

# **The Emotional First Aid Manual**

by Janet Buell

Foreword by Frank A. Gerbode, M.D.

Introduction by Robert H. Moore, Ph.D.

Large-Scale Trauma by William C. Foreman, Ph.D.



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This book is dedicated to all the caregivers in the world  
who strive to help their fellow man

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## Foreword

*By Robert H. Moore, PhD*

Can a lay person render emotional first aid as effectively as a professional counselor?

Without a doubt!

Just as it doesn't take a physician to dress a wound or a dentist to clean your teeth, it doesn't take a social worker or psychologist to respond effectively to someone in an emotional crisis. All it takes is a clear head, a caring heart and a little training. In fact, it may surprise you how uncomplicated it often is to help someone in emotional distress feel a whole lot better.

One can learn a great deal about the basics of rendering help of this sort from a good, volunteer crisis counselor's workshop, sometimes in just a few weeks. The best such workshops give participants plenty of opportunity to hone their new skills with each other over the course of the program. Many turn out volunteer counselors whose emotional first aid is fully as effective as that of their professional counterparts.

How can that be?

Consider what it takes to become a professional counselor. The curriculum of the average, two-year, masters level, counseling or social service program is not devoted entirely to developing its students' counseling skills. Graduate degree programs in the helping professions include a wide variety of theoretical, historic and regulatory subjects. These meet the requirements of state professional boards and prepare students for their licensing examinations. Graduate programs also provide their students with opportunities to practice their new skills. These are called "internships" or "practica". But graduate students at both the masters and doctoral levels know from the start that the day they receive their diplomas, their clinical training will just have begun. In this regard, they are very much

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like recent medical school graduates. They have their degrees and licenses in hand, but their most valuable clinical skills remain to be developed.

In any case, it's not at all uncommon for a good crisis counselor's workshop, unburdened by courses that: a) trace human psychosocial development from birth to old age, b) define and differentiate the principal psychodiagnostic categories, and c) survey the philosophic contributions of every major behavioral theorist from Freud to Ellis — to take its trainees from ground zero to basic counseling proficiency in just a few weeks. Most of the 24-hour rape, abuse, suicide, and addiction "hotlines" from coast to coast are staffed by volunteer counselors who have completed just such programs. The training program for crisis hotline counselors in my area (Pinellas County, Florida), for instance, runs 60 hours. And it's free to those who volunteer.

As for the actual effectiveness of licensed professional versus unlicensed paraprofessional counselors — you should know that studies comparing the counseling proficiencies of graduate mental health workers with those of their lay counterparts have consistently failed to find significant differences between them. Of course, the simple fact that degreed and non-degreed counselors have equally effective basic skills does not mean that formal degree programs really don't count. It means that good training, regardless of where you get it, really does count.

In spite of all this, you should be aware that some licensed professional counselors have what you might call an "attitude" about unlicensed counselors. But don't let that keep you from learning everything you possibly can about emotional first aid, or from freely applying it either! Most of my vigilant professional colleagues are motivated only by a sincere desire to protect the service-seeking consumer from the incompetence of the inadequately trained. So unless you plan to set up a practice, hang out your shingle, represent yourself to the public as a psychotherapist and charge fees for your services (in which case you would need to be licensed), their critical gaze will never linger long in your direction.

Rest assured, you have every right and good reason to learn everything there is to know about how best to assist those you love and care for, your friends, neighbors, co-workers, even passers-by in the often difficult business of coping with adversity. As a professional counselor, I would no more take offense at your caring use of “Active Listening”, “Values Clarification”, or the helpful techniques of NLP or REBT than a physician would resent your timely and appropriate use of CPR or the Heimlich maneuver. In fact, if you’ll

### Emotional First Aid Procedures that can be done by Lay People

**Active Listening**—a term coined by Thomas Gordon, author of the popular *Effectiveness Training* series, to represent the reflective listening process of Carl Rogers; the basic non-directive or Rogerian approach to counseling.

**Values Clarification**—an approach to counseling introduced by Sidney Simon, Leland Howe, and Howard Kirschenbaum in their classic book by the same name.

**NLP**—Neuro-Linguistic Programming: a collection of counter-conditioning strategies first articulated by Richard Bandler and John Grinder in their seminal work, *Frogs into Princes*.

