

The Positive Crisis Therapy Institute

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Psychological First Aid Leader™

First Aid in Mental Crisis



Purpose of the training

To gain knowledge on what psychological/mental crisis is, how it can affect the professional functioning of employees, how to identify it and properly react to it

It is a combination of knowledge with practical skills




Psychological crisis

6 main characteristics


I.

**CRISIS IS THE REACTION OF A
“HEALTHY” HUMAN BEING**





Crisis is a universal phenomenon and an integral part of life of every human being (often resulting from the unpredictable nature of life), regardless of one's age, sex, social or economic status, education, experience, skills



Crisis is a reaction of a healthy, generally normal and properly functioning human being to a difficult situation they encountered in their life

Crisis is a normal reaction to a critical event
(which means that the situation or the immediate environment is dysfunctional or pathological, not the person/group in crisis!)

Crisis is not a disease, pathologic condition or mental disorder i.e.: *personality disorder, affective disorder, anxiety disorder, depression, disorders related to the use of psychoactive substances or behavioral addictions, nutrition disorders* (that have a significantly more complex etiology and pathogenesis); it is a **specific reaction** to what is happening in the life of a specific person

(although crisis temporarily affects the person's functioning and disturbs their psychological balance for some time)

What is the purpose of intervention support?

The person in crisis is not being treated; they are being “fixed”



A person in crisis needs

Emotional support

Support in the adaptation process

Restoring the ability to cope

II.


**CRISIS IS CONNECTED WITH
EXPERIENCING A CRITICAL EVENT**

The first indicator in identifying a crisis





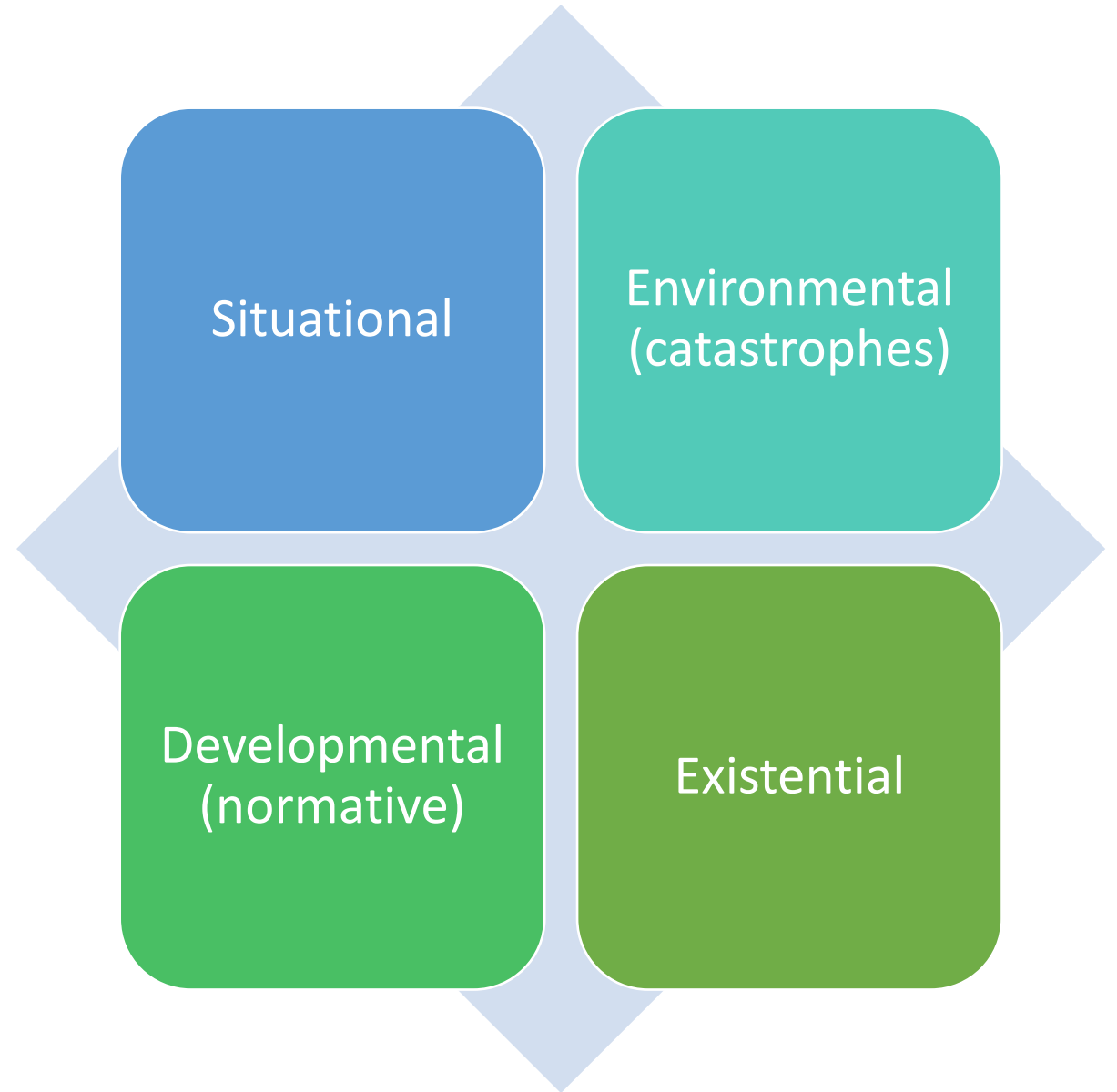
Crisis is a **reaction to a critical event** that, from a **subjective** point of view, overwhelms one's ability to cope with it



The very existence of a critical event does not mean that we experience a psychological crisis



Types of critical events





SITUATIONAL CRISES

- risk of job loss
- mobbing
- professional burnout
- divorce
- financial difficulties
- conflicts at home/work
- illness (own or of a loved one / caring for a sick person)
- death of a relative
- problems with children





ENVIRONMENTAL CRISES

- **Pandemic** and the limitations resulting from it
- **War** or the threat of an armed attack itself
- **Economic and political changes** e.g., limited benefits, unfavorable political decisions affecting the activities of a particular social group
- **Terrorist attacks** or the very risk of such an attack.
- **Natural disasters** e.g. flood, earthquake, hurricanes, etc.
- **Communication accidents** e.g., a plane crash, train accident, road accident, etc.
- **Mass redundancies** at a particular workplace or other changes that affect a larger group of workers



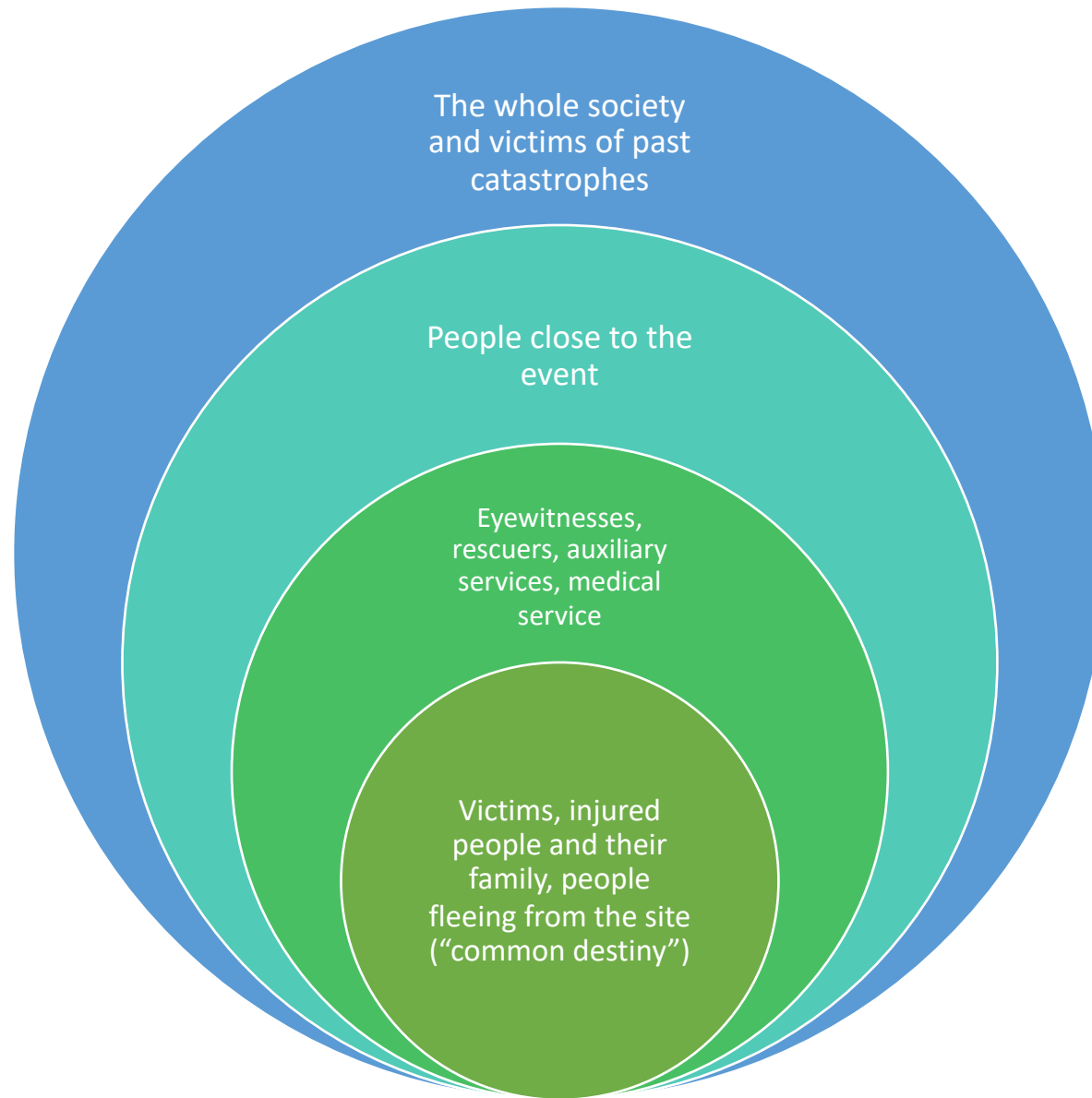


Fig. Przestrzenny wymiar siły oddziaływania katastrofy (im bliżej centrum tym silniej) (source: Pikunas, 1998, p. 17, after: Kubacka-Jasiecka "Interwencja Kryzysowa")



DEVELOPMENTAL CRISIS

- decision on marriage, children vs. career
- impossibility to have a family (children) despite of great personal desire to have them
- need to retrain or acquire new competencies when growing older
- fear of the younger generation
- retirement





EXISTENTIAL CRISES

- **No sense of freedom**
e.g., in terms of decisions due to circumstances, lack of possibilities, decision-making conflicts
- **Loss of the sense of life**, no purpose in life, negative balance, lack of satisfaction
- **Confrontation with death** of loved ones or fear of own death
- Dealing with **loneliness**



Why do we need to determine the type of the critical event?

It is the first, necessary indicator during the identification of crisis - because crisis is a reaction to an event (a critical event is, however, tantamount to a state of crisis)



It provides the grounds to apply prioritization at further stages of the consultation

III.

