

# **EMOTIONAL FIRST AID**

**A Field Guide to  
Crisis Intervention  
and  
Psychological Survival**

**COL James L. Greenstone**  
**EdD, JD, DABECI**



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### **Emotional First Aid: A Field Guide to Crisis Intervention and Psychological Survival**

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Printed in the United States of America

Editor: Peg Johnson  
Art Director: Joy Morgan Dey

Library of Congress Cataloging in Publication Data

2015938676

ISBN: 978-157025-329-4

**Guiding Principle**

The fate of the emotionally wounded rests in the hands of the one who does the initial Crisis Intervention.

*The Field Guide to Emotional First Aid is dedicated to my partner of 35 years, Dr. Sharon Cohen Leviton, to my mentor of 40 years, Dr. Edward Stephen Rosenbluh, and to all those who came before and prepared the way for this vital discipline that is part of our lives today. Further, it is dedicated to those who will effectively administer Crisis Intervention through utilization of what follows in this Guide.*

## Foreword

*Emotional First Aid: A Field Guide to Crisis Intervention and Psychological Survival* fully covers subject matter not addressed in full elsewhere. It is:

- Timely
- Clearly and concisely written
- User friendly
- Full of charts, graphs, lists, etc. to serve as quick references and supplements.

The most important feature of the book is the professional integrity and reliability of its author, Dr. James L. Greenstone. His strength and sure-footedness are in evidence throughout.

It has been my privilege to work with Dr. Greenstone for thirty-five years. In 1978, I attended a five-day conference sponsored by the National Institute for Training in Crisis Intervention held in Louisville, Kentucky. Students of Crisis Management, regardless of professional credentials, could receive specific, expert training. Dr. Greenstone and Dr. Edward S. Rosenbluh were the Institute co-directors and lead instructors. The quality of the training was impressive. Following the conference Dr. Greenstone and I created a partnership that has continued to focus on studying, teaching, training, and publishing in crisis management, mediation, negotiation and other areas of dispute resolution. Please refer to the author's biography at the end of the book for a more complete listing of Dr. Greenstone's professional affiliations.

My respect for Dr. Greenstone's integrity is based on observations that span many years. He immerses himself in whatever he undertakes and remains on task and on schedule. He possesses an insatiable intellectual curiosity. His interests, studies and professional involvements cut across multiple disciplines. He has an expansive world view, but can move with ease to focus in on the particular. He is able to compartmentalize and to reduce verbal clutter and extraneous talk. This is particularly helpful in the assessment phase of a crisis situation where being able to identify the core crisis is crucial. Dr. Greenstone calls upon his studies, his research, his extensive experience, and his creativity to find innovative ways to teach, to challenge, to remain current, and to think ahead. He has honed this book

to a fine point, keeping what is needed and avoiding what is not. The issue of cause and effect is paramount in his teaching. As he tells responders, “Always have a reason for what you do. Reacting rather than responding can serve to heighten the stress and sabotage the intervention.”

Take a moment to write the following words on a card and attach the card to your responder notebook. The words are: PREPARE...PREPARE...PREPARE.

Being a responder regardless of your particular agency affiliation carries with it a sacred trust. That trust begins with an expectation that the responder will demonstrate an appropriate level of preparation, competency, training and mental and physical fitness for the task. Waiting until the last minute is not preparation. Dr. Greenstone includes a comprehensive section on the need for ongoing preparation. You cannot be a trusted professional responder without incorporating this information in your approach.

*Emotional First Aid* is carefully crafted to assist the reader. It is a major resource at a time when the need for trained responders is urgent. Your service is honorable. You deserve the gratitude of those who depend on you.

