

Frequently Asked Questions Regarding The Emotional First Aid Manual

1. What sets this book apart from all the other emotional first aid or mental first aid books written?

No other book written has been designed to teach a layman the proper techniques for helping a traumatized or emotionally distressed person through their grief, trauma, or loss. No other book is exactly patterned after a physical first aid manual in content and layout. Most other books with similar titles are either written for a mental health professional or for a first responder.

2. If I read this book, can I be certain I will be able to help my friend or loved one in emotional distress?

If you have a genuine desire to help, you will be able to aid friends or loved ones in their recovery from a loss or a trauma they have suffered. That help may come from applying the first-aid procedures in the book or from information in the appendix that provides you with data on the available resources for the person who needs more help than first aid can provide.

3. Doesn't a person need to be a psychologist or have a lot of education to do these procedures?

No, definitely not. When I (the author) was training people on these procedures many years ago, the classes were made up of a mixture of laypeople who were often rescue workers, ministers, firefighters, or other first responders, and mental health professionals including psychologists and psychiatrists. I realized at that time that the people who achieved the most success applying the procedures were not necessarily the mental health professionals. A minister who was very compassionate or a firefighter who listened very well were likely to achieve results every bit as good as the psychologist did. The procedures are simple and can be done well by a layperson. The skills of the psychologists and psychiatrists are better utilized helping those people with mental illnesses or very serious traumas just as the skills of a surgeon are better utilized performing surgery rather than cleaning a simple injury.

4. Can I use this book to help my friend who is mentally ill:

One chapter in the book is devoted to this subject. You can help a friend who is mentally ill if that person can respond to simple questions and is willing to talk to you. People who are mentally ill suffer losses and traumas just like the rest of us. You will not be able to cure your friend of his or her mental illness using these procedures, however, and if the person is delusional or too seriously ill to be willing or able to communicate with you, your help may be confined to seeing that he or she gets professional help. Just as you might be more cautious about performing physical first aid on a person who has a serious chronic physical illness, you need to be more cautious in helping your friend with a serious chronic mental illness. Keep in mind though that if a seriously physically ill friend suffered a cut that was spurting blood, you would still want to apply pressure to the wound to slow or stop the bleeding while you waited for the paramedics to arrive. There are procedures in the book that can help you calm and orient a seriously mentally ill friend while you wait for professional help to arrive.

5. Can I help my friend who is drunk or on drugs?

There is a chapter in the book on helping a friend or loved one with substance abuse problem. There are simple procedures to help sober up such a person and orient that person to his or her surroundings. Once the person is sober, the remaining procedures in the book can be applied. If the substance abuse is a chronic or serious problem however, the person will need professional help for that problem first and, if they have had the substance abuse problem long enough to affect their ability to think or remember, you may need to leave all but emergency help to a professional.

6. Would The Emotional First Aid Manual be helpful in working with members of our military who have been injured in Iraq or Afghanistan or for use with police, fire, or rescue workers?

For an answer to that question, here is a quote from Josef I. Ruzek, Ph.D. and Harold Kudler, M.D., listed on the following URL about treatment of medical casualty evacuees.

http://www.ncptsd.va.gov/war/iraq_clinician_guide_v2/iraq_clinician_guide_ch_5.pdf

“Traumatic stress-related interventions should be presented as part of routine care given to all patients, and framed as a component of a comprehensive response to the needs of the veteran, in which the whole person is treated. Stress-related education will be helpful for all patients, including those not showing traumatic stress reactions, because health problems inevitably bring stress and challenges in coping.”

The author of The Emotional First Aid Manual is currently at work on a book that directly addresses use of emotional first aid for the military and for rescue workers. With slight adaptation, the procedures in the current Emotional First Aid Manual can be of great use in helping with this area. Contact the author at jbuell@innovationspress.net for more information on this subject.

