect of giving people a frame of reference which keeps them vulnerable. Wording such as "active survivor" may be more likely to enhance empowerment and to help people feel more able to help themselves. It is important to recognize that most individuals affected by disasters are resilient and do not develop adverse long term psychological sequelae.

Active Involvement

One way to prevent further victimization and to promote empowerment is to focus on strengths rather than on symptoms and deficits. Build on existing resources, coping mechanisms and resiliencies. The goal for intervention then becomes:
- Identifying and strengthening coping mechanisms
- The active involvement of people in sorting out their problems.
- The recognition of people's skills and competence

It is imperative that humanitarian workers appreciate a survivor's efforts to deal with and come to terms with stressful experiences. Self-help actions and strategies adopted by the affected populations themselves are a key to their successful recovery. Crucial in the planning of interventions are questions like:
- What are culturally appropriate ways of helping people in distress?
- To whom do people traditionally turn for support and help?
- How can those people and structures best be supported?

Activity #5

It is a good idea to know your own strengths in order to recognize others.

List 10 of your own strengths that help protect you in times of stress

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It is however, recognized that in some situations, original support structures may have broken down as a consequence of the disaster, and these will have to be rebuilt. Finally the focus on people's positive efforts to deal with and come to terms with their experiences must not lead to the opposite approach where people's concerns are minimized or disregarded.

Early Intervention

Early and adequate psychological support is a preventative factor when it helps people to cope better with their situations. Early intervention enhances the capacity of people to react effectively and to start reorganizing their lives. Neglecting emotional reactions may result in passive victims rather than active survivors and as a result the recovery process will be slower for both the individual and the community (International Federation of Red Cross and Red Crescent Societies, 2001)

Summary

- Critical events such as disasters occur with both social and psychological consequences that may undermine a person's ability to carry on with life. Feelings of loss may be a problem.

- Volunteer activities include many forms of support. Activities directed at improving community functioning are often the most efficient way of supporting the largest number of people. The involvement of volunteers in their own communities brings trust and credibility.
- Psychological support provides immediate relief, reduces the risk of reactions developing into something more serious, and can help to meet the physical and material needs of many disaster survivors. Volunteers require a number of humanitarian characteristics if they are to be able to supply this support.
- Community networks, extended family and other traditional support mechanisms may not be sufficient in the aftermath of disaster or crisis. Nebraska is attempting to meet this need by supplementing, not replacing, these resources.
- The basic principles that provide a framework for implementing psychological support in disasters are:
  - Do no harm
  - A community-based approach
  - Use of trained volunteers
  - Empowerment
  - Community participation
  - Care with terminology
  - Active involvement
  - Early interventions

Translation of form in Activity #3:

When you come to the edge of all that you know,
You must believe in one of two things;
There will be earth on which to stand,
Or you will be given wings.
Anon

Module 2 – Stress and Coping

Stress is a central theme in any disaster. Volunteers are generally better equipped to handle their jobs both for the benefit of people affected and themselves if they understand the basic components of stress and coping. Disaster and emergency response workers commonly encounter very high stress situations. Other services that may prove equally stressful are social or psychological services designed to help people in need, such as services to the homeless, correctional settings, or working with persons with a terminal illness.

According to an old saying, into every life a little rain must fall. That is to say, none of our lives are so simple and sunny that we are not challenged to adjust to an occasional rainstorm. For that matter, although the rain can become a problem, we also cannot do without it. So we have developed ways to keep the rain from interfering too greatly in our lives while making use of it to improve our situation. In this analogy, rain equals *stress* (a challenge we must adapt to). When it is raining, we cope (adjust our behavior to reduce the negative effects of the rain) by using devices such as umbrellas and raincoats. We can also *cope with* stress. However, should it rain very hard without pause for a long time, it will flood. A flood can be so powerful that it will kill many people and destroy homes and businesses. Entire landscapes and lives can rapidly be transformed in an instant. While rain is seen as a normal component of life, flooding is not. The same applies to stress.

Module 2 – Learning objectives

At the end of this module, participants will be able to:
- Use the terminology of stress and coping
- Describe how people react to and cope with stress
- Describe common reactions to loss and grief
- Employ guidelines for the provision of psychological support

Stress

Disasters and health emergencies are, by their very definition, disturbing and often unexpected. Suddenly the world is turned upside down and the way problems are normally dealt with may no longer be sufficient. Most people react to a perceived threat or challenge in the environment with stress: a state of physical and/or psychological arousal.

Reactions may differ and obviously depend upon the severity of the situation. Reactions may also depend on the culture of the person affected. Some cultures value hiding emotions, while others encourage openly expressing emotion. In addition, predisposing factors such as personality traits or previous history of mental disorders may make reactions more serious or intensify their course. Stress reactions are experienced at the physical, cognitive (how we perceive and "think" about events), emotional, behavioral and spiritual levels. A person exposed to severe stress may pass through four stress reaction phases:

- Acute phase (lasting minutes, hours or days)
- Reaction phase (lasting one to six weeks)
- Repair phase (lasting one to six months)
- Reorientation phase (after approximately six months and continuing).

It is important to remember that the duration of each phase is approximate and may vary with the nature and severity of the disaster.

Acute Phase

If a person is confronted with a very strong source of stress, he or she is likely to experience an involuntary "fight or flight" response. A fight or flight response prepares the body for physical activity and is linked to **physical** changes, such as the release of adrenaline, an increased heart rate and blood pressure, rapid breathing, and sweating. Other bodily stress reactions that can occur are shaking lips and hands, upset stomach, nausea and chills.

A fight or flight response also affects the way people think, feel and act. It makes them "narrow-minded" in the sense that it decreases their ability to **think** rationally. It is often hard to concentrate while thoughts race around in your head, and the first solution which comes to mind may not be the best one. It is harder for the stressed person to communicate with other people and to remember things; he or she might be disoriented as to person, time, and/or place. During stress, facts which seem to be heard and understood may quickly be forgotten, and are likely to need repeating.

The immediate **emotional** reaction is often described as disbelief or consternation, like a dream or rather a nightmare. What happened might seem irrelevant to the person concerned, but the lack of reactions or detachment should be understood as a state of shock. Other common emotional stress reactions are anger, fear, and grief.

Stress reactions also affect the way people **act**. The stress-created narrow-mindedness makes behavior more rigid. The loss of flexibility can cause irritability, anger, or in some cases, excessive high spirits. Irritation and anger cause suspicion and the need to look for a scapegoat, or someone to blame when something goes wrong. Rigid behavior also complicates communication with others and this may lead to withdrawal. Feelings of uselessness and helplessness may also lead to restlessness.

Panic is a phenomenon that seldom occurs. If it does occur, it must, however, be attended to immediately, as it seems to be contagious. It can be dangerous to the person who is panicking and to those around them.

In disasters, stress can affect the way people interpret the disaster. They may attempt to find some spiritual meaning to the event. Some individuals may utilize prayer. Others may turn away from faith. People may wonder "why did God make this happen?" or "why did God take him/her away?" An individual may find a renewed reason for living, or feel they have lost all hope for the future. It is important to recognize that affected individuals may try to find spiritual meaning to the disaster and helpers should not challenge this meaning if it differs from their own.

Reaction Phase

The most striking characteristic of the reaction phase is that disturbing feelings that were previously repressed or denied are now surfacing. These feelings may be so overwhelming that they render the person powerless. It is important that these feelings are allowed to come out. This way, they are processed and worked through (see Module 3: *Supportive communication*). Characteristic stress reactions of this phase are:
- Fear of returning to the site of the event

- Dreams or nightmares
- Anxiety, restlessness, insomnia
- Muscular tension, tremors and exaggerated startle response
- Increased irritability and isolation, depression
- Disturbing thoughts about survival, relief, guilt and grief
- Disturbing images and thoughts of how individuals may have suffered during the course of the disaster, such as how they died or were injured.

Repair Phase

The stress reactions in the repair phase are basically the same as in the reaction phase. The difference is often that the reactions are no longer as intense and overwhelming as they were; that is, the person has begun to "repair" the very strong and disturbing feelings.

Characteristics of this phase include:
- Feelings of hurt continue, but are more manageable
- Renewed interest in everyday life
- Makes plans for the future

Reorientation Phase

Six months after a distressing event has occurred, ideally, there should be no more stress reactions. That implies that the affected person is able to think back to the event without stress reactions, that s/he has now accepted the experience and is better prepared to cope with another stressful activity.

Most of these reactions will diminish progressively, insofar as the event is integrated in the individual's history. This largely depends on coping capacities and social support. To determine whether a person needs more extensive help, s/he must be observed to see whether s/he is doing something meaningful, taking care of him or herself, or behaving in an unusual fashion or acting out of character.

Coping with stress

While the stress reactions outlined above are normal, they can also interfere with recovery. By providing compassionate support for people affected by a critical event, we can help reduce their stress and make an essential contribution to their recovery.

Coping is what people try to do to overcome negative effects when exposed to stressful events. Thus, coping is a way to prevent, delay, avoid, or manage stress.

Coping mechanisms can be placed in three broad categories:

1. Change the source of stress-emotional as well as physical	The person is focused on changing the situation before the stress occurs, and therefore avoiding the threatening situation.
2. Change the view of the situation	The person is redefining the situation and concludes that it is not important enough to be upset about, or that things could have been worse.
3. Tolerate the stressor until it passes or becomes less troublesome	The person is adjusting to the stress without being overwhelmed by the situation through denial, avoidance, passive acceptance, excessive optimism, or even magical thinking (Cohen, 2000).

Coping effectively with adversity often requires a balance between changing the negative conditions, either through confrontation or avoidance, and adjusting to those things that are beyond anyone's power to change.

Examples of ways people cope with a critical event:

- Seeking help from others or offering to help others
- Using natural support systems
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of loved ones
- Gathering remaining belongings
- Beginning to repair the damage
- Burying or cremating the dead
- Following religious or cultural practices
- Setting goals and making plans
- Using defenses like denial or minimizing
- Remaining fearful and alert to further danger
- Thinking long and hard about the event

In some way, each of these is an attempt to either reduce the anxiety brought on by stress or to alter the situation so that stress will not be sustained.

Loss and Grief

Loss is a common theme in most disaster settings. Loss is mainly associated with the death of a loved one, but it also results from property destruction, unemployment, and so on.

Common reactions to loss

Denial, minimizing, numbness, and shock (preoccupation with matters that do not include mentioning the loss)	• Temporarily reduces the intensity of the loss • Should not be confused with "lack of caring" • Should diminish as the ability to acknowledge the loss develops
Bargaining	• Thinking about what could have been done to prevent the loss • Imagining all the things that will never be • Making deals with God, e.g.,exchange good behavior with something else.
Depression	• Sleep and appetite changes • Lack of energy and concentration • Crying • Loneliness, emptiness, isolation and self-pity
Anger	• Feeling abandoned by the lost loved one • Generalized resentment toward life/God for the injustice of the loss • Guilt over certain feelings (e.g., anger)
Acceptance	• Requires time • Signals healing
Reorientation	• Integration of the loss into a new reality

<u>Trouble Signs</u>
- Avoiding or minimizing emotions for an extended length of time Using alcohol or drugs, including illicit drugs, to self-medicate
- Using work or other distractions to avoid feelings
- Hostility and aggression toward others

<u>Coping with loss and grief</u>

Grief is a normal reaction to the loss of those things we hold valuable. Grieving is a necessary emotional process for anyone who must recover from a loss.

