First-Aid for Emotional-Shock

Your 12-page guide to good practice in the minutes, hours, and first month following a serious Emotional-Shock.

By Cambridge Well-Being **Psychologist Dr Nick Baylis**
& London University **Medical Professor Richard Sullivan**



HotIronKnowHow
brings Mind-Body Well-Being into Work, School and Home

First-Aid for Emotional-Shock

written by Cambridge Well-being Psychologist **Dr Nick Baylis, PhD**
& London University Medical **Professor Richard Sullivan, MD, PhD**

Your 12-Page Guide to Good Practice
in the minutes, hours, and first month
following a serious emotional-shock.

© www.HotIronKnowHow.com 2012

This step-by-step guidance regards 'emotional-shock' as
a severely stressful experience that is sudden and overwhelming.
It can be an incident in which the individual is directly involved,
or something that is witnessed, or a shocking piece of news.

Just as we all learn the first-aid essentials of treating a physical injury,
we should all learn the first-aid essentials of treating an emotional wound.
You could print out this Guide for use at home. For use within an organization,
you need to receive a license from www.HotIronKnowHow.com
Once licensed, please distribute it throughout your workplace or whole school
community, for the well-being of your staff, your students, and their families.
Anyone can suffer shock.
Everyone should know how to help themselves or another.

This Guide has 3 vital sections : A, B, C

A. **In the immediate aftermath of an emotional-shock**
B. **In the hours and days following the shock**
C. **What to do at the one month mark following the shock**

Plus, a Special Note if you are suffering symptoms caused by shocking events or traumatic times, *that took place years ago*.

Plus, Contact Details for recommended therapy organizations.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

Section A.
In the immediate aftermath of an emotional-shock

Notes for the Helper

i **Emotionally reassure the shocked individual by** making sustained eye-contact with them, and speaking in a calm, slow voice, and making slow, gentle movements. Shock is by definition 'too fast for the human mind-body system'; some event has literally rushed over the individual and overwhelmed them by doing so. Your own slow-motion calm will now serve as one antidote to that alarming rush.
It won't help to tell someone to calm down, *you need to lead by your own good example* : give clear and specific advice in a slow, gentle voice, such as…
– Look at me and take a deep, slow breath… in and then out
– Roll your shoulders… like this
– Let your whole body go limp… like this
Show what is needed, by doing these things yourself. The person's language-abilities might still be in shock, but their abilities to see you and imitate you might be more responsive. The aim is to help them feel reassuringly connected to you, and to help them regain a sense of personal control of what's happening within their body.

ii **The shocked individual may begin to tremble** during or soon after the incident (or some hours or days later). This tremoring is natural and an extremely helpful and healthy response: it's a release of the energy generated by the shock. Just let those body movements happen, and reassure the individual of their natural goodness.

iii **A shocked individual may struggle against their rescuers**, but only because the individual's mind-body instinctive alarm-system is still in its 'fight or flight' action mode. The individual can't stop themselves – not yet. They're not really struggling against you as their helper; rather they're struggling against the shocking thing that's just happened to them.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

iv **A calm parent could hold their child closely** so as to use their own relaxed body…and calming, rhythmic rocking… and slow-motion deep-breathing…all to reassure the child. At the same time, this calm parent could say with slow, gentle speech, "It's over now. I'm with you now. You're alright now." Your aim is to bring the child's mind & body clearly into the calm present moment (because shock can have the effect of trapping the mind & body system in its emergency-reaction to the past alarming incident).

Special Note : if the emotional-shock symptoms are so severe as to make the individual a danger to themselves or to others, in any way, then a medically qualified Doctor should be consulted immediately. With that Doctor's guidance, you can then take measures according to the clear advice and regular monitoring of an appointed specialist health-professional trained in prescribing medication for the treatment of emotional-shock (psychological trauma).

Do please note that psychological therapies, very particularly the ones known as 'EMDR' and 'Trauma-Focused CBT', which are discussed later in this guide, are strongly recommended by the UK's National Institute for Clinical Excellence (NICE) as the most promising first step, in preference to any form of drug-treatment. NICE is clear that drug-treatments, i.e. medications to alter mood or induce sleep or relaxation, should NOT automatically be resorted to as the first form of treatment.