**REBT**—Rational-Emotive Behavior Therapy (formerly RET); the most popular of the several cognitive-behavior therapies developed by Albert Ellis, author of the perennially popular volume *The New Guide to Rational Living* and several dozen other works.

round up a group of your friends and make some sandwiches, I’ll come over Saturday and give you a top notch introduction to these subjects myself! Am I serious? Wouldn’t your dentist be delighted to hear that you’d brought together a whole room full of people who actually wanted to learn how to floss?

One thing more: you have in hand a most extraordinary volume (for which, in all honesty, I can take absolutely no credit). It contains a compilation of the most useful tips and techniques for handling

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a wider variety of stressful human circumstances than have ever before been put into print. It's the Bible of emotional first aid — all meat and utterly indispensable to anyone who cares a whit about the well-being of others.

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***Dr. Robert H. Moore is a 30+ year, licensed mental health counselor, marriage and family therapist and school psychologist. He is board certified in psychotraumatology and crisis intervention. A former, 17-year Director of the Florida branch of the Institute for Rational-Emotive Therapy, he currently confines his practice to corporate crisis consulting.***

## Introduction

*by Frank A. Gerbode, M.D.*

Is there a need for “lay” emergency help? Is such help feasible?

The need is certainly obvious. Life is full of trauma and stress for virtually everybody. There is no one I know who has not had some kind of major trauma in his or her life. Most of us have had severe injuries or painful illnesses and operations. We have also experienced the loss—through death, divorce, or disaffection—of someone close to us, and have had other severe personal losses as well. Other incidents continually occur that remind us of previous incidents of loss or pain and force us to painfully relive them. These “reminder” incidents become “secondary traumas” and they add greatly to the burden of life. Most people, then, feel almost continually the effects of their past traumas, and much of human unhappiness is attributable to such unresolved past losses.

Stress and loss is more easily resolved if a person can confront it sooner rather than later. The effect of time is to assist in the process of repression that makes such traumas hard to access and to multiply the aftereffects of such traumas. Time does not heal all wounds. It only covers them up and makes them hard to find, but they continue to fester below the surface. Dealing with such traumas and stresses early on greatly improves the chances that a person will be able to confront and permanently resolve such incidents and renders a more lengthy later handling unnecessary, or at least much easier.

When you address a trauma soon after it has happened, it does not take great expertise to find it and reduce its impact. It has not yet been fully repressed and so is more available than it will ever be again. Thus a very simple procedure can suffice to resolve it at this stage (such as the Compassion Remedy found in this book). Such a procedure is so simple, it is easy to teach it to anyone who wants to help.

## Introduction

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When such a primary trauma has been reduced or resolved by means of such “emotional first aid”, secondary traumas do not build up on top of it, and the source of a great deal of distress is thus eliminated.

### Types of Trauma

#### **Primary Trauma**

An incident containing pain and/or loss such as an accident, illness, operation, death or abandonment.

#### **Secondary Trauma**

An incident that reminds us of earlier incidents containing pain and/or loss.

In that respect, emotional first aid is similar to the physical kind: what you can do at the scene of an accident may be simple, yet lifesaving. It may also prevent permanent disablement or disfigurement and make subsequent treatment much simpler or even unnecessary. A Heimlich maneuver can be lifesaving to a person choking on a piece of food. Otherwise, the person will suffer oxygen deprivation and possible permanent brain damage or death. Likewise, rapid immobilization may prevent further traumatization in the case of a severely broken bone, antidotes or emetics may greatly reduce the trauma from poisoning.

**It takes far less skill to use such first-aid procedures than it does to handle the complications that can occur if you don't use them.**

And what friends say to friends after a severe trauma can be helpful or harmful. A little training on listening and other skills can make a big difference. You can be even more helpful to your friends if you have some simple yet effective techniques to use to help them than if you mean well but don't know what you are doing. It shouldn't take more than a few hours to teach such techniques to anyone of good will and reasonable intelligence.

Not letting people help other people in a simple way because they might cause harm would be like prohibiting them from rendering first aid: it would actually lead to more harm. People naturally want to help others and they should not, and cannot, be prevented from talking to friends or loved ones who are in distress. A little simple training would tend to reduce the possibility of secondary traumatization from such conversations and increase the beneficial effect of efforts to help that are going to take place anyway.

### **Will you find this book useful?**

Let me ask you the following questions:

A friend has lost her husband in a traffic accident and she's in shock or preoccupied about it. What do you do?

Do you. . .

- try to get her to think about other things, to put her attention on other things in life?
- invite her to delve into why she is so upset about the incident?
- act sympathetic to her and try to be extra nice to her?
- draw her attention to all the positive things she still has going for herself in life?
- give her advice on how to cope with the tragedy?
- tell her all about a similar loss you once had and how you got over it?
- tell her not to be a crybaby?

