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Support guide for emergency dispatchers

ZIVAC
Rivensco Consulting Ltd
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One minute may save a life

Introduction

The purpose of this manual is to inform about the techniques and methods, cognitive psychological mechanisms in order to establish an empathic relationship with a person looking for help in case of emergency.

It is important for emergency dispatcher to create the best possible connection with the person on the other end of the line in order to provide help immediately. This ability can save a life. It is therefore expedient recognition based on verbal and para signals, a psychological profile, who is at the other end, what is really needed, how to help, how to manage a shock, how caller can be driven to calm and also understanding the fine line between truth and falsehood. This line that may sometimes save a life.

Responding to a call occurs immediately contact between the caller and the emergency dispatcher, he feels what happens.

Any evaluation based on voice (paraverbal), tone, breathing, words used (verbal) and many other parameters, consists in consciousness of emergency dispatcher, aware of it or not, but if he chooses to be aware, the results can be much improved.

It is important for the dispatcher to be a good observer

CHAPTER I
Psychology, Safety, Security and Risk

I.1. Safety, Security and Risk. Definitions

I.1.1. Concepts and socio-cultural subjectively

Human, throughout history, has always been exposed to hazards and risks in all areas of his life. This was certainly an evolution in human history, including the meaning of the word "risk", which over the centuries has undergone profound changes.

In the Middle Ages, a time when the term began to be widely grown by foundation of shipping companies, taking into account the risks pre-modern relativity their word "risk" meant only "the possibility of a dangerous object, act of God or another danger does not involve wrong human behavior. In practice, that period excluding the possibility of error or human responsibility.

With the transition to modernity risk involved a new meaning, which contributed to the spread of new ways understanding and representation of the world, the chaos of unforeseen events and uncertainties. Such factors they held responsible and human behavior took place to those that was previously attributed to luck, fate or other external entities. Since then human began to take account unforeseen and adverse events, as well as the possible consequences of human actions.

Taking the concept of risk, therefore, gradually extended and now applies to a wide variety of situations, but there is still no unanimity in the assessment and interpretation, in particular the influence of risk in one's life; often, people have attitudes that do not always correspond to the actual impact of the hazard or risk perception does not correspond to his rational evaluation. To verify the reasons for these are useful, first, it is important to make a conceptual distinction between the terms "risk" and "danger" from a technical standpoint. The word "danger" identifies **agent, situation, event** capable of causing damage (can be dangerous car, landslide, storm, etc.). "Risk" means the **probability** of the injury in producing event, according to the vulnerability of the system and value of the property potentially affected.

This technical - probabilistic view of risk concept is inadequate, or at least incomplete, as typically 'risk' is not a single observable product of probability of an

event, but it is also affected by subjective evaluation or perception of the individual or his social group.

There is a widespread belief, namely, that security is the responsibility of others, state, doctors, police, institutions. However, the person itself should be the first responsible for its own safety and for others.

Internationally, there are three terms to define these concepts, namely: safety, security and emergency.

Safety refers to security of person, for example, prevention of accidents. Safety must be understood not only as referring to physical damage but also moral, spiritual and indirect.

Security: has a cultural significance, educational and management for the implementation of preventive measures, the implementation of information security measures confidential / secret. These measures may be material and infrastructure, especially training and information designed to raise awareness of the risk and therefore to avoid danger.

Emergency refers to protecting and limiting danger. Structures involved in emergency (rescue) are emergency dispatchers, police, fire department, first aid and civil protection. **In Romania there is the General Inspectorate for Emergency,** a system that works very well, created by Dr. Raed Arafat.

"Until 2004, civil protection measures and fire fighting were made by the Inspectorate General of Military Firefighters and Civil Protection Command, institutions under the coordination of the Ministry of Interior.

To adapt to the exponential growth of non-military risks, on background of globalization trends, radical climate change, diversification of economic activities that lead to disasters, the two mentioned institutions merged in December 2004, being established the General Inspectorate for Emergency Situations (IGSU).

The fundamental objective of the work done by IGSU aimed in improving the prevention and management of emergencies in order to maintain risk control and ensure normal state of human life of communities and it is achieved through many activities of prevention and intervention firefighting, extrication and first aid of SMURD, rescue people and limit the damage caused by floods, landslides,

earthquakes, epidemics, epizootic, snow, drought assistance to persons in critical situations, intervention to technological accidents, radiological, nuclear, biological or other types of natural disasters or human.

General Inspectorate and county structures are made up of 43 operating centers and 280 operative sub-units with over 3,500 technical means of intervention. The 30,000 staff engage 97% of operating units and 3% administrative structures: schools, studies and research bases, workshops and technical supply depots, logistics and repairs.

Recruitment is assured by dedicated training institutions: Police Academy "Alexandru Ioan Cuza" University of Bucharest - Department of Fire and of School Fire and Civil Protection "Pavel Zăgănescu" Boldeşti.

As an integrator of the National System of Management of Emergency Situations, created in 2004, IGSU coordinates the institutions involved in emergency management, ensuring the function of a national point of contact in relation to international governmental and non-governmental responsibilities in the field.

National Management System for Emergency Situations was established before the accession of Romania to the European Union and represents a network of permanent communication between the public authorities and organizations qualified for emergency management, built on levels and areas of expertise and available infrastructure and resources to reduce the loss of life and response to various types of emergencies.

The system is composed of the National Committee for Emergency Situations (national, ministerial, Bucharest municipality, county and local);

General Inspectorate for Emergency Situations (integrative role - providing transmission of decisions taken by the Government or by the National Committee to central authorities and local government);

Professional community public services for emergency situations (county inspectorates for emergencies);

Operational emergency centers (permanent or temporary - are to be established within ministries and other institutions of the system, to ensure the flow of information before or at the time of an emergency);

Commander of the action (provides uniform coordination on the site of the exceptional event).

