Guide for Occupational Therapy First Responders to Disasters and Trauma

2019

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The objectives of this Guide for Occupational Therapy First Responders are:

- To contribute to Occupational Therapy First Responders' Preparedness for arrival in the field
- To provide strategies for self-care, coping, healing/recovery before, during and after responding
- To strengthen the field performance of occupational therapists in the first responder role

Introduction

The evidence gathered about preparedness for first responders suggests that preparedness needs to begin before you arrive at the field site. Precautions must be taken through self-care activities during the crisis and upon return. Evidence supports that being prepared to enter the field helps protect the first responder against symptoms of Post-Traumatic Stress Disorder (PTSD). The purpose of this guide is to help prepare first responders for their arrival at the field site. Essential strategies are also provided for use during and following the disaster. These strategies will help the first responders in sustaining clear thinking and maintaining personal well-being. This guide offers methods for i) preparation before reporting to the field, ii) on-the-field practice and iii) recovery for first responders.

Gaining control of the autonomic nervous system is essential for working in trauma and disaster situations. Significant trauma triggers the amygdala's threshold for alerting the rest of the brain when responding to the perceived emergency (Goleman & Davidson, 2017). The amygdala acts as the brain's radar system to detect threat. According to Bessel Van Der Kolk, MD., (2012, p.169), "The greatest challenge is to apply the lessons of neuroplasticity, the flexibility of brain circuits, to rewire the brains and reorganize the minds of people...." following traumatic situations and disasters.

Certain self-care practices can be implemented on the site, in order to promote clear thinking and to protect well-being in the field. It is essential to institute daily preparatory practices well in advance of arrival to the field site because it is the daily practices that will prepare the brain, so that these well- rehearsed strategies (habitual responses) can immediately applied in the field. One method of helping manage unhealthy "high alert" states in the amygdala that often arise in crisis responding is meditation. Meditative practices build resilience in preparation for engaging in disaster and trauma work.

. It is key for you to be able to keep mentally and psychologically healthy as the experiences and situations you may be involved in can at times be overwhelming. Through using the reflective grieving process, and participating in strong networks of people going through the similar experiences, this will enable one to keep mentally and psychologically healthy as the situations mount and may become overwhelming. According to Lasater (2007), debriefing is an activity which connects theory to practice in a safe environment where practitioners are provided opportunities to collaborate, think critically, and problem solve.

Prior to leaving for the field, a major preparatory step will be to set up a family, peer, professional support system for your return home. This action will allow for debriefing for the return home, thus guarding against or minimising PTSD and burnout (Bradberry & Greaves, 2009).

I. Preparation Before Reporting to the Field

A. Be Prepared by engaging in the following training activities and courses before deployment:

One of the most important way to insure that you can effectively respond to an emergency/ disaster is by building up your own resilience. As resilience is a psychological construct, it can be enhanced through appropriate training (Beardslee, 1989) e.g.: Hostile Environment Awareness Training (HEAT), Psychological First Aid, Humanitarian Stay safe course.

B. Be Prepared to Experience or Identify Signs of Traumatic Stress (Critical Incident Stress)

Critical Incident Stress occurs after involvement in a traumatic incident, which can manifest itself in a variety of physical cognitive, emotional, and behavioural symptoms, including those listed in Table 1 (Federal Emergency Management Agency, n.d.). Prior training in Critical Stress Management techniques plays a major role in promoting resilience (Perrin et al., 2007; Sakuma et al., 2015).

Table 1: Signs of Critical Incident Stress

Signs of Critical Incident Stress			
Physical	**Cognitive**	**Emotional**	**Behavioural**
Nausea	Slowed thinking	Anxiety	Withdrawal
Upset stomach	Impaired decision-making	Fear/extreme fear-terror	Hiding
Muscle tremors/ Trembling hands	Impaired problem solving	Guilt	Angry outbursts
Loss of coordination	Confusion	Grief	Emotional tirades
Profuse Sweating	Poor calculations	Depression	Acting out
Chills	Difficulty naming things	Sadness	Defensive position
Diarrhoea	Intrusive thoughts	Feeling lost	Hyperactivity
Dizziness	Distressing dreams	Isolated	Hypo activity
Rapid pulse/Heart pounding		Worry	Startle response
Rapid breathing/panting		Anger	Irritability
Headaches		Low attention span	
Increased blood pressure		Emotionally numb	
Muscle aches		Emotional shock	
Sleep disturbance		Panic	
Numbness		On edge	
Tingling		Nervous	
Dry mouth		Loss of control	
Light headedness			
Fatigue			
Flushed face			
Wobbly legs			
Weakness			
Feeling warm/hot			

Refer to Toolkit, Tool 1 - Strategy to Address Feelings of Stress

C. Recognise Symptoms of PTSD, Including Somatic Dissociation

1. Learn and practice strategies to strengthen resilience which includes self-awareness, coping skills, and resilience, prior to reporting to the field. It is important to practice strategies on a daily, **well in advance** of your arrival at the field site
2. Red Flag – Green Flag Strategy