Please note : this Guide is NOT intended to replace the opinion given by a medical doctor or psychotherapist who is supervising a particular individual. These pages simply inform you of some fundamental principles you may wish to consider. Please, always seek the specialist advice of a healthcare professional who is adequately qualified and experienced in precisely the sorts of problems that are troubling you.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

Section B.
In the hours and days following the emotional-shock

Notes for the Helper

Studies of emotional-shock (psychological trauma) largely agree that 2 out of 3 individuals exposed to some form of severely stressful experience will naturally develop what are technically referred to as 'Acute Stress Reactions'. These are very natural and normal reactions to a very 'abnormal' shocking situation. In respect of the reasonable likelihood of stress reactions, a helper could proceed as follows:

when the shocked person is stable and feeling safe and connected to the world around them, and back in control of themselves, you could give them these First-Aid pages, and also make clear the following points:

1. **Their mind-body system should be allowed to work through the shocking incident for up to four weeks, without attempts at psychological treatments. (This continues to be the advice of NICE and most of the leading UK organisations specialist in psychological health & trauma therapies.)**
2. The individual may have 'delayed shock', where it will be hours or days after the event before they suffer any obvious symptoms.
3. They may experience nightmares, disturbed sleep, or daytime images reminding them uncomfortably of the incident.
4. They may experience episodes of body tremors, upset tummies, heavy sweating, nervous giggling, or floods of tears. They may feel faint, sick, irritable, angry or panicked. This is simply the 'hurt' of the emotional-shock coming up and out of the system. Those sorts of reactions result from the excessive 'emergency' energy that is a natural reaction to the shock; energy which is now being released in order to restore the mind and body to well-being.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

5. They may be unable to concentrate, or suffer muddled thinking and/or be physically awkward during the hours, days or weeks while their nervous system rebalances itself.
6. The above symptoms, and a host of other strong and unusual feelings in the body, mind and emotions, are simply the brain & body's natural way of letting-go the remaining emotional shock. **Such shock is very much held within the body, just as much as the mind, so lots of attention should be paid to creating distinctly *physical* opportunities for 'letting-go of the hurt'.** (There are suggestions for how to do this, below.)

The role of the helper in this first one month can be to offer a supportive 'vigil', i.e. nurturing and supporting the natural healing processes, and waiting to see if the individual heals fully without the need for special remedial techniques that only a trained trauma-therapist can supervise.
(This is sometimes referred to as 'watchful waiting'.)
The individual's mind-body system will be particularly vulnerable during at least this one initial month of self-healing processes, and so that individual needs to be in a *reliably safe environment*. Rather this than returning to an environment where they might receive another emotional-shock which could have all the greater negative consequences because of the individual's temporarily reduced defenses.
However, the above nurturing and help needs to be finely judged, since a strong natural antidote to an individual's shocking experience of being overwhelmed, is for them to feel back in control of their thoughts, their behaviour, and their life in general. They need to feel a restored sense of being competent and effective and able to cope well. Resuming their daily roles and responsibilities, and dynamically doing things for themselves, can all assist this return to full health.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

Psychological Therapy, Medication and De-Briefing

There is good evidence widely agreed upon by Emotional-Shock/ Psychological Trauma specialists from a variety of therapeutic approaches, as well as by NICE 2005 and the Cochrane Report 2009, that it is most often unhelpful and perhaps even harmful to apply talk-therapies or in-depth psychological techniques or psychological medications during the first one month after an emotional-shock, *unless a Consultant Trauma-Therapist specifically recommends doing so in your case.*

A senior Trauma-Therapist may recommend getting together for what is called a 'debriefing', whereby all of those involved in an alarming incident (i.e. those involved in any way, and helpers too) sit together in the hours or days soon after the event, and support each other while sharing aloud one's experiences with the group, all of this being guided by the experienced therapist. (How to find such a therapist is detailed in the end section of this guide.)

Keep in mind, though, that if there is to be a de-briefing procedure of any sort, the current evidence recommends that such meetings

- should NOT take place within 24 hours of the incident;
- should NOT be short (i.e. should not be under two hours in length);
- should NOT be a one-off (i.e. a single session).

If 'de-briefing' is a procedure formally advised by a trauma-therapy professional, it should be a gradual process taking at least a whole day of discussion and sharing, or perhaps some appointed and regular hours on each day of the week.

The UK organisation NICE (mentioned above) suggests helpers give *'practical, social and emotional support'*. Also agreed upon as good-practice, is emphasising to the individual that they are having very natural and normal mind-body reactions to a very 'abnormal' situation (rather than 'medicalising' their conditions as an illness); and then

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

providing information to the individual about Psychological Trauma and actively putting them in touch with an adequately experienced trauma-therapist.