— Sharon C. Leviton, PhD

### **Author's Note**

This is a *Field Guide* for behavioral health first and second responders. Novices to those with years of experience will find information to help them answer the call to emergencies more effectively. More and more behavioral healthcare professionals and paraprofessionals are being asked to leave the relative comfort of their regular workplace and to work in disaster scenarios. Just because you may be ready and willing to go does not mean, in and of itself, that you are prepared to go. Here you will find many of those preparation and response concerns addressed. Direction is given and many forms and guidelines are provided to help make your experience in this relatively new venue a rewarding one. Being unprepared will distract from your mission, your satisfaction, and steer you away from making such responses in the future.

This book addresses:

1. Basic Crisis Intervention / emotional first aid procedures.
2. Force protection procedures and resiliency information.
3. Information for adjusting one's mindset to the disaster scenario.
4. What to take with you when you go.
5. Special concerns about which each responder should be aware.
6. Reproducible reference forms, tests and tables for use before, during and after responding to critical situations.

## Acknowledgments

Sharon Cohen Leviton, PhD, DABECI – My Partner and Chief Critic  
Edward Steven Rosenbluh, PhD, DABECI – My Mentor  
Suzanne Nardecchia Raif, BA – My Right Arm  
W. Rodney Fowler, EdD, PhD, DABECI – My Teacher  
The Texas State Guard Medical Brigade – My Military Team  
BG Luis Fernandez, MD – My Commanding Officer  
Texas 4, Disaster Medical Assistance Team – My Federal Team  
Karen Ray, PhD – My Student  
Col Charles R. Bauer, MD – My Supporter  
CSM William Campbell – My Command Sergeant Major  
Pamela Celeste Greenstone, MA, LPC – My daughter who inspired parts  
of this book.  
CPT Nancy Nagel – My Friend  
COL Robert Morecook, PhD – My Advisor  
LTC James Ray Hays, PhD – My Colleague  
MG Marshall Scantlin – My Guide  
The Honorable Dub Bransom – My Constable  
Chief Deputy Constable Fred Rogers – My Chief  
Weldon Walles – My Back  
Marissa Y. Martinez-Collins – My Spanish Language Consultant  
María Isabel López – My Spanish Language Consultant

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are condemned to repeat it.” (Santayana, 1905)*

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## Chapter 1

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# Traumatic Crisis and Its Aftermath: What are we up against?

**Remember and never forget:  
Understanding the situation is vital to response.**

Crisis is in the eye of the beholder. Crisis involves stress; unusual stress that renders the sufferer unable to cope with their life as they usually would. A disaster exists when the resources available to address the emergency are less than those required to address the needs of the victims and the overall situation. A disaster can be of any size. Overwhelmed resources equals a disaster as differentiated from an emergency in which adequate resources can be utilized to resolve or to manage the needs of those affected. This guide will discuss crisis and the effect of overwhelmed resources both personal and public.

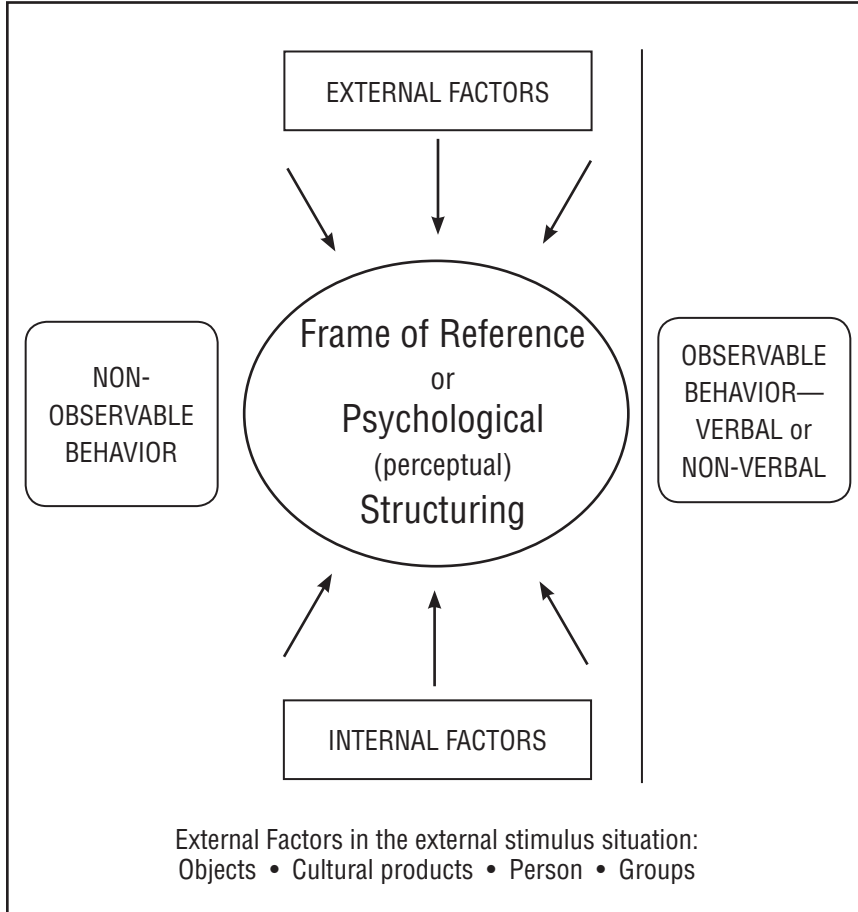
The crisis trilogy presents a way of understanding the causation in crisis situations. The trilogy involves events occurring that are:

1. Sudden in onset
2. Unexpected by the victim or their significant others
3. Apparently arbitrary in nature

All three are major sources of unusual stress. Because crisis is in the eye of the beholder, what is unusual stress for one may not be unusual for another. The Crisis Cube, on page 4, helps to understand this concept. The level of functioning overall, the presence or absence of functional emotional problems, and the experience handling stress and similar daily life behaviors can be a determiner of a person's susceptibility to experiencing

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FIGURE 1.1. PSYCHOLOGICAL STRUCTURING  
 External and internal factors in a social stimulus situation.  
 (Sherif and Sherif, 1956)



External Factors	Internal Factors
Objects	Motives
Cultural products	Attitudes
Person	Emotions
Groups	Various states of the organism
	Effects of past experiences

(Continued on the next page)

FIGURE 1.1. PSYCHOLOGICAL STRUCTURING (*Continued*)

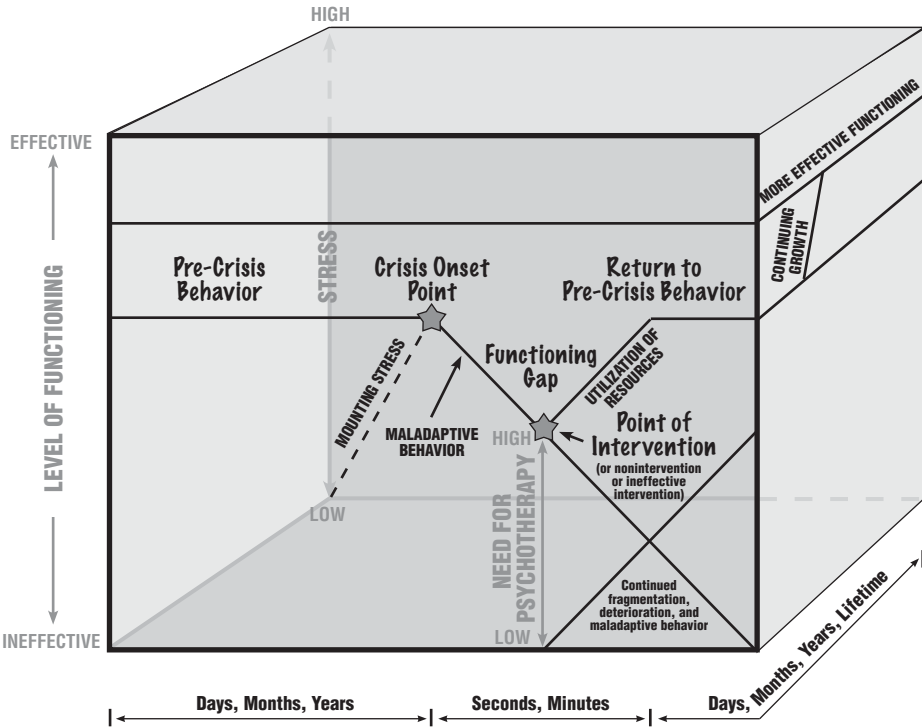
Additionally, Sherif and Sherif (1948 and 1956) provided their basic and unyielding principles of social interaction that provide a background for our understanding of Crises and Emotional First Aid. The following are adaptations of these remarkable principles that Sherif believed apply in all social situations. The implications for understanding and for responding effectively to those in crisis can be easily seen. What we do is based on what we know about what the sufferer or victim is doing, thinking or experiencing.