All forms of irretrievable loss, such as a death or an amputation, require some degree of adaptation so that people are eventually able to accept themselves as someone who has survived a loss. In this process, both the directly affected person and their families can benefit from the support of others to cope with the loss.   Spiritual activities are often beneficial and increase hopefulness, acceptance, and forgiveness when circumstances are beyond human control. Communities also provide important support by bringing food to the family, being with the family at difficult times and participating in funerals. Other people's expressions of sympathy and support generally improve the ability of affected families to cope with their loss and grief (Schietiner, 1998).

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Activity #7
Ask participants to break into small groups of 3-4 people. Ask them to discuss the situations of the four following people:

- A widow. Your home burned down, the cause is not yet determined.
- A parent. Your home burned down and you have lost all your work tools in the fire.
- A teenager. Your home burned down and your parents were injured in the fire while rescuing you and your sister.
- A recent immigrant to this country. Your home has burned down and it brings back memories of war in your homeland.

Ask each group to discuss what they think the emotional responses of these people might be. What would each member of the group feel in their place? How might they cope? What might be the difference between the people in their emotions and coping strategies?

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Immediately following a disaster or critical event, some people may appear dazed or in shock. This usually subsides quickly, but if it does not, the person may be having a difficult reaction. An opposite response is also possible, where the person becomes extremely emotional and seems unable to regain control of his or her emotions. Either of these extremes, *emotional numbness* or *extreme agitation deserves **immediate** attention* and coping assistance.

After the danger has passed and the other sources of stress in the situation are reduced to normal, people usually show some signs of stress reaction, which gradually reduces over a period of weeks or even months. However, if the stress symptoms remain high over a few weeks and do not show gradual reduction, this is a sign of a sustained traumatic reaction that may require referral for professional care. Making this decision is, of course, difficult and should be made in consultation with the supervisor of the volunteer.

It is important to recognize that such a referral could receive a very negative reaction from anyone who felt the referral meant that s/he was mentally ill, and could also lead to stigmatization and victimization within the community. This is unfortunate, as professional help should always be seen as another step toward health.   Therefore, it is important to inform the person of your actions and intentions and to let him/her know that you care. Explain the reasons for the referral to the person and let them know specifically what kind of professional to whom you would like to refer them. (See Module 3: *Supportive communication* for a more detailed discussion of referral).

Guiding Principles in Providing Psychological Support

Coping depends upon a person's individual characteristics, strengths and weaknesses, but it is also made easier, hampered, or prevented, by the person's relationship with other people. It is therefore important to provide support to help affected people respond with resilience. By identifying not only the problems and needs of people in crisis, but also their strengths and resources, we can contribute to their recovery without simultaneously fostering dependency or a sense of helplessness.

The following are general principles of psychological support that specifically apply to the immediate situation, and are sometimes referred to as psychological first aid:

First protect from danger	Protection from disaster threat/damage of which the person is relatively unaware because of his/her stunned mental state.
Focus on physical and material care	Immediate care for physical necessities, treatment of injuries and provision of warmth, food and clothing.
Be direct, active and remain calm	The sooner the person begins coping with a critical event, the better the chances of restoring equilibrium. The longer the person remains confused and unable to take some sort of action, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible after exposure to a critical event.
Focus on the "here and now" situation	Help the person to accept that the event has occurred by encouraging him/her to express the facts of the situation as well as his/her feelings.
Provide accurate information about the situation	People have an urgent need for information after a critical event. They need to know what happened and why. Assist in giving them a realistic view of what has occurred and what the expected outcomes might be.
Do not give false assurances	Always remain truthful and realistic. Recognize the anxiety, depression or tension, but at the same time provide some sense of hope and expectation that the person will ultimately overcome the crisis.
Recognize the importance of taking action	Crisis intervention should aim at enabling some action that the individual is able to take. Restoring the person to active survivor rather than victim is critical to success. This should, however, be done with the understanding that sometimes all you should do is provide support. People need to take in the impact of a critical event. They need to come to an understanding of it before they begin to take action to respond.
Reunite with family members	Search for and reunite with primary group members. Anxiety increases when the safety and whereabouts of family members is unknown.
Provide and ensure emotional support	Be present and listen to people and also engage other community members to provide both support and assistance. Make sure no one is left alone. Work with health professionals and other partners, and link people to systems of support that will operate on an ongoing basis.
Focus on strengths and resilience	Emphasize how the person has coped with the situation so far and has already begun to use strategies for moving forward. Encourage the individual to implement solutions or strategies that are likely to help.

Encourage self-reliance	Provide constructive activities that the person can undertake to assist with the situation, such as providing food and drink, setting up tents, etc., tasks that can help shift focus away from the immediate incident. Reinforce problem-solving skills shown by the person up to the present.
Respect feelings and culture of others	Accept the person's right to his/her own feelings. Your purpose is to help them, and not to be their critic. People do not want to be upset and worried, and would stop being so if they could. When they seek help, they need and expect consideration of their fears and strengths. They need your patience, reassurance, encouragement and support (Simonsen, 2002)

Activity #8

Ask the group to give an example of something specific they could say or do to illustrate each of the above principles.

Crisis Intervention

You may come across someone who is extremely agitated and who may be having trouble calming down. Such people may become a danger to themselves or others. While psychological support is not intended as a solution for such situations, it is still important to have an understanding of how appropriately respond. Above all, remember to maintain your own safety. If you do not feel safe with the person, get out and get help.

It is important for the helper to remain calm and to appear relaxed, confident and non-threatening. The helper can be a calming influence to compensate for the tension that may be present. The helper should not exaggerate their responsibility in the situation, since they will probably have very little control over the outcome of the intervention. The goal of the helper should be to keep the situation stable until the person has time and resources to regain normal composure.   The following seven steps are a well-accepted sequence for resolving a crisis:

1. Assess the situation
2. Establish rapport
3. Identify the main problem(s)
4. Deal with feelings and emotions
5. Generate and explore alternative coping strategies
6. Formulate an action plan
7. Follow up

Module 7, *De-escalation Skills* will provide specific information on how to intervene with people who are agitated. Module 3, *Supportive communication,* and Module 4, *Promoting community self-help,* describe further intervention possibilities that help people to cope.

Summary

- Stress represents a central them in disasters. Community responders need to understand the basic components of the stress response and characteristics of effective coping.
- Most people react to a perceived threat or challenge in the environment (such as a natural disaster) with stress. There are four stress reaction phases that people may experience following a disaster: Acute, Reaction, Repair and Reorientation.
- Stress reactions affect the way people think, their emotions, and the way they act. A "fight or flight" response is likely.
- Coping mechanisms are those which people use to try to prevent, delay, avoid, or manage stress.
- Traumatic stress reactions are serious and need immediate attention. Referring people on for professional help is vital.
- There are a number of principles which guide the provision of psychological support. These are sometimes called psychological first aid:

    - ✓ First protect from danger
    - ✓ Focus on physical and material care
    - ✓ Be direct, active and remain calm
    - ✓ Focus on the "here and now" situation
    - ✓ Provide accurate information about the situation
    - ✓ Do not give false assurances
    - ✓ Recognize the importance of taking action
    - ✓ Reunite with family members
    - ✓ Provide and ensure emotional support
    - ✓ Focus on strengths and resilience
    - ✓ Encourage self-reliance
    - ✓ Respect feelings and cultures of others
    - ✓ Assist with the mobilization of resources

Module 3 – Supportive Communication

In times of crisis, "supportive communication" is the recommended communication style.   The person using this communication style conveys empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information.   The most basic skills for supportive communication people are covered in this module. While it is likely that you already know and practice many of these ways of communicating, even experienced mental health practitioners can benefit from an occasional refresher course in this area.

A skillful helper must use every available tool to assist people in need. Because you will encounter people at various levels of distress, of various ages, backgrounds, cultures, and gender and under varying conditions, this section attempts to anticipate and address those differences with helpful suggestions.   However, situations will always arise that defy expectations where you will need to be flexible, confident and creative.

Module 3 – Learning Objectives

At the end of this module, participants will be able to:
- Recognize the values that characterize the supportive communication style
- Communicate effectively in challenging situations
- Describe communication elements that support resilience and self-help
- Work with groups of people in a community setting
- Understand when and how to refer people to other professionals or organizations

Communication values

Community responders will often find themselves in challenging situations, where feeling confident about how to communicate well with other people is vitally important. For instance, hospital staff members need to feel confident when informing relatives about injuries to their loved ones, and outreach teams will need to communicate effectively with people who have just learned about the death or injury of a loved one.

The following set of values is important to effective communication:

Cultural Competence	"Culture bears upon whether people even seek help in the first place, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness." (DHHS, 2001)
Empathy	A helper must communicate an ability to understand the affected person's point of view. This usually includes a quality of personal warmth, as opposed to someone who is aloof, mechanical, or all business.
Respect	A helper must communicate sincere respect for the dignity and worth of affected persons.
Genuineness	This is more than factual honesty or sincerity. In working with people who may find it difficult to trust others, the helper must be a very genuine person who can earn trust under difficult conditions. This means saying what you mean and meaning what you say. Anything less can lead to a sense of betrayal.
Positive regard	A helper must demonstrate a sincere regard for the welfare and worthiness of the affected person. Such people may struggle with a sense of being unworthy and

	flawed. The helper's positive regard for them is often the seed of a renewed sense of self-esteem.
Non-judgmental	People are often concerned that they will be judged by others to be at fault for the crises that befall them. A good helper can relieve this tension by carefully avoiding judging the affected persons. Otherwise, empathy, respect, and positive regard may be undermined.
Empowering	A helper is temporarily in the affected person's life. Therefore, it is crucial that you leave the person feeling more resilient and resourceful than when you met him/her.
Practical	Being practical about what can and cannot be accomplished for a person in a crisis is necessary if we are to succeed in leaving behind a strengthened and functionally whole person even after support is withdrawn.
Confidentiality	This refers to the helper's duty to keep private those things that are shared by a client. However, certain information must be shared according to the law. For example, knowledge about suicidal ideation, threats to harm others, or possible child abuse requires socially responsible action by the helper to protect others, and therefore leads the helper to disclose the information to the appropriate authority.
Ethical Conduct	Ethical codes of conduct may vary across professions. They do, however, have certain principles in common: • Do no harm • Be trustworthy and follow through on your words with appropriate deeds • Never exploit your relationship • Respect a person's right to make his/her own decisions • Never exaggerate your skills or competence • Be aware of your own biases and prejudices

Interpersonal Communication Skills

Skillful communication can be challenging under any circumstances. Being aware of the following three communication components may help to improve your ability to understand and support affected people:
- Non-verbal communication
- Listening and responding
- Giving feedback

Activity #9

Divide group in half. Have Group A line up facing Group B (also in a line). Group B should remain in place while the individuals in Group A walk toward them upon the instructor's direction. It is important to ask group members to try to remain silent and maintain eye contact throughout the exercise.

When the member of Group B feels the facing member of Group A is getting too near their own personal space, the member from Group B should hold up their hand, and at that point the member from Group A should stop walking.

When everyone has stopped, discuss the differences in personal space, and how comfortable everyone actually feels with someone that close to them. Also note who is comfortable with eye contact, and who is not, or who feels direct eye contact is rude. Point out signs of anxiety that are present in this relatively safe training environment (giggling, body movement, etc). Note that personal space extends to belongings and that hugging can be an invasion of personal space.