Just as the Helper should monitor their own need for specialist support, the individual's closest friends and family may also need very similar sorts of therapeutic support. This is because emotional-shock can often have a strong and troublesome so called 'ripple effect' among those closest to the shocked individual. Children particularly can be severely affected by witnessing a parent in distress.

Notes for the Individual who has suffered shock

a Quiet, rest and sleep in a truly safe and socially supportive environment are necessary foundations to this first stage of natural healing.

b Taking frequent breaks (perhaps hourly) to breathe slowly, gently and deeply, will be a good ally to you in the days and weeks to come, and will be a self-calming skill you will be glad to have acquired for all arenas of life : aim to take perhaps between five and ten seconds to inhale (through your nose, if possible); then pause comfortably with an open throat (rather than closing-off your throat by closing your vocal chords); and then release slowly perhaps taking five to ten seconds to exhale (once again through your nose, if possible). This slow-motion breathing calms your brain-body system. A dozen of these breaths at any one time, should be enough for you to feel the considerable positive difference they make.

c It is very wise not to drink any alcohol nor take any medications nor pain-killers nor sleeping pills of any sort during those healing hours, days and weeks while your mind-body system is trying to heal and re-balance itself. The same goes for teas, coffees and caffeine drinks like hot chocolate, sports drinks or sugared drinks. Caffeine is a drug that will only cause your mind-body system to 'accelerate', whereas what you will benefit from now is a natural slowing-down and calming of your system.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

Another reason for considering what you consume, is that you don't want your mind-body system to start relying on any substances to help bolster how you feel, because that's how addictions can accidentally begin.

d Eat healthily: your brain-body system can have lots of repair work to do after an emotional-shock, so healthy food will be an aid to that. Eat slowly and, if possible, in the company of good friends and loved ones. Consider taking a good-quality full-range vitamins & minerals supplement, as well as some form of 3, 6 and 9 omega oils supplement (which can be found in either fish oil or vegetarian form). These nutrients are widely thought by leading British trauma specialists to be good for the brain in its recovery. Moreover, if you are not in the sunny months of the British year, then ask your medical doctor about testing your Vitamin D3 blood-levels, since deficiencies are common in the winter and overcast months, resulting in symptoms of low-mood and an aching or sluggish body.
Special Caution : to protect the good-health of an unborn child, it is absolutely of vital importance that anyone pregnant, or who might become so, should seek a General Practitioner Doctor's detailed and specific advice before taking any nutritional supplements or medications of any sort.

e As soon as you feel able, do go to seek comfort in your long-standing trusted friends; go walk with them and eat meals with them. Stroking and cuddling with affectionate pets can be a helpful addition to your socially interactive, warmly comforting activities.

f Go out into Nature for walks and hikes and be cheered by seeing Nature's ability to renew itself, just as you will feel renewed.

g Exert yourself physically if you're able, preferably out in Nature. Work-up a healthy sweat by dancing, playing sports or games, or perhaps using stretching and yoga. This will probably feel very satisfying because your muscles, ligaments, body-tissues and nervous system may have a lot of natural energy and chemicals in them that were generated during the shocking event when your body immediately prepared itself to react.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

Don't merely go through the motions of physical activities, try to be 'mindfully aware' of how the different parts of your body feel on the inside: be aware of your stomach, your neck and shoulders, your body-posture and your breathing. This good focus of your attention can help your body heal itself.

h Emotionally express yourself through singing, dancing, poetry, a diary, drawing or painting. The aim here is to creatively express your emotions and other mind-body energies, as a healthy alternative to trying to alter how you feel by 'passively consuming' such things as fast-food or tv.

i Playing, for the sheer joy of it, is a deeply healing activity; so play ball and other cheering, actively-engaging games with good friends.

j Create ways to feel dynamic and in control of matters. Shocking events often leave you feeling stunned and helpless in the moment, at a loss as to what to do; which is why it can be so helpful to engage yourself now in constructive, manageable, satisfying tasks.

k You will naturally take strength from your religious or spiritual principles and rituals, just as the support of loving family & friends will be very helpful.

l Because you simply can't know if your symptoms will fully heal themselves of their own accord within a month, you will want to be thinking through what further steps you may need to take so as to aid your healing process in future weeks. (For this, there is a guide to finding a therapist at the end of this document.)

Section C.
One month following an emotional-shock

For the Individual : what to do at the one month mark following the shock, if you feel fully recovered.