1. Experience and behavior constitute a unity.
2. Behavior follows central psychological structuring. See Figure 1.1.
3. Psychological structuring is jointly determined by external and internal factors. See Figure 1.1.
4. Internal factors such as motives, attitudes, etc. and experience are inferred from behavior.
5. The psychological tendency is toward structuring of experience.
6. Structured stimulus situations set limits to alternatives in psychological structuring.
7. In unstructured stimulus situations, alternatives in psychological structuring are increased.
8. The more unstructured the stimulus situation, the greater the relative contribution of internal factors in the frame of reference.
9. The more unstructured the stimulus situation, the greater the relative contribution of external social factors in the frame of reference.
10. Various factors in the frame of reference have differing relative weights.
11. Psychological activity is selective.
12. Human psychological functioning is typically on the conceptual level. (Sherif and Sherif, 1948 and 1956).

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crisis in their life at a particular time. No one is immune to crisis. Enough stress at the wrong time and in a particular person can mean crisis even for the strongest of us. This includes responders and crisis interveners as well. Sherif's (1956) principles described below are very helpful in understanding this and in preparing for such eventualities. See Figure 1.1 above.

FIGURE 1.2 – THE CRISIS CUBE



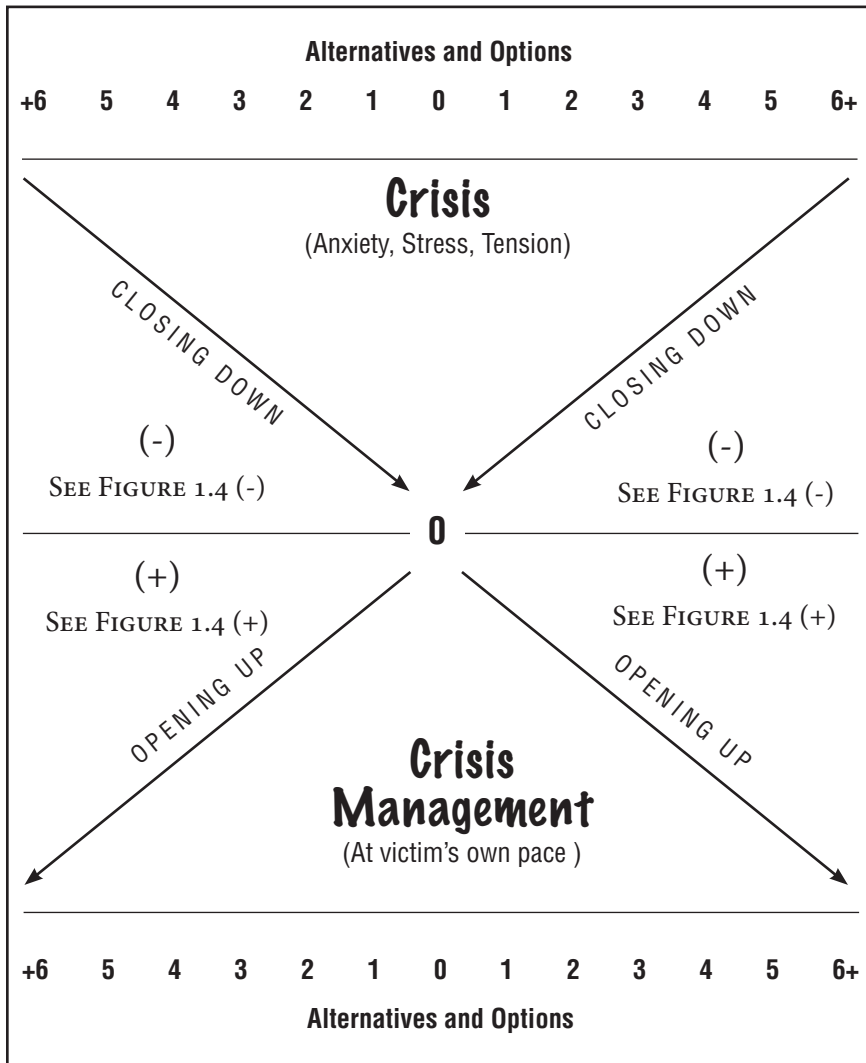
Within the crisis trilogy, suddenness refers to the way in which a person may encounter the stressful event or events leading to the possibility of crisis. For example, someone jumps out from behind a tree and attacks a passer-by. No delay, no warning, just the sudden attack. The passer-by may have walked this way many times without incident and has little expectation of problems. The problem occurs as described and was not expected; the second aspect of the trilogy. The third aspect of the trilogy asks, “Why me?” Of all the people to whom this could have happened, why did it happen to me? The concerns expressed can be a great source of added stress to the victim of an attack.

