

intervention in crisis | A PRACTICAL GUIDE

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*Chapter dedicated to interventions in crisis

INTRODUCTION

According to the official definition, an **emergency** is an exceptional non-military event which, by its scale and intensity, threatens the life and health of the population, the environment, important material and cultural values, and urgent measures and actions are needed to restore normality, as well as the allocation of additional resources and the unitary management of the forces involved.

On the other hand, a short definition of the crisis would be the manifestation of political, economic or social difficulties. At the same time, a crisis is a period of tension in a society. **In addition to the material damage caused, these situations also have psychological consequences on which they must be intervened. In such situations, one of the most common reactions is stress and acute stress.**

INTERVENTIONS IN CRISIS

This chapter is looking forward to bring to the psychologists in attention some aspects that can be useful to follow when we interact with an affected person that was in a crisis.

What you will find are interventions and practical techniques along with some general recommendations.

The main support in the acute phase intervention (first hours/days) has the aim to activate the coping resources of the affected person, to restore the feeling of being in control and safe and lower the acute stress reaction.

Defusing is an intervention used in a small group of people for reducing the initial distress and focuses on exploring and normalizing the reactions to different events and helping people to adopt functional behaviors. This intervention is used after a couple hours from the incident and it has 3 phases:

- Introductory phase: presentations of members and transmitting the objective of the meeting: to offer support;
- Exploration of experience: the members of the group are encouraged to discuss the experience they went through;
- Offering information about emotional states that are expected to appear and support resources the affected people can reach out to.

1. CONTACT AND ENGAGEMENT

Means responding to the initial contacts the affected people had made, or starting the contact in a non-intrusive manner. Even if you may feel overwhelmed by the large number of initial contacts the affected people initiated, try to reply, offering even a short time to talk. This can be of great help to someone who feels emotionally beyond the situation. Pay attention to physical or personal contact. It can vary from person to person or from culture to culture and try to adapt based on the indicators you are given. Practically, **this step means to present yourselves and ask about immediate needs**: facilitate a safe and private space in which the affected person can talk about his/her needs and problems. Write on a paper the identified needs.

2. SAFETY AND COMFORT

Involves the **immediate and lasting provision of security**, along with ensuring physical and emotional comfort.

What does this step involve:

- Ensure immediate physical protection, paying attention to the environment (the existence of dangerous objects or people that can injure others);
- Increase your level of predictability, control, comfort and safety;

This involves providing information about:

- What to do in the next period;
- What is being done to provide assistance;
- What is known about the unexpected event;
- What are the available services they can benefit from;
- What are the ways of care and adaptive coping;
- Provide simple information about intervention activities and services;
- Ask about possible questions on what is going to happen;
- **Provide correct and simple information;**
- When you don't have certain information, decide with others how you can get it;
- Do not offer security assurances until you have factual information that this is the case;
- Pay attention to physical comfort;
- Consider several aspects that would make the environment more comfortable (temperature, light, air quality, surrounding furniture);
- Encourage affected people to get involved in ensuring their own comfort and that of their loved ones (instead of bringing your own supplies, you can tell them where they are). This can reduce the feeling of helplessness or dependence;
- Promote social involvement;

- Facilitate the closeness of other people, especially teenagers, children of people who seem relatively calm;
- Keep away from people who show signs of high emotional distress or extreme reactions;
- Encourage people who notice that they are coping properly to talk to these people;
- Pay attention to children who are separated from their parents;
- **Try to provide them with physical and emotional security during this search process** (help children find their parents);
- Arrange a special space for them, adapted to their age and separate from rescue activities;
- Provide toys and activities that can give children a sense of security (games with lego pieces, plasticine, coloring books with neutral scenes);
- Designate known and trusted children to look after and supervise them;
- Don't make promises you can't keep;
- Provide simple information, on their understanding of what will happen;
- Protect children from additional traumatic stimuli (smells, sounds) or potentially stressful situations (seeing adults running around and trying to save lives);

- Provide protection from additional traumatic experiences and reminders of trauma;
- Limited exposure to stimuli that may remind them of trauma (exposure to the suffering of others);
- Minimize the exposure of affected people to journalists;
- Inform people about the impact of the media and encourage its limitation;
- Pay attention to people who have just suffered a loss;
- Pay attention to the cultural norms regarding mourning and loss;
- Give compassion and willingness to listen without trying to find out details.