**CRISIS HAS AN IMPACT ON THE
AFFECTIVE, COGNITIVE AND
BEHAVIORAL FUNCTIONING**

The second indicator in identifying a
crisis





Reaction to a critical event **entails consequences** in form of a temporary disruption of the person's functioning at emotional, cognitive and behavioral level

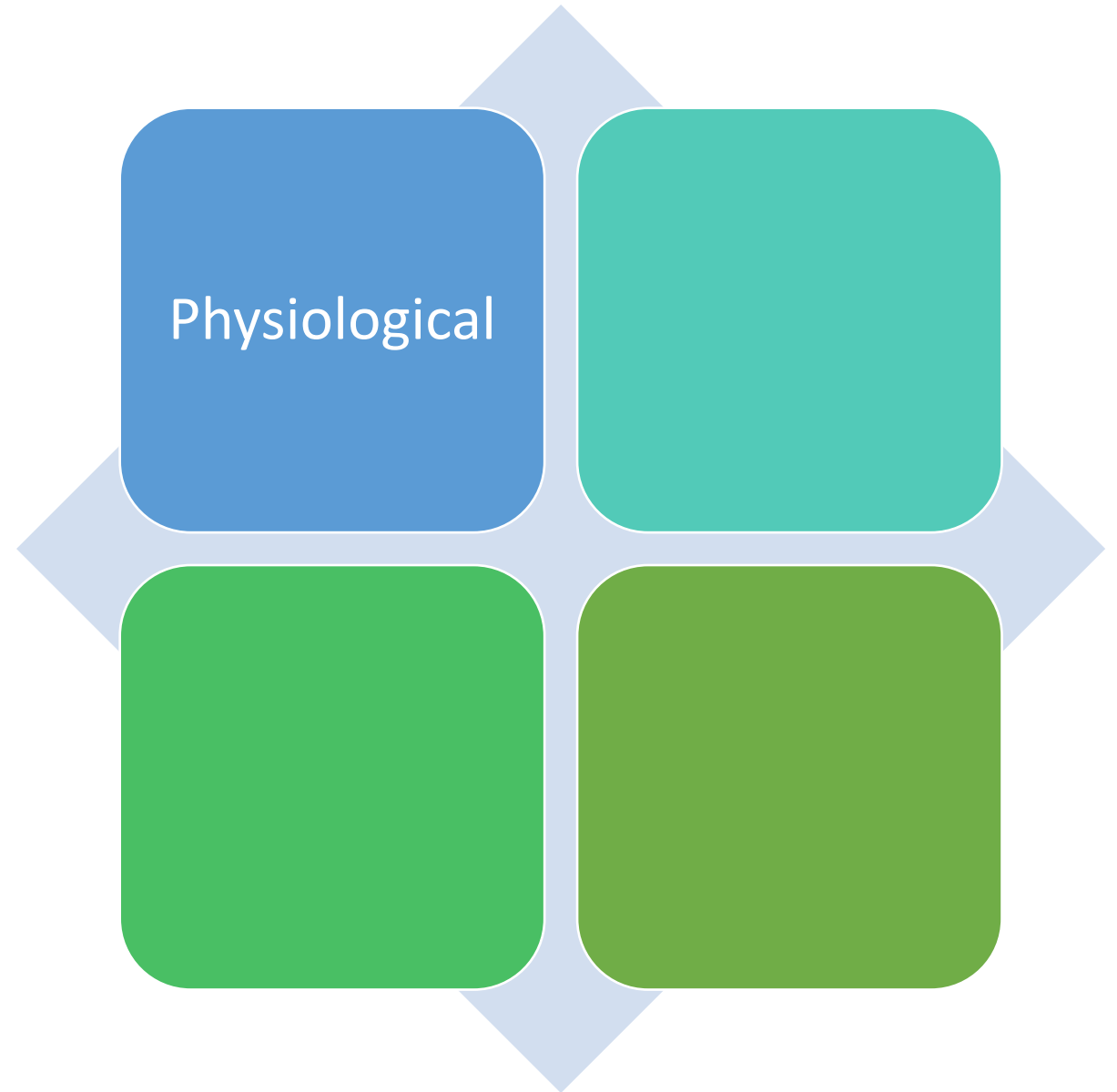
This is the reason the person in crisis does not feel or behave in their usual way (when they are in their normal psychological condition)

Crisis disturbs one's natural mental balance and the person starts to function and behave outside of what is typical and normal for them

Symptoms of a crisis are always a manifestation of individual adaptive efforts of the person in crisis



Levels of
dysfunctionality when
experiencing a crisis

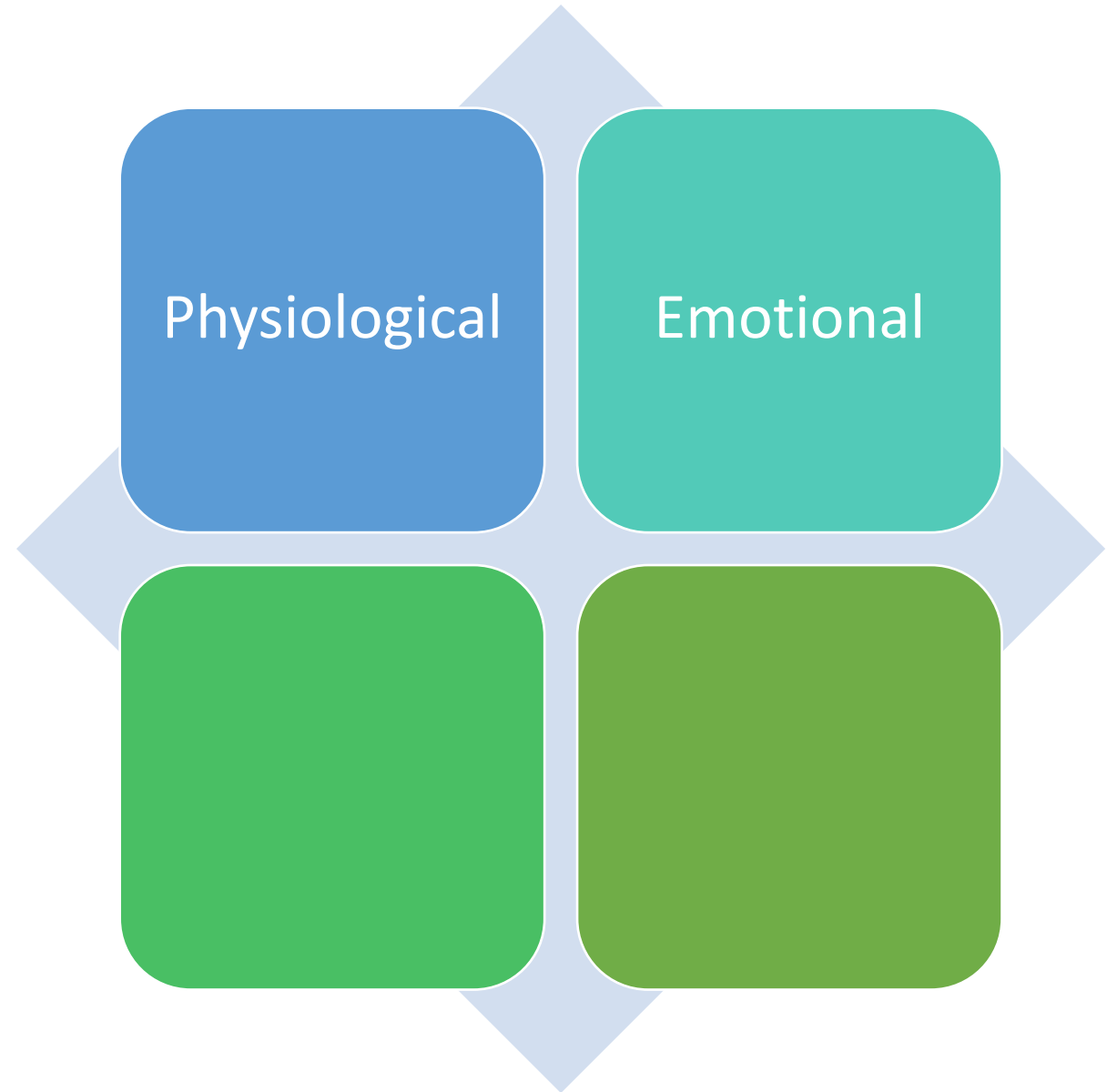


- Sleep disorder.
- Lack of or excessive appetite.
- Headache, stomach ache, chest pain.
- Constant feeling of tiredness and fatigue.
- Irregular menstruation.
- Lack of interest in sex.
- Reduced immunity.
- Sweating, diarrhoea, nausea.





Levels of
dysfunctionality when
experiencing a crisis

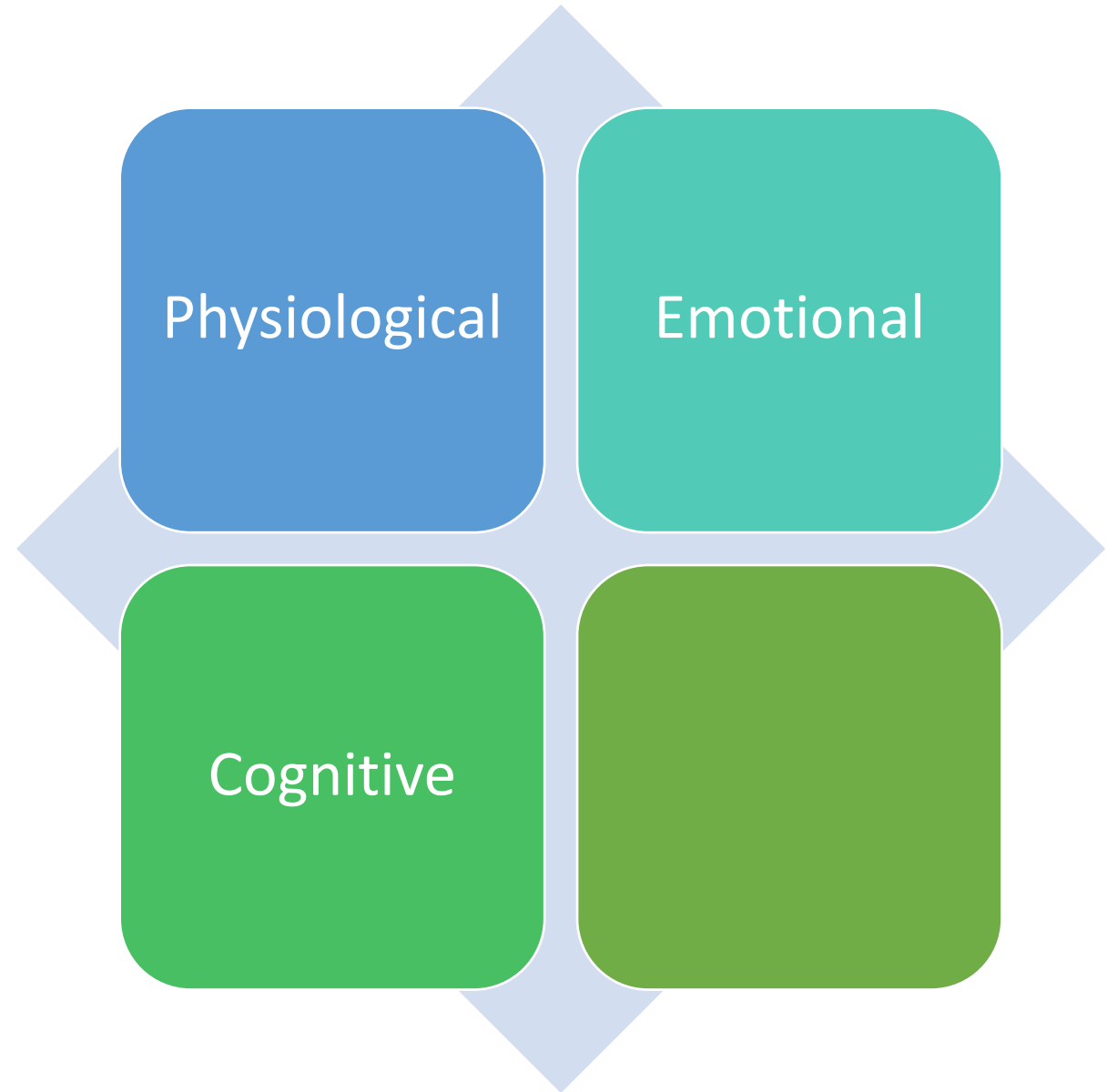


- Tide of negative emotions.
- Change of moods, irritability, depression.
- Bad control of emotions.
- Feeling intensified fear, anxiety, uncertainty.
- Sense of loss, emptiness.
- Anger (uncontrollable outbursts).
- Overwhelming sense of helplessness, hopelessness.
- Insecurity.