- Even if you think yourself fully recovered, do go and see a psychotherapist well-qualified in trauma-work, and have them assess

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

your emotional-health for a good hour or 90 minutes. Going for a routine check like this at the one-month mark is no different from popping to your General Physician to have a skin-mole checked, or to reassure yourself that a persistent cough or pain or general fatigue, is temporary and harmless. Now is the time to ask for professional guidance, because you really need to know for sure : *have you really dealt with the emotional-injury, or only buried it, perhaps so as not to feel a nuisance or a worry to those around you?*

You may be asked by a professional therapist to fill in a questionnaire about 'Depression' (feeling persistently and miserably low), or 'Dissociation' (detaching yourself from others or feeling detached emotionally from the world immediately around you), or Psychological Trauma or PTSD (the most commonly used technical terms for emotional-shock and its persistent symptoms). Your voice, eye-contact, body-posture, body-movements and facial expressions will together convey a great deal of information to an attentive health-professional, which is why this 'just-to-be-safe' check-over session needs to be face to face.

- Be aware, too, that symptoms of emotional-shock might not show for several months or even years, but can be triggered by some incident that has a similar 'emotional charge' as something long-since past. For instance, feeling under pressure from something in your home or workplace when you're age 40 or 60, could be the trigger situation that brings out many of the same unhelpful symptoms and reactions you suffered way back when you were age 11 and were feeling deeply distressed by the pressures of moving from Junior to Senior school. The good news is, you now know that you can take swift and effective action to begin healing yourself.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

For the Individual : what to do at the one month mark following the shock, if some or many of your reactions are persisting.

It is thought that approximately 1 out of every 3 individuals who suffer an emotional-shock will continue to suffer some level of trapped emotional pain with its troubling symptoms, (technically referred to as a Stress Disorder) beyond the one month natural and spontaneous self-healing period. If some reactions have persisted for you, you need to have the support of a well-qualified and experienced trauma-therapist; your General Practitioner Doctor's surgery should be your first point of contact for recommendations. (Stress Disorders are treatable under the NHS.) You might also consider personally contacting one of the well-respected organisations listed at the end of this document.

The qualifications of a psychotherapist with whom you choose to work

Though it's a first priority that you feel safe, comfortable and trusting of the therapist with whom you choose to work, it is vital that they also have adequate training and experience of the particular techniques most likely to help your healing processes (techniques based on good-quality scientific research among sufferers who have recovered). At time of writing, there are two therapy approaches highly recommended for what mainstream therapy refers to as 'Psychological Trauma' (i.e. emotional-shock) which has caused persistent symptoms of stress (i.e. trapped emotional pain). The two approaches are 'highly recommended' by the UK's National Institute of Clinical Excellence, and its equivalent advisory organisations in the USA. The two approaches are the ponderously named:

i) Eye Movement Desensitisation and Reprocessing (EMDR)
ii) Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

To be quite clear : those two therapies are recommended (by NICE) as the most promising first step, in preference to any form of drug-treatment (i.e. medication should NOT automatically be the first form of treatment.)

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

You might be so fortunate as to find a therapist able to show you evidence of their up-to-date training and experience in *both* of the above approaches of EMDR and TF-CBT. This way, your therapist and you can readily determine which method proves most suitable for you. More likely you will work with one therapist specialist in one approach, and then work with another therapist trained in the other approach, if the first approach proves insufficient. (The first two organisations listed below register psychotherapists trained in either TF-CB, or EMDR.) Which ever approach you use, it would be quite usual for you to require a set of between 8 and 12 weekly sessions of at least 60 minutes each (and often 90 minutes each) in any one particular approach, for it to have its full effect so as to improve your symptoms to a satisfactory level. It is best if those sessions are at least once weekly, and are all delivered by the same therapist (the one with whom you feel most comfortable). You may require less or more sessions. (For instance, if someone has suffered a bereavement, or a multiple number of deeply upsetting events, that person will very often require considerably more sessions than suggested above.) You may benefit from a range of other therapeutic approaches as well; hence there's a broad range of therapists listed below. Do be tenacious in persisting with a course of therapy sessions, and working together in a 'collaborative partnership' with your therapist, and in seeking a healthy variety of expert opinion and guidance.

Embrace the future with a sense of hope

There is good evidence that once well recovered from a shocking experience, an individual may discover themselves to be considerably stronger and more capable than before the event ever happened. It would seem that the human mind-body system is able to learn from the experience of severe pressure, and will strive to improve itself accordingly in ways that can deeply enrich key arenas of the individual's life. (This phenomenon is called 'Post-Traumatic Growth'.)

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

A Special Note

Do you suffer symptoms related to some long-ago incident, a difficult time in your life, or a deeply upsetting relationship?