These are all things that people commonly do in an effort to help. Yet some of these actions are less helpful than others, and some may actually be harmful. If you knew exactly what to do when confronted by a loved one or friend in distress, wouldn't that be a great help to you? Read on and you'll soon know exactly how to render effective and compassionate help!

## Introduction

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***Frank A. Gerbode, M.D. is a psychiatrist. He is the founder of the Traumatic Incident Reduction Association and author of the book Beyond Psychology — An Introduction to Metapsychology.***

## Vital Information

There are three primary categories of need for emotional first aid:

1. An immediate loss or trauma that has happened to a person with no history of serious mental illness
2. The acute losses or traumas of the chronically mentally ill
3. Losses and traumas that are compounded by substance abuse (alcohol, drugs, etc.)

Each of the three categories requires a different level of help. It is easiest for the layperson to make a difference in the first category. The immediate trauma and losses of our friends and family are greatly relieved by the “compassionate listening” and “conversational trauma reduction” methods taught in this book.

Often the techniques taught here are all that are needed to bring the friend or loved one to an improved state of emotional health, just as basic first aid can often improve a minor cut or sore to the point where no additional treatment is needed. At other times more help is needed. Each section contains criteria for judging if more aid is required after the initial emotional first-aid procedure is done and a list of resources for obtaining just the right additional aid is contained in the appendix. Section One of this book provides help for those who have suffered an immediate loss or trauma and who have no history of serious mental illness or substance abuse.

For the people who fall into Category Two, the chronically mentally ill, the primary care must naturally be in the hands of a professional health care worker. For friends and family who have not already found a primary source for that help, professional resources and support groups are listed in the appendix.

Even when a chronic mental illness is involved, a layperson can be of some aid in calming the victim and helping to see that he or she receives the professional help they need. Section Two offers useful ways of dealing with acute upsets. These methods have been recommended by support groups and professionals who specialize in each

## Vital Information

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specific illness. Warning signs for those very rare occasions when violence might be a factor are also listed to protect both helper and victim.

People in Category Three, losses and traumas when substance abuse is present, unfortunately are most difficult to help and their care should also be in the hands of a professional health care worker. There are, however, some limited ways in which a layman can help, providing caution is used. Violence and destructive behavior are far more common when drugs or alcohol are involved and the helper must be very aware of his or her own safety. Instructions for the limited care that can be given as well as a listing of resources for professional help are part of Section Three.

There are usually two major concerns for the friends and family who seek to provide emotional first aid to their loved ones. The first is that they won't be able to think of anything inspiring or comforting to say. The second is that they might do more harm than good. There is some justification in these concerns. A person trying to perform physical first aid can cause more harm than good if he or she moves a victim with a neck injury, for example. That's why there are a few basic "golden rules" in physical first aid handbooks.

This manual contains some "golden rules" too. The rules that follow are the most important information in this manual. By following these simple rules, you can be certain that you will be able to help—not harm—your loved ones.

### **Category One:**

People who fall in this category are easiest for laypeople to help and will often recover with little or no professional help. Procedures appropriate for Category One are given in Section One and Two of this book.

### **Category Two:**

People who fall in this category can receive limited help from the layperson but need to be under the care of a professional. Procedures appropriate for Category Two are given in Section Three of this book.

### **Category Three:**

People who fall in this category are difficult even for the professional to help and must be handled with great caution. Procedures appropriate for Category Three are given in Section Four of this book.

## **Golden Rule #1**

*Listen—don't talk!*

You don't need to say anything inspiring. You only need to know a few simple questions to ask to get the person talking and these questions are provided in the instructions in each section of this book. Then you need to listen to the answers and acknowledge them. In our attempts to help, we all talk too much and listen too little. The ratio of time you spend talking to the time you spend listening should be a maximum of 5% (talking) to 95% (listening). Just recognizing these proportions can take away some of the pressure you might feel to be wise and inspiring.