Usually, when we think of having a conversation with someone, we think in terms of the words we say, our spoken language. However, many studies find that most of our messages are sent non-verbally (studies estimate 70-85% of communication is non-verbal), through posture, facial expressions and non-verbal sounds like sighs or gasps. Every culture has its own set of meanings for different body movements and sounds.

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Activity #10

Divide the class into pairs.

Turn to your partner, say hello, ask them how they are feeling and tell them how you feel. Do this without using any words.

Share with the group your thoughts on the experience, and tell the group how your partner feels today.

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To people from Viet Nam, it is thought to be very rude to touch another person on the head. Deaf people consider it rude to walk between two people who are signing, as this interrupts the conversation. In traditional Native American cultures, and in some African-American cultures, direct eye contact is a form of rudeness.

Discuss the above examples and make a list on the flip chart of any other examples of cultural differences in non-verbal gestures, sounds, or body language.

The following behaviors are generally found to promote increased trust and communication; however, they may need adapting to your own culture:

• Face the speaker
• Display an open posture
• Keep an appropriate distance
• Frequent and soft eye contact
• Appear calm and relaxed

Listening and responding

Skillful listening is more than just paying attention to what is said. It is also important to be responsive and to communicate that you are following what the other person is saying.

Seek to understand first, then to be understood
Concentrate on what is being said
Be an active listener (nod, affirm)
Be aware of your own biases/values
Listen and look for feelings
Do not rehearse your answers
Pause to think before answering
Do not judge
Use clarifying questions and statements
Avoid expressions of approval or disapproval
Do not insist on the last word
Ask mostly open-ended questions
Ask for additional details

Ways of Responding

It is natural for people to respond to someone in crisis either with questions (to assess their situation) or with answers (e.g. advice) as a way of being helpful. While there is nothing wrong with this approach in general, it can be inefficient and interfere with good communication. Try instead to ask fewer questions and make statements like: "That's very helpful to know" or "Tell me more about that"

You should try to develop a variety of ways of communicating your sincere interest in understanding and helping people. When questions are used, they can be divided into open-ended and closed types. Open ended questions can be answered in a variety of ways at varying levels of detail. Closed questions require either a yes/no response or are otherwise limited to a very few options. Of course, sometimes a closed question gets you all the information you need.

Examples: Open-ended: How are you feeling today?
Closed: Are you feeling better today?

Activity #11
(5 minutes) This exercise allows participants to practice using open ended questions. Each person will be given 10 popsicle sticks. Divide into pairs. Interview each other to find out your interests in working in disaster response. Attempt to use only open-ended questions. If someone uses a close-ended question, the other person will respond by giving them a popsicle stick. The person with the fewest sticks at the end wins.

Another way of responding is to **address the person's thoughts or feelings.** For instance you might say: "That sounds like a very frightening situation to have experienced" or "After hearing what you've been through, I can really understand why you would feel angry."

Another approach is to **rephrase (or paraphrase**) what the person has just said. This shows the person that you are listening carefully and accurately. A step beyond this is to share your own reaction to their experience, or your interpretation of the meaning of what they have said. If done with care, this can help support the affected person in telling his/her story and making sense of feelings and the changing situation.

As far as possible, **avoid giving outright advice** because this suggests that you know better than the affected person what is right for him/her.

> For instance, if the person asks what he should do, you might reply: "Let's look at all your alternatives. Perhaps you can tell me more about your concerns and the options open to you and decide for yourself which would be best."

This might also be a good time to offer to help them do some formal problem-solving to help them decide for themselves on a possible course of action.

Above all, remember that you are in the role of a supportive helper, transmitting a sense of concern and respect for people's ability to cope and recover. To the extent that you appear confident of their abilities, they may draw from that a renewed sense of self-confidence. In the process, they may gain a clearer sense of their needs and resources for future action.

Guidelines for responding

There are a number of practical ways of responding which show supportive communication

- ➤ Give subtle signals that you are listening
    - Nod or use other facial expressions of understanding
    - Use comments like "I see" or "Please continue"
- ➤ Ask questions sparingly
- ➤ Never appear to interview the person, instead engage in a conversation
- ➤ Address the content (especially feelings) of what you hear without judging
- ➤ Focus on responding to what the person is really saying or asking

In the best of circumstances, it can be difficult to use supportive statements and open ended questions. At times they can feel wooden or artificial. In the heat of a crisis, if you are not used to making statements like this, they will not occur to you. In order to make this feel more natural, practice these sorts of statements frequently.

Activity #12
As a class, generate a list of supportive statements that you would feel comfortable saying.

Write down statements you would feel comfortable and natural saying.

Assisted Coping

Once you have advanced to the stage where you can effectively influence how a person copes, you can begin by matching the problems you have identified with one of the following coping styles. You will often find that a mixture of both approaches to coping offers the best solution.

Remember that the goal is not for you to cope *for* people, but to provide the necessary assistance to help them *cope themselves.* In this way, assisted coping is a type of capacity building, and is in the best interest of the affected person.

Some examples of this approach to coping include social support, self-help activities, self-advocacy (standing up for oneself), rehabilitation activities, skill building, and other activities that tangibly alter the distressing circumstances.

Be careful not to settle too quickly on a coping solution. The help you can give is not necessarily the quickest answer. Remember people are slow to learn new ways of coping, so subtle variations on familiar ways often work best. Avoid the tendency to consider only individual solutions. Collective or social solutions have the advantage of supporting helpful group relationships among members of the same family or community in ways that may endure long after your intervention.

Focus on Problem-solving

The *RIBEYE* Model gives both the helper and the person being assisted an easy way to remember the important aspects of problem solving.   Use this step by step model to help focus on problem solving skills.

*R*elax	Relax or calm yourself using some way that helps you to relax (counting to 10, going to another room or going for a walk, waiting until the next day). Don't try to solve the problem while you are very angry or upset.
*I*dentify the problem	Be specific. Decide what part of the problem is yours. Don't take on somebody else's problem as if it were all yours. Think of what you can control and what you can't.
*B*rainstorm	Let yourself think of all possible solutions to the problem. Don't evaluate them yet. Even if they seem ridiculous or silly, consider them. Write down each possible solution. It sometimes helps to do this with someone, rather than doing it alone..
*E*valuate each possible solution	Think of the positive and the negative consequences for each possible solution.
*Y*es to one	Choose one solution and say "yes" to it in your mind. Choose the solution with the most positives if possible.
*E*ncourage	Congratulate yourself for having made a decision. Put your decision into practive and evaluate how it is working. If it turns out to have been a mistake, you can learn from it and re-do the problem-solving to come up with a better solution. If it turns out well for you, congratulate yourself again and take credit for it.

(Curry, 2003)

Of course, not all problems can be directly solved or changed. In these cases it can be helpful to focus on the long-term emotional adaptation of the affected person.   For instance, if thinking about particular losses in the past keeps leading to painful emotions, the person may benefit by avoiding these thoughts and instead thinking about more hopeful prospects in the present. Similarly, if a person has adopted a perspective that locks them in a cycle of painful emotions, it may help them to consider adopting other perspectives that would lead to better emotional outcomes. People sometimes accomplish this by focusing on positive lessons they have gained from a painful situation. However it is done, it must be done sincerely and with the intent of helping the person to accept certain losses so that he or she may again move forward. This is sometimes called moving from the victim role to the survivor.

Working with groups

A psychological support program may rely heavily upon assisting people at the community level. Because of this, you may need to become comfortable and effective in working with various sizes of groups and various cultures. A good first step is to form a group around an issue for which there is sufficient interest to motivate good participation. It is also preferable for the group to be action-oriented so that a tangible result can be achieved.

This is not to say that groups focused on sharing their stories or on processing emotions or other psychological issues are not valuable. They are valuable, especially under proper guidance from trained facilitators or mental health professionals. But psychological well-being often flows more freely from experiences of community participation and cooperative effort.

People who feel a sense of belonging within an effective group derive a sense of membership and worth. What is more, these activities signal a return to a more normal state of affairs where people work together constructively to improve conditions for the members of their group. Therefore, it makes sense to focus these groups toward goals that can achieve practical results in the short term, and yet will indirectly pay substantial psychological benefits in the long term.

Establishing a group is inexpensive and relatively simple. The following factors are critical in this process:

Regularly scheduled meetings at an accessible location	• Make the day easy to remember (first Tuesday, every Wednesday, etc). • Accessibility includes physical and proximity factors. It may also include cultural factors.
A good facilitator	• Aware of the particular theme of the group • Skillful in managing discussions • Objective • Good people skills
Groups should be based on community members' needs and desire for one	• Determine what the goals of the group are • Decide what actions need to be taken to accomplish these goals • Know the criteria by which the group can tell when it has reached its goals

Referral

Referral means the act of recommending that a person speak to a professional who is more competent to handle the difficulties and complexities of his/her needs. Referral may be necessary when the stress reactions of individuals affected by disasters are causing impairments, i.e. inability to take care of self or inability to work. Community responders should be encouraged to consult with their supervisor when making referrals.

<u>When to Refer</u>

When a person hints or talks openly of suicide	
If there is a possibility of child abuse or any criminal activity	
The problem is beyond your training	
The problem is beyond your capability	
The problem does not fit the purpose of the community responder program	
The person seems to be socially isolated	
The person has imaginary ideas or feelings of persecution	
You have difficulty maintaining real contact with the person	
You become aware of dependency on alcohol or drugs	
When the person is engaging in risky or threatening behavior	
When you yourself become:	• Restless • Confused • Have negative recurring thoughts • Dream about the case • Feel you are the ONLY one who can help

<u>How to Refer</u>

Try to refer to professionals or organizations that have been established in the community prior to the disaster, or are a consortium of agencies that have come together in the community since the disaster. Always refer in consultation with your supervisor.

Inform the person concerned about your intentions	Let him/her know that you care and then explain the reasons for the referral
Present different options	Discuss matters such as fees, location, accessibility, etc.
Assure them that you will continue your support until the referral is complete	Arrange for a follow up call

Summary

- In times of crisis, supportive communication (conveying empathy, concern, respect and confidence in the abilities of the affected person, as well as providing practical information and support for problem solving) is the recommended communication style.
- A number of values have consistently been found to accompany the most effective communication style:
    - Empathy
    - Respect
    - Genuineness
    - Positive regard
    - Non-judgmental stance
    - Empowering
    - Practical
    - Confidentiality
    - Ethical conduct
- Interpersonal communication skills include non-verbal communication, skillful listening and responding, and giving feedback.
- A variety of ways of responding can be effective communication, e.g. giving subtle response signals, asking questions sparingly, responding to the content of what you hear.
- Helping people to cope themselves is your goal. You can help to do this by focusing on problem-solving, and on the long-term emotional adaptation of the affected person.
- When working with groups, aim for a sense of belonging. Groups should be based on community members' need and desire to work together toward a common goal.
- Referral means recognizing specific needs and helping a person connect with professionals who are competent to address those needs. The affected person must be kept informed about what is happening and why.

Module 4 – Promoting Community Self-Help

Community participation conveys an active and functioning view of human interaction. People are less likely to suffer feelings of dependency and helplessness when they work in groups where the helpers support the group's values, needs and aspirations. In addition, community participation helps establish community ownership of support or relief initiatives and may lead to more sustainable recovery.

This module describes how to engage communities in their own recovery process. Community self-help is relevant to all relief operations and humanitarian interventions.