3. STABILIZATION

If necessary, the aim is to calm and guide the affected people, who are overwhelmed by strong emotions and who express them inappropriately.

- Pay attention to signs that would indicate an emotionally overwhelmed person (blank stare, disorientation, lack of reaction, uncontrolled physical reactions, frantic search behavior);
- If the affected person is extremely frightened, agitated and unable to speak, consider the support of family or friends to calm the person;

- Offer your availability while respecting the person's need for privacy and solitude;
- Stay close to affected people (offering them something to drink or engaging in petty activities - discussions, paperwork) without trying to talk to them immediately to overload them emotionally or cognitively;
- Direct people's attention to the feelings, thoughts, and goals they can control.

In the case of extremely agitated and seemingly lost people, a technique that helps stabilize them is to refocus the attention at the moment ("grounding").

After a frightening experience, you may realize that you are overwhelmed by emotions or unable to stop and think about what happened.

You could use a method called "anchoring in the present" to make you feel less overwhelmed.

This technique redirects your attention from your thoughts to the outside world.



Here's what to do:

- Sit in a comfortable position without crossing your hands or feet;
- Inhale and exhale slowly and deeply;
- Look around you and identify five non-stressful things you can see. Name each one in mind (I see a shoe, a bed, etc.);
- Inhale and exhale slowly and deeply;
- Then identify five sounds you can hear. Name each one in mind (I hear a woman talking, a door closing);
- Inhale and exhale slowly and deeply;
- Then identify five things you touch . Name each one in mind (I feel the blanket I hold, my lips feel tight).

In case of a small group of people, you can use a **defusing, cool-down meeting technique** to stabilize:

- Gather the group members in a safe and comfortable place, mentioning the duration of the meeting as 15 minutes;
- Distribute them something to drink and light food (biscuits, sandwiches);
- Allow members to talk to each other about the event they attended;
- Intervene in the respective discussions whenever there are signs of nervousness or accusations against others and emphasize the fact that all those present are doing very well in the given circumstances;

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- Apply them with all the information you have about the support actions taken and the services available;
- Emphasize that **close people in the group (family, friends) are an important source of support.**

Physiological deactivation techniques: jumps, body stretching, cold and wet handkerchief on the face, a glass of water drunk quickly, pressing the eyeballs.

4. GATHERING INFORMATION ABOUT CURRENT NEEDS AND CONCERNS

This step involves gathering information about **the nature and severity of the experiences during the event.**

- Try to find out the basic information without asking questions that require detailing of the event, as it could cause additional distress;
- Death of a family member or close friend:
 - Provide emotional support and information on coping methods, social support and offer them a meeting to assess the consequences;
- Concerns about the immediate post-event circumstances and the continuing threat:

- Information about them can be obtained using questions such as: *Do you need any information to help you better understand what happened?* or *Do you need information on how to keep yourself and your family safe?*
- Concerns about the safety of those close to you thinking them through questions such as: *Are you currently worried about someone close to you? Do you know where he is?*
 - Provide practical assistance in locating these people or develop a strategy for finding out this information;
- Physical illness and the need for medication;
- Losses suffered as a result of the event:
 - Provide emotional support, but also practical assistance in accessing available resources;
- In discussions where you identify the presence of shame or guilt, you can offer emotional support through statements such as: *You seem to be paying a lot of attention to what happened or Looks like you think that you could have done more;*
 - Direct to the coping methods;
- Thoughts that express the intention to self-harm or hurt others. This information must be done delicately and those who have such feelings, accompany them to medical services;
- Lack of an adequate social support network;
- History of alcohol or drug use;
- Previous exposures to potentially traumatic events;
- Previous psychological problems;

- Age-specific concerns about the impact on social activities.