Use the strategy of Red Flag – Green Flag to heighten your awareness of patterns of behaviours or physical symptoms that can be warning signs of deteriorating well-being, before you spiral out of control. Conversely, be alert to those behaviours or physical signs that represent well- being, which is indicative of active recovery. Importantly, be proactive by identifying specific triggers related to loss of well-being as opposed to those which improve well-being, as a self-protective safety measure (Najavits, 2002).
Refer to Toolkit, Tool 2 – Red Flag – Green Flag Strategy

D. Recognize Symptoms of Burnout, Compassion Fatigue: Secondary Traumatisation and Vicarious Traumatisation

Post-Traumatic Stress Disorder Symptoms can encompass any of the symptoms found below in Table 2 (American Psychology Association, 2013). First responders' relief efforts in disasters and trauma are at risk for trauma-related stress and burnout. To guard against or minimise one's effects, it is essential to understand the risk factors, as well as recognise symptoms, in order to carry out the appropriate preventative self-care strategies. Awareness of these factors will decrease your vulnerability (Adams, Anderson, Turner & Armstrong, 2011; Berger et al., 2012; Bremner, et al., 2017; Catlin-Rakoski, 2012; Compassion Fatigue Awareness Project, 2017; Merriman, 2015; Najavits, 2002; Newell & MacNeil, 2010; Rothschild & Rand, 2006).

Table 2: Burnout, Compassion Fatigue: Secondary Traumatization and Vicarious Traumatization Definitions, Risk Factors, Symptoms

Burnout, Compassion Fatigue: Secondary Traumatization and Vicarious Traumatization Definitions, Risk Factors, Symptoms			
Burnout or type of traumatic-related stress	**Definition**	**Risk Factors**	**Symptoms**
Burnout	Being in a state of physical, emotional, psychological, and spiritual exhaustion Resulting from long time exposure to helping those who are suffering or prone to suffering Occurs over time	Long-standing use of empathy Working with a large population Poor training Heavy schedule Poor relationships with others	**Physical:** Fatigue Headache Persistent illness **Emotional:** Sense of ineffectiveness Hopelessness Anxiety Irritability Low self-concept Detachment
Compassion Fatigue	Experiencing fatigue from the trauma and emotional pain that individuals have shared with you. Burnout influences compassion fatigue Compassion fatigue may be accompanied by secondary traumatisation	Violating boundaries Ethical violations Leaving the profession	Increased startle response Disturbing images or thoughts of clients' experiences Avoiding going places which remind them of the client Difficulty sleeping Difficulty separating work and personal life Decreased communication Loss of ability to help

			Loss of ability to function
			Feeling decreased sense of purpose from work
Primary Traumatisation	The impact experienced by the victim of disasters or trauma		
Secondary Traumatisation	The impact experienced by a family member, relief worker, or close associate of the victim of disasters or trauma The emotions experienced from knowing about a significant event experienced by another The stressed experienced from the desire to assist the victim Compassion Fatigue may accompany Secondary Traumatization	Hearing about an unexpected death, trauma, or threat to the victim or someone close Prolonged work/ care-giving for individuals' who suffer from trauma Long-standing use of empathy	Emotional deregulation ***Behavioural changes*** Intrusive thoughts Nightmares
Vicarious Traumatisation	Changes in your cognitive thought processes, personality, and world views following prolonged experience in the field dealing with disasters and trauma	Similar to Secondary Traumatization	Cognitive Changes Disconnection Dissociation Social isolation Depression Anxiety Changes in spirituality Decreased feelings of safety and trust Changes in belief in self/feelings of worthlessness Increased suicide risk

E. Building Resilience for Disaster and Trauma Work

Resiliency building needs to begin long before you enter the field site. It can be developed through daily reflection and practice in everyday life situations. A number of authors/agencies have identified factors to promote resiliency (Centre for Suicide Prevention, 2015; Hernandez, Gangsei & Engstrom, 2007). Once in the field, it is critical to continue to build your resilience and expand your self-care activities to protect your well-being. The first step is to make a commitment to resilience building. Refer to Toolkit, Tool 3 - Commitment to Building Resilience and to Self-Care.