## **Golden Rule #2**

*Be compassionate—not critical*

There is nothing helpful in criticizing or judging others. Every bit of good you can do for your fellow human beings will come from your ability to be compassionate. In every loss or trauma are actions or thoughts about which the person may feel guilty or ashamed. Full healing won't occur unless those thoughts can be fully expressed. People who feel they are being judged critically will begin to defend their actions rather than express their thoughts fully. Any time spent defending their actions is wasted time that isn't going to contribute to their healing. It is vital to the person who has been hurt to know that he or she can express any thought, emotion, or deed to the person giving emotional first aid without fear of criticism or judgment. You must provide for this person what you know you would want in his or her place—a compassionate listener. Keep in mind that listening and acknowledging is not the same as agreeing. A person may have done something you feel was not a good idea. You are not agreeing because you choose to listen or acknowledge—you are simply letting the person know you heard and understood what was said.

Every major religion and philosophy in the world makes this point about the need to become more compassionate. If you can become non-judgmental and very compassionate, you're halfway home when

## Vital Information

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it comes to helping people. An added bonus is that you'll make tremendous gains by becoming a more compassionate person.

### Golden Rule #3

*Do not attempt a diagnosis*

How can a person with relatively little training provide emergency help? By not overestimating their role and trying to tell the grieving person what to think about their situation. Just as paramedics don't try to diagnose the condition of their patients, so should people giving emotional first aid not try to diagnose the mental or emotional aspects of the people they help.

Your purpose is to use the questions given in this manual to prompt the traumatized person to talk, and then to listen compassionately and simply acknowledge what you hear. If this sounds like too small a role to be important, then you underestimate greatly the tremendous power of compassionate listening.

### Golden Rule #4

*Show great interest*

There are people who feel others would be offended by great interest or curiosity, and that would be true if the listener was judgmental or critical. We all fear someone probing for our innermost thoughts and feelings and then thinking less of us or criticizing us when they are discovered. Interest is welcomed only when it is

#### **Example One:**

*Alice had experienced the death of her husband and she'd been unable to recover fully from that death even though it happened years ago. Every time she thought of that period of time, the upset surfaced again. Alice had gone through a whole gamut of emotions. She'd been angry, fearful, hostile, and grief stricken. She was able to express the grief but not the anger.*

*Alice felt that society frowned on a person being angry at a dead spouse and her anger was very strong. She was sure that people would consider it wrong or shameful if they knew how she felt. After all, her husband couldn't help dying. When a compassionate friend helped Alice express the rage, she finally let go of that rage, recognized her emotions for what they were, and recovered from the incident.*

coupled with compassion—when we know our confidences are safe and won't be used against us.

**Golden Rule #5**

*Be persistent*

When a person finally begins to delve into and talk about their loss and the emotional pain it has caused, it is vital to know that their communication won't be cut short. If you don't have several hours to devote to listening when

that's what is needed for the person to get through their story completely, it's unwise to start the process. Just as physical first aid measures need to be done completely, so do emotional first aid measures.

The procedures used to help a friend who has just suffered a loss may take half an hour or may take three hours or more—depending on the severity of the loss and the person's willingness and ability to confront it and talk about it. You need to be there for the duration. Each procedure tells how to determine when it has been finished. Always be prepared to take it to that full completion.

**Golden Rule #6**

*Ask simple questions*

All the procedures in this book include short, simple, direct questions for you to use to prompt the traumatized person to talk. When a person is undergoing a trauma, simple direct questions are easiest for them to answer.

**Example Two:**

*Bill was trying to recover from an addiction. There were times when he had stolen from someone to support his habit and committed a number of other harmful acts. These went against his upbringing and the ethical codes he subscribed to when he was sober, and he thought the crimes were too awful to relate. He was not doing well in his attempts at recovery.*

*When a compassionate friend finally made it possible for him to tell these secrets, he began to make a successful recovery.*

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### Golden Rule #7

#### *Acknowledge responses*

As people respond to those questions, it is important to let them know they've been heard. A simple "ok" or "uh huh" will suffice. When people aren't sure they've been heard or understood, they may try to explain over and over and become frustrated. Acknowledgments should be simple and unobtrusive—but they are an important part of the process.

#### Origin of these Golden Rules

These rules were not made up arbitrarily. We all know that there are people who are "naturally" good listeners. These are the people to

### The Seven Golden Rules of Emotional First Aid



Be Persistent

Ask Simple Questions

Show Great Interest

Do Not Attempt a Diagnosis

Acknowledge Responses

Listen — Don't Talk

Be Compassionate — Not Critical

whom others instinctively turn when they have a problem to discuss. Even within the professional mental health community, some psychologists, psychiatrists, etc., are known for their natural talent. Those professionals who lack this talent often go into research or teaching rather than having direct client contact. When surveys have been done asking for a description of the qualities most prominent in the people we turn to when we need consolation and help, whether we are discussing professionals or just friends and family, the traits listed in these Golden Rules head the list.