For emergency management, IGSU and county authorities fulfill missions as: monitoring, evaluation, research the causes of emergencies;

- preventive information and education of the population and its warning, notification to government authorities about the possibility/ imminent emergencies;
- Search, extrication and rescue of persons; evacuation of people, people and property endangered by measures ensuring evacuation/ installation in victim camps, participation in public transport and certain categories of goods; destruction of ice formations or clearance rates of water; emergency medical care through SMURD modules of the professional emergency services; logistics provision of assistance and making available their own structures or other structures for certain categories of technical equipment and firefighting equipment; decontamination of people with special means and / or points of personal decontamination, technical and equipment recognized early in territorial; neutralizing the effects of hazardous materials through actions reclamation unexploded ammunition during military conflicts.

In the county inspectorates for emergency function the Emergency Medical Service for Resuscitation and Extrication (SMURD), working with the air carrier aviation structures of the Interior Ministry, in cooperation with county hospitals, regional and local authorities. The integrated team structure works SMURD extrication, reanimation, specialized technical assistance and emergency medical and paramedical staff teams specializing in first aid qualified.

SMURD missions: intervention in cases where one or more people is in a life-threatening situation due to an acute illness or injury; intervention in cases requiring the provision of first aid in a short period of time; intervention in cases requiring Extrication or other rescue operations; Medical personnel providing protection intervention team missions IGSU specific risk of injury; intervention in collective accidents and disasters.

Continuing with the definitions needed to comprehend a better understanding of

what constitutes emergency or how a 112 dispatcher face every day with these concepts during work.

Hazard: the intrinsic property of a factor (equipment, materials, labor practices etc.) to cause damage. It is characterized by frequency of occurrence, severity and consequences of the danger.

Damage: physical injury to person through direct or indirect exposure to danger. Definition of risk is in addition to the above.

Analysis: statistical study on the question, elements and activities taking place in order to produce a risk assessment.

Prevention: implementation and exercise of all measures derived from analysis to prevent hazardous events.

Protection: installation and commissioning of all measures to protect persons and property. Individual and collective protection is active or passive. Collective protection measures have priority over individual. Active protection is the same operators must activate (prepare helmets, shoes, fire extinguishers), while passive intervention is without human control (an example is the fire sprinkler system).

Management: set of activities taking place in both phases, both normal and critical ones. Management during normal operation is the set of activities such as training, information, maintenance, inspection and regulatory procedures. Emergency management involves the implementation of protection, therefore, discharges, emergency, containment, closure of disposal, etc.

Risk: the probability of a given event characterized by a certain severity of damage to people, property and / or the environment.

I will insist more on the concept of risk, as is having the largest share in production of emergency situations and is also an element that can be influenced by education and human behavior, thus minimizing emergencies.

Classification of risks:

• **Risks that can be eliminated** for example, someone who has a risk in consumption of dangerous substances, may waive their use, or replace them with substances that are less harmful.

• **reducible risks:** for example, delimiting areas of access to certain areas dangerous

for avoiding damages - if a building collapse, people are banned there.

• **residual risks:** for example, a person who is aware of the risk of there is something suspicious in a bag left at random and without a caregiver, waive any action to call the authorities and is not responsible, thinking it sounds else.

• **transferable risks** for example, when a person sees a pole crashed and tells another person in the street to go to place it up not to hurt anyone, hence transferring responsibility to others.

Another classification in terms of typology danger:

Conventional risks - Examples of conventional risk:

- electrical, heating and technological
- status of the installations
- architectural barriers

Specific risks. In relation to the presence of certain specific physical, chemical, biological. Examples of specific risks:

- physical agents: noise, vibration, radiation
- chemical agents: vapors, fumes, liquids, gases
- biological agents: bacteria, viruses, etc.

Risk of organizational deficiency - come from an ineffective organization of work, so in terms of management, both methodologically and in terms of operations.

Examples are:

- absence of internal procedures
- lack of involvement of employees at all levels
- lack the methodology
- no clear assignment of responsibilities
- and insufficient training information

Estimated risk

qualitative estimation of risculuise based conceptual evaluation of two elements:

- the likelihood of an event harmful
- magnitude of the consequences (extent of damage) and "expert judgment" about:
- awareness of quality information

Risk assessment

Example of defining scales qualitative assessment:

The probability	**Magnitude**
Very Low	Negligible
Medium	Modest
High	High
Very high	Very high

Safety concept, individual, as each of us perceive it, it is different from the security. It is very important to consider security as a service rather than as an active strategy. Safety is employees' safety and security is the safety of citizens.

Safety can be defined as the knowledge that the evolution of a system will not produce anything undesirable and knowledge that a particular action will not cause damage. The system can evolve without damage, but in any case can not be considered safe. Only through scientific knowledge, based on repeated observations and organized to ensure a meaningful assessment of safety.

We can talk about total security in the absence of danger. In an absolute sense, it is a concept difficult to translate in real life, even if the application of safety standards makes it harder the occurrence of adverse events and incidents that always translate into a better quality of life.

Life everyday or work of an organized system to improve security, to reduce the risk of accidents and incidents (while increasing the likelihood to resolve favorably any emergency), it takes appropriate measures to prevent such as

- the risk analysis;
- training of persons engaged in security;
- organize a proper interventions involving act of leading to safety;
- First aid training organizations;
- appropriate equipment (clothing, personal protective equipment, monitoring devices, remote sensing and remote assistance, first aid equipment);
- Periodic monitoring of detection (gas, fire, weapons, explosives, and / or other aggressive products), escape routes, evacuation plan risk;

- Periodic monitoring of electrical equipment, with special reference to the overload and for the effectiveness of the dispersion and the verification procedure;
- Periodic monitoring of filters and air vents in the ventilation and air conditioning;
- Monitoring and periodic maintenance of vehicles; Correct custody and proportionate to the risk of each device and hazardous materials, toxic or harmful.

I.2. Introduction to Safety, Security and Risk Psychology

I.2.1. Perception of risk

Risk perception in different variables to personal or socio-cultural, depends on how people relate to specific situations, information about an event dangerous, benchmarks tracking of individuals or social groups. Therefore perception is subjective, like about driving a car that is considered less dangerous than flying by plane, while car accidents cause more deaths and has more risks than for flight. An unknown situation, such as a biological attack is perceived as more dangerous than the most common and ordinary actions like crossing the street.