1. Commitment to Resilience Building and Self-Care.
2. Ways to increase your resiliency
    a. Respect Boundaries
        (1) Separate your identity as an individual from temporary suffering (i.e. not taking on this suffering as a personal identity (i.e. becoming a victim)
    b. Surround yourself with others who contribute to your sense of well-being
    c. Increase your self- awareness
    d. Practice acceptance
        (1) Experience the full range of your emotions, with a belief that you will bounce back and find peace

e. Practice silent reflection (meditation/mindfulness)
f. Understand and accept that you don't have all the answers
   (1) Over time you will find peace and answers may become clearer to you.
g. Expand your repertoire of self-care habits
h. Enlist a team of supporters
i. Consider a wide range of possibilities
   (1) Imagine a wide range of possibilities in how you interpret what you see and a wide range of solutions to your problems.
   (2) Get out of your head: take a break from your negative or confused thinking (Marano, 2013)

Refer to Toolkit, Tool 4 - Action Plan can also assist you in strengthening your resilience

F. Learn and Practice Meditation/Mindfulness Techniques

Meditation has been shown to have a major impact on the autonomic nervous system and provides an ideal means to prepare for disaster and trauma work. Not only does it strengthen the mind for clear thinking, but it has physical benefits as well (Garner, Bake, & Hagelgans, 2016; Goleman, & Davidson, 2017; Najavits, 2002; Van Der Kolk, 2014). Meditation practices range from simple to complex. It is suitable for everyone, and can be easily applied to everyday life.

Refer to Toolkit, Tool 5 – Meditation Methods.

G. Practice Diaphragmatic Breathing

Deep breathing has been shown to lessen brain activity in the amygdala and increase circuitry for attention, resulting in a state of calmness (Anxiety BC: Resources, Results, Relief, n.d.). Refer to Toolkit, Tool 6 – Diaphragmatic Breathing.

H. Learn About and Apply the Describe, Interpret, Evaluate (DIE) Model

1. The DIE is a quick technique to gain better control in a chaotic situation (Bennett & Bennett, 1975).
2. The DIE technique is a process involving 3 steps: Step 1 Describing, Step 2 Interpreting, and Step 3 Evaluating.

   a. **Describe**: Describe what is happening in the immediate environment, providing details without making assumptions and judgments about what you think you are seeing.
      (1) Describing helps you to intentionally withhold your reactions and to zero in on the specific details. The more details provided, the more information to interpret in Step 2
   b. **Interpret**: Use the detailed descriptions to clarify what you observed.
      (1) More detailed descriptions contribute to more appropriate interpretations for evaluation in Step 3
   c. **Evaluate**: Assess the significance of the event, through critical appraisal (interpretation) to determine and then to take the most appropriate action (Nama & Condon, 2010; Paracka, 2016).

Dr. Janet O'Flynn is an occupational therapist and acting Dean of the Rehabilitation Department at the Episcopal University of Haiti, in Leogane stated: "One of the best gifts you can give in an emergency situation is if you are the one that's not panicking" (personal communication, 1/18/2016). Remaining calm may save people's lives. Dr. O'Flynn provides an example of applying the DIE technique when a crisis situation is happening in front of you and is really alarming or frightening to you. Refer to Toolkit, Tool 7 - Application of the DIE Technique.

I. Dr. Amen's Strategy for Chasing the ANTS (Automatic Negative Thoughts)

Dr. Amen is a clinical neuroscientist and psychiatrist who was a pioneer in the use of brain imaging for the treatment of anxiety, stress, depression, obsessive/ compulsive behaviours and drug abuse. This is another technique to promote clear thinking in order to obtain control of a chaotic situation (Amen, 2015).

Refer to Toolkit, Tool 8 - Dr. Amen's Strategy for Chasing the ANTS (Automatic Negative Thoughts).

J. Learn and Practice Emotional Freedom Technique (EFT) – Tapping Sequence

A technique in which fingers tap sequentially on acupressure points on various parts of the body (see below). Its purpose is to decrease general anxiety or anxiety stemming from a particular situation by circulating and transforming body energy from negative to positive. Tapping addresses the individual's experience of both physical and emotional stress. This tapping is performed while repeating a statement which acknowledges the problem and individuals' acceptance of the problem and self-acceptance (Craig & Craig, 2018). Individuals with psychological distress have experienced significant reduction in the severity of symptoms and decreased anxiety intervention (Church, Yount, & Brooks, 2012).

Refer to Toolkit, Tool 9 - Emotional Freedom Technique (EFT) – Tapping Sequence.

K. Practice Grounding

Grounding, also referred to as centering is a process used to help people detach from emotional pain. There are three types of grounding, mental, physical and soothing, described below. Grounding is a valuable tool in the field as it can be applied to any context, anytime and anywhere without calling attention to oneself. Grounding is used when emotional pain goes above 6 on a scale of 0-10 (Najavits, 2002).

Refer to Toolkit, Tool 10 – Practice Grounding.