This course is an example of community participation. The learning method used encourages participants to take an active role in their own learning. Activities are primarily focused on communication and dialogue among participants, and on collaborating to use individual experiences, skills and capabilities to achieve joint goals.

Module 4 – Learning Objectives

At the end of this module, participants will be able to:
- Describe the factors that make a community supportive and healthy for its members
- Give details of how communities can be helped to use their own resources for solving problems
- Develop ideas and methods to engage people and achieve participation

Defining a Community

Community can be defined as a group of people having a common identity and shared interests related to factors such as:
- Geography
- Language
- Values
- Attitudes
- Behavior patterns
- Interests
- Beliefs
- Culture
- Trauma/disaster experiences

The group of participants in this course can then be described as a community - they are likely to have language, values, attitudes and interests in common.

A Community Approach

Disasters range from those affecting a single family to those affecting entire regions of the globe. In general, however, most disasters affect at least one or more communities of people who share many of the same resources and capacities. Therefore, interventions conducted at the community level can

offer better results by making the most efficient use of local resources and capacities to support the recovery of the affected population.

Community Participation

Community participation, here meaning self-help, assumes:

- Recovery projects are based on ideas developed by the concerned people themselves. The community determines a common aim and work together to achieve it.
- There is a planned process to encourage community participation. Local groups participate in collective decisions about their needs as well as the development and implementation of strategies that are based on their collective strengths to meet those needs.

Promoting Self-Help

Community responders are in a good position to promote the process of community self-help. In many instances, they are part of the affected community - they share the same language and often cultural background, and may be better able to provide support to affected people than someone coming in from outside the community. Any action that the community responder takes must be guided and coordinated by the supervisor, but for the process to be successful, it is crucial that the community responder empowers community members to:

- Initiate dialogue to share information leading to solutions
- Assess their own problems based on community knowledge and values
- Define the community's role and responsibilities to design and implement self-help strategies

The following are essential elements in the process of promoting community self-help:

Identify and involve community leaders or influential persons
Establish a sense of ownership by the community
Identify community resources
Promote psychological well-being
Mobilize resources
Encourage joint decision making and consensus

Identification and Involvement of Community Leaders

All communities have leaders, official and otherwise. Trust in and respect for leaders is very important, since leaders represent their communities and should be seen to be working towards helping the community to achieve its collective goals. Therefore, involvement of respected leaders is an essential part of community participation.

Some communities are more active than others and some members of a community participate more than others.   One characteristic which influences community action is status. Status is found in all societies and seems to function as a guide to expected behavior of members. For instance, we can expect some group members to participate in some activities but not others because of their status. Thus, understanding and respecting how a community views the status of its members can be of key importance to setting up any cooperative projects.

Establishing of a sense of ownership

When working with people to promote community self-help, it is important to pay attention to the amount of ownership they feel for a particular issue or problem. Generally it can be stated that we tend to take better care of things we own. The same applies to community issues/projects. When people feel ownership regarding community issues/problems, they are interested in solving them. When they feel involved in providing the solutions to their problems, people are more likely to implement them.

Identification of Community Resources

Following critical events, social structures are often destabilized and traditional support mechanisms are weakened or sometimes lost. Thus, many affected people experience a temporary loss of control over their lives. They miss things the way they were before, however, imperfect that might have been.

In order to facilitate self-help and enhance coping mechanisms, knowledge about the traditional and cultural resources in the concerned community is important. Finding the answers to the following questions may ease the problem:

- What are culturally appropriate ways of helping people in distress?
- Whom did people traditionally turn to for support and help?
- How can those people and structures be supported?

Repairing and re-establishing social structures also include an understanding of the roles of the social networks, families, traditional leaders and others in the community. It is important to talk to a large number of people to get a reliable picture and consistent information about social structures in the community.

Promotion of psychological well-being

We know that there are certain protective factors in life that provide people with a psychological "cover" and therefore reduce the likelihood of severe psychological effects when encountering hardship or suffering. Some protective factors are:

- Belonging to a caring family or community

- Maintaining traditions and cultures
- Having a strong religious belief or political ideology

Protective factors for children include:
- Stable emotional relationship with adults
- Social support both within and from outside the family

Community responders can help strengthen these protective factors by empowering people and giving them a sense of control and predictability over their lives. This can be done by acknowledging that people are not helpless and by setting up structures that allow people to participate in community activities. In other words, it can be done by building on or strengthening resources in the communities.

We are all social beings with a natural wish to belong to and contribute to a larger social group, whether that is to family or to our community. Things people do together, such as religious ceremonies, social gatherings, meeting over tea, playing games or simply exchanging news, serve as important ways of coping with a critical event. Engagement in daily activities, recreational or educational activities, helps promote psychological well-being. More specifically the benefits are:
- Helping people to meet a basic need (shelter, food, water, financial aid)
- Regaining a feeling of control over some aspect of life
- Supporting a feeling of belonging
- Serving as an outlet for tension
- Providing opportunities to be distracted from uncomfortable matters
- Providing chances to feel useful

Mobilization of Resources

Once the resources have been identified in the community, the next step is to mobilize the resources and strengthen the community's own capacities.

People who have an interest or concern in common can easily mobilize their resources and capacity, and take action for desirable change or development. Mobilization of resources can, however, only be done in a positive way if people are motivated or see the value in participating.

In order for community responders to become facilitators in this process, the responder's role or position must be explained clearly to everyone. When key people in the community (both resourceful and vulnerable people) have been identified, the facilitator must take the time to listen to and understand what people are most concerned about. The facilitator's main concern is to help meet the needs of the whole community in realistic ways that yield tangible results and addresses mutual interests.

The role of facilitator is to:
- Support community initiatives
- Assist with the process of transforming needs and goals into action.

Every new activity starts with somebody sharing a vision with others. The likely success of the activity depends on how many people share the vision and their commitment to making it a reality. The basic premise is that a group of people together can identify a problem, share a vision and believe that change is desirable and possible.

Steps in Action Planning

Transforming needs and goals into action requires planning. It is helpful to engage community members in a planning process that can lead to action. Here are some questions that can guide the community in this process:

1. Identify the vision or goal (what do we hope to achieve?)
2. Brainstorm possible actions (what we intend to do?)
3. Weigh the advantages and disadvantages of each action
4. Determine resources needed for each option (time, money, human resources)
5. Choose an acceptable plan of action
6. Decide who will do what, when, where and how
7. Establish a time frame and criteria to evaluate success

Joint decision-making and consensus building

Decision-making is a key element. It is, however, not always a smooth process. People are likely to have differences of opinion, and might have difficulty deciding on a common goal. Facilitators must be aware of early signs of conflict or tension, and bring their observation to the attention of the concerned group. This should be done with a view to finding mutually acceptable ways of resolving the tension. In bringing observations to the group, avoid pointing out individuals, but rather assist the group in recognizing its responsibility to the whole community. A crucial goal is to reach a majority consensus on the goals and on the means of achieving them without alienating people with minority interests.

In conclusion, the goal of the community self-help approach is to reintegrate individuals and families within their communities, and identify and restore natural community networks and coping strategies. This is only done through a continuous community dialogue, with the affected people, local counterparts, and health and social representatives.

Activity #15

Break into small groups of 4-5 people. Imagine that your area has had a number of cattle die, and agricultural terrorism is suspected but not yet confirmed. You are all meeting to discuss the situation and to decide a course of action.

Appoint a facilitator, and then give 10 minutes to discuss possible courses of action. List your:

- Needs
- Resources
- A possible course of action
- Projected impact of the course of action
- Identify conflicting goals or interests that may impede achieving a consensus.
- How can these conflicts be constructively addressed and possibly resolved

In the large group, report your decisions and discuss the experience with the group.

Summary

- Community participation and self-help is relevant to all relief operations and humanitarian interventions. It implies an active and functioning view of human interaction.
- A community is defined as a group of people with some kind of common identity, such as geography, language, values and interests.
- The community approach requires the volunteer to assess needs and resources, and help to put into action projects which meet those needs and use those resources. Community participation means basing projects on ideas developed by the affected people.
- Volunteers can play a vital role in helping to promote the process of community self-help. The following elements are essential:
    - Identify and involve community leaders or influential persons
    - Establish a sense of ownership by the community
    - Identify community resources
    - Promote psychological well-being
    - Mobilize resources
    - Encourage joint decision making and consensus building

Module 5 – Populations with Special Needs

All people have a vital role to play in social and community structures, and no matter how vulnerable, they still have resources to offer in terms of knowledge, skills and experience.

This module describes some particularly vulnerable populations who may require specific attention due to their psychological needs.

Module 5 – Learning Objectives

At the end of this module, participants will be able to:

- Identify and describe the characteristic reactions of vulnerable groups affected by disaster
- Describe effective interventions to assist vulnerable groups

Groups with Special Needs

The characteristics of a vulnerable group influence their responses and needs. For example, younger children, teens, and older adults appear to be vulnerable in distinct ways and are subject to a higher proportion of emotional and physical difficulties when compared with the general population.

The following groups may be particularly at risk:

- ➢ Children
- ➢ Older persons
- ➢ Persons with disabilities (physical/mental illness/substance abuse/developmental)
- ➢ People with past traumatic experiences (for example, living through abuse, war or terrorism)

Other groups may also have unique psychological and physical needs following a disaster. It is important to note that individuals may overlap between groups, (i.e. children from economically disadvantaged homes).
- Ethnic and cultural groups
    - Unique needs can arise from traditions, beliefs or common practices. Assisting or supporting someone emotionally should take these things into account.
- Parents with dependent children
    - Parents are concerned with the physical and psychological well-being of their children. It is often more difficult for parents with dependent children to negotiate the maze of services after disaster as much of their attention is on keeping the children safe and well.
- Bereaved spouses or partners
    - The loss of a life partner can leave the survivor with unfamiliar tasks and roles in addition to grief
- People living with HIV/AIDS or other chronic illness
    - It is more difficult to deal with emotional issues when your physical health is compromised. This is especially true for those dealing with chronic health problems.
- Economically disadvantaged groups

- Even in the best of times those who are economically disadvantaged must focus heavily on providing for their family's basic needs. Disaster can create even more stress related to loss. Those with fewer resources to start with are often left to seek aid from relief organizations while those with many resources can often leave the area or seek immediate relief through insurance or accumulated resources.
- Socially disadvantaged groups
  - Marginalized groups are at risk for further marginalization following disaster.
- First responders/disaster response personnel
  - This group is often exposed to intense situations and grotesque scenes. Additionally, they may be personally affected by the disaster.
- Women
  - Gender seems to be associated with increased vulnerability to the effects of disaster. This is due to several factors:
    - Women often function as primary caregivers for children. In disaster this means that they must tend to the needs of others before tending to their own stress related needs.
    - Women are more likely to be economically disadvantaged, particularly single women with small children.
    - Women outlive men and thus may be alone and physically compromised as they age.
    - Women are more likely to have a history of trauma or abuse than men.

This module concentrates on the needs of children, older persons, persons with disabilities, and those with past traumatic experiences, but many of the points made are general and will be applicable to any group. Each group with whom you work should be considered in terms of cultural, socioeconomic and other factors pertinent to that group.

Generally, in working with populations whose culture is not familiar to you, it is important for you to appreciate your own feelings and cultural influences and how they can influence your work with others. It is also important to remember when working with populations of another culture, that help and information is often available from other community members. For example, with children, you might want to ask how people care for their children, what rituals and celebrations they have, and what hopes they have for the future.