Emergency dispatchers should consider these aspects in order to have a proper communication at risk, alarm or emergency that is not focused only on the technical aspects, but it can help people understand and interpret phenomena and dynamics behind risk.

Knowledge and risk awareness is the first step to safety. Often, the individual or community are aware of the presence of certain risks because they have been informed about them; yet what is often missing, perception and awareness is a real risk.

It is important to understand the correct risk because thus avoidable errors, considered the first criterion of security. Also, knowledge and awareness is the first step to safety.

Risk is processed by our cognitive system in two ways: analytically and experientially.

It is true that an accurate perception of risk is that the experience is very

important. But it is difficult a task as experiment as that of driving a car drunk to see how it is perceived risky situation. It can therefore be important for the staff involved in emergency situations, knowledge of mechanisms involved in the perception of risk, involving course psychological mechanisms. Generally, the human mind tends to consider situations "most risky", those who have more severe (ie. conditions that can lead to death), while tending to assess how "situations less risky "situations are associated with a lower severity (such as situations that could cause bodily harm).

Another psychological mechanism that changes the perception of risk is the direct involvement of persons in emergency situations and risk. For example, a dispatcher 112 can evaluate different if emergency involving one of his family members or if it is a stranger.

Perception is the mechanism by which we achieve with our sensory systems integration and understanding of the world around us comparable to an accurate reproduction. Metaphorically speaking, our perception would function as a camcorder. But things are not so. Perception is a process of interpretation and construction, according to the principle of making sense of events. Perception works with a selection filter stimuli that detects senses. These stimuli reach our sensory system is the entire flow of information from the outside and from the inside (internal perception). If the mind could process all the details that we receive from the outside, people would die, it would be as if we were on fire. The mind can not consciously use all their senses, visual, auditory, olfactory, tactile and gustatory. Therefore it needs a selection, which is determined by several factors, varying according to time and circumstances. Factors affecting the selection of stimuli that come to us through the senses, there are health and fatigue and individual interest (intrinsic motivation) or based on the social context of the time (extrinsic motivation). It is also important to understand that perception acts as some cognitive models previously developed by the individual.

If a person's mind is not ready to observe detail, it will be difficult to observe, although this detail can be an important aspect of the situation. In other words, people retain what they see, hear, feel, smell, touch, just what is important to them, other information reach the subconscious.

When an emergency dispatcher talks to someone on the phone claiming an

emergency, it is important to consider this mechanism of perception of a person, which can distort the information they give, without being aware that doing this.

These arguments have great importance in hazard perception. The emergency dispatcher must know what to look for (categories of observation), but we must also remember that we humans have a tendency to see simple and regular configuration. Therefore, in some cases, details a conversation with a person in a state of crisis, emergency or scenes details of an environment where something happens, be overlooked.

Knowing this about the mechanism of perception, we understand that does not lead directly to see (perceive) the dangers and, even less, all perils.

As mentioned above, humans perceive danger through two mechanisms, first logically, analytically, with the neocortex. This kind of working is slow and requires a high cognitive engagement therefore is not suitable when you need to make a quick decision. The second way is, however, fast and appear automatically.

According to research it would seem that this pathway is associated with emotional reactions that are associated with risk. People helped by experiences create some memory connections between risk and associated emotions, thus creating an automatic process of reaction to danger.

Hazard information have an impact on our behavior unless they create images in our minds emotionally charged. This process of creating an image is influenced by the characteristics it has dangerous situation.

For this reason, the study of how people perceive danger is particularly important to understand how individuals experiencing it. The first scientific studies on risk perception and danger were conducted by Starr in 1969.

I.2.2. Common opinion regarding risks

In most cases, when the perception of safety and security is not in line with objective reality, it is because there is a misperception of risk. Generally we pay much attention to minor risks and not enough to what is really important. We do not make a proper assessment of the risk and this can happen because:

- People tend to overestimate spectacular, but rare risks and underestimate common risks .
- People are in difficulty before estimating risks if not fit into their daily reality.
- Personal risks are perceived as more dangerous than risks of others.
- People underestimate risks they consider that they could control and overestimate risks in situations they can not control directly.
- People overestimate risks that is skone about more and remain under the public eye. An important role is also of maximizing or minimizing the press of cases presented as "dramatic", although are not so or vice versa.
- Many people are concerned about the risks that are new. For example, in summer of 1999, New-Yorkers were seriously afraid of West Nile virus, which caused an infection caused by a mosquito. Nowadays, although the virus continues to cause disease, fear disappeared. The risk is present, but New York have learned to live with it. That became common threat and changed their perception of risk.
- Many people fear less natural risks than artificial ones.

They fear radiation contamination from nuclear or mobile in relation to solar radiation, which is actually a greater risk.

- People fear most what they can not control. They are less afraid than when driving their own car than seating on the passenger seat or when flying by plane.
- People are more concerned about the risks that are more aware than the risks they care less. In late 2001, awareness of terrorism was so great that fear was rampant, while fear of street crime and climate change, and other such risks decreased, not because there were not any, but because the degree awareness for the latter declined.
- Adults are more concerned about the risks that affect their children, rather than those of the children of others.

Communication risk

It can be defined as an exchange of information and assessment of risk between experts, public administration, media, interest groups and citizens, which ends with

decisions to reduce or avoid risk.

The main goals of risk communication are:

- improving and changing information about hazard emerged or whose occurrence is expected, on risk or pressure risk,
- Changing risky behavior of people at risk,
- Promoting community participation in mitigating risk,
- Facilitate cooperation,
- Developing a culture for disaster readiness and crisis management.

Means or channels of communication used in these situations are many such prints distributed to institutions, information and instructions on using the best products, technology and means of protection, public information services (hotlines crisis), educational products information disseminated through the media, presentations and expert sessions and meetings warning systems.

Risk evaluation for the average person on the street and a 112 dispatcher or an expert is different. The first is influenced by factors such as the perception of the emergency and seriousness of its consequences. The second is influenced by the probability to verify the situation.

Brain and response to risk.