5. PRACTICAL ASSISTANCE

- **Identify immediate needs:** write down the needs that need immediate help and can be addressed and those that need to be planned in order to be met;
- Clarification of the need;
- Discussing an action plan: realistic expectations, potential resources and support, application procedures for obtaining assistance;
- Acting in the direction of solving the need.

6. CONNECTION WITH SOCIAL SUPPORT NETWORKS

- Facilitating access to primary support persons;
- Encouraging the use of immediate support from available people (in the absence of family or friends):
 - It can be helpful to carry out joint activities, which can serve as a support and a way of coping;
- Discussing receiving and offering support:
 - Encourage the establishment of connections;
 - Explore if there is any difficulty in receiving or offering help to others.

7. INFORMATION ON COPING METHODS

- Providing **basic information about stress reactions** and normalizing the reactions in relation to the event that happened, which can diminish over time but avoid, at the same time, the provision of "uncovered" assurances that the intense reactions will disappear:
 - Building the discussion around the individual reactions they have;
 - Avoid pathologizing the answers, do not use terms like "symptoms";
- Reviewing common psychological reactions to experiences of trauma and loss:
 - Provide information to the person about these reactions (intrusive, avoidance and withdrawal, physical stimulation), so that he knows when it is appropriate to request specialized psychological services;
 - Discuss the role of the elements that may remind you of trauma, loss or change;
- Providing basic information on coping methods:
 - Help people evaluate the coping options they have or new ones they can adopt.

Adaptive coping actions

These actions **reduce stress reactions, improve mood** and include:

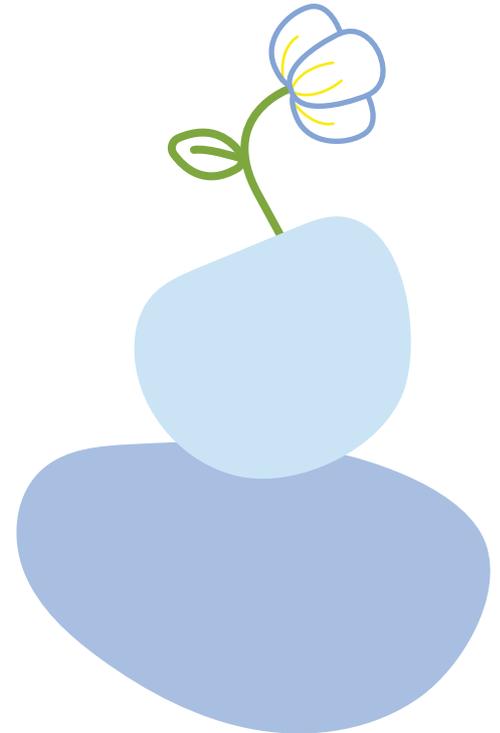
- Discussions with other people about support;
- Adopting a routine with a diet, proper exercise and rest;
- Involvement in positive, enjoyable activities with a distraction role (sports, hobbies);
- Trying to maintain a normal schedule as much as possible;
- Taking breaks;
- Spending time with other people;
- Participation in support groups;
- Use of relaxation and self-calming methods;
- Request for advice;
- Keeping a diary;
- Demonstrations of simple relaxation techniques;
- Discuss how to interact with minors during this period and provide informative leaflets to keep them handy afterwards;
- Encourage the restoration of a family routine as much as possible;
- Paying attention to negative dysfunctional emotions (anger, guilt, shame);
- Help with sleep problems.