Levels of
dysfunctionality when
experiencing a crisis



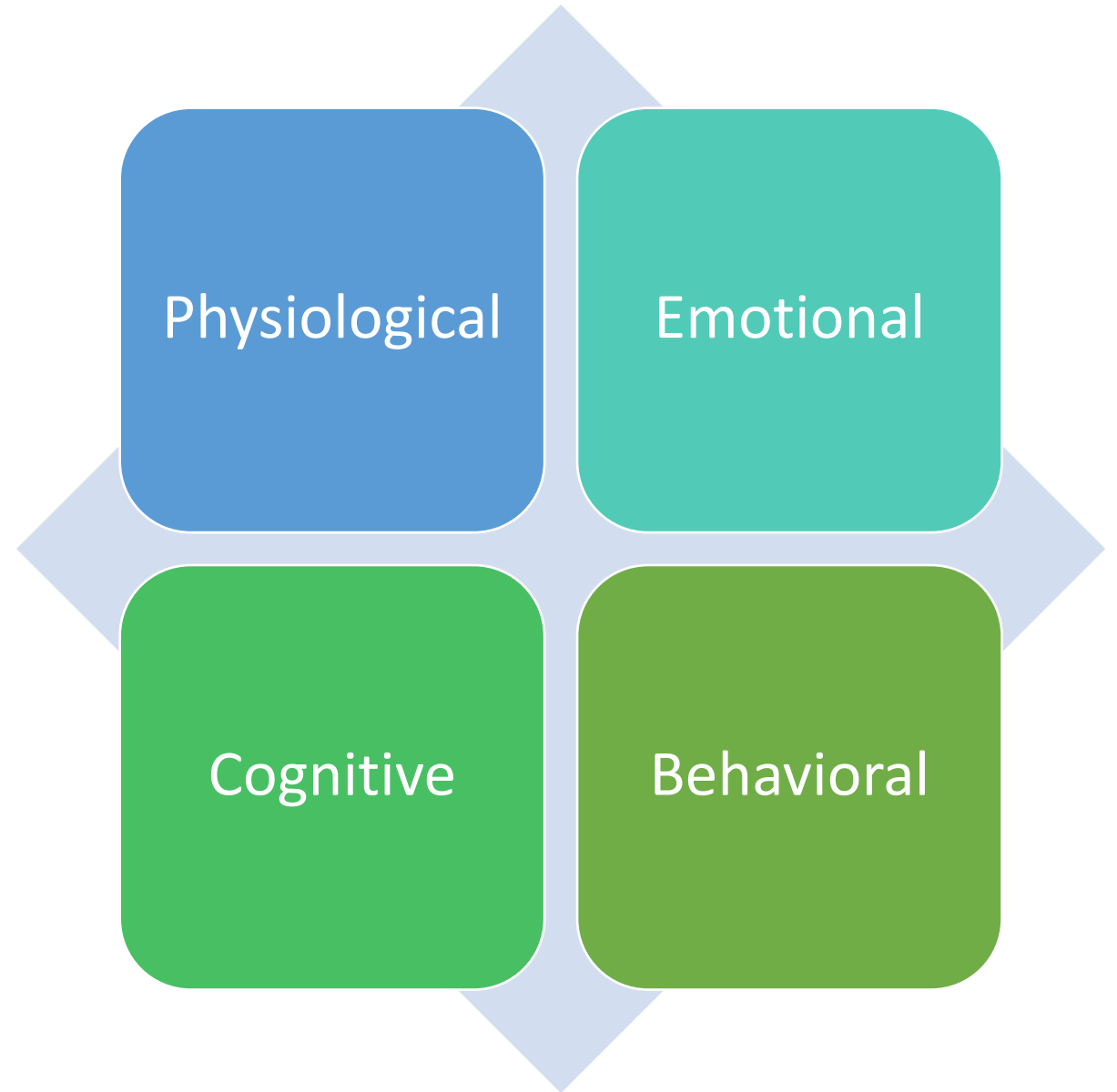
During a crisis, the **limbic system** is stimulated and becomes hyperactive and the activity of the **frontal lobe** is reduced.

**THIS BEARS SPECIFIC
CONSEQUENCES**





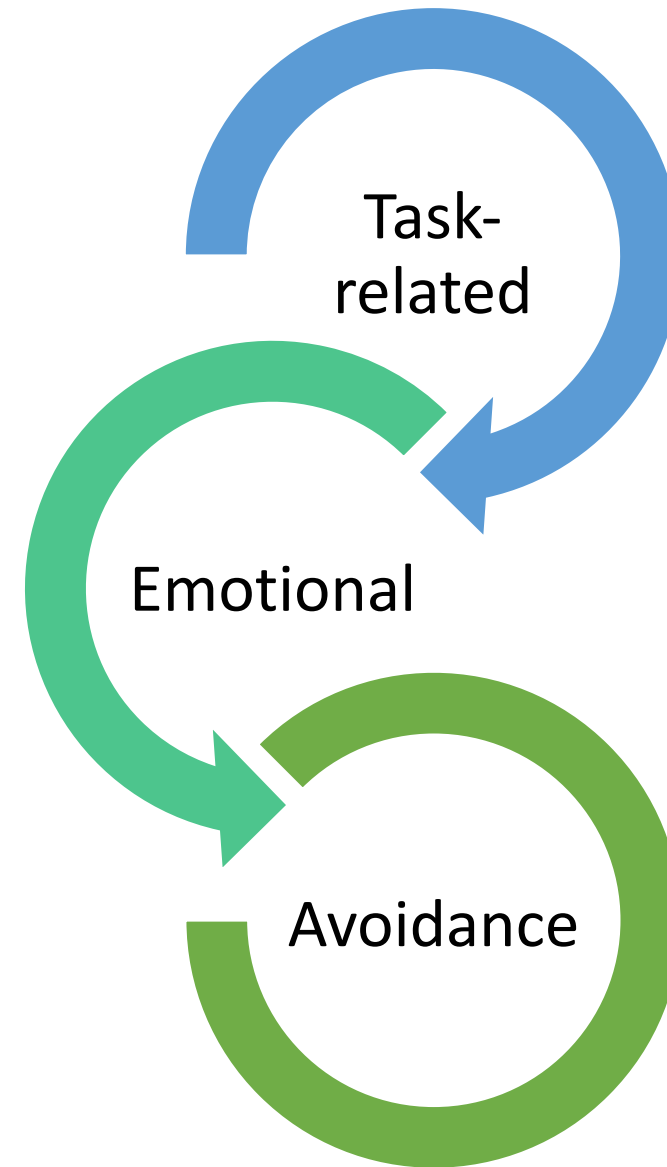
Levels of
dysfunctionality when
experiencing a crisis



- Reduced motivation to do anything, lack of energy.
- Neglecting one's duties.
- Withdrawing from people.
- Impulsive, ill-considered actions.
- Disorganization, delay with doing tasks, postponing them for later.
- Neglecting one's physical appearance.



Coping strategies
(adaptive or non-
adaptive, depending on
the circumstances)



Why do we need to determine the crisis symptoms?

It is the second, necessary indicator in identifying a state of crisis


It is an indicator that allows, over time, for monitoring how the person changes (whether their psychological norm is being restored)

IV.

**CRISIS HAS ITS OWN DYNAMICS
AND IS TIME-BASED**

The third indicator in identifying a crisis





Disturbance of one's natural balance is **temporary** and ceases once the crisis has been coped with

Human being is able to **relatively quickly** return to their norm from before the crisis



Crisis has its own dynamics, course and stages that we go through

When it comes to a crisis, time has a favorable effect, the most intensive at the beginning, then it becomes weaker, provided that the person receives (natural or professional) support

The main two **types** of critical events

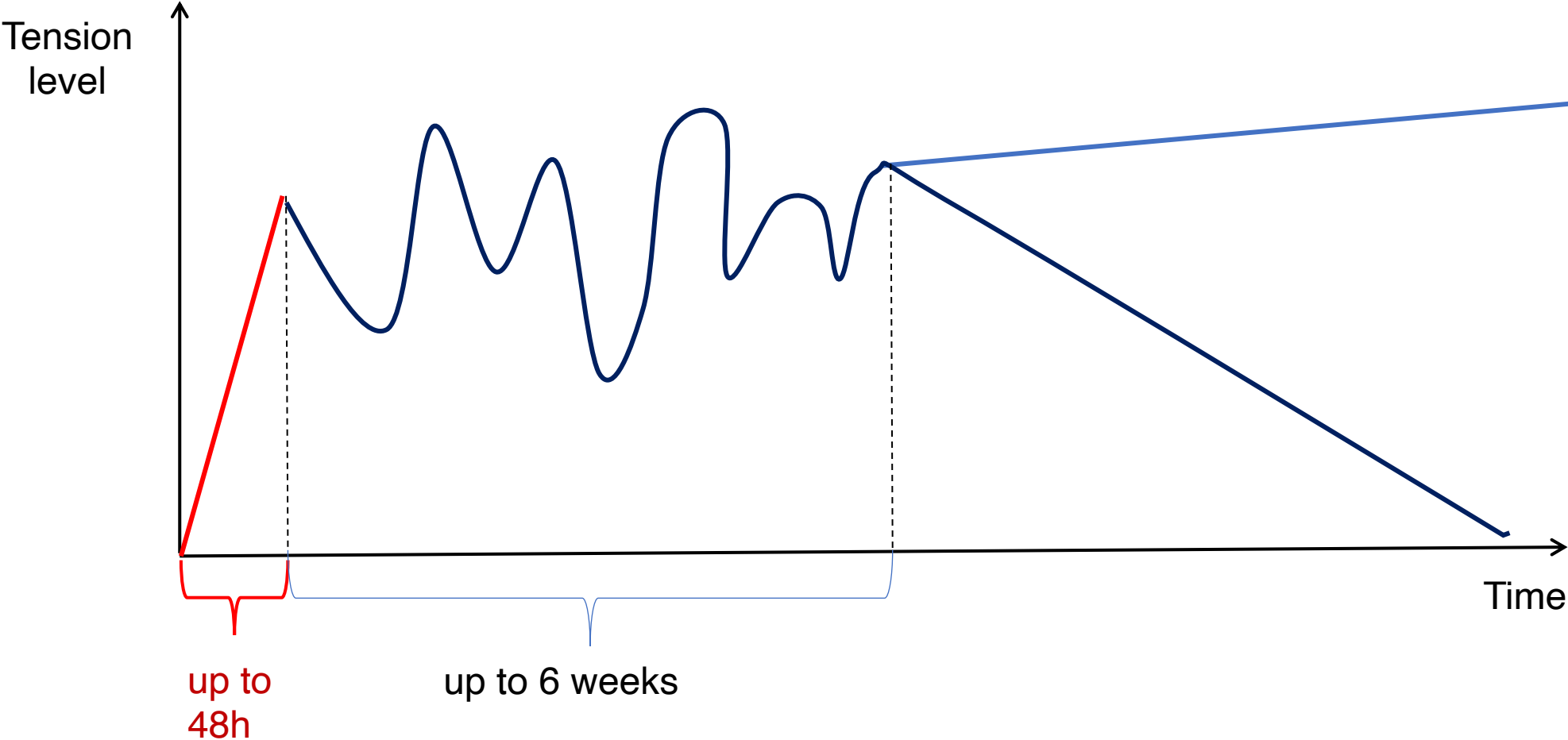
SEVERE

- The main reason for such a crisis is a **sudden, unexpected**, specific event and a severe reaction to the crisis takes place
- The stressor has its effect once, but it is very intensive
- Examples: accidents, catastrophes, death of a relative, job loss, assault, breaking up, information about disease

