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

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written by Cambridge Well-being Psychologist **Dr Nick Baylis, PhD**
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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.
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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.

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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.

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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.

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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

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