Breathing techniques:

- blowing on a piece of paper
- the hand perpendicular to the body and the concentration on the nail, following the breath
 - square technique
 - inhale 4, exhale 8
- blowing soap bubbles or making some from chewing gum

8. ENSURING THE CONNECTION WITH OTHER SUPPORT SERVICES

- Ensuring the direct connection with the additional services they would need;
- Promoting continuity in support relationships:
 - Supply contact details (of yourself or others who can provide support);
 - Present the affected persons and other specialists so that they can increase the support network they can call.



DIRECTIONS FOR ACTION IN PROVIDING PSYCHOLOGICAL FIRST AID

1. **Observe the situation**, and then ask about how you can be helpful;
2. **Involve yourself only if the person gives you this agreement**, without being intrusive or disturbing;
3. Prepare to be avoided, overwhelmed in such contexts, so make **minimal contact** with everyone who approaches you;
4. Speak warmly, patiently;
5. Speak in simple, concrete terms, without having an alert rhythm;
6. Give your **willingness to listen** when people want to talk;
7. **Underline the positive things** the person has already done to be safe;
8. Provide clear information, adapted to the purposes, the age of the person, and where you do not know something, assure the person that you will find the answer;
9. When you have to communicate through an interpreter, **make eye contact with that person** and not with the interpreter.

GENERAL RECOMMENDATIONS

- Stay calm and **listen** to the person **without interrupting**;
- Focus on the person's emotions, **offering empathy** and mirroring what they are experiencing;
- Help him/her to identify, **understand and accept all the emotions** that come in this situation (both positive and negative);
- **Discuss** how the person copes and offer new ideas;
- Help the person in decision-making and problem-solving processes, while encouraging their independence;
- Make yourself available and let the person know **you are there to listen and help**;
- Evaluate the safety of the person and those around them, paying attention to suicidal thoughts and impulses.

IMPORTANT: WHAT NOT TO DO

- Don't say you know how it feels;
- Do not divert the discussion to another topic;
- Don't tell him/her to relax;
- Don't tell him/her it's good that he/she's alive or that he/she survived;
- Do not minimize the person's emotions or problems;
- Do not put diagnostics or labels;
- Don't ask why he/she feels that way;
- Do not moralize, do not give sermons or speeches;
- Do not offer solutions and do not say that you know how it should be done;
- Don't show them what your expectations are.

How to approach a person with suicidal thoughts:

- I will not pretend to understand how you feel, but I will try to listen to you;
- I'm sorry you're going through this, I imagine it's hard and you're suffering;
- How can I help you? Do you just need me to listen to you or look for solutions together?

What to avoid telling them:

- I know how you feel. I understand how you feel;
- Others have more serious problems, you have no reason to think about suicide;
- Think about how your family or friends would feel if you died;
- Don't be selfish;



SELF-CARE

This job, carried out especially during traumatic or crisis events

can often bring a lot of pressure and emotional charge.

Although we may be caught up in the routine of work and overwhelmed by the satisfaction we receive, we must also take care of our own resources.

Therefore, it is good to find those sources of activities, people and places that help us take care of our health.

Some things **to keep in mind** include:

- Adopt an appropriate program of exercise, nutrition, sleep and relaxation time;
- Consistently use stress management strategies such as:
 - Requesting supervision or interview meetings;
 - Practicing some relaxation techniques (during the time after the activity);
 - Awareness of one's own needs and limits;
 - Involvement in pleasant, relaxing activities;
 - Spending time with family and friends;
 - Using artistic or sports techniques to release the accumulated tension;

- Avoid cognitive obstacles such as:

It would be selfish of me to take a break;

If others can work without stopping, so can I;

The needs of those affected are more important than those who help them;

I can only be helpful if I work non-stop;

Only I can do x, y, z.

Try to keep a certain routine of activities or gradually return to it after getting involved in first aid. Pay attention to your mental health and call a specialist when you feel that the manifestations of stress persist.