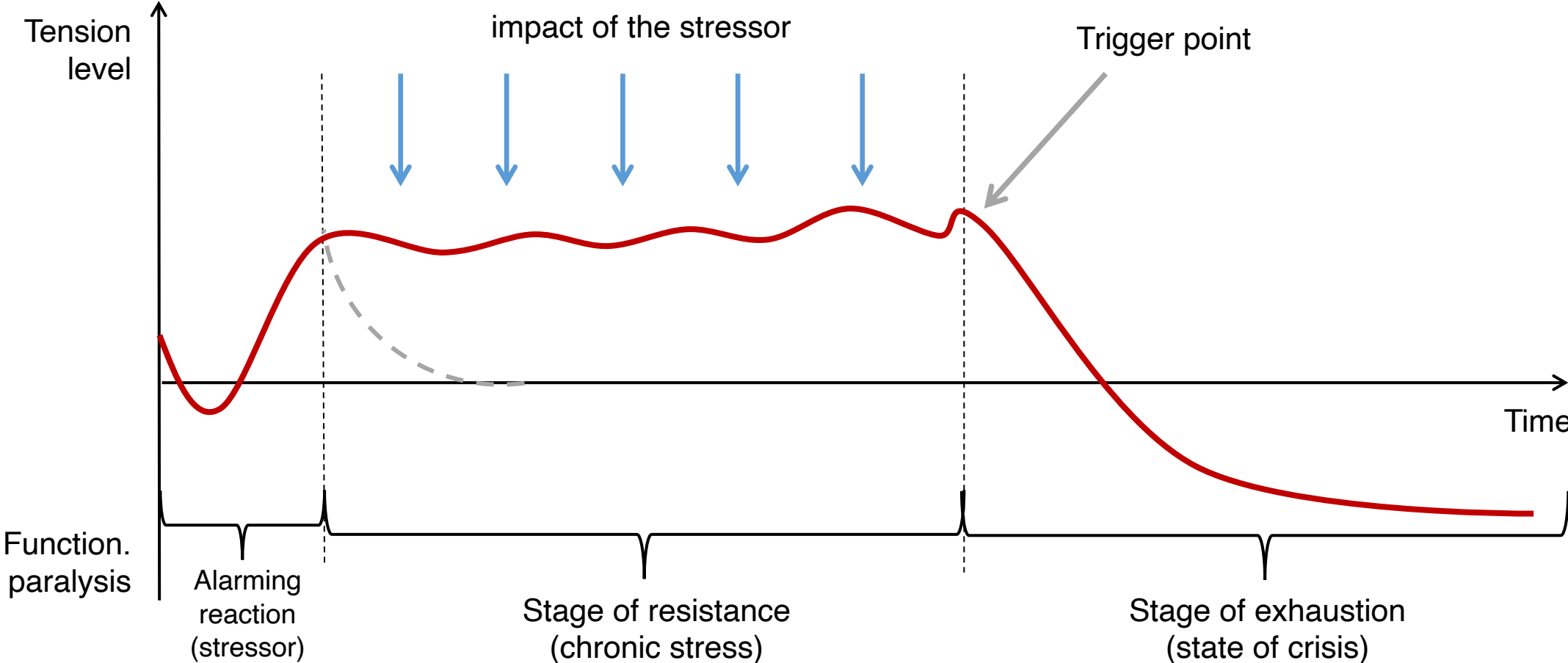
CHRONIC

- The main reason for this crisis is a **long-term effect of the stressor** and tension while the crisis itself increases gradually
- The intensity of the stressor is small but continuous
- Example: divorce, mental or physical violence, mobbing, professional burnout, feeling of emptiness in life, lack of purpose

DYNAMICS OF SEVERE CRISIS




DYNAMICS OF CHRONIC CRISIS



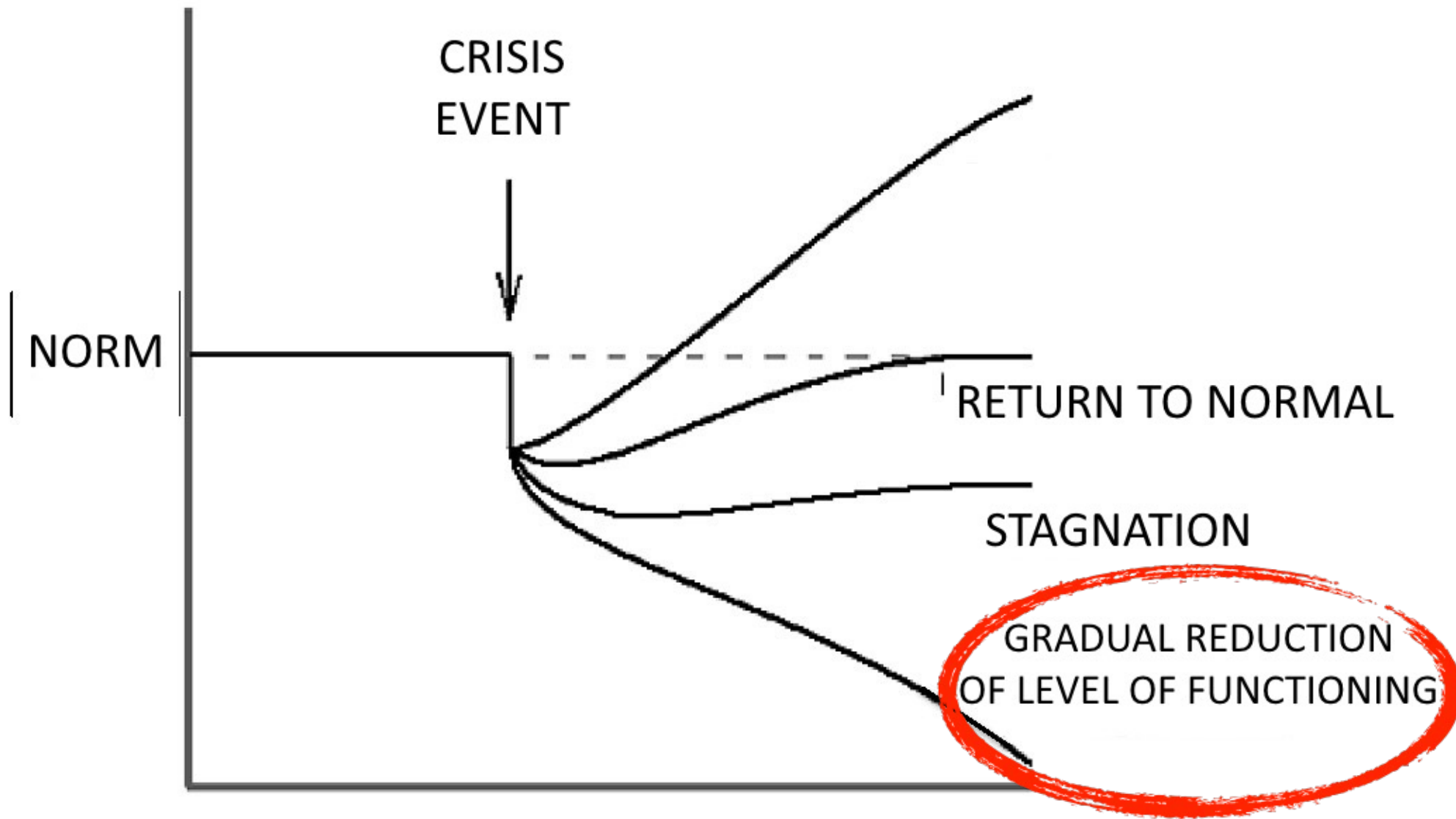
V.

**CRISIS CAN BE THE CAUSE OF
SERIOUS DISORDERS**





If the person does not receive help and is not able to handle the situation by themselves or uses non-adaptive coping strategies, the crisis may become the source of more serious disorders



Examples

addictions

psychosomatics

transcrisis states

anxiety (neurotic) disorders and
PTSD (in case of trauma)

mood disorders, such as
depression/dysthymia

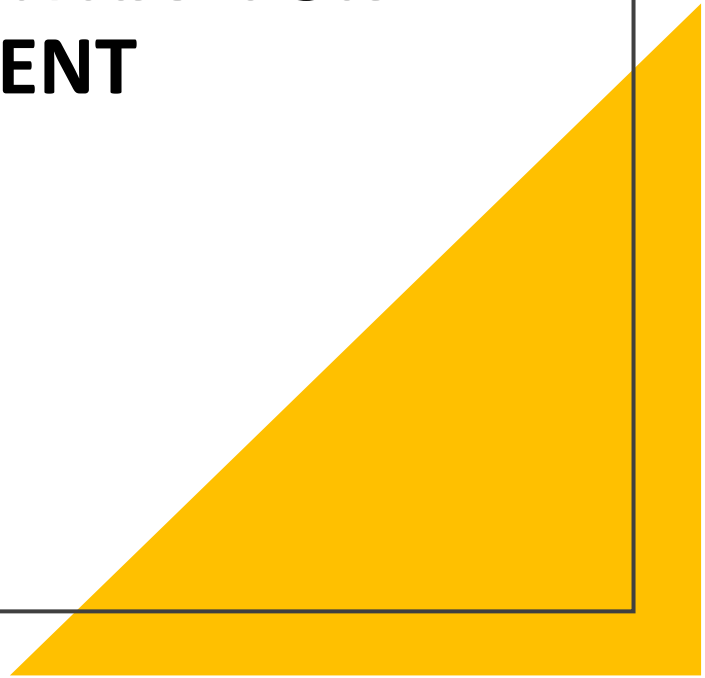
THE GOAL OF PSYCHOLOGICAL FIRST AID IN CRISIS

prevention i.e., counteracting such situations, reacting quickly enough to prevent development of disorders, pathology and additions

WHAT MAY BE THE **NEGATIVE**
CONSEQUENCE FOR THE PERSON
FROM THE CASE STUDY, IF LEFT
WITHOUT SUPPORT?



VI.

