

Review of Emotional First Aid Concepts

- #1 The primary purpose of emotional first aid (EFA) is to prevent a **“second injury”** i.e., the perception by survivors that they were not supported by those around them following a crisis event. Examples of the second injury:
 - *“We couldn’t understand a word the doctor told us.”*
 - *“I’ll never forget them carrying my baby out like a football.”*
 - *“People said the most hurtful things.”*
- #2 Helpers should approach survivors with **humility** recognizing that EFA is not a matter of simply following one’s natural helping instinct. Helping survivors is **uncommon sense** and often requires the helper to “bite his tongue” so as not to use euphemisms and “quick fix” statements (*“I know how you feel,”* for example).
- #3 The primary need of traumatized survivors is for a **Caring Presence** rather than for a Quick Fix. Survivors describe what they find most helpful in the following words: *“just being there;” “she held me;” “his gentle voice;” “his kindness.”* Providing a Caring Presence often requires that the helper simply be with the survivor **silently**.
- #4 Communicate to survivors in the **Caring Position . . .**
 - On the survivors level
 - By the survivors side
 - Staying with the survivors as he changes positions
- #5 **Acknowledge** the survivor’s plight by making simple statements like . . .
 - *“How are **you**?”*
 - *“This must be difficult for you.”*
 - *“Can you tell me what happened?”*
- #6 **Actively listen** to the survivor’s story about what happened by making reflective statements like *“It sounds like you feel . . .”*
- #7 **Scan the scene** for “quiet victims” such as children, the elderly, witnesses, and citizen rescuers.
- #8 If the helper sees that the survivor is struggling not to cry, the helper can say **“It’s O.K. to cry.”** The helper can cry along with the survivor as long as it is in a way that does not draw attention to the helper.
- #9 **Protect** survivors from outside dangers such as the media, carnage, and unhelpful helpers.
- #10 Survivors are emotionally shocked and may have a loss of memory, tunnel vision and may want to act impulsively. **Protect** them by:
 - Asking survivors (especially the elderly) if they are taking medications
 - Helping survivors find safer ways of getting what they want (*“Rather than driving to pick up your children perhaps we can find someone else to do it.”*)
 - Redirecting a survivor who wants to take dangerous action (run out into traffic, for example) to something he considers very important (*“Your son needs you now.”*).

- #11 A primary need of survivors is often for information about their loved one, their property, and about how the emergency system is and will be working. Helpers should serve as an **information liaison** between “the system” and survivors. Survivors want information that is . . .
- Directly from “**the authorities**” (police/fire/doctors)
 - **Honest** (helper should not give false reassurances)
 - **Current**, i.e., continually updated and with specific information about when the next update will be
 - **Understandable** (jargon is not helpful)
 - **Comprehensive**, i.e. survivors want to know everything from the condition of their loved one to the rescue plans of emergency responders.
- #12 Because they have never been in the horrible situation in which they now find themselves, survivors cannot differentiate what is normal for the situation from what is unusual. They often misinterpret what they are seeing and hearing (“*Why are they blaming me for my son’s death?*”). If the helper hears the survivor misinterpreting what he is seeing or feeling the helper should attempt to **normalize** the situation:
- “*What you are feeling is really quite normal in these circumstances*”
 - “*What they are doing is standard operating procedure in these situations*”
 - “*It’s not unusual for these old houses to burn very quickly*”
- Normalizing is best done by emergency responders who have the experience and information. The helper’s primary role is to let the emergency responders know that survivors are misinterpreting the situation and need information.
- #13 Survivors often feel **guilty** about the tragedy that has occurred. They cannot be “argued out” of guilt. The best approach is to encourage the survivor to tell “the whole story” in detail. Helpers can ask: “*Can you tell me what happened from the beginning?*” Once the helper hears the whole story he can often make statements that broaden the survivor’s perspective. Examples of these statements:
- “*It’s obvious you really loved your daughter*”
 - “*You really did everything you could to help*”
 - “*You spent many years providing tremendous support to your father*”
- #14 Survivors are unprepared for the tragedy that has occurred, and they are **overwhelmed** with the demands they are facing (“*I couldn’t put one foot in front of the other*”). The helper can function as a temporary organizer who helps the survivor deal with the demands of the situation. The helper can begin the organizing process by saying: “*Let’s develop a simple plan for the next few hours.*” Helpful statements the helper can use to help the survivor develop the simple plan are:
- “*What’s **most important** to you right now?*”
 - “*Let’s take **one step** at a time*”
 - “*How about we focus on the **one or two** things you feel need to be done in the next few hours*”

The helper can also be a “recorder” who writes down important information that the survivor will need but is apt to forget (doctor’s names, flight #’s or coroner’s name and # . . .). This information should be left with the survivor or a reliable family member before the helper leaves the scene.

#15 The helper should not “take over” for the survivor but should serve as a **“helping partner”** — *“How about if you do _____ and I’ll do _____.”* The helper’s primary goal is not to “feel helpful” but to help the survivor regain a sense of control.

#16 **The survivor had many resources and strengths** before the tragedy occurred. He will turn to these “tried and true” resources and strengths as he looks for ways to cope with the new crisis situation. The helper should listen carefully to where the survivor seems to be getting a source of strength and support the survivor’s effort to take hold of his source of strength. Sources of strength differ from individual to individual but may include:

- Religion
- Family and friends
- Reminiscing about a wonderful life together
- Taking comfort from how the tragedy occurred (*“he didn’t suffer”*)

#17 Survivors often want to do something **special and personally meaningful** before the situation is “wrapped up.” A survivor’s special requests may include:

- Saying goodbye to the deceased
- Taking a lock of hair from the deceased
- Making sure the deceased is dressed in a special piece of clothing

Whatever special action the survivor wants to take, it’s the job of the helper to “make it happen” as long as it’s safe and is agreed to by the emergency response system.

#18 When the helper’s job is done is a **judgment call**. The helper should ask himself these questions before leaving the survivor:

- Are the immediate needs of the survivor satisfied?
- Has the survivor found his source of strength? Does he have his “handle?”
- Is there someone on the scene who will be a protector?
- Does the survivor have a simple plan for “taking the next steps” and the information necessary to take those steps?