The human brain is a fascinating organ, but equally certain mechanisms that come from ancient times, may conflict with new mechanisms acquired during evolution and thus cause absolute chaos. Given that evolved over millions of years, a number of functions and its processes stemming from the appearance of the human species and not organized logically.

Some processes are optimized only occasionally while others do not work on outstanding conditions. And sometimes some functions come into conflict.

The most important thing for human beings is undoubtedly to be able to evaluate and respond appropriately to the risk. There is a very primitive part of the brain that is involved in such activity, namely the **amygdale**, a region located on the right side of the brain. The amygdale is responsible for processing basic emotions, which are seven and being involved in the survival of the species. The seven primary emotions are fear,

anger, contempt disgust, joy, surprise, sadness, occurring from the interaction of sensory stimuli, such as darkness, flying, defensive situations and fear, etc. The old part of the brain was shown for the first time to fish.

When an animal or a human feels or perceive something that could be a potential danger, the amygdale is what reacts immediately to produce adrenaline and other specific hormones and send them to the bloodstream, leading to the setting "fight or run "mechanism in which a physiological changes occur, which translate into visible changes in behavior of animals or persons in danger such as increased heart rate, increased blood in the muscles, sweating hands, throat, etc. This type of reaction is the same for a lizard, for a lion, or human. The animal needs a response as soon as possible, fast enough to recognize and remove the threat quickly or, conversely, to decide to fight, thus ensuring survival of the species.

But nowadays, human behavior has become more complicated. There is an advantage in evolutionary terms, to develop the ability to not immediately give a type of "fight or run response", but to deepen the analysis of the situation and the various options to manage it.

Of course, in terms of human evolution has developed different behavior towards animals when they have to consider the risks and danger, because the human brain has a part which is not present in animals, which is called the cerebral cortex which it is a more advanced brain developed more recently, of course when I say recently, I mean thousands of years in our evolution.

The cerebral cortex, therefore, is intelligent and analytical, it can think, but is slower. Hence the first fundamental problem that we have two systems to respond to the risk of danger. An intuitive primitive, reptilian brain located in a more advanced analytical system that operates in parallel. Cortex is however very difficult to contradict the amygdale, with priority instant mechanism to avoid danger, to ensure the survival and taking action thereafter as reappears the phenomenon that led to the perception of danger or merge with it. Even if the danger has passed or not, it is on to appear, the reptilian brain, primitive, goes into action.

In his book "Mind Wide Open" Steven Johnson describes very well this mechanism. He refers to an accident, while he and his wife were sitting at home one

evening, a large window broke during a storm. He was right next to the window and felt the wind whistling in his ears, when the window was open and broken. He was lucky. If it was a few centimeters below were dead. Memory of the wind sound did not desert him. Although he understood that the window was broken, because it was installed incorrectly, even if after this event installed windows that can withstand hurricanes, and not supposed to happen again, whenever the wind blows, Steven Johnson hears that whistling, his adrenaline level rises sharply and the heart begins to beat strongly. Part of his brain - the rational involved usually in decision making - knows that windows are secure. But another part of the brain, the emotional, wants to run anywhere to escape danger, not reasoning but acts.

There is a good reason why evolution has built our brains so. A primate that lives in the jungle and is attacked by a lion, it makes sense to develop fear lions or at least be afraid lions more than any other animal. Human goes through many similar situations, but it's not lions, but about situations that most often does not repeat at regular intervals, such as the emergence lion that might eat him.

In terms of risk / benefit is a good compromise on the part of our brain and there is a big difference between when the body's defense mechanism works by developing antibodies after being exposed to avian influenza. In both cases, the body says, "This happened once and it is likely to happen again. And when that happens, I'll be ready."

Unfortunately, part of the brain that manages the emotion of fear is unable to balance its side as does the immune system. While the body can develop antibodies for hundreds of infections, and these antibodies can fluctuate throughout the circulatory system awaiting the attack of the same disease, it is difficult for the brain to predict and build a variety of fears that follow us for the whole life.

The second fundamental problem is that the analytical system, neocortex brain is so new that it still has some "rough" in evolutionary terms.

Psychologist Daniel Gilbert explained everything very well. The brain is a great car that constantly monitoring environment and seeking things to locate where is the individual. The brain has acted such for several hundred million years, and then back with only a few million years, mammalian brain learned a new trick, namely to predict the time and location of dangers before they happen in reality. Our ability to predict

something that has not come true is one of the most amazing innovations of our brain. But this innovation is only in the early stages of its development and we have a lot to discover in the future about this human capacity.

Brain reaction to danger has a main component, namely, the fear that the central element involved. An individual may feel fear for many reasons. When you see a horror movie, or when there is danger in special situations (related to health or loss of life), or even when receiving criticism. If the emotion of fear is extremely important and we humans live this emotion we survive, because otherwise we cross the street without paying attention, can get other pathological attributes such as phobia, anxiety or panic attacks frightening.

So fear is considered negative. Indeed, predominantly it has a very positive feature. Fear is a warning sign that it triggers the brain to protect us and take care of our safety. If we feel fear in the face of danger and therefore we did not perceive we act irresponsible. Fear is therefore an addition to the responsibility that each of us has to prevent danger.

Because in general, emergency dispatchers, front-line intervention staff, meet very often especially with the emotion of fear, I will detail below some aspects of it.

Does it look familiar such an episode? You are afraid ... the heart beats faster, breathing hard, whiten your face, your trembling lips and feet, muscles tighten. All these prepare you to run, a genetically programmed behavior designed to move away from danger. If fear is too intense ... you soak your feet, relax sphincters, your stomach hurts, you froze. Are symptoms that accompany fear, showing that both body and brain are prepared to defend against danger, to fight or to remove it.