**CRISIS HAS A POTENTIAL FOR
DEVELOPMENT**





A crisis may be a turning, critical and breaking point in the human's existence that forces the need for (often positive) changes

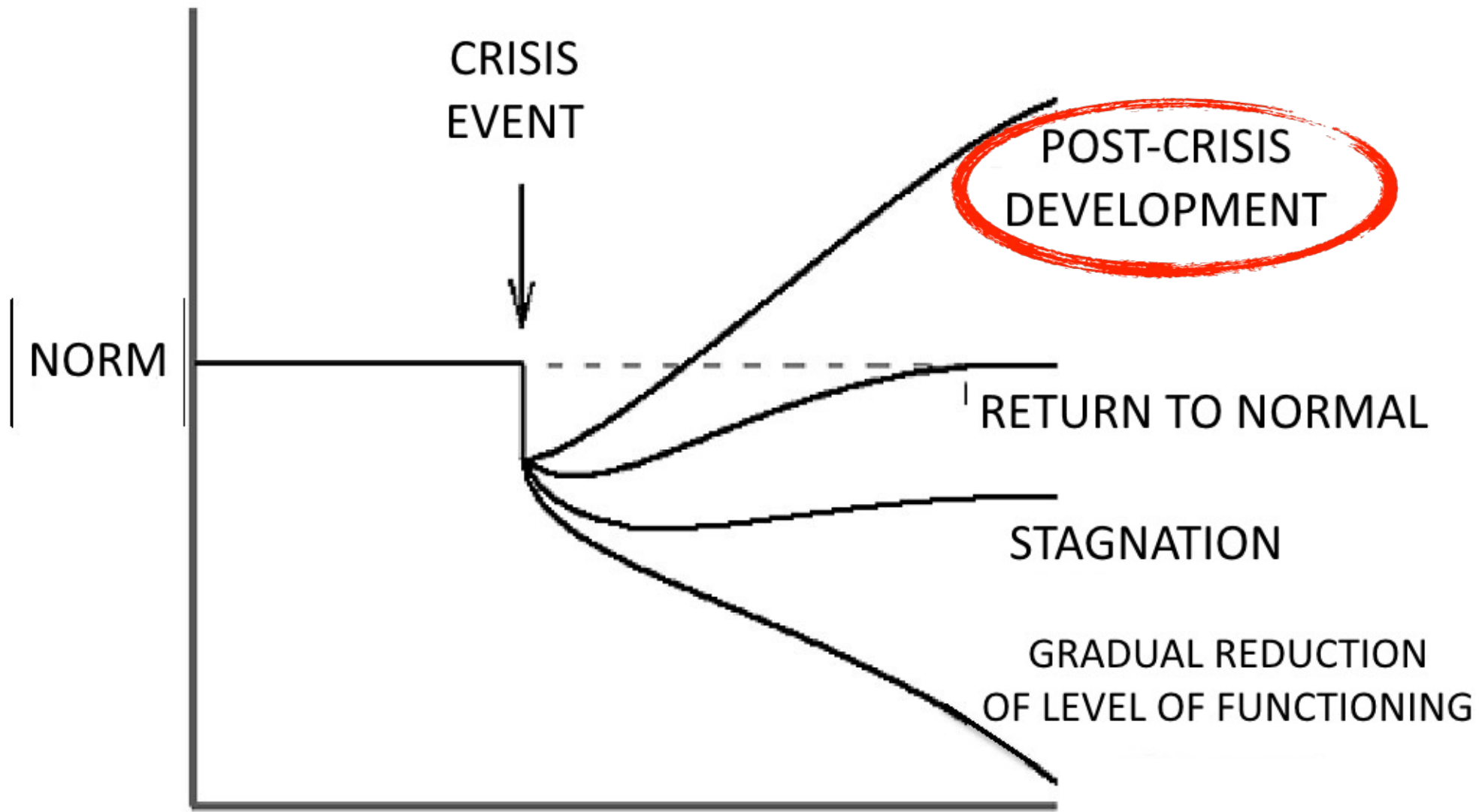


Crisis is a type of experience that shows helplessness and weakness. In order to handle the situation, the person must **use many of their resources and find the strength** (which contributes to development) which, in the long run, might make them **stronger, more resilient, more developed, result in personal growth and maturity**



IMPORTANT!

It is not about the fact of experiencing a critical situation but about the things that happen “in the head” and life of the person when they cope with that situation



Examples

- positive changes in perceiving oneself
- new resources and skills
- greater feeling of own efficiency
- positive changes in approach towards life (appreciation of life)
- changes in values and priorities
- positive relations with others
- greater sensitivity
- willingness to help (sense of mission)



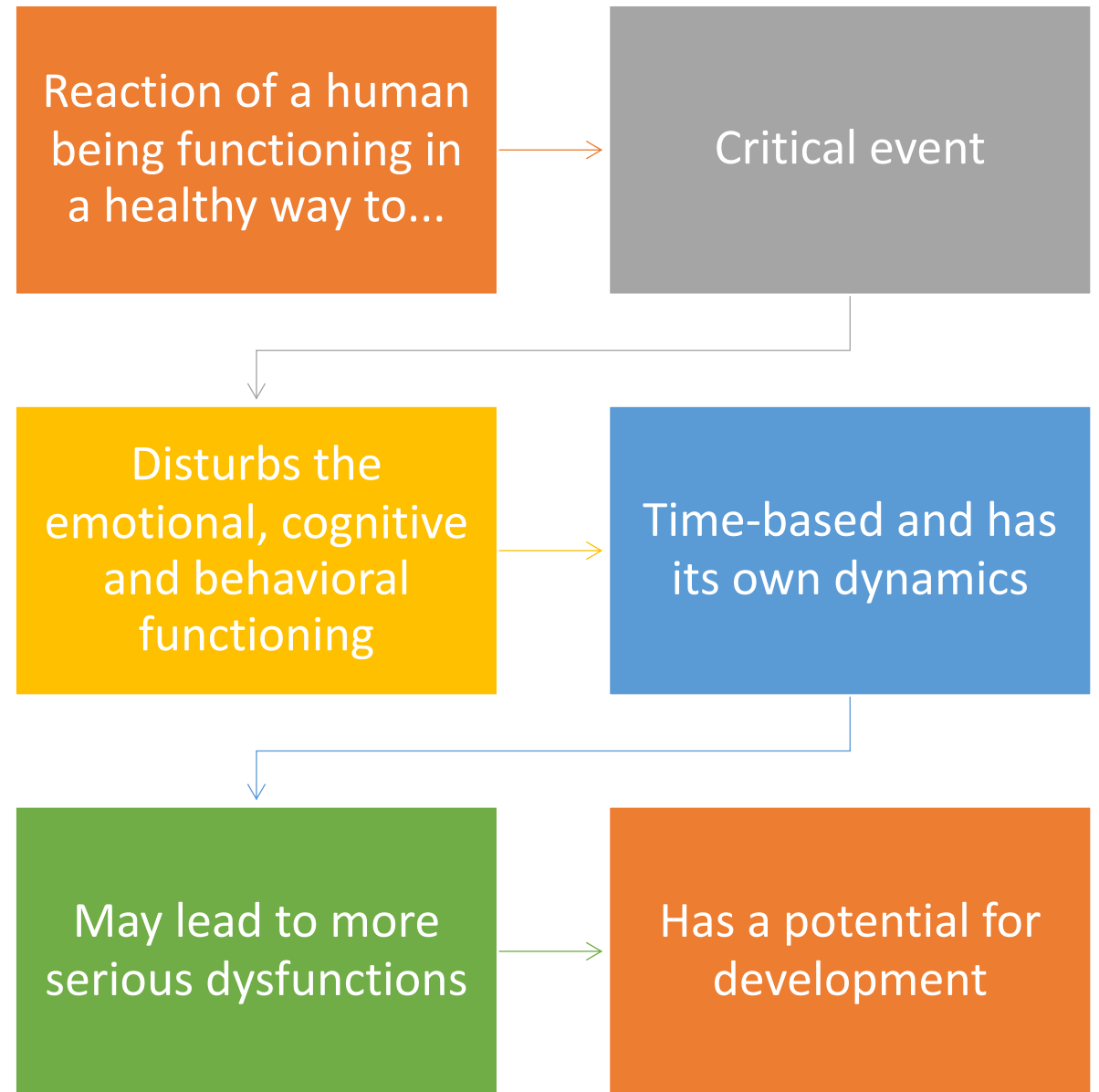
HOW MAY POST-CRISIS
DEVELOPMENT EXPRESS ITSELF
FOR THE PERSON FROM THE CASE
STUDY?

Who will list the six characteristics of a crisis?

Summary



Psychological crisis



What is necessary to identify a crisis?

Identification of a crisis



Reaction of a human being functioning in a healthy way



Critical event



Disturbs the emotional, cognitive and behavioral functioning



Time-based and has its own dynamics



May lead to more serious dysfunctions



Has a potential for development

THREE INDICATORS
TO IDENTIFY A CRISIS





Reaction of a human being functioning in a healthy way

← WHO CAN EXPERIENCE IT



Critical event



Disturbs the emotional, cognitive and behavioral functioning



Time-based and has its own dynamics



May lead to more serious dysfunctions



Has a potential for development



Reaction of a human being functioning in a healthy way



Critical event



Disturbs the emotional, cognitive and behavioral functioning



Time-based and has its own dynamics



May lead to more serious dysfunctions



Has a potential for development

CONSEQUENCES OF CRISIS





What is psychological first aid?

Psychological First Aid (PFA)



The methodology we apply complies with
the RAPID model
and **the WHO guidelines**,
which we expand with **our own**
experience, tools and work strategy

Psychological First Aid (PFA)

This stands for the first line of help the purpose of which is to provide emotional and psychological support and to stabilize the person who is experiencing a stressful or crisis event and then, if needed, to refer that person to a professional for further help

PFA and the RAPID model

Psychological First Aid was approved by the leading international organizations, such as the World Health Organization, the National Institute of Mental Health, and the American Red Cross.

The RAPID model, as one of the approaches towards psychological first aid, is used and taught, among others, at Johns Hopkins Health Care Solutions in the USA.

TO PROVIDE EMOTIONAL SUPPORT



TO ASSESS THE FUNCTIONING/NEEDS



TO PROVIDE INFORMATION



THE PURPOSE OF FIRST AID

Principles



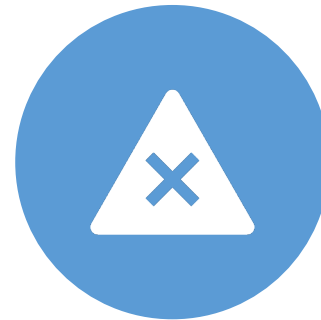
Maximum 3 consultations



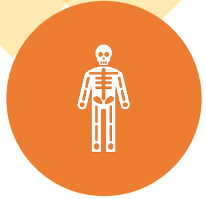
A specific structure (course) and goal of each meeting



Consultation in order to provide support and information – it is NOT a therapy/treatment



Rules and standards that the consultant does not go beyond (to ensure safety of both sides)



Presence i.e., **full focus** on the person (you need to obtain the resources by yourself)



Do not be afraid of the emotions of the person in crisis (let them give vent to emotions)



Do not rush things to solve problems with quick and simple solutions, but be **specific**



Do not console the person because it will make what the person feels and wants to convey irrelevant