7. How can I be certain I am actually doing the techniques correctly?

Is your friend or loved one exhibiting a sense of relief? Does he or she have more interest in life and its activities? These are both signs that your attempts to help are having the desired effect. Again, the comparison to physical first aid is a good way to judge. If your child comes home from school crying because he or she has suffered a scraped knee, your physical first aid might consist of washing the scrape to clean it of germs and dirt. Then you might apply a disinfectant to rid it of any remaining germs and a topical painkiller to relieve the pain. After that, the application of a bandage might be the best step. You will know your efforts have worked if the child soon goes loses interest in the injury and goes back to play and if the scrape shows no signs of redness or infection a few day later but is healing over. Likewise, if your child comes home from school crying because the other children have made fun of him or her, you might use the calming remedy from the book to help quiet the tears and then use the compassion remedy to encourage the child to communicate with you about the event. These actions would be equivalent to cleaning the wound and applying a topical pain remedy. A sign the help had been successful would be that the child gradually stops crying about the event, becomes interested in returning to regular playtime activities, and exhibits little or no upset when it is time to return to school the next day.

8. How long does it take the procedure to work?

Just as a small cut can heal within days and a large wound might take weeks or months, so a small emotional trauma might be fully healed very quickly and a major loss, like the death of a loved one, may take months to heal. The procedure itself might take twenty minutes to perform with a minor emotional injury or take several sessions spread over a week or two in the case of a serious trauma. Just as with a physical injury, it may still take time for the healing to occur. But well done first aid, whether physical or emotional, speeds the recovery time considerably and usually lessens the pain right away while making complications far less likely.

9. Can just anyone really be able to help someone through emotional distress or trauma?

Any person with a desire to help, a willingness to learn, and an ability to be compassionate can be of help in an emotional first aid situation. Just as learning to clean a wound can take some courage for those of us who find the sight of blood unnerving, so it takes some courage to apply the procedures in this book when the sight of someone expressing grief is unnerving. Just as it is difficult to cause someone some pain while cleaning the dirt and germs from a physical injury, so it is difficult to cause someone to focus on a painful loss and communicate about it in order to “clean the wound.” The only person who cannot help using the emotional first aid procedures is someone who lacks the courage to try or who cannot follow the seven golden rules of emotional first aid as written in the chapter called Vital Information. Just as someone would not be a good physical first aid provider if they could not agree to follow a few physical first aid rules (like

not moving someone whose neck may be broken), so someone cannot be a good emotional first aid provider if he or she can't agree to follow a few common sense rules.

10. Do the procedures ever not work or make someone worse?

Occasionally, CPR can be applied to someone and the procedure can be done perfectly, but the heart still cannot be restarted and the patient dies. A wound can still become infected even when the cleansing of it is done by a professional health care worker. So there will be times when your efforts to help may not succeed. Just because physical first aid doesn't have a 100% success rate doesn't mean that you shouldn't make the effort to learn to apply it. Likewise, emotional first aid will be successful often enough to make your investment of time and energy in learning it well worthwhile. For every unsuccessful attempt at physical first aid, there are hundreds of successful applications. The same is true of emotional first aid. The successes far outweigh the failures. Done correctly, the procedures will not cause anyone harm. When a person is telling you about an event that was traumatic, he or she will be reminded of the loss and may very well cry or exhibit upset in some way. You did not cause that upset. You merely reminded the person of an incident that caused the upset. As long as the rules of emotional first aid are followed, no harm can be done to the recipient. The book is not a substitute for a visit to a psychologist or psychiatrist any more than physical first aid is a substitute for a trip to a physician. With very serious injuries, the victim belongs in the hands of a professional as soon as he or she can be taken there. The appendix of the book will help you find the needed resources for a person who needs more help than you can provide. All of the procedures in the book involve speaking or treating someone in a compassionate manner and that is not a harmful thing to do.

11. Can the procedures be done with children?

Yes! One whole section of the book deals with how to use the procedures with children. Even a very young child can benefit from the Calming Remedy or The Orientation Remedy and slightly older children can be helped with the Compassion Remedy.

12. Is emotional first aid helpful in cases where someone is physically ill or injured?

Yes, absolutely. Some of the procedures in the book are especially geared toward helping someone who is physically ill or injured. If you were just told you had Multiple Sclerosis, for example, there would be an emotional trauma in addition to whatever physical symptoms were present. Handling those emotional factors might make you more responsive to the medicines you are receiving for the physical problem. It has been proven in many medical studies that stress can cause the immune system to be suppressed and make it harder to fight off disease. Traumas and losses are a major source of stress.

For more information on this book, see the publisher's website at www.innovationspress.net or contact the author at jbuell@innovationspress.net.