L. Use Quotations

Quotations and inspirational passages are useful tools to assist one to refocus thinking and calm the mind and/or provide wisdom for clear thinking. Select quotes that hold particular meaning for you and your particular situation. Refer to Toolkit, Tool 11 – Use of Quotations

M. Prepare Emergency Toolkit

N. Prepare for Occupational Therapy's Role as a First Responder and Team Member in an Inter-Professional Collaborative Practice to Handle Disasters and Trauma

O. Prepare as an occupational therapy first responder to enhance collaborative community engagement with victims of varying cultures and contexts (Fazio, 2017)

II. Strategies to Prepare for Healing/Recovery *During* the Crisis

A. Maintain an Orientation to Time While On-Site
B. Organise Time to Address the Basic Necessities:
   1. Food and water
   2. Time to eat and drink
   3. Dry, clean clothing
   4. Maintain a shift schedule
   5. Establish a daily routine to reduce first responder trauma
C. Establish a BADL and IADL routines with the survivors to reduce trauma.
D. Be sure to take Psychological First Aid training. This can be invaluable for the survivors, yourself, and your teammates
E. Apply the Describe-Interpret-Evaluate (DIE) Model (Paracka, 2016; Nama & Condon, 2010; personal communication O'Flynn, 2017)
F. Building Resilience
   1. Learning about Regulating Autonomic Nervous System arousal to control well-being during the most distressful situations and practice regulation strategies in daily living to prepare for the acute crisis (Pow & Cashwell, 2017).
   2. Breathing Techniques during the acute crisis
   3. Grounding techniques during the acute crisis
   4. Understand the ties that bind neurophysiology of empathy
   5. Learn about the benefits of a daily journal during the acute crisis
   6. Practice meditation/mindfulness techniques to monitor and control responses during the acute crisis in order to sustain clear thinking under pressure.
   7. Self-reflect and evaluate your use of the DIE Model each day ***following the*** acute crisis.
   8. Self –reflect and evaluate your use of Dr. Amen's strategy for Chasing the ANTS.
   9. Use the Emotional-Freedom-Technique/Tapping Sequence following the acute crisis.
   10. Debrief with first responders about feelings and evaluate perceptions about how the team handled the crisis and make adjustments as necessary following the acute crisis.
   11. Use and practice cognitive restructuring, reframing negative thoughts (i.e. addressing feelings of guilt, grief, inadequacy about not being able to do enough) to prepare the first responder to re-enter the crisis situation in a more effective manner and to add a layer of protection to guard against PTSD (American Psychological Association, 2017).
   12. Step away *during* and *following* the acute crisis (i.e. take a walk, take a break with friends).

III. Recovery Following Disaster and Trauma

A. Continue Carrying Out the Strategies for Resilience and Self-care
B. Institute your plan for your Peer, Family, Professional Support
C. Counter post-trauma stress with positive actions that use what you have learned in the field and are meaningful to you. Examples:
   1. Advocate for global relief efforts
   2. Advocate for Stigma-Free Zones (National Alliance for Mental Illness, 2018).
   3. Join forces with the World Federation of Occupational Therapists and its member organisations (national associations) to advance professional relief efforts.

"A mind free from disturbance has value in lessening human suffering, a goal shared by science and meditative paths alike" (Goleman & Davidson, 2017, p. 53).

TOOLKIT

Table 1: Signs of Critical Incident Stress

Tool 1 - Signs of Critical Incident Stress			
Physical	**Cognitive**	**Emotional**	**Behavioural**
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Increased blood pressure		Emotionally numb	
Muscle aches		Emotional shock	
Sleep disturbance		Panic	
Numbness		On edge	
Tingling		Nervous	
Dry mouth		Loss of control	
Light headed			
Fatigue			
Flushed face			
Wobbly legs			
Weakness			
Feeling warm/hot			

Strategies to address feelings of stress (refer to Table 1, page 3):

1. In the table above, circle all of the words that describe your feelings in regard to a particular situation in the field.
2. Select the three words which represent the most intense feeling that caused your stress.
3. Write a short description of the situation and categorize whether they fall under physical, cognitive, emotional, or behavioural.
4. Use Tool 4 - Action Plan below to address the relevant physical, cognitive, emotional or behavioural aspects that you think may be causing your stress.

Tool 2 - Red Flag – Green Flag Strategy
Signs of Danger versus Safety

What are my red and green flags?

Red check	Red Flags - Danger	Green Flag - Safety	Green Check
	I isolate myself	I spend time with supportive people.	
	I am not taking care of my body (food, sleep, rest).	I am taking care of my body.	
	I get annoyed with others.	I collaborate with others.	
	I work too much/I have too much free time.	I follow a structured schedule which allows time for a balance of work and self-care.	
	I feel that I lack control.	I feel in control.	
	I feel stuck.	I feel that I am moving forward.	
	I am not honest with myself.	I am honest with myself	
	I have a tendency towards avoidance of feelings and others.	I have a tendency towards acknowledging feelings and others.	
	I act on negative feelings.	I manage negative feelings.	
	I am passive ("Why bother").	I actively employ strategies to cope.	
	I am cynical/negative.	I am realistic/positive.	
	I do not acknowledge signs of burnout or traumatic stress.	I manage signs of burnout or traumatic stress.	
	I do not apply resilience and meditation strategies.	I apply resilience and meditation strategies.	
	I experience signs of physical illnesses	I apply self-care strategies to remain physically healthy.	
	I believe that self-care strategies are unnecessary.	I believe it is necessary to apply self-care strategies.	
	I resist feedback regarding self-care.	I listen to feedback regarding self-care.	
	I feel that I have too much responsibility.	I feel that I can handle responsibility.	
	I'm beginning to feel uncomfortable around others.	I feel comfortable around others.	
	I'm beginning to stop caring/trying.	I care/try.	
	I am experiencing feelings of arrogance/euphoria.	I am realistic in my concerns.	
	I avoid tasks.	I attend to tasks.	