Do not judge, try to remain neutral



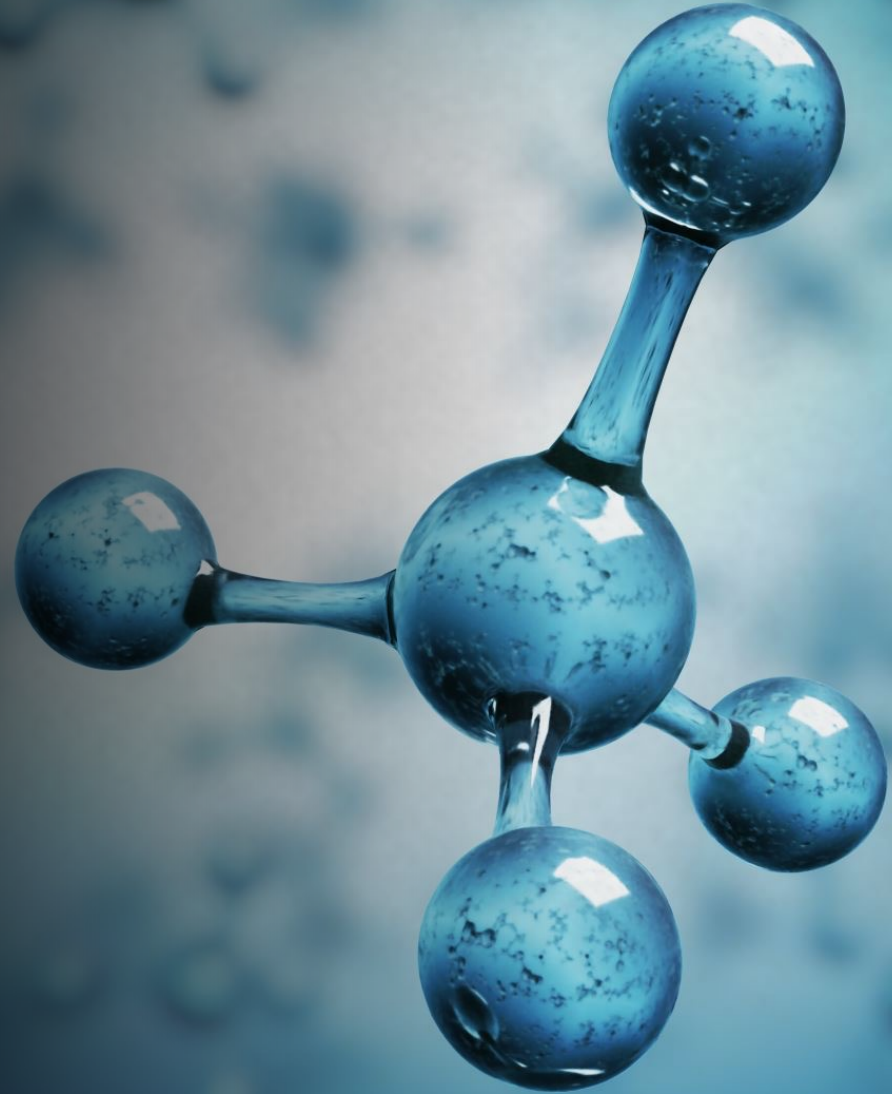
Show **empathy**; however, remember that it is not your tragedy, not your crisis. You are supposed to **remain stable** and rational to provide the best support and help

WHAT IS MORE...



RAPID model

Help that relies
on 5 key elements



RAPID PFA MODEL

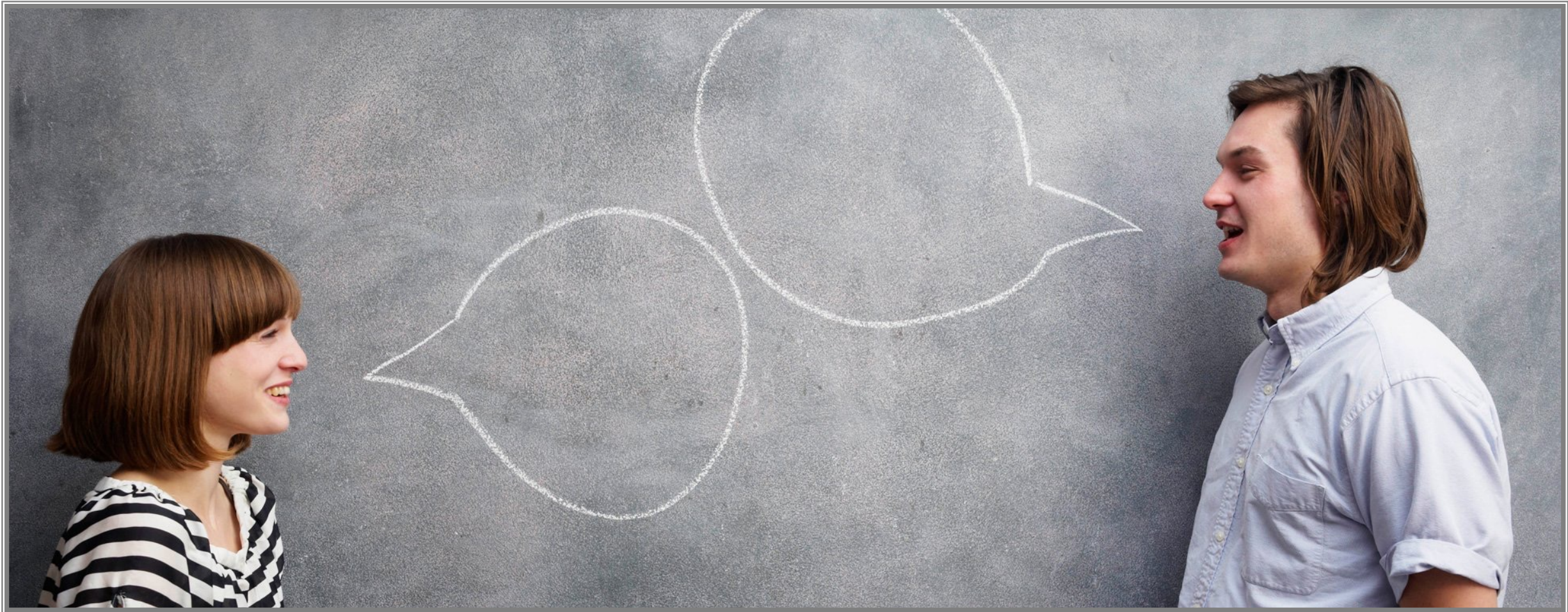
(R) *Reflective listening*
Active listening + establishing contact

(A) *Assessment of needs*
Assessment of functioning + diagnosis of the situation

(P) *Prioritization* –
what is the most important element?

(I) *Intervention* –
Action plan and strategy

(D) *Disposition* – **Completion**
(what to do after the intervention?)



Basic communication skills when working as Crisis Consultant

1.

ACTIVE LISTENING

- Focus
- Silence – remain silent, let the person talk
- Complete focus on the customer, eagerness to understand them (without judging)
- Paying attention to the customer's verbal and non-verbal messages

2.

PARAPHRASE

- Repeating what the interlocutor just said with your own words
- Start with words like:
 - It sounds like...
 - From what you have said...
 - If I understand you correctly...
- It lets you check whether you understood the customer
- Ensures the person that they have been understood and listened to
- Sometimes, it lets the person discover a new meaning of their own words

3.

CLARIFICATION

- Allows clarifying the understanding of a particular word/term
- Intends to discover the main point and establishing the most important aspect (the core of the problem)
- You may ask the person
 - What is the most important thing in this situation in your opinion....
 - What is the most difficult thing for you...
 - What is the essence of the problem...

4.

REFLECTION

- It refers to determining the customer's emotional state, e.g.
 - I understand that it really made you upset
 - It looks like it really hurt you
 - I see that it really makes you angry when you talk about it
- It allows naming the emotions and venting them – accepting, admitting and experiencing

5.

NORMALIZATION

- This is a tool that let us explain to the customer what is typical and normal when experiencing a psychological crisis,
- It is intended to normalize the SYMPTOMS (physiological, cognitive, emotional, and behavioral)
- It must not be carried out without CONTEXT (i.e. without referring to the critical event)
- It is not recommended to normalize in comparison with other people, but with the critical event
- e.g.
 - It is completely natural that you can feel and react this way when experiencing such a situation
 - In crisis, it is natural to feel such emotions like the sense of hopelessness and helplessness
 - In the circumstances you are in, such reactions are completely natural and understandable
- It is intended to reduce the level of anxiety and tension as well as to let the customer allow themselves to experience the difficulties

6.

PSYCHOEDUCATION

- It is to equip the customer with knowledge about what is happening to them and explain the reasons for it
- It also stands for informing the person about specific accessible solutions
- Informing about institutional support
- Informing about the consequences of the crisis

7.

POSITIVE ENFORCEMENT

- It allows enforcing the customer by showing them their recourses and strengths
- Positive enforcement should refer to behavior and be based on facts, information that we hear from the customer or are able to observe
 - It required a lot courage to come here and tell about your difficulties
 - It looks like you have very good observation and self-reflection skills
 - I am happy that you decided to do this task; it is a great step forward

8.

OPEN QUESTIONS

- The purpose of open questions is to get information from the customer about their feelings, thoughts and behaviors
- They encourage longer answers with a deeper meaning
- Example: What, Why, How, When
 - “Please, tell me about...”, “Please explain to me...”, In what way...?”

9.

CLOSED QUESTIONS

- Closed-ended: *Is / Do / Does*
- Answer: Yes/No
 - Useful, when we need quick information about facts, especially when there is no time or we ask about something that needs to be solved immediately
 - They can be confronting
 - Sometimes simpler to get an answer
 - “Does that mean...”, “Do you want to meet...?”

Communication skills

ACTIVE LISTENING

PARAPHRASE

CLARIFICATION

REFLECTION

NORMALIZATION

PSYCHOEDUCATION

POSITIVE
ENFORCEMENT

OPEN QUESTIONS

CLOSED QUESTIONS



FIRST CONSULTATION

purpose and structure



First consultation - purpose

1

Emotional support
Assessment of functioning
Providing information
(psychoeducation, prioritization)
TIME: 1-1.5 h
STRUCTURE: 9 steps

2

Emotional support
Triggering the resources
Thinking of possibilities
Action plan and strategy
TIME: about 1 h
STRUCTURE: 6 steps

3

Reassessment of the condition
Information on possible further
help
Planning what next
TIME: from 0.5 h to 1 h
STRUCTURE: 3 steps

Step 1.

- Explain who you are and what you are doing
- Why is it important?
 - You are the one making the first step, you provide the sense of security by taking the initiative, give important preliminary information
 - You are building the atmosphere of trust and security (establishing a relation) from the very beginning

For example:

- *My name is Jane Smith, I am the Crisis Consultant and provide support in difficult and crisis situations. I am here to listen to your problem and try to help*
- *During the meeting, I will make some notes in order to...*

Step 2.

- Ask a good first **'opening question'**
- Listen proactively – do not interrupt
- There is a difference between whether a person comes to you by themselves or you are the one offering help (because you notice the difficulties)
- **Why is it important?**
 - There is no need for any additional “introductions”; it is important that the person must have the opportunity to tell their story. Maybe it is the first time when she has the space needed to do that
 - Once you asked the opening question, you go silent and give space for the person to speak freely, without interrupting them with your questions

For example:

- *Yes?*
- *What has convinced you to arrange this meeting?*
- *How can I help you?*
- *What do you need? Is there anything I could help with?*
- *Please tell me what happened/Please describe the situation*
- *What would you like to start with?*

If the person is reluctant to open up, then:

- *Please tell me something about you, who you are, what do you do for a living... (this may help the person start talking)*

Step 3.

- Next, use **clarification and paraphrase**
- Ask a **more detailed question** if you do not understand the reason for the customer to visit you or his/her situation does not seem clear
- **Why is it important?**
 - You show the person that you listen to what they are saying, pay attention, want to understand them, as well as give them the opportunity to speak freely and vent their emotions

For example:

- *Thank you for trusting me and sharing your story with me. If I understand it correctly, the situation you ended up in concerns...*

Step 4.