Children

Experiencing a tornado, flood or loss of a family member is upsetting to anyone. Critical events are not easily understood, since they are often unexpected and are new experiences for the individual. The individual may have no known pattern of actions to follow as a response to the experience. This is especially true for children. They are more vulnerable than adults and lack ability to judge which fears are realistic and which are not. It is nevertheless important to remember that with adequate support most children will either not be harmed by the experience, or they will recover. The following sections will help you to recognize and respond to children's needs.

<u>Recognizing Stress in Children</u>

To recognize stress in children, it is necessary to listen and observe. Listen to what children say both in words and through their behavior. Observe what children do as you talk to them or as they play.

- Talk with parents and other adults who know the child. Is the child behaving differently in any way? Has the child's personality, mannerisms or outlook on life changed greatly? Do the adults think the child needs help?
- Talk to the child about everyday things and observe how the child responds. Does the child listen to you and understand what you are saying? Does the child's understanding seem to match their age level?
- Does the child appear upset and confused? Is he or she unable to concentrate or respond to questions?
- Compare the child's behavior to that of other children of a similar age in the same setting. Is it about the same as the behavior of other children?
- Observe the child at play. Does the child play appropriately for his/her age? Is the playing typical of other children or is it somehow different?

Children's Typical Reactions

Fear and anxiety	Children are often afraid that an event will happen again. A child's most dominating fear is that s/he will be left alone. Therefore, it is common for children to do more "clinging" and to have increased problems with separations from loved ones.
"Childish" or regressive behavior	Children's fear and anxiety may cause them to act younger than their age. They may bed wet, thumb-suck, cling, and avoid strangers.
Difficulty sleeping	Frequently children show their anxiety and fear through nightmares or being afraid of sleeping alone. They may develop fears of the dark or have difficulty falling or staying asleep at night.
Physical reactions	Some children have stomach aches, headaches, nausea, eating problems, or other physical symptoms of distress. These can be due to being afraid, or feeling guilty, angry or vulnerable.
"Trigger" responses	Sometimes a child will associate a particular smell, sound, object, or activity with the trauma. Whenever s/he is exposed to the "trigger", anxiety, avoidance or physical reactions may follow.
Difficulty concentrating or thinking	Children of all ages can experience difficulties with concentration. Many find that they are easily distracted and feel confused and disoriented

Typical Reactions Related to Age Groups

Birth to 2 years	Even though small children do not have the words to describe either the event or their feelings, they can, however, retain memories of particular sights, sounds, or smells. Infants may react by crying more than usual, showing clingy

	behavior, being irritable, passive or more emotional.
Preschool, 2 to 6 years	Preschool children often feel helpless and powerless following a critical event. They typically fear being separated from their parents, and return to behaviors exhibited at earlier stages like thumb-sucking, bedwetting, or fear of darkness. In the weeks following a critical event, a preschooler's play activities may involve aspects of the event. He or she may re-enact the event over and over again.
School age, 6-10 years	The school age child has the mentality to understand more complicated issues, which can result in a wide range of reactions, such as guilt, feelings of failure, anger that the event was not prevented, or fantasies of playing rescuer. Some children become intensely preoccupied with the details of the event and want to talk about it continually. This preoccupation may interfere with a child's concentration at school and lead to poor performance.
Preadolescence to adolescence, 11 to 18 years	As children get older, they may exhibit responses similar to those of adults. However, particular reactions like irritation, rejection of rules and aggressive behavior are also common. Some teenagers may become involved in dangerous, risk-taking behavior, such as reckless driving, alcohol or drug abuse. Others become fearful of leaving home as the world can seem dangerous and unsafe. Teenagers who appear withdrawn and isolate themselves from family and friends may be experiencing depression or suicidal ideation. Such reactions require immediate intervention and professional assistance.

Helping a Child

Following a critical event, children and their parents may face separation, loss, uncertainty, stress, and hardship. Normal roles and daily routines will be lost. Parents may lose their means of earning a living and providing for their families. Traditional ways of caring for their families and rearing their children may be disrupted, which can affect the development of children.

It is normal for people to look to others for guidance about how to react in a situation. This is especially true of children. Younger children in particular look to parents and other family members for clues as to how they should be reacting. That is probably why we often see that children are only doing as well as their parents. Because of this, one of the best ways to help a child to do better is through helping the parent.

When working with children, it is important that parents/guardians are involved as a family unit. Often the parents/guardians are experiencing some significant level of distress which can influence their capacity to help the children.

Other factors that may improve the well-being of children include:

Keep familiar routines	Maintain familiar daily routines, keeping them as close to normal as possible, as this will give the child a feeling of security and control. Encourage families to continue their children's schooling. Attendance at school and playing with other children helps them to continue with the familiar aspects of their life. Teachers may also be in a good position to recognize the needs of the child.
Pamper and care	Allow children to be more dependent on you for a period of time. This may involve more physical contact than usual, not sleeping alone, having the light on, etc. Allow time and opportunity to grieve and recover after their experiences.
Talk about what happened (as appropriate)	Provide children with appropriate information about their situation and an environment where they feel safe enough to express their feelings. Children express their feelings in different ways. Some children will be withdrawn and unable to talk about the event. Others will experience intense sadness or anger over what has happened, and others will suffer periods of denial (acting as if the event had not occurred.) Children are often confused about the facts and their feelings. Talking can help clarify what they understand and what they need to hear.
Find opportunities for children to participate in decision-making	Involving children in decision making, even in small ways can help them feel they have some control (or mastery) over the situation. It can also create a sense of contributing to the family's recovery and enhance their self-worth.

If you have any doubts at all about whether the child may need more assistance, seek further information – talk to your supervisor, colleagues or someone in the community who knows the child.

Seek professional help if a child is experiencing any of the following reactions for longer than one month following a critical event:

Hopelessness/helplessness	Feels sad and cries a lot, does not want to eat, wants to stay in bed, talks about suicide or wishing they were never born (should be addressed immediately)
Unable to stop thinking about the event	Nightmares, withdrawal from usual social activities or play with other children, intense anxiety or avoidance that is triggered by reminders of the event
Physical problems	Nausea, headaches, weight gain or loss
Alcohol or drug use	This should be addressed if it occurs at all – don't wait for it to last a month or longer
Hyperactivity (does not include previously diagnosed ADHD)	Inability to sit still, difficulty concentrating, learning difficulties, dangerous risk-taking behavior

Activity # 16

Helpers need to be prepared for their own emotional reactions when supporting children in crisis, and to be aware that their reactions are normal. Being with people who have experienced a critical event will often elicit feelings in the helper that parallel those affected, such as sadness, anger, helplessness, and fear. This is particularly true when dealing with children because of their vulnerability.
1. Brainstorm and list the "normal" reactions helpers may have when working with children

In addition, many areas of Nebraska have very few mental health services for children.
2. As a group, brainstorm and list all the mental health services for children available in your community

Older Persons

Older people may be particularly vulnerable during and immediately after critical events. They are more likely to have co-occurring medical problems, difficulty walking, and may live alone and lack help and other resources. They may also have to face the shock of losing all that they had attained in life, their home, family, personal effects, employment and security.

Older People's typical reactions

- Increased memories of past, including both benign and morbid reminiscences

- Wish to connect with past friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Negative view of the future
- Regression
- Feeling of multiple losses
- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration
- Concentration and communication difficulties
- Physiological responses

Helping an Older Person

It is important to ensure that older people have access to the same aid and support services which are available for the rest of the population, and that they are not isolated. This is particularly so in the case of older women, who may have already become isolated and face more difficulties after a critical event. However, in situations where communities are displaced, older people can also provide a sense of continuity, culture and history, which can assist displaced groups to maintain their sense of identity and preserve the cohesion of the community.

The following activities may help reinforce coping mechanisms for older people:

Ensure safety	Make sure the person is in a safe environment, but respect wishes if the older person prefers to remain in his/her home.
Give factual information	Factual information about what happened and what is likely to happen (who will help the older person, where the person will stay at night, etc.) provides a feeling of security and control. Information may need to be repeated a number of times.
Reassure about normal reactions	It is reassuring to be told that concentration and communication difficulties, physical complaints, etc. can be expected in the aftermath of a critical event.
Be supportive and build confidence	Older people can naturally contribute a great deal, and can be encouraged to use their strengths and abilities at the same time as preserving their dignity.
Identify secure attachments and relationships	Let people identify who they want to be close to. Do not, however, assume family relations are friendly.
Talk about the event	Reactions, thoughts and feelings are influenced not only by the critical event itself, but also by past memories. Allow time and space to talk about the past as this will provide trust and strength to deal with current concerns.

Be aware of cultural backgrounds	Older people may have different cultural and traditional backgrounds; services that are suitable for the majority may not necessarily fit every minority group.
Establish Routine	Routine is normal and comforting.
Create opportunities to feel useful and valued	Older people can be a resource following a disaster or critical event. Find meaningful opportunities for them to contribute to recovery efforts.

Persons with Disabilities
(Physical/Mental Illness/Substance Abuse/Developmental)

People who have a disability are "people first". Their needs and reactions are going to be the same needs and reactions as others. However, while their reactions may be typical, sometimes their disabilities and the problems associated with their disability can create special challenges for both the person and those who work with them. This is especially true in the case of people with mental illness.

Because of their illnesses, they may have difficulty with change, and may have difficulty negotiating the "second disaster" (i.e. assorted hassles involved in applying for services following a disaster). They may suffer relapses of their primary illness due to the disaster. For this reason, people with disabilities may require special attention to their needs and extra assistance in negotiating the process of obtaining assistance. They may also need assistance in refilling and managing their medications. It is important to reconnect them with their treatment providers/facilities if there has been disruption in service. New support may also be necessary, i.e. new support groups for individuals with substance abuse. If they must reside in a shelter due to loss of housing, consideration should be given to any specials needs, i.e., ramps for wheelchair, facilities that can accommodate pets for the legally blind with guide dogs, relatively low level of stimulation for those with mental illness or developmental disabilities.

When to seek advice

People who show behavior that appears inappropriate for the situation should be closely observed. A basic rule is always to link up with existing health services, as the existing provider will know the needs of the person best. This is particularly true for people with serious mental illnesses living in the community.

The following emotional problems require trained mental health providers:

Suicidal ideation - threats to harm self in any way
Homicidal ideation- threats to harm others
Depression lasting longer than two weeks
Active hallucinations and/or delusions
Rage
Aggression
Inability to care for self or carry out activities of daily living

Previous Experience with War/Trauma/Disaster

Research shows that people who have been previously exposed to a traumatic event (including disasters, terrorism and wars) are at risk for having psychological problems in the future. Those individuals who have had previous exposure to disaster, terrorism or war may benefit from contact with a mental health professional, particularly if the current situation seems to increase the psychological effects related to the previous exposure. The mental health professional can help them determine what steps are necessary to decrease those effects.