Le Doux (2005) believes that flee in the face of danger, because reaction of fear does not appear conscious. Recognition of emotional stimulus and evaluation have different places in the brain that assess risk before being recognized. So, in front of danger, in the first moment we do not know the reason why we run or do it such. It probably happened to you to go away from some places and do not understand why you did it! The brain just anticipated danger. Unfortunately often the danger may be associated with an event in the life of each of us, that is no longer valid in the present situation. In which case panic occurs. In other words panic is fear for a non-existent

threat that exists only in the mind of the person who feels fear. An example would be: a child who had a very authoritarian father, who frequently was beaten, during adulthood is to have an unexplained fear whenever interacting with authority. A policeman asks for documents, a severe teacher etc., is to trigger an unconscious panic attack, precisely that combination that makes the brain relate to what happened in childhood

Fear is an emotion primary genetically programmed at birth and then our reactions occur due to previous experiences of lived distress. Or may arise from beliefs (fear of going under a ladder, to get out of house with left foot as first step), or may arise from unconscious defensive strategies created by the brain to prevent awareness of an impulse or a plan on conscience rejects.

What happens in the brain when a person is afraid? Or we live the experience of danger? Besides fear is an emotion, it is an instinct to preserve biological role of the human race. Our brains store memories of events which caused fear just to protect us from dangers (more or less similar) that may arise in the future. As mentioned above, the part of the brain that triggers the instinct is the amygdale, which looks like a nut, to assess whether a situation is dangerous or not. If the situation is dangerous, it alarms fear and consequently the subsequent reactions in our body.

What I want to specify and consider it of major importance it is that the same reaction can be triggered and can occur when the person is not involved directly, but indirectly (by phone to 112 dispatcher, firemen in front of fire, contact with the victim for medical emergency or extrication staff).

When a person is faced with a situation where fear arises, as I said above, the heart begins to beat stronger, agitation appears, hair rises, sweating occurs. These symptoms may occur with staff involved in emergency situations, it is important that staff understand that the symptoms are real, arisen because it is the way we are, because it is natural, does not mean that the dispatcher has any health problems. Each of these signals has a specific motivation.

The feeling of fear is therefore triggered by external stimuli, visual or auditory, and what happens inside our bodies is very intense and deep.

One minute may save a life

Brain area involved in living the emotion of fear has long been linked to the amygdale, which is activated in response to external stimuli and sends alarm promptly to other areas neural preparing the body to react, usually choosing how to run or attack. Surely modern man does not run away or fight if perceives danger, but uses other types of events related to body language or paraverbal. Many diseases are related to dysfunction of the mechanisms involved in the perception of fear: for example, PTSD, stress or panic, if the panic button is pressed repeatedly, even when there is nothing for the individual to fear.

But the amygdale is not the only one active in the presence of the emotion of fear. Wemmie, associate professor of psychiatry, and colleagues, who published their study in Nature Neuroscience, found this by studying a patient. MS, a woman of 40 years who suffered from teenage Urbach-Wiethe disease (amygdale does not work) and therefore felt no fear.

She was protagonist for scientists in their search for a long period of time. It was noted that when the woman breathed a mixture of air with a certain level of CO2, which cause choking, about thirty seconds she reacted as in the event of panic, a result that surprised researchers, who expected the opposite.

But how is it possible for women and other people with similar injuries who have no reaction while facing a robbery, a horror movie or threatened with a gun, feel terror inhalation of carbon dioxide? The answer seems to be given the existence of a mechanism by which the brain reacts to foreign or domestic situations, such as feeling a heart attack or breathlessness, getting into panic.

Weinne and colleagues suggest that these feelings of panic "internal" are captured by different deep areas such as the brain stem, limbic system or insular cortex, activating a different circuit than the circuit activated by fear of snakes or a thief. The same test was repeated inhalation of CO2 gas in 12 healthy subjects, but only three of them have experienced similar feelings of panic. So there is a deeper and intense fear dictated by internal stimuli say scientists and suppress this area of amygdale in healthy subjects. At the same time, the researchers say that the amygdale does not work properly in people who suffer from panic attacks.

The brain has evolved emotional state, which tells us much about the

relationship between thinking and feeling, emotional brain existed long before the brain used to be rational.

The earliest roots of our terms of emotional experience are the sense of smell, ie, the olfactory lobe. Reptiles, birds, amphibians and fishes region of the brain involved in the sense of smell is the highest region of the brain. In fact, the sense of smell was of fundamental importance in terms of survival. Olfactory center is composed of a thin layer of neurons, which included the olfactory stimuli main categories of classification, or the enemy, or the potential for the food mass, or sexual available or unavailable, or edible or poisonous. A second layer of cells sent through the nervous system, reflex messages to inform the body what to do to get closer to evacuate, pursue, eat, spit.

Since for us olfactory stimuli they have become less important in the development of this system over other roles. This part of the brain involved in emotional reactions, which specifically deal with the four functions of survival (nutrition, fight, flee, reproduction) and specific emotions, anger, fear, pleasure, disgust, desire etc.

When this part of the brain evolved, it perfected two other instruments, learning and memory. This allowed an animal to be smarter in its choices for survival.

There was then the neocortex and its links with the primitive brain, so that, for example, mother-child relationship, and human development, which is based on long-term commitment needed to bring children into the world, specifically the human species.

In fact, non neocortex species, such as reptiles, lack maternal affection when chicks hatch, they have to go underground to avoid being devoured by their parents.

In humans, the bond between parent and child protection, which allows much of maturation of the nervous system is still developing during childhood.

When the neocortex mass increases, it is observed along with this increase in geometric progression multiplication of the interconnections of brain circuits. The number of such connections is higher, the greater the range of possible answers.

The neocortex makes possible also the subtlety and complexity of emotional life. In primates interconnections between the neocortex and the limbic system are improved compared to other species, man is maximum.

This emotional center gives immense power to influence the operation of all other areas of the brain, including the centers of thought. Therefore, especially in emergency dispatcher job, emotional expression is very important, negative emotions should not remain stored within the body when faced with danger indirectly told by his caller. Emotional expression is performed using motion the actions that you can stand up from your chair, move, walk into the room.

In this book there is a chapter on managing stress and emotions and how they can be expressed.

It is good to note that these brain mechanisms may come into action emergency dispatcher and actually emotional center is influencing decisions quickly.