- Provide **emotional support** and an opportunity to vent emotions
- **Apply RNP:** reflection-normalization-psychoeducation
- If the person does not mention the emotions, ask about them
- **Why is it important?**
 - You provide space to experience the emotions, show that you are not afraid of them
 - You help the person give themselves a chance to experience the emotions
 - You normalize the experience

For example:

- *From what I see, your situation makes you really upset and depressed*
- *Based on what you said, I conclude that you feel overwhelmed and helpless*

If the person does not say anything about emotions, ask about them:

- *How do you feel in this situation...*
- *What is the most difficult thing for you in this situation?*

- **Apply normalization**, for example:

- *When facing such difficulties, it is normal that difficult emotions will appear, that we feel helpless and do not know what to do...*
- *It is good to admit those emotions and let yourself feel them because it helps in coping with the situation. However, it is also important to undertake a specific action that we will discuss in a minute*

Step 5.

- If the crisis situation poses a threat to health/life or safety of the person, ensure that they are secure
- **Why is it important?**
 - In case of risk, safety is the most important thing that the person who contacted you needs
 - This step can be skipped, if no mental/physical danger is noticed

Ask, for example:

- *Are you feeling safe?*
- *Is there anything particular that you are afraid of in this situation?*
- *Is there anything that threatens you?*

Step 6.

- Assess the functioning and analyze the situation
- Use questions from the diagnostic questionnaire
- **Why is it important?**
 - with additional information, you will be able to get the full picture of the situation and apply psychoeducation (provide information)

Explain what you will be doing, for example:

- *If it is fine with you, I would like to ask you several additional questions that will help me better understand your situation and how you feel*

(this provides predictability, structure, greater safety)

Use questions from the diagnostic questionnaire

FIRST CONSULTATION FORM

Step 7.

- Provide information about the person's condition
- Apply **psychoeducation and normalization**
- **Why is it important?**
 - Information allows feeling safe; if named, the problem can be solved
- In case of disorder or deep crisis: refer the person to a specialist
- **Why is it important?**
 - The person must not leave you without receiving any help, even if you are not the one who will conduct future meetings, you must ensure that they will be continued

For example:

- *The way you feel and function results from the state of crisis you ended up in; it is a normal reaction to what happened in your life. Crisis is a healthy reaction to such situations; you should not be afraid of it but, at the same time, must not neglect it. That is why I am really happy that you decided to come to me and have this conversation. In order to let you better understand what I have in mind, I will now draw a chart and describe what happened to you from a psychological perspective and what you may still expect to happen...*
- *You can determine that the crisis has started to recede when you feel less intensive symptoms, that is why it is important to observe yourself*

If REFERRED TO A SPECIALIST, for example:

- *In your current condition, the most reasonable thing would be to get a direct crisis or psychotherapeutic intervention because your state seems serious and an attempt to cope with the problem by yourself may be very difficult or even impossible. My task is to help you and I think that what I have just said is the best possible solution at the moment*

Provide the person with information about where to find help

- Give them the phone number, address, you may even call the specialist and arrange a meeting during the consultation

Step 8.

- Determine the **areas to work on** and give a small **task to complete**
- **Why is it important?**
 - To encourage the person to start acting, recover the sense of control and perpetration in life as well as reduce a difficult situation to specific areas as part of which it will be possible to take action
 - Areas to work on will allow organize the situation and make it more transparent; it will also help decide on the areas to pay attention to and focus the efforts on
 - Priorities are, at the same time, goals that we will focus on (they can also be viewed from the perspective of needs that must be satisfied)

For example:

- *What is the most important thing to you in this situation at the moment; what would you like/should you deal with in the first place?*

- **A task, for example:**

- Taking care of oneself
- Accepting natural support
- Thinking of what would help the person the most in this situation (prepare a list for the next meeting)

Step 9.

- Arrange the next meeting or contact
- **Why is it important?**
 - One meeting is to get a general picture of the situation, it is important to stay in contact with the person and assess their functioning again, see whether they started to cope with the problem and provide them with more information

For example:

- *It is important for us to meet again and develop a plan for further action, see how you will feel, etc.*
- *It is important that you contact me once you arranged a meeting with a specialist*

Obtain permission:

- *Will a meeting in one week, at the same time be convenient for you?*
- *I will wait for you to confirm your arrangement of a meeting with a specialist by tomorrow evening, okay? If I do not receive such information, I will call you*



SECOND CONSULTATION

purpose and structure



Second consultation - purpose

1

Emotional support
Assessment of functioning
Providing information
(psychoeducation, prioritization)
TIME: 1-1.5 h
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help
Planning what next
TIME: from 0.5 h to 1 h
STRUCTURE: 3 steps

Step 1.

- Say hello and update the information on the person's condition:
 - How they feel
 - What happened from the last meeting
 - Whether they completed the task
- You provide emotional support and enforcement
- **Why is it important?**
 - You must determine the dynamics of changes in functioning (whether: +, -, 0)
 - You also assess the ability to take action by checking whether the person completed their task

For example:

- *How are you feeling today?*
- *Please tell me about what happened from our last meeting, how did you feel throughout that time?*
- *From what I hear, you have coped well and there is a certain noticeable difference, which makes me really happy*
- *Did you manage to complete the task we agreed on? What are the results of it?*

Step 2.

- Explain what you are going to do today
- **Why is it important?**
 - The person must notice the significance of those actions and be eager to get involved with you in those actions
 - Predictability, structure, describing what will happen and why give the sense of security
 - You also focus your attention and efforts on a specific work that you will devote time to during the meeting

For example:

- *Today, it is important that we focus on looking for the possible way out of the situation and jointly come up with an action plan that you will be able to use after our meetings*

Second Consultation Form

Step 3.

- Go back to areas to work on distinguished during the first meeting
- Ask whether they are still relevant or the person would like to change/add something
- **Why is it important?**
 - It serves as a return to prioritization that organizes the situations by dividing them into specific areas that you should pay attention to

For example:

- *Please think again about the areas we distinguished last time and tell me what would be the most important thing to do in this situation?*
- *Are those areas still important, should we change anything, add or remove something?*

Step 4.

- Check the resources and capacity that the person has
- Both you and the customer are able to assess what can be helpful (RESOURCES) and what constitutes an obstacle (a potential area to work on)
- **Why is it important?**
 - You gain knowledge about what can be used to cope with the problem and what will be an obstacle

For example:

- *Who or what can help you cope with this situation?*
- *Who or what is the biggest obstacle/complication in coping with this situation?*

Step 5.

- Come up with a short-term action plan along with the first step to make
- **Why is it important?**
 - The customer receives specific instructions/a specific plan that they can use after the meetings, which will give them sense of security, enforce the feeling of perpetration and give hope that they will be able to cope with the difficulty

For example:

- *Let us now sum up everything you have told and create an action plan*
- *Where would you need to start? What would be the next step?*
- *Does this plan seem okay to you, do you agree with it?*

Step 6.

- Arrange the last consultation and ask the person to obligate to fulfil the plan
- **Why is it important?**
 - The customer feels obligated to take action, they know we will ask about it, which is encouraging to start acting and regain control over one's life

For example:

- *It is important that we meet once again to see how the established plan performed and think of our further action*

Obtain permission:

- *Will a meeting in one week, at the same time be convenient for you?*



THIRD CONSULTATION

purpose and structure



Third consultation - purpose

1

Emotional support
Assessment of functioning
Providing information
(psychoeducation, prioritization)
TIME: 1-1.5 h
STRUCTURE: 9 steps

2

Emotional support
Triggering the resources
Thinking of possibilities
Action plan and strategy
TIME: about 1 h
STRUCTURE: 6 steps

3

Reassessment of the condition
Information on possible further
help
Planning what next
TIME: from 0.5 h to 1 h
STRUCTURE: 3 steps

3rd meeting

Coping on their own (Own resources + natural support) + info. on where to find help

Continue working with you (if the distinguished areas are within your qualifications)

Referring to a specialist (many areas; worsening state of crisis; dynamic crisis situation)

Step 1.

- Say hello and update the information on the person's condition:
 - How they feel
 - To what extent they were able to carry out the action plan
- Provide enforcement
- **Why is it important?**
 - For the second time, you determine the dynamics of changes in functioning (whether: +, -, 0)
 - For the second time, you assess the ability to take action by checking whether the person completed their task

For example:

- *How do you feel?*
- *What are the changes in your behavior that you noticed?*
- *Please tell me about what happened from our last meeting, to what extent did you manage to carry out the plan?*
- *From what I hear, you did well, this is very good news*

Step 2.

- Assess the degree of the person's ability to cope with the problem on their own
- **Why is it important?**
 - This serves as the grounds for the decision whether the person should be referred to a specialist for further support

In case of coping on their own with natural support, for example:

- *How much do you think you will be able to cope with the situation by yourself and carry out the plan we established?*
- *In my opinion, you are on the right path to get out of the crisis, there are several stages before you in which negative emotional states might reoccur and it might be harder, but it is completely natural*
- *If at any point you feel that you need support and help, please do not hesitate to ask for it. In a moment, I will tell you who you should contact.*

If you keep helping them:

- *I think that it would be favorable to continue our cooperation and the support. The range of help that I will provide you with refers to these areas (discuss the things you will focus on), the support will involve (discuss how will the work look like)*
- *Discuss the contract*

If referred to a specialist, for example:

- *After the assessment of your current condition, I think the most reasonable thing to do would be to refer to a specialist for further advice. Your condition is still serious and an attempt to cope with the problem by yourself may be very difficult or simply impossible. My task is to help you and I think that what I have just said is the best possible solution that will help you cope with the difficult situation you are in.*

Step 3.

- Provide the person with information about where to find help
- Give the phone number, address. The customer may even call the specialist and arrange the meeting during your consultation.
- Why is it important?
 - You help in making that step, you are certain that the person will continue working on the crisis, you fulfil your duty

Interdisciplinary collaboration

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- Crisis intervention centers
- Crisis coach/mentor
- Psychotherapist
- Psychotherapy for couples
- Addiction treatment
- Psychiatrist
- Helpline
- Social welfare centers
- Foundations/Associations
- Lawyer
- Sexologist
- Mediator



Summary

1

Support

Assessment of
functioning

Providing information

2

Support

Triggering the
resources

Action plan

3

Reassessment of the
condition

Information on
possible further help



Taking care of yourself as the helper is an integral element of knowledge and skills connected with Psychological First Aid



You must learn how to undertake actions that will prevent you from overexerting yourself with the stories you heard and emotions you saw