Summary

- Specific groups affected by critical events may be particularly vulnerable to psychological effects:
    - Children
    - Older persons
    - Persons with disabilities (Physical/mental illness/substance abuse/developmental)
    - Persons with previous exposure to trauma/war/terrorism
- Different age groups may react in different ways. For example, infants may react by crying more than usual. Preschool children may revert to baby behavior. School age children may lack concentration. Adolescents may react more like adults.
- Children are more likely to be vulnerable than adults, but with adequate support, most children will be able to recover. To recognize stress in children, listen to what they say and observe their behavior.
- Helping the child will often involve helping the parent, since children typically are guided by the reactions of family members. In addition, it is important to keep a routine, pamper them, talk to them about the situation and seek opportunities for children to influence what happens to them.
- Older people may be particularly vulnerable during and immediately after critical events. Activities aimed at restoring confidence and dignity should be emphasized.
- Persons with disabilities will have the same reactions and experiences as other people. They may need assistance in applying for aid from relief agencies, obtaining lost prescriptions, and may need alternative accommodations.
- People with previous trauma exposure may benefit from contact with a mental health professional in order to decrease the likelihood that they will experience serious psychological effects from the disaster.
- Seek professional mental health assistance for people:
    - Have suicidal or homicidal thoughts or behavior
    - Seem to have trouble getting past feeling hopeless
    - Are unable to stop thinking about the event
    - Have physical problems that won't resolve

Module 6 – Helping the Helpers

For some years now, it has been acknowledged that support programs cannot afford to focus only on the people directly affected by the disaster. Helpers and other people exposed to emotional stress can also experience stress or crisis as a result of their work. This is especially so for young and inexperienced helpers. These facts have strong implications for the community responder in Nebraska.

The traditional heroic role of helpers includes expectations that they are selfless, tireless, and somehow superhuman. Helpers are, however, affected by their jobs. Community responders will often leave their jobs with a feeling of not having done enough, because the need in many situations is so overwhelming that it far exceeds the the responder's capabilities. A volunteer might be troubled by the tormenting stories of disaster survivors, or first responders may feel guilt at the death of a victim.

This module emphasizes ways in which community responders can support themselves and their colleagues by recognizing the signs of stress and burnout, and learning techniques which may help to alleviate or prevent severe emotional reactions. While it is not aimed specifically at supervisors, it does demonstrate the role that supervisors have in creating and sustaining a supportive working environment if helpers are themselves supported.

Module 6 – Learning objectives

At the end of this module, participants will be able to:
- Describe how reactions to stress may affect helpers
- Give details of warning signs of stress or burnout among helpers
- Describe how to provide psychological support to helpers
- Give details of self-care methods for helpers

Stress in the Lives of Helpers

Stress is inherent in disaster situations. Apart from the usual job stress, the following situations constitute additional challenges for helpers:
- Being part of the collective crisis
- Repeated exposure to grim experiences
- Carrying out physically difficult, exhausting or dangerous tasks
- Lacking sleep and feeling fatigued
- Facing the perceived inability to ever do enough
- Feeling guilt over privileged access to food, shelter, etc.
- Facing moral and ethical dilemmas
- Being exposed to anger and lack of gratitude
- Being detached from personal support systems
- Feeling frustrated by policies and decisions of supervisors

Helpers are exposed to unusual personal demands as they attempt to meet the needs of survivors. There are many feelings that need to be addressed; from those associated with providing first aid, being close to the center of the distressing event, or dealing with emotionally distressed and physically injured people. The helper's wants and needs are often pushed into the background; but after the event, they must not hesitate to draw on the support of other people.

Responders may not be fully prepared for their own reactions to their experiences in providing care and relief to others. However, support can reduce the likelihood of developing stress-related problems in the future. Good, solid information about stress and coping with emotional reactions to difficult situations is the primary intervention in preventing future stress-related problems. Such information educates and prepares helpers to detect their own reactions and offers active steps they can take for self-care and peer support. If left unaddressed, these stress factors may affect the helpers' well-being and quality of work. Therefore, self-care is both an essential prerequisite for effectively helping others and a means of maintaining one's fitness to continue in that capacity.

Warning Signs of Burnout

Burnout may occur after a prolonged period of time on a job or even a short time in a very intense situation. It implies that the stress factors have taken over, and that the helpers are no longer able to distance themselves from the situation. Helpers can benefit from learning about burnout, so that they may recognize the signs in themselves as well as others.

Some signs of burnout include:

- Wounded ideals
- Cynicism
- Feeling unappreciated or betrayed by organization
- Loss of enthusiasm
- Grandiose beliefs about own importance
- Heroic but reckless behavior
- Neglecting personal safety and physical needs
- Mistrusting colleagues and supervisor
- Antisocial behavior
- Excessive tiredness
- Inability to concentrate
- Symptoms of illness or disease
- Sleep difficulties
- Inefficiency
- Excessive use of alcohol, tobacco or drugs

In preparing for their tasks, helpers must gain a realistic expectation of what they can achieve through their work. They must understand that they cannot help being affected by the work. It may be helpful to create an expectation that the helper may need someone to review what they have been through and assist them in processing reactions.

The helpers, the manager and the organization must all be aware of and respect personal and practical limitations of the helper and the situation. To avoid burning out valuable helpers, it is the responsibility of all concerned to treat each other with compassion and respect.

Caring for the psychological needs of the helpers

The needs of helpers are quite similar to those directly affected. A supportive environment is a crucial factor in minimizing stress. This can be achieved in the following ways:
- Guidance and support from managers and peers should be accessible on a daily basis or soon after the event
- Open and sharing organizational culture (without fear of consequences)
- Regular and frequent staff meetings which bring all staff together and foster a feeling of belonging to a team
- Respect for confidentiality so that people can feel safe in admitting to feeling stressed and requesting help
- Creation of peer support system
- Have fun together

Sharing work experiences has a team building effect and helps to prevent psychological problems. Reactions that are not addressed and processed might lead to a crisis, whereas sharing these difficulties with others will reduce misunderstandings, distortions and incorrect interpretations. A supportive environment where it is not only allowed, but encouraged, to talk about emotional reactions and limitations will promote the quality and effectiveness of activities and the well-being of helpers. It will also help responders move more easily between the roles associated with being the helper to roles more associated with accepting help from others.

Self-Help Techniques

 A number of self-help techniques have been identified that the individual helper can use to minimize stress while coping with the myriad of emotions that may arise as a result of their work.

Self-Help Technique	How to use it
Know the normal reactions to stressful events	Understand that these reactions are often unavoidable. It can be useful to express emotions and acknowledge these reactions – even those that are frightening and strange.
Be aware of your tension and consciously try to relax	Slow your breathing and relax your muscles. Try taking deep breaths that fill your chest. Roll your head and neck, releasing tension that may be developing.
Use the buddy system	Checking in every hour or so with your buddy will allow you to touch base with each other and ensure that you are both handling your stress in a pro-active manner. It's easier to keep your cool and perspective when you aren't in it alone.
Talk to someone with whom you feel at ease.	Talking about the unpleasant experiences helps you process them. Sometimes talking at the end of a shift or assignment in a relaxing setting can help you make the transition to your personal environment.
Listen to what people close to you say and think about the event	It has affected them too, and they may share insights that will benefit you. Rather than shutting out those around you, listen and join in the support they can provide.
Work on routine tasks if it is too difficult to concentrate on demanding duties	Maintain as normal a schedule as possible and resist the urge to withdraw. Taking part in routine tasks can help you relax, experience a sense of normalcy, and help you focus. Don't try to do complicated

	tasks right after a stressful event.
If you cannot sleep or feel too anxious, discuss this with someone you can trust	Sometimes talking can help move the thoughts to a place in your mind that will allow you to relax and sleep. Talking to someone you can trust may also help you decide if you need to seek professional assistance.
Write about your experiences (Journal, Diaries, etc.)	Sometimes it is easier to express your feelings by doing other than talking. These can be very private, personal activities or they may be shared.
Do not self-medicate	Get medical advice.
Go easy on yourself	Time may change how you will view things after a distressing event has occurred. Don't expect too much from yourself.
Avoid expectations that are inflated or perfectionistic	Expectations that are too high can lead to disappointment and conflict.
Seek professional advice if reactions continue	Professional advice may come from a trusted medical professional, a mental health professional, or faith leader with appropriate training and/certification.

Emotional reactions to distressing events are normal and should be expected both from the people affected and the helpers. The majority of the reactions are short term with no lasting consequences. Both physical care and psychological support are important to successful recovery.

Activity # 17

Each participant should take a few moments to write down five things that help them to relieve stress and feel calmer.

Ask each individual to share their methods with the rest of the group, and flipchart the responses. Engage the participants in a general discussion about "recharging their batteries" and ask them to brainstorm ideas that have not already been presented.

Supportive Supervision

Supervisors traditionally manage helpers and ensure that they perform quality work within the structure of established management standards. However, more recent models of supervision also place supervisors in the role of supporting the emotional and developmental needs of helpers. In other words, supervisors are now expected to nurture helpers as a human resource with limitations on how far those resources should be stretched.

This is particularly important in the instance of community responders who may need psychological support themselves. Supervisors can play an important role by providing helpers with someone they can call on for additional guidance or information to solve the problems of others, or more personally with problems they may be facing. This model can be applied either formally or informally.

Summary

- Helpers and other people exposed to emotional stress can themselves enter a state of crisis as a result of their work. Support programs need to recognize this fact and provide support to workers as well as to the people directly affected by disaster.
- Community responders are exposed to situations with unusual personal demands, often finding themselves in extremely challenging situations, and may need to address their own emotional distress.
- Self-care is required in order to maintain fitness to help others. Good information about stress and coping with emotional reactions to different situations is required.
- Burnout can occur after a prolonged period of time on a job. Symptoms include:

  o Wounded ideals
  o Cynicism
  o Feeling unappreciated or betrayed by organization
  o Loss of enthusiasm
  o Grandiose beliefs about own importance
  o Heroic but reckless behavior
  o Neglecting personal safety and physical needs
  o Mistrusting colleagues and supervisor
  o Antisocial behavior
  o Excessive tiredness
  o Inability to concentrate
  o Symptoms of illness or disease
  o Sleep difficulties
  o Inefficiency
  o Excessive use of alcohol, tobacco or drugs

- A supportive environment is required if the psychological needs of helpers are to be addressed. A culture of mutual support should be encouraged.
- Self-help techniques include reminding yourself that emotional reactions are normal, using the buddy system, talking to others about feelings, and avoiding unrealistic expectations of yourself.
- Supervisory staff can play an important role in the support of helpers, providing additional guidance or information and a supportive environment.

Module 7 – De-escalation Module

Mental health clinicians are often requested to assist other relief workers with grieving or angry people.   Many disaster relief workers do not feel confident in their own ability to deal with the intense emotions these individuals may show. In general, these emotions are appropriate reactions to the situation and are *not* considered mental health emergencies. While it may seem as though a professional is needed, often the situation can be handled by a well trained community responder. Even in those cases when a clinician's skills are necessary, the community responder needs to know what to do until a clinician (or in some cases security personnel) can arrive on scene and provide professional intervention.

Module 7 – Learning objectives

At the end of this module, participants will be able to:
- Demonstrate communication skills to calm anxious or agitated individuals
- Understand common signs of escalating anxiety
- Identify effective methods of de-escalating anxious or agitated behavior

We all feel anxiety in dangerous situations. Anxiety can be defined as a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation. Sometimes, anxiety is so intense that the normal physical and psychological functioning of the individual is disrupted. At its most intense, we experience what is called "fight or flight".   This is a physiologic response that prepares the body to "fight" or "flee" from a threat to our survival.   This response can help us survive a threatening situation.   It's perfectly normal to feel anxiety in an extreme situation. It's also normal to feel anxiety when you are with someone who appears to have lost control of their own emotions and behavior.