Taken together or even separately, these factors above can be a source of

unusual stress capable of overwhelming the usual coping skills of the sufferer. When this trilogy is applied to the occurrence of a disaster, the crisis reactions become a little more predictable and understandable. And, in the same way, some victims will react and respond differently from others

**FIGURE 1.3 – CRISIS VS CRISIS MANAGEMENT**  
 How crises tend to emotionally shut down sufferers and how effective crisis management and emotional first aid can reverse the process.

*(Adapted from Evarts, Greenstone, et al, 1983)*



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FIGURE 1.4. THE ELEMENTS OF CRISIS VS CRISIS MANAGEMENT

What happens during crisis (-)	What happens during crisis management or crisis intervention (+)
Tendency to close down emotionally.	Tendency to open up at sufferer's own pace.
Access to resources decreases.	Maladaptive behavior decreases.
Supports more difficult to access or unavailable.	Resource utilization increases.
Problem-solving ability decreases.	Problem solving skills increase.
Maladaptive behavior increases.	Access to or recognition of support systems increase.
Psychological growth is limited.	Possibilities for growth increase.
Possibility of physical violence escalates.	Chances of physical violence decrease.
Pre-crisis behavior inaccessible.	Likelihood of returning to pre-crisis behavior increases.
Difficulty seeing helpful possibilities.	Ability to get on with one's life increases.
Interactions close down.	Opens interactions with others.
Threats may increase.	Reduction in feelings of frustration.
Higher levels of frustration.	Decrease in threats.
Alternatives seem limited. <i>(After the crisis)</i>	Alternatives open up and can be recognized. <i>(After the crisis)</i>
Options seem limited. <i>(During the crisis)</i>	Options more readily available. <i>(When dealing with the crisis)</i>