Taking care of oneself

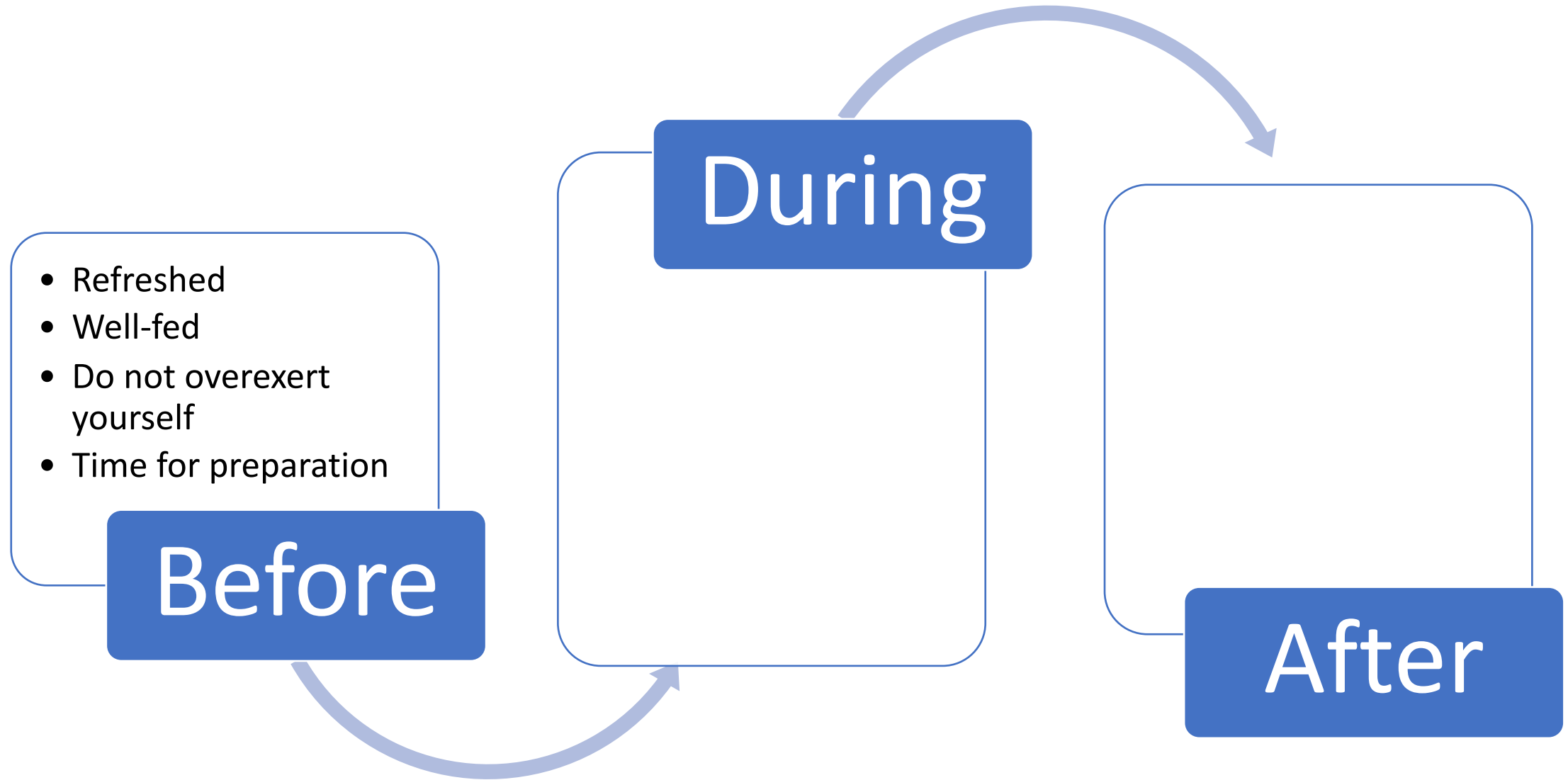
Why is it important?



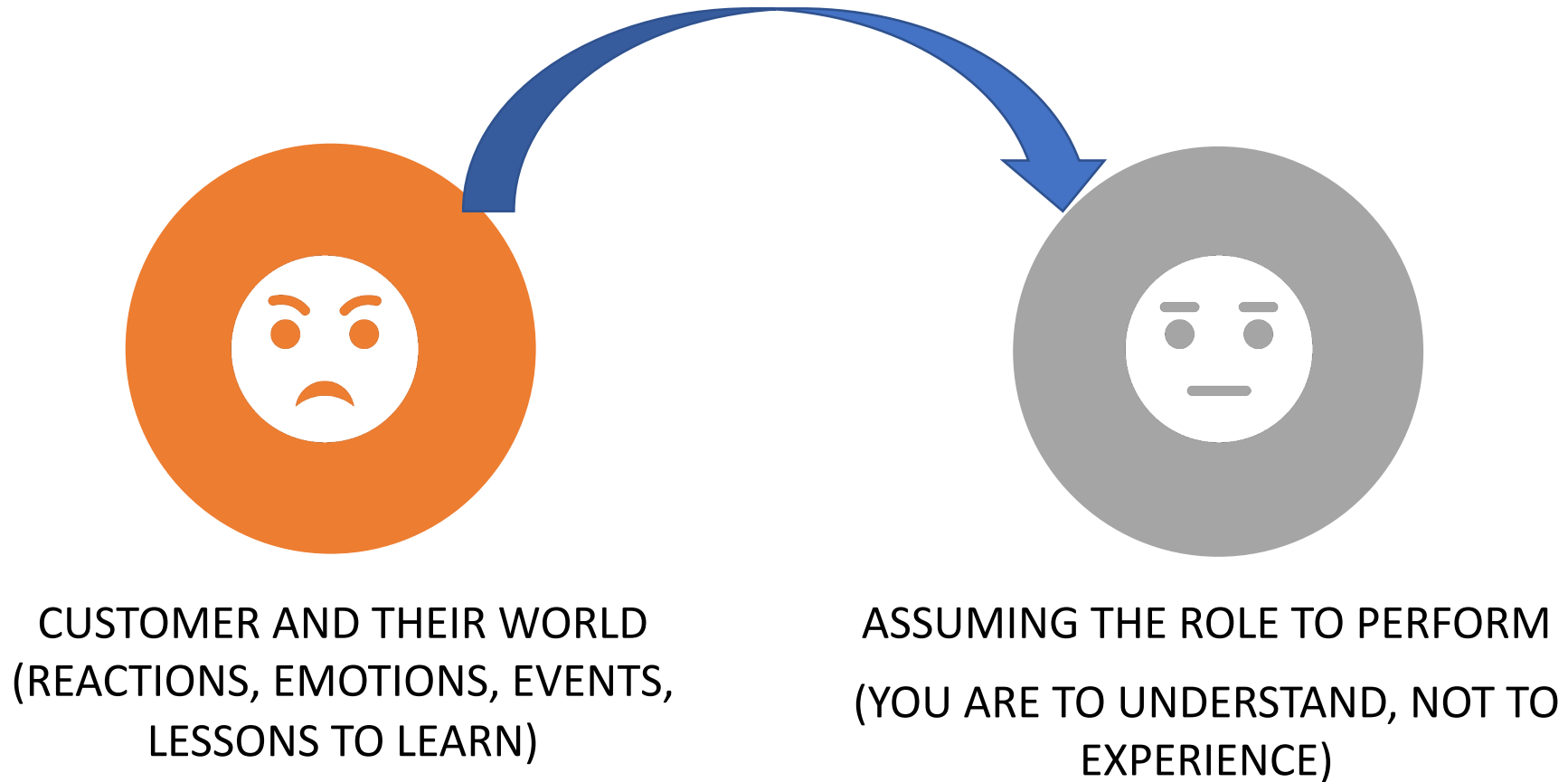
Your emotions, composure, rational thinking, energy, focus are needed by the other person and necessary to perform the task well



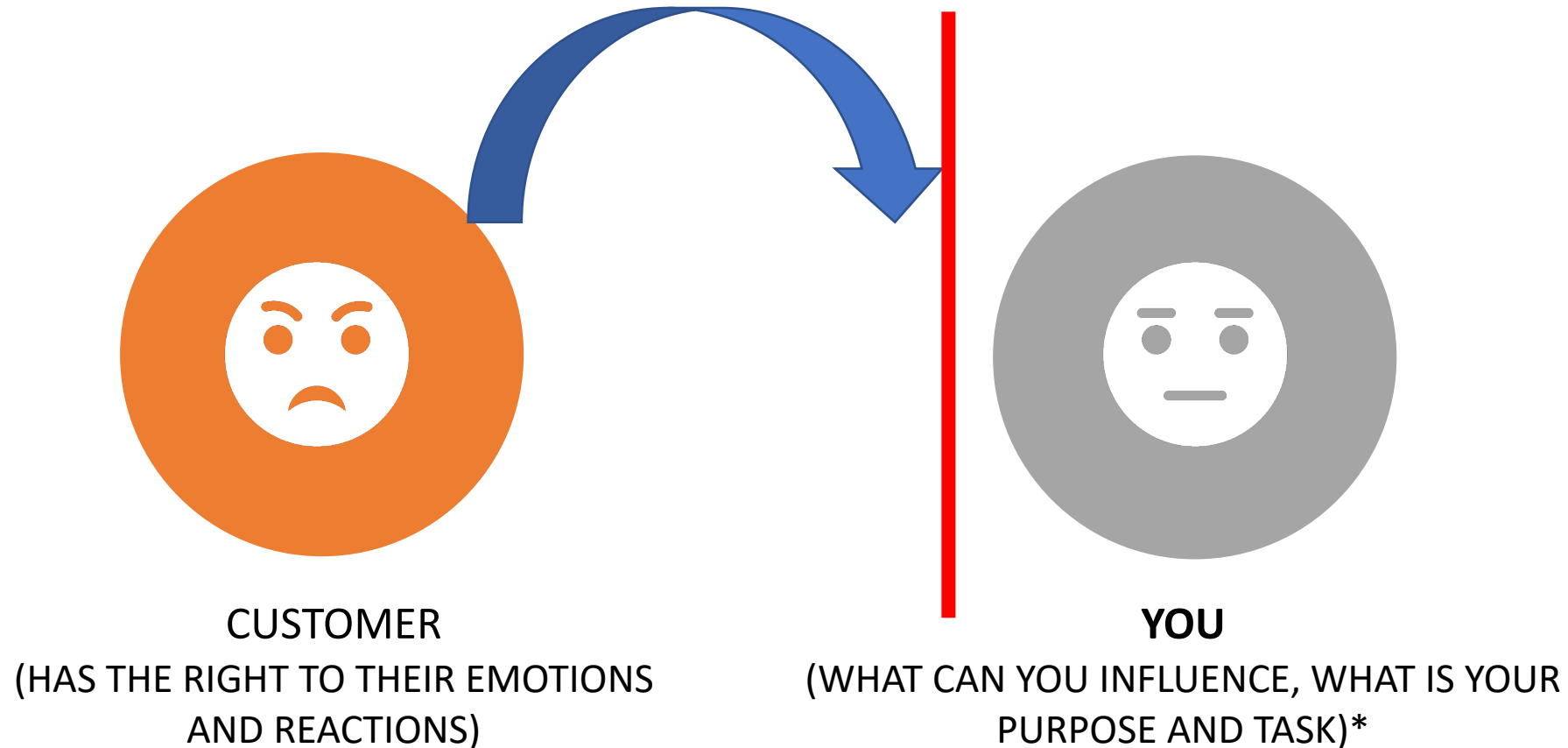
If you lack any of those elements, you will not be able to give much to the other person and, after some time, you will feel too overwhelmed



Separate what is happening in the customer from what is happening
in YOU + separate the person's behavior from the person as such



Create a protective barrier for yourself that will deflect the interlocutor's emotions – remain stable and untouchable



*You must not allow a situation in which one person or several people will decide on the way YOU feel during next consultations (transfer) or after the rest of the day after work!

The STOP method

- If the other person exhibits strong emotions, frustration, anger and you start feeling a growing tension inside you...
- **Imagine yourself in a protective bubble** that will deflect all the customer's emotions
- It is just as if you remained calm during a rapid gust of wind
- Remember, those emotions are his/her and do not need to become yours as well
- Your task is to understand what the customer feels, not to take over their emotions
- **Assume the position of the OBSERVER**