The limbic system is the brain part that helps maintain homeostasis, ie a constant environment in the body. Localized in the homeostatic mechanisms of limbic system have regulatory functions such as:

- the maintenance of body temperature
- the blood pressure
- heart rate
- of the blood sugar level.

In the absence of limbic system we should have cold blood, as reptiles. We humans, with the limbic system, we adjust our internal state to maintain a constant temperature regardless of external conditions of heat and cold.

A person in a coma, while losing the temporary use of those parts of the neocortex, which are necessary to respond to external stimuli and interact with the outside world continues to live because the limbic system maintains and regulates the body's vital functions.

The hypothalamus is probably the most important part of the limbic system. The most complex and unique and amazing brain itself. It is the size of a pea and weighs about 4 grams.

The hypothalamus controls the body's homeostatic mechanisms through feedback. For example, the body temperature is controlled by controlling the temperature of blood by the hypothalamus. If the blood becomes too cold, the hypothalamus responds by stimulating the production processes and conservation of

body heat (one of these processes is shaking). If the blood is too hot, the thermal processes stimulate dispersion (ie perspiration)

So hypothalamus contributes indirectly to control the operation of each cell in the body. Also plays a key role in the control of wakefulness and alert mechanism, and is an essential mechanism for regulating appetite and the amount of food ingested. Hypothalamus functions as the regulator and coordinator of the autonomic nervous system.

About emotions

Considering that the emergency dispatcher working emotions are of major importance, we talk about emotions and about how that affects us. These are very important in understanding the behavior in emergency situations.

Emotions occur very quickly, unconscious and takes fractions of a second, therefore often take us by surprise. Damasio, neuroscientist researcher made a clear distinction between having an emotion and feeling emotion. The two situations are different. For example, meeting a person is an **external** stimulus, the memory of an event in our lives happened in the past is an **internal** stimulus. Both stimuli triggered automatically and unconsciously throughout our body lead physiological reactions controlled by a specific part of the brain. (above we talked about the fact that this is the reptilian brain, specifically the amygdale). In this case **it is an emotion.**

When starting awareness changes, there is a process based on reasoning, ordered another part of the brain. (I said above that it is neocortex). In this case **it is a feeling** or about an **emotion felt**. Feelings may evolve slowly, as if you learn to love someone approaching you more than the person.

Emotion appears often without understanding why. You can be overwhelmed by an inexplicable sadness during a very pleasant evening with loved ones. There may be an association that your brain does something there. As mentioned above, a child mistreated or beaten, will learn to fear anyone with authority and when it becomes an adult, meeting with such a person will trigger a strong emotion of fear, whether that authority is or is not a threat for him. It is a negative emotion. And positive emotions can lead to a state of stress, if they are too intense.

An emotion, when it appears, is neither good nor bad, and then there is a reason,

sometimes unconsciously, to manifest.

Emotions are very important in our lives. For example, one brakes suddenly in front of an obstacle that comes on the road, reflexively, without thinking, without this being understood us. Precisely because it protects us. What if I sit and think when a flame in contact with our skin! We would be left with a hole in the skin. Instant hand withdraw, that protects the skin and avoid deep burning. Hazard perception and emotional mechanism located in the amygdale allow muscles to act instantly and our skin does not suffer deep burns.

Also emotions helps us adapt to situations that we encounter in our lives. Sometimes it happens to prevent the ability to reason. An irrational fear hinders us from thinking. You may dislike a person and the tendency can be to judge that person, to assign negative facts, while for others is a wonderful man. Or you feel the urge to buy something you after you object, desire decreases and sometimes come to regret.

It is essential to learn how to adjust and balance the emotions, keep your emotional balance is learned, is quite handy. Balance emotions can be shaken, causing loss of control or dysfunctional behavior such as excessive sadness that can cause depression or exaggerated joy that can lead to manic behavior.

Therefore, the brain is positioned in this way in the front of risk, danger, emergency, defensive situations. I think it is important to note that this position is unconscious, due to experiences and skills of each person.

Heuristics influencing decisions

Also an unconscious way which leads to decision making. We often feel guilty for the fact that we took a particular decision at a particular time. And often live our lives wondering why we decided in a certain way, why not have done otherwise, how we did it, etc. I do not know if it is good news or bad one. Decisions making involves not too much rationality, or rather involves very little. And it is normal to be so, because otherwise we would spend hours to reach a decision and we would never get to the end.

People are not computers. We do not evaluate mathematical style, examining the relative probabilities to different events. On the other hand, we have shortcuts, tricks, stereotypes and prejudices, unconscious generally known as **heuristics.** These

heuristics affect how they interpret risks, how we evaluate the likelihood of future events, how we consider costs and assess the consequences. We have the means to quickly generate answers pretty good even if for reasons of pathology, cognitive ability is limited. As mentioned above, we do not need too much thinking. Primitive brain, reptilian, with its mechanism helps us to decide what we should do.

Daniel Kahneman, who won the Nobel Prize in economics asserts that human beings have two distinct cognitive systems: one that intuits and one that examines systems that we talked about in the fact about emotions. Number one system operations are usually fast, automatic, effortless, associative, implicit governed by emotions and therefore difficult to control. Operations System 2 are slower, serial, costly in terms of effort, more apt to be monitored in a controlled manner, conscious and deliberate; they are also relatively flexible and potentially governed by rules.

As heuristics appeared, these strategies making are very useful. In the context of modern society, sometimes primitive mechanisms no longer fit with the evolution of behavior and this may cause errors. Our social and technological evolution has far exceeded our evolution as species, and our brains are equipped with heuristics that fit best primitive life in small groups.

Heuristics (from the Greek heuriskein - to find) are skills acquired brain during development, useful for the survival of homo sapiens in the dangerous process that appeared human transformation of prey hunted by other animals, predator. The brain has evolved to be prepared to take rapid and effective decisions. In many cases prehistoric man could not afford the luxury to stop and think about the best strategies to reach a certain goal, it was necessary to act, to make decisions heuristically.

Even though today heuristic no longer serves for survival of the species, they continue to act in visceral human behavior as being described as intuition. As all of us know, the important decisions in a person's life are not taken on the basis of logic but of intuition, and prove to be correct in most cases (but not always and systematic errors below will describe the most common).