Keeping an emotional diary and setting a specific goal of self-care to help achieve it is also very important (a 30-minute walk). Transform self-care activities into a routine, trying not to do them only occasionally.

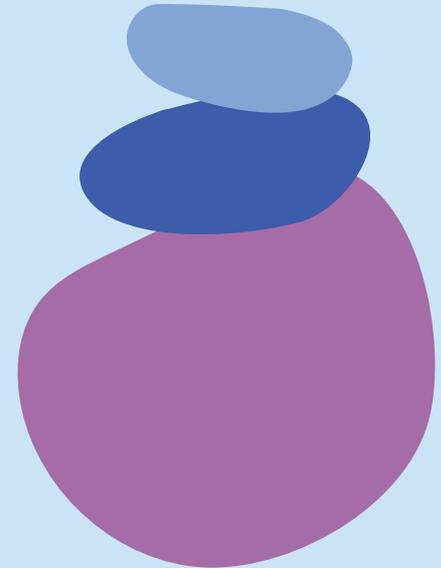
A useful *way to evaluate how we use these resources can be:

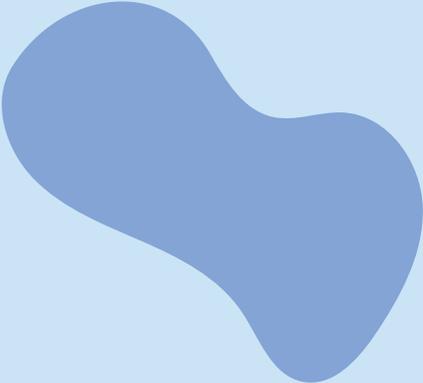
SELF-CARE TIPS FOR PSYCHOLOGISTS

- Efficient time planning: it is advisable to **organize your daily activities** so that you do not always feel overwhelmed at the end of the day, avoid an overloaded schedule;
- **Communicating with dear ones** (friends, family, colleagues, etc.) about what concerns you;
- Practicing a physical activity to relieve yourself;
- Learning various techniques that trigger the relaxation reaction, such as respiration concentration and guided imagination;
- Adopting a **healthy diet**;
- Avoiding unnecessary conflict situations;
- Reducing alcohol, caffeine and tobacco consumption (this can aggravate stress symptoms);
- Engaging in activities that please or relax you (a walk, reading, painting, relaxing bath at the end of the day, etc.);
- **Using cognitive restructuring**, a method that helps you to re-frame negative thoughts in order to cope more effectively with a difficult situation;
- It is very important to be aware of what is in our control and what is not, so that we are not too harsh with ourselves when something goes wrong.

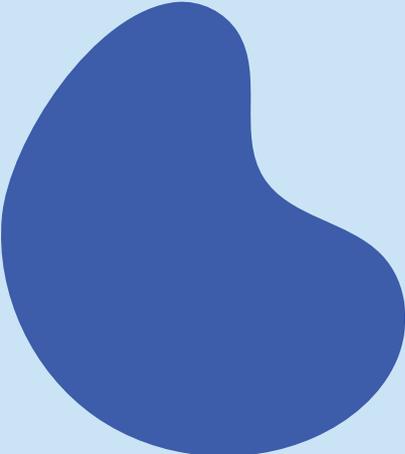
GLOSSARY

- **Emergency situation:** Exceptional event that endangers a population (both its life and health and its surrounding environment or material assets).
- **Crisis situation:** A period of tension in a society in which economic, political or social difficulties are encountered.
- **Stress:** The pressure we feel when we are overwhelmed by daily activities or a particular situation that we perceive to be important.
- **Acute stress:** Experienced short-term stress, also the most common form of stress.
- **Chronic stress:** While not being properly managed, acute stress can turn into chronic stress (intense stress that persists for a long time and can have serious consequences on the individual's psyche).
- **Acute stress disorder:** Intense transitory disorder affecting people who have experienced particularly traumatizing, overwhelming events that exceed their ability to adapt to stress.





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