If you take a moment to recall the person you felt most comfortable talking to when you were in trouble, I think you'll find these qualities describe that person well. No amount of professional training will help a critical, judgmental person get good results at rendering emotional first aid. Likewise, professional training will give the naturally compassionate person more techniques and skills to use which increase his or her ability to help others. But even without such training that ability to help will be strong.

### **Privacy**

Discussions that occur as part of the procedures in this book must be treated with the utmost confidentiality. To speak with a friend or acquaintance of the information discussed while using the procedures in this book would be a total betrayal of the person you had tried to help. If you feel you would be unable to grant this degree of confidentiality, don't continue with this book. Send it back for a refund. This is too important a matter to compromise.

### **Sympathy or Empathy**

There is often a misunderstanding about the difference between sympathy and empathy. Empathy requires an understanding of the fact that the other person is in emotional pain. Helping someone try to recover from that pain is the most empathetic action a person can take. Effective help does not require that you sympathize with a person. If you have already sympathized or taken sides in a situation where there is a conflict, it is harder for people to unburden themselves as they may fear that in doing so, your sympathy or support will be eroded. By offering effective help, rather than

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sympathy or prejudice, you communicate a non-judgmental attitude that lets the person know your liking for him or her will not be diminished if you discover that he or she was capable of unwise actions at times.

Sympathy—as opposed to empathy—is a way of saying that things really are awful and the person has been truly victimized by what has happened. There is a place for sympathy, but that place is not in the hands of the helper. Once again, the similarity between physical and emotional first aid is dramatic. If you were badly injured in a car accident and required physical therapy to overcome the resulting disability, would you want a therapist who sympathized with you or one who effectively got you back on your feet? Would you want one who spent your precious therapy time agreeing with you about how awful the drunk driver who hit you was or one who focused completely on helping you get well?

We have been trained by society to offer sympathy to those who are grieving. It's time to start offering more. What the grieving person—child or adult—needs is a compassionate listener who will help him or her talk at length about the loss; a listener who won't make him or her wrong for feeling angry or frightened by the loss; a listener who will steer the mourner to look at those emotions and decisions experienced at the time of the loss that will have such a tremendous effect on his or her own life.

### **Fear of Causing Pain**

When you begin using the procedures in this book to apply emotional first aid to your friends or loved ones, your questions will often result in the person beginning to cry or express distress. This can be very difficult for you to deal with. Remember the following: When your child runs in the house with a gash on his or her arm and you make the decision to use physical first aid to help, one of the first steps you must take is to wash the injury well to remove any dirt or germs. This process of cleansing the wound often hurts and the child may cry. A responsible person does not let the tears stop him or her from doing what is best for the injury. Not cleaning

the wound may result in infection and a greatly increased recovery time.

The same is true of emotional first aid. Use of the Compassion Remedy in this book is very much equivalent to cleansing a wound. Keep in mind that you are not causing the pain. The injury is causing the pain. Your questions would not produce tears if there was no emotional injury. The only way to stop the pain is to continue the procedure until the person feels the relief of having communicated fully. It takes some courage to help your loved ones emotionally just as it takes courage to clean an injury. Don't let misplaced guilt cause you to back off from offering help.

### **Blame, Shame, or Regret**

Although there are many cases when a trauma or loss is totally caused by an exterior force, like an illness or accident, there are also times when an action taken by the victim made the loss or trauma possible. Therefore it is equally important to make the person comfortable speaking of actions he or she might have taken that contributed to the incident. This is not done in order to assign blame. There is nothing in this Emotional First Aid Manual that is based on blame, shame, or regret. But it is most helpful to address both the areas where one is a victim of the actions of others **and** the areas where one contributed to the situation. Only then can the needed lessons be learned that will help a person avoid a similar problem in the future. The only thing worse than experiencing a certain type of loss once is having it happen more than once because the lessons that help avoid it weren't learned.

### **Goals for Emotional First Aid**

It is important to recognize that your goal in helping someone recover from any trauma or loss will not result in the person instantly recovering completely and becoming totally happy. Just as when physical first aid is used, the result of your efforts doesn't mean the injury is instantly and miraculously healed. It does mean that your efforts to do the equivalent of cleansing the wound to prevent infection and applying a healing salve will result in the person being

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able to move smoothly through the natural recovery period for that type of injury.