Sometimes anxiety can escalate to become anger and/or agitation. An individual under a great deal of stress can sometimes become irrational and infuriated by what is going around them. One of the hallmarks of the Disillusionment Phase of a disaster is the emergence of anger, often directed at volunteers and public officials. In this module you will learn and practice basic listening and communication skills that can sometimes prevent people from becoming overly agitated or angry. However, anger and agitation may be unavoidable. To prepare you for this, you will also be introduced to specific strategies to assist in reducing distress or "de-escalating" someone who is already angry or agitated.

Communication and Empathy Skills

L-Shaped Stance

In the **Supportive Communication module** everyone formed a line and walked toward each other. This demonstrated the differences in personal space requirements of the participants.   Remember that these personal space requirements may change in different situations. For example, when someone is upset, his/her personal space tends to increase. The best way to ensure that you are not invading the personal space of others is to use the L-Shaped Stance. Stand at an angle to the person rather than face to face, slightly outside their personal space (usually around 3 feet or so). Your shoulders should be about at a 90 degree angle to the person you are talking to. Keep your arms relaxed, at your sides and stand with your feet slightly parted.

<u>Figure 1 – L-Shaped Stance</u>
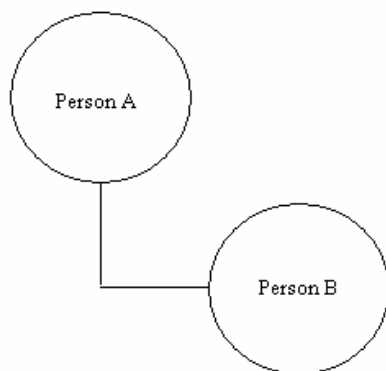
Activity # 18
Demonstrate the L-Shaped Stance. Person A will stand with their shoulders at right angles to the shoulders of Person B.

This stance is important to use when working with people who may be upset.
The L-shaped stance shows respect and decreases the perception that you are confronting the other person or "getting in their face".

<u>Warmth</u>
Helping someone stay calm is often easier if you appear warm and approachable. No one wants to talk to someone who is staring at them coldly, or who seems indifferent. Use the following tips to increase the amount of warmth you convey.
- SOLER
  - **S**it squarely
  - **O**pen Posture
  - **L**ean Forward
  - **E**ye Contact
  - **R**elax
- Soft tone of voice
- Smile
- Interested facial expression
- Open and welcoming gestures
- Allow the person you are talking with to dictate the spatial distance between you. (This can vary according to cultural or personal differences)

Activity #19
Pick a partner. Turn to your partner and say:
"My garbage pick up is on Tuesdays". While saying this, practice looking warm, give feedback to each other (from the above list) as to what they could do to make this interaction seem warmer.

Door-openers

There are a variety of ways to help people feel comfortable talking with you. People who enjoy parties are generally very good at using all sorts of phrases to start and keep a conversation going.   These are called *door-openers*, because they open the door to a more in-depth conversation. Some examples of door-openers you may use to keep a conversation going include:

- Then what happened?
- Then what did you do?
- That is really interesting.
- Wow, then what?
- I see …
- How did you handle that?
- What helped you in that situation?
- Tell me more (about that)…

Pairing these phrases with appropriate non-verbal communication helps others to talk about their feelings. Here are some examples of non-verbal communication that encourages people to talk:

- SOLER (Sit squarely, Open Posture, Lean Forward, Eye Contact, Relax)
- Head nodding
- Close proximity with the L-shaped stance
- Avoiding impersonal or "cold" stares
- Focusing on the speaker, not on the paperwork
- Appropriate facial expressions (e.g. smiling, expressions of warmth and acceptance, etc.)

Activity # 20

Break up into pairs. One person must initiate and continue a conversation using door-openers. The second person must not make it easy for them, (remember that this is practice, so don't make it overly difficult for your partner.) Spend 5 minutes doing this, and when the signal for "time up" is given, switch and let the other person practice using door-openers.

Using Questions

In **the Supportive Communication** module, we also discussed using open-ended questions. Use open ended questions to get the person talking. Use close-ended questions that are simple and clear when giving direction or communicating with someone who is having difficulty talking at all, or who is very upset and already talking a lot. Close-ended questions may be easier for the anxious person to process.

Activity # 21

As a group, take the following closed-ended questions and convert them to open-ended questions.

1. Have you eaten today?
2. Did you apply for assistance with FEMA?
3. Were you scared when you heard the sirens?
4. How many children do you have?
5. Are they treating you all right in the shelter?
6. Where was your house?
7. Do you have anyone to support you while you go through this?

Para-verbal Communication

Para-verbal communication is also important. Para-verbal refers to the voice tone, rate and volume you use when speaking. Consider the sentence:

I DIDN'T TELL GEORGE YOU WERE INCOMPETENT.

If you change the emphasis in the sentence, emphasizing a different word each time you say it, you will change the meaning of the sentence:

I didn't tell George you were incompetent.
I didn't **tell** George you were incompetent.
I didn't tell **George** you were incompetent.
I didn't tell George **you** were incompetent.
I didn't tell George you were **incompetent**.

While the sentence may appear fairly neutral, when the emphasis changes, the emotional tone of the message, and the message itself changes. As we talk to others, it is important to watch our para-verbal communication, to ensure that the message we send is the one that is heard. The more anxious or agitated a person is, the less they hear the content of your message. They are getting their cues from your voice, not your words.

Congruence

Another way we show others that we are in control and responsive is to make sure our words and actions match, or are *congruent.* This means that our words and actions communicate the same thing and form a clear message. For example, nodding and paying attention to the person talking to you is congruent with both sending the message that you would like to hear more and that you are listening. Being incongruent or acting in a way that does not match your words may be interpreted as being untrustworthy or inauthentic. For example, saying "I want to help you" while looking repeatedly at your watch sends a mixed message to the person you are trying to help.

Active Listening

Good communication requires that we actively listen to the speaker after we successfully start a conversation. Active listening can help you be congruent. How often have you talked to someone who was busy doing something else? They shuffle papers, read a book, watch TV or watch people walk by.   Sooner or later, you might get frustrated and complain that they are not listening to you. They may respond and say "Yes, I was", and may even be able to repeat back your last sentence. This is not what we mean by active listening. In active listening we listen *and respond* to another person in a way that:

1. Emphasizes to the other person that you are paying attention to them
2. Improves the communication between the two of you.

When we empathize with others, we are considering their needs and feelings. Expressing empathy helps the other person to feel understood. In order to show empathy, we must be an **active listener**. It is important that your response reflect what the person is saying and not take the form of offering advice. Here's an example of the difference between offering advice and actively listening to what the person is saying:

Speaker*:* I don't know what to do! My roof is gone! Where am I going to get someone to fix it? I don't know any roofers, and I hear that there are fly-by-night companies that come to these sorts of disasters and defraud people.

Listener (with active listening): Sounds like you're feeling overwhelmed with how to choose a roofer.

Listener (with advice): Well, my son-in-law is a roofer, here's his card, give him a call.

In the above example, it is probably not ethical for you to refer people to a specific company, depending on the ethics of your profession, and/or your position as a community responder. Your role in this situation is as a caregiver not as an advisor. A safer course of action would be to use active listening, and then use problem-solving from the **Supportive Communication module** to help the person find their own solution. This means you help the person come up with options and leave them with the choice of what action is most beneficial.

Active listening is a skill that can be learned. There is a set structure to active listening that must be practiced to avoid sounding wooden and unnatural.

Here is the structure of active listening:
1. The listener attends to the speaker completely.
2. The listener then repeats, in the listener's own words (i.e., paraphrase), what s/he heard the speaker say. **This does not mean that the listener agrees with the speaker.**
3. The speaker then actively listens to the listener to see if the listener really understood. If the listener did not, the speaker can explain some more.

Here are some tips for Active Listening:
- Read the non-verbal as well as the verbal communication to assess feelings.
- Check back with the person about their feelings as well as the content even though they may only be telling you about the content.
- If you're not sure how the person feels, ask about it e.g. "How do you feel about that?" "How did that affect you?"
- Don't ignore or deny the speaker's feelings.
- Don't tell people how they should feel or think.
- Reflect back what you hear the person say so they can hear it themselves and know you understand
- If you get it wrong, ask an open-ended question and try again e.g. "How do you see the situation?"
- If appropriate, direct the conversation back to the point if the person drifts to a less significant topic.
- Allow silences in the conversation.
- Avoid phrases like "Can you tell me…" or "Would you tell me…" – These types of phrases can be simply answered negatively and often makes your job harder.
- Be careful with "Why questions" – These questions can often sound judgmental.
- Ask one question at a time and try to avoid double questions (e.g. Were you feeling tired or were you just trying to get out of the situation?). Concurrent questions can often be confusing.

Paraphrase/Reflection
The primary purpose of paraphrasing or reflecting is to assure the person who is talking that you are listening and have accurately heard the central meaning of their message. Another important aspect

of paraphrasing is to clarify the content of the current topic. Finally, this strategy may often be used to keep others focused on the current topic instead of diverting into less relevant tangents.

Reflection of Content – simply rephrases, rewords, and reflects what the other person just said. For example:

Speaker: "Yesterday, it was just so hard to get up and get going. I just sat around the house. I had errands to run, but I couldn't seem to make myself get up and do them"

Listener using Simple Reflection: "It sounds like you had a lot of trouble getting up and going"

Reflection of Feelings – Reflecting what someone is feeling lets the person know that you heard their expression of emotions. This can enhance the sense of being understood and may encourage further emotional expression. For example:

Speaker: "I'm so scared and I don't know what I'm going to do next. My house is gone…everything is gone"

Listener using Reflection of Feelings: "You seem afraid and uncertain."

Speaker: "Yes! I'm just so frightened and I don't know what's going to happen next."

Often, it is a good strategy to repeat back the *feelings* you hear, rather than the content of what was said.   This can highlight the Speaker's concerns and fears and may help them begin to mentally process what has happened in their life.

In the previous example, you are not agreeing with what the Speaker is saying but rather you are **validating** the Speaker's feelings of fear and anxiety.

Activity # 22

Paraphrase the following statements with an emphasis on the emotions:
1. My back is killing me, I haven't had a day off in weeks, and I am sick and tired of working all the time!
2. I don't know who she thinks she is! Just because her family has money, doesn't mean she should be the first one in line!
3. I don't know what's wrong with me. I can't seem to get organized. I keep thinking about what happened. I just can't believe it.
4. I don't have anyone to help me. I don't know how I'm supposed to do all of this on my own now.
5. I can't do this job anymore. I've seen too much. This was not supposed to happen.

Active listening has several benefits. Active listening is fundamentally a way to show empathy and build a relationship. It helps people to acknowledge their emotions and to *talk about* them instead of negatively *acting on* them.   Active listening also helps to clear up any misunderstandings between people. This strategy shows that each statement is listened to and clarified before going on to the next issue.

Active listening becomes more difficult, and even more necessary, when the two parties are from different cultures. As we noted before, our view of the world, *is* the world. We see the world through the lens of our own perceptions, experiences and cultural background. When we act according to the values and customs of our culture, it can be misinterpreted by people of other cultures and vice versa.

In cultural conflict:
1. There are usually expectations about one's own and others' behavior.
2. Strong emotions are present, even when the reason for the disagreement is small.

To resolve a cultural conflict:

1. Be aware that culture may be a factor.
2. Be willing to work on the cultural issues.
3. Be willing to talk about how the other person's culture would address this problem.
4. Develop a solution together.
5. If there is confusion or a misunderstanding…talk about it and learn from each other.