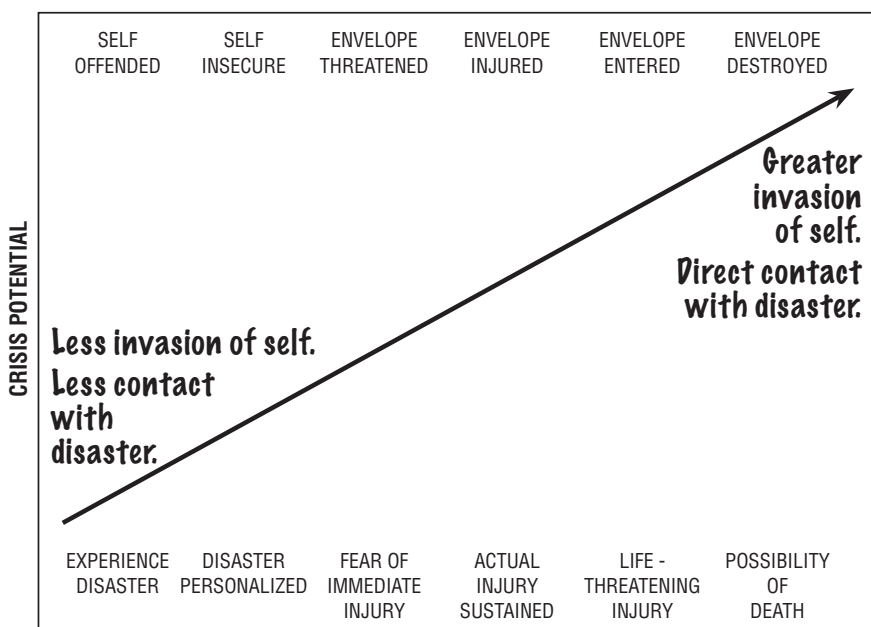


based on the more or less personal resources available to them. For instance, someone who has gone through a crisis or a disaster previously, and has resolved or at least managed the issues that were involved in an effective manner, may be better able to cope in a new situation. Those who have used the “bandaid” approach to crisis management or to life’s problems in general may have unresolved issues that will make the current experience more difficult to handle.

Those who effectively and successfully deal with high stress issues and personal problems when they occur, rather than denying or refusing to deal with them, often come through their present crisis in much better shape emotionally than those who do not. The need for additional and or ongoing counseling or psychotherapy after the fact may be minimized by this group as well. The effectiveness of the crisis intervention may be another important factor in this equation. The better we do now, the less we will probably have to do later.

Another crucial aspect of a crisis is that it will not go on forever. The human body and mind cannot handle crisis-level stress indefinitely. Crises

FIGURE 1.5 – THE CRISIS CONTINUUM  
Increased direct contact with the disaster and the likelihood of personal crisis.



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are self-limiting. If an intervener did nothing to assist the sufferer, the crisis would still end on its own. The issue then becomes the condition of the victim when the crisis has ended. The ultimate self-resolution, without intervention, could be death due to the body's need or the sufferer's need to end the pain caused by excessively heightened stress. Immediate and effective intervention that seeks to stop the downward spiral of maladaptive behavior will usually yield better results. An intervener who knows what to do as well as when and how much to do can prevent predictable outcomes to unresolved heightened stress and perhaps even reduce the need for professional psychological assistance later. Figure 1.2, page 4, helps to explain this relationship.