You may occasionally achieve complete relief with a more minor loss or trauma, but with a serious trauma like a death, that is an unrealistic goal. What you can do is help the person move freely and more rapidly through the stages of grief on their way to a full recovery. Sadly, it is not uncommon for a person to get hung up in one of the stages and spend years suffering because of it. Being unable to communicate fully about a trauma is equivalent to having a physical wound become infected and it results in a much longer recovery period and sometimes prevents recovery completely. This is the reason why some people recover within a relatively short period of time while others are still suffering years later. Someone who receives help from a compassionate listener will recover from the feeling of terrible loss much more rapidly than someone who doesn't receive such help. This does not mean a person won't still miss someone or something that they lost. It means they will more rapidly be able to recover, move on with life, and be able to once again experience moments of great happiness. It also means the person will be more likely to learn any life lessons available as a result of the event and therefore reduce the possibility of a similar loss or trauma happening again.

### **How to Use this Book**

Like a physical first aid manual, this book does not need to be read straight through. It is very important to read the Foreword, Introduction, and this Vital Information section before you try to provide emotional first aid. It is also useful to read the introduction to each of the book's sections so you have an overview of the subject of emotional first aid. It is not necessary for you to read about every type of trauma in the book before beginning to use the procedures. The table of contents will help you find the subject matter that applies to a specific person you might want to help. Before you begin to offer that help, it is best to refresh your memory by rereading this Vital Information section and then reading the part of the book that gives specific instructions about the type of trauma you will be addressing.

### Frequently Asked Questions

Below are some of the questions asked most frequently by those who are new to the application of the remedies in this book:

- Q. How do I know whether I can be successful doing these procedures?
- A. Are you a good listener or are you willing to learn to be one? That is the single most important trait necessary for an emotional first aid provider. It also helps if you have a genuine interest in people and a curiosity about how the mind works. You do not have to be brilliant or highly educated but you do need to be able to recognize the importance of the Golden Rules of Emotional First Aid and be willing to follow them.
- Q. How do I approach someone who appears to be suffering from a trauma?
- A. While it can vary from one situation to another, an easy way to determine that is by looking at the physical first aid model. If you saw someone lying on the pavement bleeding, your first reaction would be to call for professional help if the injury looked severe. Then you might do what you could to apply your knowledge of first aid by applying pressure to stem the bleeding and making sure the person was as comfortable as possible while waiting for the professional help to arrive. In an extremely severe case, you might need to use CPR to keep the person alive until the help arrived. If the injury looked more minor or if professional help was not available, you might let the person know that you have had some training in first aid procedures and ask them if they would like you to clean and bandage the wound.

Venting strong negative emotions can be the equivalent of bleeding in the emotional first aid case. A person who is crying or visibly angry or extremely agitated is emotionally bleeding. A person who has all emotions suppressed may be the equivalent of the unconscious physical first aid case. When you know someone has suffered a terrible loss but their emotions seem to be frozen, it is best to encourage them to get professional help because they are likely to be very difficult for the layperson to

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help. But if they are visibly crying, angry, agitated or otherwise upset, you may be able to help them and you can say just that. Often you don't even need to do more than say, "How are you doing?" in an empathetic tone of voice and the floodgates open and the person genuinely starts telling you.

- Q. How soon after a loss should I offer help?
- A. With a death, the first week or two after the event, the person is surrounded by friends and loved ones and is very focused on handling things like arrangements for a memorial service or insurance matters. You can use the Calming Procedure (see index for page location) right away to help them through the first few days. But a week or two after the loss, often they are alone and would really welcome some company. Try to visit when you will have enough time and privacy to provide them with sufficient help and then invite them to talk about how they are doing. You will usually find it very easy to help a person at that point.

Use similar judgment with other types of traumas. If you can schedule a visit when the person will have sufficient time and privacy to talk, that is always best. In the case of a child who comes home from school crying because they have suffered a traumatic event, acting immediately is best if possible. The sooner the better is a good rule of thumb but realistically, it may take a week or two before an opportunity presents itself, especially with adults. It is never too late. When a person had suffered the trauma even years earlier but still is suffering the effects, he or she can still be helped.

### Conclusion

These are the absolute basics on which all of the technology in this manual will be based. If someone received no other training at all but learned to be a little more compassionate, show a little more interest, and have a little more persistence and patience, that person would have increased tremendously his or her ability to help someone. If you get nothing else out of this manual then what we've just covered, that alone would stand you in good stead. It would make you better able to help your friends, your children, and your acquaintances.