Even when it comes to daily activities, less important because of our heuristics kit, we use less time to decide what we like and what not to create us an opinion instantaneous situations where we are.

In fact, every decision we make has a huge cost of energy (our mental processes are expensive) and our mind knows this and tries continuously to optimize mental processes. We have an organic brain created by evolving to adapt to the environment, trying not to bear the costs outweigh the benefits.

As Gerd Gigerenzer wrote, a psychologist who has long studied heuristic mechanism, our mind can be seen as a set of tools (kit tools) full of rules created and transmitted genetically and culturally in constant development.

Decision-making

We humans, in our daily life, we face decisions that can be automated or not (what clothes to wear that day, what to address in a conversation, what to eat, etc). These decisions affect more or less our behavior. How are these decisions made? How it affects us? How our decisions affect others? How our decisions affect others? These are questions to answer so we can clarify our behaviors and the others, they do not understand. Especially in a profession such as that of emergency dispatchers, it can be of major importance to take the decision in one way or another.

Every human being has a "toolbox", as I said, that heuristic genetic gift received, involved in decision making. Whenever you implement a choice under uncertainty, every choice is saved automatically, without the cognitive system to make any effort. Psychologist Leda Cosmides and anthropologist John Tooby, which are considered one of the founders of evolutionary psychology have associated modularity of human mind with a Swiss cutter box, that has several tools, each suitable for solving a specific problem, saved in our brain as a result of situations in which it was used. But the human mind is more flexible. We are all holders of an "Adaptive Toolbox", which helps us taking decisions.

People and animals can survive in their world incessantly reaching conclusions and speculating in a limited time and knowledge.

For emergency dispatchers and response personnel to make decisions under uncertainty is part of their everyday work. It is the important mechanism by which our subconscious mind do this for us. Because decisions taken without involving rational, based on adaptive toolbox.

Below is an example of how decisions are made in a given situation. For example, when choosing between two objects (images, words, products, etc.) you can always choose the one you recognize. Advertising uses a lot this heuristic. When reading a magazine or watching TV, you may have noticed that much of the advertising is not information but image or images; very famous Benetton campaign, for example, has only brand name with shocking images, such as a corpse in a pool of blood, or an AIDS patient before death. Why a company invests in this type of advertising? To make it easily recognizable brand, because the consumer's mind is based on **the recognition** heuristic. The man behind the campaigns of Benetton, Oliviero Toscani, said the publicity made it propelled the company among the top five most popular worldwide. Heuristic recognition is one of the most important.

Institutional campaigns that matters is to **unconscious recognize** and memorize the brand; quality of those products is not taken into account, and therefore the recognition can lead to errors. In the example cited by Gigerenzer, Oliviero Toscani chose images extremely disturbing to common sense, that the sole purpose to store the Benetton brand, knowing that when people buy often choose known brands.

For example, if we are asked to say which city has more inhabitants between Manchester and Ahmedabad, most Europeans will choose wrong, Manchester, just because no one has ever heard of Ahmedabad.

A decision is defined as choosing a single option from a number of alternatives. Decisions for an emergency dispatcher refer to a whole selection process, including:

- assessment of information,
- collecting and verifying information,
- identify alternatives,
- anticipate consequences of decisions,
- a decision using an analysis consistent from existing information,
- informing other factors on
- decision-making evaluation

Here are some examples of scenarios that can take place in real life as emergency:

1. Murder, felon killed his neighbor and called the police to self-denounced. Crime has been completed and no other consequences..
2. Shooting involving police officer while trying to solve the reported event of an emergency call. Nobody is injured at the moment. The attack continues.
3. Shooting involving a person who is not part of the police and called police. Nobody is injured at the moment. The attack still occurs.
4. A road traffic accident on the highway with a deceased person, many injured (unknown stage of wound) and hazardous substances flowing. It is a great danger of exposure and for other people injured.
5. Fight between six people and a group of almost one hundred people who are hostile to the police. Nobody is injured, the event still occurs.
6. Verbal dispute between two neighbors. Nobody gets hurt, event menus yet. They can return home and can put an end to verbal dispute.
7. License plate stolen from a car, observed after a few hours. The event ended, nobody is endangered.
8. Caller discovered that someone had stolen a wallet. The event ended, nobody is endangered.

The first five events will be classified as emergencies, for the last three events police presence is not needed immediately.

The question is: what case should be given priority if all this happens simultaneously?

You can use this set of evaluation questions:

1. Is the life or property endangered?
2. The negative influence on life or property is growing by the event in question?
3. Who is it in life-threatening situation? (police, medical rescue, firefighter, child, VIP weaken - vulnerable person, etc.)
4. Is anyone hurt?
5. How many people are injured?
6. What kind of injuries?
7. Is there someone dead at the event?

8. How many people died?
9. What kind of property is endangered? (National importance, cultural property, property protected, etc.)
10. What kind of event occurred? (alarm, murder, another kind of crime, assault, etc.)
11. Police intervention would ensure the safety of lives or property?
12. Is there another more competent service to deal with this event available?
13. The reported event is still in progress?
14. The defendants fled and should be immediately captured?
15. Are offenders still on site and continues to threaten another person's life or property?

Decision making requires specific skills such as:

- maintain caller calm to obtain essential information,
- finding the location and details of what happened,
- recording information in electronic format and transmission to specialist staff
- providing advice to people faced with situations that threaten alife
- helping people to meet up to the ambulance
- deciding what is necessary - ambulance, car, motorbike or helicopter
- setting which vehicle is closer
- contact with the team and providing vital information.

Heuristics and biases: shortcuts and errors in deciding

Different types of heuristics (shortcuts) that are used in everyday life and are important to quickly reach a satisfactory solution, namely, heuristic recognition, we approached above availability heuristic, anchoring heuristic and representative heuristic. Heuristic defined as **cognitiveshortcuts** or strategies are implemented quickly and often unconsciously, and sometimes the decision may cause errors named **bias** and have a negative impact on the decision-making process.