Adapted from: Najavits, L., M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*, (p. 194). New York, NY: The Guilford Press.

Assignment: Select three priority areas you would like to improve upon and complete the Commitment to Self-care Tool 3 and the Action Plan Tool 4

<table>
<tr><td colspan="3">Tool 3 - Commitment to Building Resilience and to Self-Care

Care of yourself by using this Self-care and Resilience Tool to commit to your self-care</td></tr>
<tr><td></td><td>Old Way</td><td>Examples of New Ways</td></tr>
<tr><td>Situation</td><td>Re-living a Disturbing Memory</td><td>Thinking of a pleasant time</td></tr>
<tr><td rowspan="5">Your Strategy</td><td rowspan="5">I dwell on the memory and feel fearful, sad, and guilt that I should be doing more.</td><td>Journaling: Journal my thoughts and feelings</td></tr>
<tr><td>Debriefing:
• Reach out another 1st responders and share my thoughts.
• Plan to make changes, if necessary when I go back in the field.</td></tr>
<tr><td>Meditate</td></tr>
<tr><td>Carry out a Planned Action: Develop and carry out a new goal using the Action Plan Worksheet.</td></tr>
<tr><td>Returning Home – Become involved with your national association and WFOT to assist in advocating for relief efforts.</td></tr>
<tr><td>Consequences</td><td>I feel I am helpless, have no control, and my mood deteriorates</td><td>I calm down and become more focused and know I am contributing to relief efforts.</td></tr>
</table>

Adapted from: Najavits, L., M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse,* (p. 136). New York, NY: The Guilford Press.

Tool 4 - Action Plan Develop an action plan to accomplish your resilience and self-care goal using this Action Worksheet		
Action		**Example**
Preparing Action Plan	I promise to . . .	*Debrief with another first responder when returning from a day in the field.*
	By when . . .	*Starting now, each evening for 15 minutes following my dinner.*
	I will use the following strategies to accomplish my commitment:	*I will use the process of debriefing:* • *Share my thoughts with another/other first responder(s).* • *Discuss what went well, what could be improved.* • *Develop and carry out a new plan if indicated.*
	To overcome my emotional blocks, I will . . .	*Refocus my thinking through the debriefing process.*
	It is important for me to complete this commitment because _____, .	*It will improve my resilience in preparation for working in the field.*
	If I complete _____, I will reward myself with . . .	*Enjoying my dinner and taking a walk.*
After Implementing Action Plan	Result: Describe how the action plan worked.	*I felt calmer, more in control, and I was able to think more clearly for decision-making.*
	Is there anything you'll do differently next time?	*Yes, I would use this effective strategy at the end of each day when returning from the field.*

Adapted from: Najavits, L., M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*, (p. 238), New York, NY: The Guildford Press.

Tool 5 - Meditation Methods
Simple Meditation for Beginners 1. Sit or lie comfortably. You may even want to invest in a meditation chair or cushion. 2. Close your eyes. ... 3. Make no effort to control the breath; simply breathe naturally. 4. Focus your attention on the breath and on how the body moves with each inhalation and exhalation (Gaiam, n.d.).
Practice Walking Meditation 1. Walk at a medium pace focusing on the role of your feet with each step and being mindful of the sensory details. 2. Your mind will probably wander, so bring your focus gently back to your feet, improving your ability to focus.
Practice Novel experiences 1. When you come home and meet your family at the end of the day, pretend like you haven't seen them in 30 days. 2. You may be faking this feeling, but it may help you to think about transience (viewing things in another light). 3. Another way to support this feeling of novelty is to aim for acceptance. 4. Try to create a fresh perspective of just about anyone you see in your everyday life, such as co-workers and neighbours, to pull your focus into a more positive mode,
Practice Gratitude 1. Take two minutes when you first awake to find focus. 2. Close your eyes. 3. Imagine you're waking up this morning, as you picture the layout of your room. 4. Think of the first person for whom you're grateful and visualize that person's face. 5. Focus on one part of their face that you like. 6. Send them a thought of gratitude that this person is in your life. 7. Repeat this for a second, third, fourth and fifth person. 8. Picture this person as happy and focus of the person's eye colour. (McCullen, 2013)