When someone actively listens to us, we know we are being heard. When they do so with empathy, we know we are valued. When we empathize with others, we acknowledge their feelings without judging those feelings.

Activity # 23

Divide into groups of three:
Speaker - you have just lost your home to a tornado. You are trying to find out what assistance you qualify for, since you had no insurance.
Listener - use the skills discussed in this module. See the list for the Observer.
Observer - concentrate on the person in the listener role, looking for:
Active listening
Door openers
Paraphrasing
Open-ended questions
Non-verbal skills

The first interchange should take three to four minutes, with a couple of minutes to share observations. If time permits the exercise can be repeated twice, after changing roles.

De-escalation Skills

Sometimes, despite our best attempts at active listening, people become agitated. When this occurs it is important to remember, it is usually not personal. **This is their reaction to an extremely abnormal situation, and it has nothing to do with you.** Do not become defensive and remember to practice your skills to help the person to re-gain control. This is what is referred to as *de-escalation*. To effectively de-escalate someone, we must be able to recognize when the behavior is rising, or escalating, and what the behavior will look like when it returns to normal.

The Energy Curve

When people experience an escalation of emotion, they also experience a rise in their energy level. As people become anxious, their energy level begins rising. By the time they are agitated their energy level may be very high. De-escalation can help bring someone's energy level down, or reduce their level of tension to the point that they are able to regain control. When a person is calm again, they may feel like their energy level is lower than normal. Eventually, their emotion and energy will level off. This information is true for everyone, not just people affected by disasters.
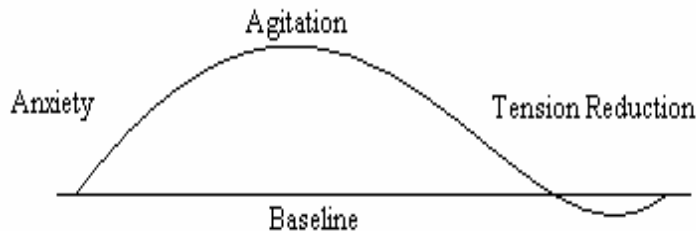
The adrenalin surge (or abrupt rise in energy) that occurs in a crisis can either help or hinder your reaction to the situation. A person may experience an increase in speed and strength, decrease in reaction time, or an increase in sensory acuity. Sometimes more unproductive reactions may occur. For example a person may simply freeze and be unable to react. Conversely the surge in energy may cause an overreaction or the person may act in a way that seems inappropriate for the situation (e.g. giggle, yell).

The goal of the helper is to recognize where the person may be on the energy curve and to help them channel or harness that energy to return to a more normal energy level that allows them to be more in control of themselves.

Elements of Escalation

When people become upset, they show some identifiable elements of escalation. These elements do not necessarily follow in order, as everyone reacts differently to different situations. Challenging authority or asking questions that may not seem related to the situation is one common element seen in the behavior of people who are escalating from anxiety to agitation. Another is to refuse or balk at following directions. A person may also temporarily lose some control and seem to use words they may not normally use. The agitated person may even become threatening or intimidating.

Questions
Sometimes agitated people will challenge your authority. They may say things like, "What gives you the right to do this?" or "Who do you think you are?" There are ways to address this sort of challenge.

- Answer the question.
    If you are following the rules and regulations of your organization, explain this, and then offer to find a supervisor for them to talk with regarding their concerns. Remember to use a neutral tone of voice and not to be defensive.

- Repeat your direction or request.
    This can be especially useful if you are attempting to give a direction that the person needs to follow for safety reasons. Repeat the same direction, in the same neutral tone of voice, over and over. For example: "Please lower your voice, please lower your voice, please lower your voice." NOTE: Give the direction in a positive way, tell them what you WANT them to do, not what you DON'T want them to do. "Please lower your voice" is much more effective than "stop shouting". This should always be conveyed with kindness, but in a firm manner.

Anxious people tend to be fairly verbal. They may demand to see someone, to talk to a supervisor, or to go to the head of the line. Their voices rise and they might speak more rapidly than usual. The best time to intervene is when someone is showing signs of anxiety, before it progresses to agitation. You've heard the phrase, "an ounce of prevention is worth a pound of cure"? In the case of someone who is anxious, and becoming angry, preventing the escalation is the "ounce of prevention". It does take a "pound of cure" when the person has escalated and needs you to help them regain control.

Not following directions
As people become agitated, they may initially refuse to follow directions. In a disaster situation, this is potentially life-threatening so it is important to gain control of the situation quickly. However, shouting and demanding that they follow directions will not achieve the goal of gaining immediate compliance. Instead, it will probably throw fuel on the fire and cause the situation to escalate. Instead of thinking in terms of gaining control over the individual, tell yourself that you will help *them* gain control of *themselves*. This will lead you to react in a more helpful manner. As the person escalates, you must retain your professionalism. If you become defensive or irrational, you will have very little chance of defusing the situation. Irrationality breeds irrationality. If the person senses you are losing control, they will lose control also. It is often easier to react in a professional manner if you are not alone. Using the buddy system can be a very easy way to help you retain your professionalism when dealing with a difficult situation. Here are some tips that may help move someone to comply with an important request or directive.

- Consider restructuring your request.
    You may have made a request or given a direction that the person did not understand or finds difficult to comply with. You could make your request in a way that gives the person some control – for example, instead of saying "please sit down" you could offer a choice, "would you like to sit down in this chair or this other chair?" In this way, you have assumed control without eliminating their sense of self-control.

- Give the person time to consider your request or direction.
    Sometimes the person needs time to process your request or direction. This is especially true if they are highly energized and your request was complicated. Consider simplifying the request and allowing the person a few moments to think before responding.

Losing Control

People who are escalating and becoming agitated may lose their filters and begin saying things they wouldn't normally say. They may talk loudly and rapidly about things that are bothering them. This surge of verbal energy can seem like "verbal vomit" as it spews forth as if a release valve has been opened. Take for example, a person who comes to the family assistance center to apply for services and becomes upset about the long wait for service. In their agitation, they may become demanding, speak loudly and move quickly from topic to topic related to their complaints or concerns. They may claim special privilege or circumstances or say that the disaster was worse for them than for anyone else.

If the person becomes threatening or intimidating and does not respond to your attempts to calm them, seek immediate assistance.

Here is an example of a situation that illustrates the elements of escalation:

Joe has been waiting to see a specialist to talk about a recurring pain. After he's waited for 30 minutes, Joe approaches the reception desk and asks the receptionist "did you page the doctor?" and "does the doctor normally run this late?" Fifteen minutes later, Joe approaches the desk and says "I'm not leaving this desk until I see the doctor". If the receptionist is not skilled at de-escalating Joe, he might continue to verbally escalate. He might loudly complain, "I don't know what kind of place you run here, but I would think any doctor worth his salt would get rid of a bunch of incompetent staff like you. You've done nothing but read magazines since I've been here and no one is helping me at all". Lastly, if Joe is allowed to escalate, he may threaten the receptionist in some way or threaten to act out his agitation, such as by saying "I'm going back there to see the doctor and you can't stop me".

Elements of De-escalation

Intervention can be successful at any point in the above scenario. However, it is easier to prevent escalation than to intervene after someone has already escalated. For example, if Joe had been told at check in, "the doctor is running late, he's had an emergency surgery to perform. You're welcome to wait, but I can't guarantee how soon he will get here". If Joe chose to wait, his anxiety could have been kept in check if the receptionist gave him periodic updates, "There's no word from the doctor yet, are you sure you want to stay? Can I get you a cup of coffee while you wait?" In a service center, this would mean giving frequent feedback to those waiting to apply for services as to why there might be a delay, and what the time frame might be before they will be helped. This is similar to what is done in amusement parks, where there are markers along the line that say "you are 30 minutes from the ride".

Here are some simple things you can do to prevent a situation from escalating or to begin de-escalating a person's behavior:

1. Establish a relationship with the person whom you are attempting to intervene with	- Introduce yourself if they do not know you. - Ask the person what they would like to be called, don't assume familiarity, and don't shorten their name or use their first name without their permission. - With some cultures, it is important to always address

	them as "Mr." or "Mrs.", especially if they are older than you.
2. Use concrete questions to help the person focus.	This is a good time to use closed ended questions. If the person is not too agitated, briefly explain why you are asking the question. For example: • I'd like to get some basic information from you so that I can help you better. Where do you live?
3. Come to an agreement on something.	Establishing a point of agreement will help solidify your relationship and help gain their trust. The agreement may be something small. It may be that it's hot out, or that the wait time for help is ridiculous. • Positive language has more influence than negative language. • Active listening will assist you in finding a point of agreement.
4. Speak to the person with respect.	This is communicated with words and your para-verbal and non-verbal behavior. Use words like please and thank you.
5. Don't make global statements about the person's character, especially if you don't know them.	Saying "you're a nice guy" to someone who is angry or despondent will not de-escalate the situation – particularly if you have just met the person and have no basis upon which to make that statement. Your comment may seem insincere.
6. Avoid using the word "we", as in "we need to calm down". It sounds parental and condescending.	Use "I" statements whenever possible.
7. Lavish praise is not believable.	Instead, use small, concrete compliments embedded in the conversation: • I can see that you are trying to lower your voice, and I appreciate that. • Try to avoid sounding condescending such as saying, "Good effort." • The key is treating the other person as an equal.

Activity # 24
Role Play: One of the instructors will play an agitated individual and the other will play a community responder. Observe closely to see what de-escalation skills the community responder is using to help calm the agitated individual.
At the end of the role play, list the skills you observed.

Your communication style is a combination of all the things discussed so far. Remaining aware of how you communicate is important, especially in a crisis. When you are concentrating on active listening, door openers, open-ended questions, non-verbal and para-verbal communication, you will also be contending with an adrenaline rush of your own. You may feel anxious or excited or even frightened. Being a little anxious may even increase your performance, however, if you are too anxious, your ability to be a good caregiver could be reduced. *Anxiety is not the enemy.* Being able to manage or cope with the anxiety is what is important for you and those you are helping.

Managing Helper Anxiety

Your ability to handle your own stress influences your ability to effectively de-escalate others. That is why the Helping the Helpers module comes before this module.   You must use the skills from Helping the Helper before you can expect to de-escalate others in a disaster. It is the job of the community responder to defuse situations by remaining rational in the face of the irrational. If the affected person senses you are losing control, it will increase their anxiety and loss of control.

The surge of adrenaline that often accompanies a crisis can cause a person to freeze or overreact. Capitalize on the adrenaline instead of having it hamper you. In order to do this, practice the behaviors you hope to use in a crisis. This is why you practice CPR, so that in a crisis you can use the skills without freezing. Pay attention to how you look and feel when you are communicating calmly so that you can replicate it under stress. **The most important thing to remember is *you must look and act calm even if you are not.*** The person you are de-escalating will notice and take their cues from your behaviors, even if they are too irrational to hear your exact words.

Summary
1. Use the side stance or L-shaped stance. This will help you communicate that you are present and care enough to notice the other person's energy level is rising.
2. Focus on the behavior, not the person.
3. Keep it simple. Avoid using long complicated sentences or directions. Avoid using absolute words like "always", "never" or "all".
4. Say please. "Please sit down". Don't challenge their ability or give the direction in a way where the answer might be "no". For example "Could you please sit down" may lead to "no", whereas "Please sit down" is less likely to generate a "no" response.
5. Remember that the message sent is not always the message received. Check out what the other person is hearing.
6. Be consistent.
7. Be nice.