You may wish to learn about healing the persistent symptoms from long-ago shocks or serious upsets (that took place many years ago), which may still negatively affect your emotions & thinking, your body & behavior, your relationships & passion for life.

If this sounds relevant to you or a loved one, please do visit www.HotIronKnowHow.com to learn about well-respected therapy organizations, and to sample our new book. It is designed to help an individual resolve such troubling issues and to achieve well-being. It is called **HotIronHealing**: '*Heal your mind & body from trapped emotional pain.*'

Thank you for reading, and we wish you well!

Dr Nick Baylis, PhD (Jesus College, Cambridge University)
a psychologist chartered by The British Psychological Society
&
Professor Richard Sullivan, MD, PhD
a King's College London University Medical Health Professor

First-Aid for Emotional-Shock is written, produced & distributed for and on behalf of The Cambridge Well-Being Consultancy a Limited Company registered in England, number 06581522.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

To contact Nick Baylis for advice,
or to commission a presentation
or training at your workplace
perhaps a school, healthcare organisation,
or commercial business, anywhere in the world
you are most welcome to email your inquiry to
Nick@HotIronKnowHow.com
or alternatively
Cambridge@NickBaylis.com
Nick will reply to you within one week.

Contact details for recommended therapy organisations which can put you in touch with adequately-trained therapists

a EMDR UK and Ireland info@emdrassociation.org.uk
www.emdrassociation.org.uk/home/mapping.htm

b British Association for Behavioural and Cognitive Psychotherapies (BABCP)
babcp@babcp.com tel: 0161 707 4304 www.cbtregisteruk.com/Default.aspx

c HGI: The Human Givens Institute hgi@humangivens.com tel: 01323 811662
www.hgi.org.uk/register/index.htm

d The British Association for Counsellors and Psychotherapists (BACP) bacp@bacp.co.uk
tel: 01455 883300 www.itsgoodtotalk.org.uk/therapists

e The British Psychological Society (BPS) who have a Charter of Clinical or Counselling Psychologists enquiries@bps.org.uk tel: 0116 254 9568 www.bps.org.uk/bpslegacy/dcp

f The Health and Care Professions Council (HCPC) registration@hcpc-uk.org
tel: 0845 3006184 www.hpc-uk.org/check/

g The Royal College of Psychiatrists (RCPsych) reception@rcpsych.ac.uk tel: 0207 235 2351

h Counselling and Psychotherapy in Scotland (COSCA) info@cosca.org.uk
tel: 01786 475140 www.cosca.org.uk

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019

i UK Council for Psychotherapy (UKCP) info@ukcp.org.uk tel: 0207 014 9977
www.members.psychotherapy.org

j YoungMinds : the voice of young people's mental health and well-being
www.YoungMinds.org.uk Parents helpline: tel : 0800 802 5544

k Mind: for better mental health www.Mind.org.uk Tel : 0300 123 3393

l The Compassionate Friends : for bereaved parents and their families helpline: 0845 123 2304
www.tcf.org.uk

m Combat Stress (Ex-Services Mental Welfare Society) tel. 01372 587000 helpline : 0800 1381 619
email: contactus@combatstress.org.uk www.combatstress.com

n Post Traumatic Stress Disorder : an organisation particularly helpful for
ex-servicemen and women www.ptsd.org.uk

o NICE (National Institute for Health and Clinical Excellence) www.nice.org.uk

**For guidance on how to work well with a good therapist,
and for information on the widely respected scientific evidence
and practitioner expertise supporting this document's advice
please visit www.HotIronKnowHow.com**

Warmest thanks to Glynis & Roger Huggett of Sinc Design Consultants for the front cover design of this document in its first edition; and to Dale Tomlinson (studio@daletomlinson.co.uk) for all the innovations to this second edition.

Legal Disclaimer regarding this guidance :
All the advice and information contained in this e-book is the best we can offer based on highly credible research-evidence and the clinical experience of world-leading professionals and national advisory organisations. However, please appreciate we cannot know your individual circumstances and so we cannot accept any legal liability for readers or other individuals or organisations for the consequences of your using or distributing any part or all of this Guide about First-Aid for Emotional-Shock. If as an individual you are confused or troubled by anything you read in these pages, or you experience negative reactions of any sort when practicing the suggested methods or reading the ideas or examples, please do seek the immediate help of a good friend; and then as quickly as possible, go visit your medical doctor or a psychological-health professional for their skilled support. We wish you well – Nick Baylis & Richard Sullivan.

Licensed for use within all schools participating in the Collis School conference of 3rd June 2019