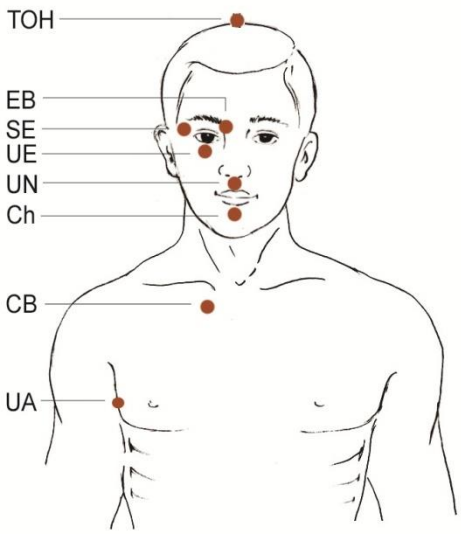
Tool 6 - Diaphragmatic Breathing
1. Sitting upright rather than lying down to increase the capacity of your lungs to fill with air. Support your arms on your lap to take weight off your shoulders.
2. Breathe slowly in through the nose expanding air into your lower belly (for about 4 seconds).
3. Hold your breath for 2 seconds.
4. Exhale slowly through the mouth (for 4 seconds) until your belly deflates. Rest for 2 seconds then take another breath (repeat 4 to 6 times as needed).
Practice 5 minutes at least 2 times daily.

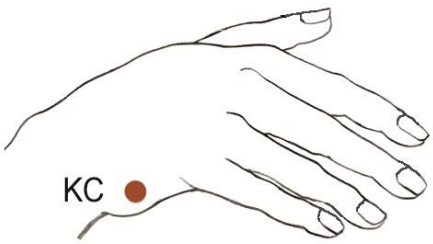
Tool 7 – Application of the DIE Technique
Here is Dr. O'Flynn's example using the DIE Technique: Patty, is afraid of spiders. Instead of responding with panic Patty, applies the DIE technique to remain calm and to determine the significance of what she is seeing.
Describe: Rather than responding emotionally determining this is a good thing or a bad thing, Patty immediately starts to describe it. It is a size of a nickel, it's black and it's small. It's got long legs, and short legs. It is not moving anywhere.
Interpret: If the spider is not moving anywhere, it probably is not going to run at me. The fact it is that it is not coming towards me with harm and that it wants to stay where it is. Patty interprets to determine the significance of the situation.
Evaluate: Patty realizes, at the moment, the spider is not a threat because it is not even moving. It's just there. By remaining calm, Patty can figure out what she wants to do about this. She could get some help. She could get that jar she keeps or that piece of cardboard, save it, and take it out the door, or she could step on it. Patty has some choices.
Now, apply the DIE technique to personal situations, to prepare you for applying the DIE during disasters and trauma.

(Dr. O'Flynn, Personal Communication 1/18/2016)

Tool 8 – Dr. Amen's (2015) Chasing the "ANTS" (Automatic Negative Thoughts)	
Assess your thinking with this tool to promote the practice of clear thinking	
Steps to chase the ANTS	**Example Your brain tells you**
1. What is your negative thought?	I'm such a failure.
2. Is this thought absolutely true?	Not exactly true.
3. How does this thought make you feel?	Thinking that I am a failure makes me feel terrible.
4. If your thought is not absolutely true and it makes you feel bad... • Either dismiss the thought completely or • Revise the thought to be more accurate.	• Thought dismissed • I made a mistake, I'll know better the next time.

Tool 9 - Emotional Freedom Technique (EFT) – Tapping Sequence





Written aids to locating the EFT Basic recipe Tapping Points

KC: The Karate Chop point (abbreviated KC) is located at the centre of the fleshy part of the outside of your hand (either hand) between the top of the wrist and the base of the baby finger or....stated differently....the part of your hand you would use to deliver a karate chop.

TOH: On the top of the head. If you were to draw a line from one ear, over the head, to the other ear, and another line from your nose to the back of your neck, the TOH point is where those two lines would intersect.

EB: At the beginning of the eyebrow, just above and to one side of the nose. This point is abbreviated EB for beginning of the Eyebrow.

SE: On the bone bordering the outside corner of the eye. This point is abbreviated SE for Side of the Eye.

UE: On the bone under an eye about 1 inch below your pupil. This point is abbreviated UE for Under the Eye.

UN: On the small area between the bottom of your nose and the top of your upper lip. This point is abbreviated UN for Under the Nose.

Ch: Midway between the point of your chin and the bottom of your lower lip. Even though it is not directly on the point of the chin, we call it the chin point because it is descriptive enough for people to understand easily. This point is abbreviated Ch for Chin.

CB: The junction where the sternum (breastbone), collarbone and the first rib meet. To locate it, first place your forefinger on the U-shaped notch at the top of the breastbone (about where a man would knot his tie). From the bottom of the U, move your forefinger down toward the navel 1 inch and then go to the left (or right) 1 inch. This point is abbreviated CB for Collar Bone even though it is not on the collarbone (or clavicle) per se. It is at the beginning of the collarbone and we call it the collarbone point because that is a lot easier to say than "the junction where the sternum (breastbone), collarbone and the first rib meet."

UA: On the side of the body, at a point even with the nipple (for men) or in the middle of the bra strap (for women). It is about 4 inches below the armpit. This point is abbreviated UA for Under the Arm.