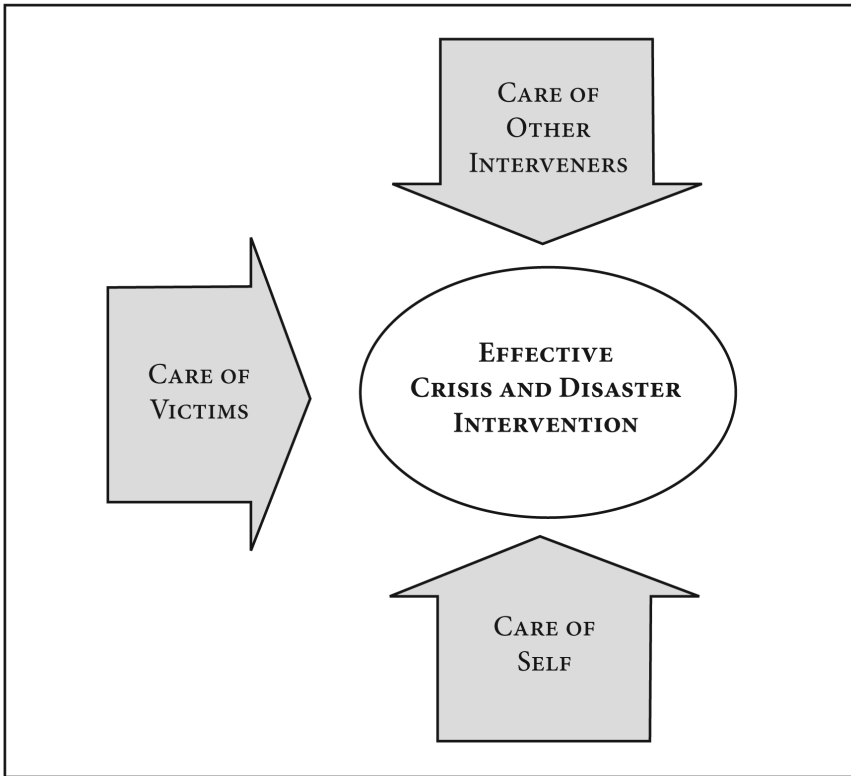
The pre-crisis functioning, either effective or not, of an individual has probably existed over a long period of time prior to the instant situation. The way previous crises have been handled, presence or absence of functional mental disorders, level of general daily function, adequacy of coping and survival skills, are all part of this pre-crisis picture.

At the other end of the continuum, are the potential life-changing or life-altering consequences of experiencing a crisis in life. These too can go on for significant periods of time after the crisis has ended. In fact, it may be possible to achieve even greater levels of functioning in life depending on how the current crisis was handled. How it was handled may well depend on the effectiveness of the intervener. If the intervener proves not only effective but also trustworthy, the sufferer may be willing to accept suggestions for additional assistance as needed to develop higher level life skills.

Crisis intervention is about management and not about resolution. Therapy may be a source of resolution of problems. Crisis intervention is about trying to find a way to manage what is being experienced so that the crisis' destructive influences are diminished.

It is important to note that the goal of crisis intervention is extremely limited and short term. As mentioned above, higher levels of functioning are possible. However, the goal of the crisis intervener when assisting a sufferer in crisis is to return that sufferer to their own level of pre-crisis functioning. No more, no less. If the intervener accomplishes this, the goals of crisis intervention have been met. What may happen subsequently is a bonus. While a pre- and post-crisis functioning timeline may be measured in days or weeks or years, the time needed for effective crisis intervention is measured in seconds or minutes only. Any additional time you may get is a bonus for you as the intervener as well. (See Figure 1.2, page 4.)

**FIGURE 1.6 – EFFECTIVE CRISIS AND DISASTER INTERVENTION**  
 To remain helpful, we must remain effective.



Crisis interveners have been compared to emergency room medical personnel in that their effective reactions, timing, and utilization of resources must be immediate and sure. If a counselor makes an error in a regular weekly session, they may be able to correct the error by phone or in person at the next session. On the other hand, the crisis intervener, like their emergency room counterparts, may have only one bite at the apple as it were. They may have one quick opportunity to be effective and failing that no other opportunity to try again. What the intervener does must be correct the first time without dependence on the possibility of a do-over. This may be why not all who want to can actually be crisis interveners; just as some may not be able to work in an emergency room although comfortable and competent in other professional settings.

### **A Final Note**

Crises are by definition unexpected, sudden, and arbitrary. They are time sensitive and time specific. All crises end regardless of what an intervener may or may not do. The real question is where the crisis will end if the intervener does nothing or is ineffective. Remember that stress in unusual proportions for that person is key to understanding crisis. Interveners must react and be effective within seconds or minutes to avert additional problems. While the goal of crisis management, not resolution, is to return the sufferer to their level of pre-crisis functioning, greater gains for that sufferer may be possible depending on the credibility of the intervener and the effectiveness of the intervention. Crisis intervention or Emotional First Aid is comparable to physical first aid and must be administered with the same skill and alacrity. Never forget that knowing when to stay out is just as important to the intervener as knowing when to act.