PRODUCED AS A PUBLIC SERVICE OF

THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS, INC. 368 VETERANS MEMORIAL HIGHWAY, COMMACK, NEW YORK 11725 TEL. (631) 543-2217 • FAX (631) 543-6977

WWW.ATSM.ORG • WWW.TRAUMATIC-STRESS.ORG • WWW.AAETS.ORG



## What Specific Strategies can Emergency Responders Utilize to Connect with Particularly Challenging Individuals?

Reprinted from *Acute Traumatic Stress Management*™ by Mark D. Lerner, Ph.D. and Raymond D. Shelton, Ph.D. © 2001 by The American Academy of Experts in Traumatic Stress, Inc.

During traumatic exposure, individual reactions may present on a continuum from a totally detached, withdrawn reaction to the most intense displays of emotion (e.g., uncontrollable crying, screaming, panic, anger, fear, etc.). These situations present a considerable challenge to the emergency responder. In order to address an individual's emergent psychological needs, you must "break through" these emotional states.

Be sure to address the initial stages of ATSM (i.e., emergency medical protocol) prior to attempts at connecting with the challenging individual. Following are three highly practical techniques that you may utilize to engage these individuals. These strategies may be referred to as the "Three D's,"—1) Distraction, 2) Disruption and 3) Diffusion.

## 1. Distraction

This technique aims to distract and refocus the challenging individual. The approach may be likened to a strategy that is often used by parents of young children. When the child shows interest in the TV remote control, the parent distracts the child with a "transitional object"—a more appropriate, yet interesting toy. In the same way, when an individual is unresponsive to efforts to engage, or possibly at the other end of the continuum crying uncontrollably, you may distract and refocus the individual. Introduce an irrelevant yet highly interesting topic. The more concise and thought provoking the topic is, the better. Consider the following example:

> An emergency medical service supervisor raced to the scene of a child who was reportedly choking. When he arrived in his "fly car," a paramedic was walking the girl out the front door of a home toward the waiting ambulance. The medic reported to his supervisor that the child had a small piece of chicken bone lodged in her soft pallet. The child was teary-eyed and coughing gently as if to clear her throat. Following the child out the door were a number of young siblings and family friends. They were crying uncontrollably and seemed to be "feeding off" each other's level of hysteria. The EMS supervisor walked over to the children and said, "I feel so sorry for you guys!" He immediately caught their attention. He then followed with, "You're gonna have to all go to your piggy banks to get some money to buy ice cream for your friend—she's gonna have a sore throat when she comes home later." The children's reactions quickly, almost magically, shifted to laughing. Having the kids engaged, he then gave them a chance to "tell their story" of how scary it was seeing their friend choking and to review the facts of the event. Following the ATSM model, he then supported them, normalized their reactions and prepared them for her return home.

The key to this Distraction Technique is that the topic that is introduced, or the comment that is made, is sufficiently powerful to distract and divert the individual's attention. Be careful not to say something that implies a lack of concern. Also, make sure that you subsequently return to the reality of the situation by discussing the event at a factual level.

## 2. Disruption

A second strategy that may be utilized with challenging individuals involves a powerful disruption of the emotional reaction. First, come down to the person's level, either kneeling or sitting, and establish eye contact. In a clear and calm voice, while looking directly into the individual's eyes, give a basic command using his/her name: "Mary, I want you to take a deep breath." Then pause, and in a slightly louder more forceful voice, repeat the command exactly as stated: "Mary, I want you to take a deep breath." Continue to repeat the command, always using the same words. Escalate the volume and tone with each command statement. Usually, by the third command the individual will follow your request. At this moment, lower your voice to a calm level and begin to talk. You may instruct the individual to take a second and third slow deep breath. Once you have broken through the emotional state, you will be able to provide direction and support.

Perhaps the greatest advantage of this *Disruption Technique* is that it can be implemented very quickly. Recognize that by utilizing the technique, you will likely be doing something very different from others. For example, your focus on the individual's breathing may disrupt a seemingly ineffective cycle of effort, by others, to gain control over hysterical behavior.

## 3. Diffusion

A third strategy for connecting with the challenging individual involves diffusion of the emotional state. For example, you may begin your conversation with an anxious or possibly agitated individual at a voice rate and tone comparable to his. If he is speaking loudly, increase your volume to match his. If he is speaking rapidly, speak rapidly. If you are required to move around with the individual, match his pace. Gradually, begin to slow the physical pace, lower the volume of your voice and slow your rate of speech. As the individual begins to respond in a calm, more controlled manner, provide direction and support. Move him away from the scene, have him take a deep breath and continue with the ATSM process.

Interestingly, this technique may also be utilized in the opposite direction. For example, with a seemingly depressed or generally non-communicative individual, begin your conversation with the individual at a voice rate and tone comparable to his. If he is speaking softly, decrease your volume to match his. If he is speaking slowly, speak slowly. If you are required to move around with the individual, match his pace. Gradually, begin to increase the physical pace, raise the volume of your voice and increase your rate of speech. As the individual begins to respond in a more energetic, involved manner, provide direction and support. Move him away from the scene, have him take a deep breath and continue with the ATSM process.

When considering the utilization of Distraction, Disruption or Diffusion, realize that time factors will influence your approach. For example, the latter Diffusion technique, by its very nature, will take more time to implement than either the Distraction or Disruption techniques.

The "Three D's" are practical intervention techniques. However, they must be practiced. Breaking through strong emotional reactions during a traumatic event will require a confident, well-rehearsed approach. Having a strong familiarity with these strategies will enable you to apply them with the most challenging individuals.