Illustrations and written aids to locating the EFT Basic recipe Tapping Points (Craig, G. & Craig, T. (2018). How to do the EFT Tapping Basics – The Basic Recipe: The Basic Tapping Procedure – The Centerpiece of EFT. Retrieved from: https://www.emofree.com/eft-tutorial.tapping-basics/howtodo-eft.html).

Tool 9 - Emotional Freedom Technique (EFT)
Tapping Sequence

1. **Identify the Issue.** Make a mental note of the issue that is distressing you. This becomes the target at which you "aim" the EFT Tapping Basic Recipe. Focus on only one issue at a time.

2. **Test the Initial Intensity.** Establish a *before* and *after* level of the issue's intensity. This is done by assigning a number to it on a 0-10 scale (10 = the worst and 0 = no problem whatsoever). This serves as a benchmark so we can compare our progress after each round of The EFT Tapping Basic Recipe.

   Here are some useful methods to help you access your issue(s) and arrive at your 0-10 numbers. They apply to most issues.

   - For emotional issues, you can recreate the memories in your mind and assess their discomforts.
   - For physical ailments you can simply assess the existing pain or discomfort.
   - For performance issues you can attempt the desired performance level and measure how close you come to it.

3. **The Setup:** The setup is a process we use to start each round of Tapping. By designing a simple phrase and saying it while continuously Tapping the KC point, you let your system know what you're trying to address.

When designing this phrase there are two goals to achieve:

a. Acknowledge the problem
b. Accept yourself in spite of it.

We do this by saying:
"Even though I have this _____, I deeply and completely accept myself".
The blank above represents the problem you want to address, so you can just insert things.

Important, Important, Important:
The language that we use always aims at the negative. This is essential because it is the negative that creates the energy disruptions that The EFT Tapping Basic Recipe clears (and thus brings peace to the system). By contrast, conventional methods and popular self-help books stress positive thinking and preach avoiding the negative. This sounds good but, for our purposes, it does little more than cover over the negative with pleasant sounding words. EFT, on the other hand, needs to aim at the negative so it can be neutralized. This allows our natural positives to bubble up to the top.

4. **The Sequence:** This is the workhorse part of The EFT Tapping Basic Recipe that stimulates/balances the body's energy pathways. To perform it, you tap each of the points shown in the Sequence Points diagram (see above) while saying a Reminder Phrase that keeps your system tuned into the issue. The points below are followed by a description of the Reminder Phrase:

Top of the Head (TOH)
Beginning of the Eyebrow (EB)
Side of the Eye (SE)
Under the Eye (UE)
Under the Nose (UN)
Chin Point (CH)
Beginning of the Collarbone (CB)
Under the Arm (UA)

The Reminder Phrase is quite simple as you need only identify the issue with some brief wording. Depending on your issue, you might say the following at each tapping point....

"This sore shoulder",
"My father embarrassed me",
"This difficulty in singing that high note."

5. **Test the Intensity Again:** Finally, you establish an "after" level of the issue's intensity by assigning a number to it on a 0-10 scale. You compare this with the before level to see how much progress you have made. If you are not down to zero then repeat the process until you either achieve zero or plateau at some level.
The website provides the tutorial.

Craig, G. & Craig, T. (2018). How to do the EFT Tapping Basics – The Basic Recipe: The Basic Tapping Procedure – The Centrepiece of EFT. Retrieved from: https://www.emofree.com/eft-tutorial/tapping-basics/howtodo-eft.html Diagram used with permission: G. Craig, Nov 2018

Tool 10 – Grounding
1. Rate your emotional pain on a scale of 0-10 (no emotional pain to extreme pain) **prior** to and following the use of the grounding technique.
2. Keep your eyes open, scan the environment, and remain in touch with the present.
3. Focus on the current situation. Avoid any thoughts about the past or future and stay neutral (avoid negative thoughts/judgements i.e. avoid labelling good/bad).
4. Re-rate your current emotional pain, comparing it to your initial rating to determine whether this technique was effective for you.
5. Determine whether one or all of the three types of grounding technique is/are effective.
Mental Grounding
Describe the environment in detail, using all of your senses.
Physical Grounding
Perform simple physical actions, for example: • Clench and release fist. • Dig heels into the ground. • Stretch. • Focus on breathing, repeating a pleasant word on the inhale. • Notice your footsteps while thinking left or right. • Jump up and down. • Notice textures, weight, temperature, sensation of items you handle.
Soothing
Thinking in a compassionate manner, for example: • Remember and visualize a safe place; focus on the details and the sensations Experienced. • Visualize a supportive person and the feelings of comfort they promote within you. • Remember an inspirational quote. • Think of something you are looking forward to in the next week. • Think of a coping statement (i.e. I can do this).

Adapted from: Najavits, L., M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*, (pp.133-135), New York, NY: The Guildford Press

Tool 11 - Quotations for the Field
Peace/Calmness
"Calm mind brings inner strength and self-confidence, so that's very important for good health" Dalai Lama
"Your beliefs become your thoughts *Your thoughts become your words,* *Your words become your actions,* *Your actions become your habits,* *Your habits become your values,* *Your values become your destiny".* Mahatma Gandhi
Spirituality/Faith
"Faith is the bird that feels the light when the dawn is still dark." Rabindranath Tagmore
"Faith is taking the first step even though you don't see the whole staircase." Martin Luther King, Jr.
"There are two ways of spreading light: to be the candle or the mirror that reflects it" Edith Wharton
"No matter where you are on your journey, that's exactly where you need to be. The next road is always ahead." Oprah Winfrey
"God grant me the Serenity to accept the things I cannot change, the Courage to change the things I can, and Wisdom to know the difference." *The Serenity Prayer: Alcoholics Anonymous Organization*
Wisdom
"Be the change that you wish to see in the world." Mahatma Gandhi
"Change the way you look at things and the things you look at change." Dr. Wayne W. Dyer
"The journey of 1,000 miles begins with the first step." Lao Tzu
"A man is but the product of his thoughts. What he thinks, he becomes." Mahatma Gandhi

"There are two equally dangerous extremes – to shut reason out, and to let nothing else in." Blaise Pascal
"Tell me and I forget, teach me and I remember. Involve me and I learn." Benjamin Franklin
Empowerment
"Out of suffering emerged the strongest souls; the most massive characters are seared with scars." Khalil Gibran
"Self-actualizing people must be what they can be." Abraham Maslow
Strength
"Be faithful in small things because it is in them that your strength lies" Mother Teresa
"That which does not kill us makes us stronger." Friedrich Nietzsche
"Our greatest glory consists not in never falling, but in rising every time we fall." Ralph Waldo Emerson
Service
"It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself...Serve and thou shall be served." Ralph Waldo Emerson
"The best way to find yourself is to lose yourself in the service of others." Mahatma Gandhi
Anxiety/Worry/Fear/Anger/Guilt/
"Anxiety is the mark of spiritual insecurity." Thomas Merton
"Freedom is not worth having if it does not include the freedom to make mistakes." Mahatma Gandhi
"Worry does not empty tomorrow of its sorrow. It empties today of its strength." Corrie Ten Boom
"Turn Fear to Faith." Unknown Author

"This too shall pass." Unknown Author
Sadness/Loneliness/Loss
"It is during our darkest moments that we must focus to see the light." Aristotle
"Loneliness is the way by which destiny endeavours to lead a man to himself." Hermann Hesse
"Walking with a friend in the dark is better than walking alone in the light" Helen Keller
"There is no need to be ashamed of tears, for tears bear witness that a man has the greatest of courage, the courage to suffer." Frankel
Courage
"A woman is like a tea bag - you can't tell how strong she is until you put her in hot water." Eleanor Roosevelt
"Success is not final, failure is not fatal: It is the courage to continue that counts." Winston Churchill
"Courage is resistance to fear, mastery of fear, not absence of fear." Mark Twain
"Kites rise highest against the wind – not with i.t" Winston Churchill
Self-Awareness
"The mind's first step to self-awareness must be through the body." George A. Sheehan
Self-Love
"Self-love my liege, is not so vile a sin as self-neglecting." William Shakespeare
Preparedness
"The readiness is all." William Shakespeare

Healing
"Any idea, person or object can be a Medicine Wheel, a mirror for man. The tiniest flower can be such a mirror, as can a wolf, a story, a touch, a religion, or a mountaintop" Hyemeyohsts Storm
This is your own space to include additional items:

Tool 12 – Portable Emergency Field Kit
Prepare an Emergency Field Kit (Federal Emergency Management Agency [FEMA], 2009)
Food – non-perishable - not requiring refrigeration, cooking, or water (i.e. canned food (might be too heavy, recommend freeze dried packets) granola bars
Water – 1 gallon (approximately 4 litres) per day – the need for water can vary based on climate and special needs [see recommended sanitizer alternatives below]
Flashlight [Recommend Head Lamp: more versatile for "hands free" if doing wound care in dark]
Whistle [Whistle-wrist rope combination]
Swiss Army Knife (depending on your mode of travel)
Needle nose Pliers (depending on your mode of travel)
First Aid Kit Additional Suggestions: [From Kohler's Personal Experience On-Field] • Wet Wipes, hand sanitizer, anti-bacterial soap • Water Sterilizer: Examples: "Life Straw®," Sawyer Foam Filers® (Sawyer.com/foam); SteriPen ® • Tube Tent • Solar Charger Freeze dried food Small Crank Charge BBC/RC Radion • 1 - 5-in-1 Survival Whistle (Compass, Whistle, Flint, Signal Mirror, and Waterproof Match Container) • N95 Breathing Mask • Reusable Sanitary napkin pads • Wear wrist I.D with all necessary information regarding name, what organization you are "deployed" with, emergency in and out of country contacts, etc. • Pocket-sized blank journal/paper/pencil

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