I will describe below some of the most common heuristics and biases.

Availability Heuristic

Identified by Kahneman and Tversky (1973), it is used in individual judgment when an event is more or less likely, depending on the presence or absence of the event in the memory. This will take a decision assessing the frequency or probability of an event, based on the ease with which you will remember a situation where you met that event. If, for example, you must take a decision on which route to go to work in the morning, leave the house and hit the road. Without you realize brain made the decision based on the fact that you have used that route. But if you're in a new place where you've never been and you wake up in the morning wanting to go out for a walk in the hotel, you will spend more time and be more difficult decision. Thus, for emergency dispatcher is good to know a multitude of emergencies, viewing pictures, reading, talking to colleagues, organizing meetings to discuss cases, etc.

Using this heuristic is widespread and it is often very useful to take a decision in front of situations that only require a probabilistic judgment; In fact, to reach a conclusion we refer to information already stored in memory. But not always we use this **shortcut** as effective because it can lead to unforeseen and unintentional errors, which result in a different solution than that expected by the person. Because sometimes an event is not remembered in the clearest way possible. Another mistake would be that we should not expect similar events have the same characteristics. Proximity (or distance) as a temporal event leads to a distorted judgment. The more time passes from the event, the less the person may have a true representation of the event.

The last factor that may lead to incorrect use of heuristics availability is the illusory correlation: it occurs when a decision maker assesses the likelihood or frequency that 1 to 2 or more events occurring together without highlighting the differences between events and then clarify that the events are independent.

Anchoring Heuristic (adjustment heuristic)

It is defined as a process in which individuals make a first assessment (anchor) of a given fact, and then, following the acquisition of information, there may be major changes or changes less consistent (adjustments) that lead to final evaluation Duclos

(Rumi, 2008).

One of the mistakes involving the use of this heuristic when judging a person is the "syndrome of first impression." When you meet new people you immediately have first impressions, judgments based on what is transmitted on a first sight. These first impressions, even if later they will be enriched with additional information, decisively influence the choice or judgment, because individuals tend to remain "anchored" at first sight.

Heuristic vision explains why we are so good at intercepting fast and without making calculations moving objects. The human brain should perform many complex calculations in a very short time to know where it will go a moving object, a ball we want to catch, a pencil that someone throws to us. We do not calculate. Yet most often we catch the object. Using heuristic we succeed. Namely, the representation of movement in our brain.

Heuristic Conformism

According to sociologist Gerd Gigerenzer, there are heuristics to social conformity, that few can resist. This heuristic is widespread in human behavior, most human beings can not escape conformism of the group to which person belongs, even if this leads him to commit monstrous acts. If the individual perceives a certain opinion in the group, he confirms to it and give up his responsibilities. Many people tend to accept without researching, worthless or even blatantly contradictory information, only to align the group, covering in this way the need of belonging of the individual.

Heuristics seen so far are the most famous and popular, but the study of human behavior there were observed errors (biases) that individuals use in decision- making. Let's see some of them.

Error of unrealistic optimism (Weinstein, 1980)

It is an error resulting from the use and availability heuristic and it is present when a person is considered less vulnerable than others to the unpleasant events. That person thinks that something will not happen to him. For example, a smoker, read every day on a pack of cigarettes that smoking kills, but thinks it could to kill him.

Another mistake is **confirmation bias,** which indicates the tendency of individuals to look for and interpret the information so this confirms what they originally thought, without incurring changes.

Falsity of irrecoverable costs is an error that occurs when an individual decides to continue to invest in something, even if it proves to be a bad investment. The decision that makes the individual to this error is that he hopes to remedy the negativity of the specific moment and to be able to achieve something positive.

The error of hindsight (hindsight bias) when a person expresses a judgment on past events, seeing them more predictable and easier than they really were.

Law of small numbers (Kahneman and Tversky, 1971) individuals are led to believe that small groups are representative for the entire population.

CHAPTER II
Communicating with the caller

II.1. The logical sequential path of communication with the caller. Informative call capacity

The conversation has different features compared to the face-to-face communication process. Whoever speaks on the phone can not monitor other non-verbal signals. In fact, some information is lost. But it seems on the phone, for these reasons, the number of interruptions and long breaks is lower.

Telephone communication, especially in the emergency and rescue field, must be particularly effective.

The emergency dispatcher must have sufficient personal and professional maturity to enable him / her to understand the cognitive, emotional and behavioral communication experience.

It is important for the operator to control communication, to achieve active listening, to recognize all the incongruities and to get collaboration even from "difficult" people (ie aggressive, psychiatric patients, children,...).

An important role of the 112 dispatcher is to get caller information. The information capacity is defined as the sum of the useful information obtained during the call. The information can be deduced directly by analyzing what the caller says voluntarily or indirectly through a logical deduction by the dispatcher (eg by analyzing those factors that the caller communicates involuntarily).

During a phone call, several types of information can be collected in the following key areas:

- The place (where?)
- The type of incident (what?)
- The severity of the incident (how?)
- Time analysis (onset and evolution of the incident)
- The way (How?)
- Indications of suspects, suspicious vehicles, possible directions of movement of persons, etc.

- Victim / who calls / / witnesses (who?)

Place

Where help is needed; Where the accident occurred; Where are they found? Victims and witnesses; Where it is necessary to establish a contact. Address, neighborhood, nearby shops, other issues; Type of place: residence, camp, school, park; Specify the city.

The type of incident

Need for action; Need for intervention on specialties; need
Some medical interventions: information about the patient, age, gender, state of consciousness.

The severity of the incident

What happened and how, what weapons were involved and in what way? What medications / alcohol. What kind of wounds; threats; risks.

Time analysis

Calls appearing during an incident should be considered as having major priority. If someone calls, while capturing a theft, an aggression, a crime should act immediately. This call also checks whether the caller remains in line or not. Increased attention should be paid to verbal terms relating to the moment; For example "now", "now happened", can refer to events that took place about 10 minutes ago.

How

Arms involved or type of weapons; Pistols, rifles, machetes, machine guns, white guns, others; Description: revolvers, semi-automatic, automatic, color, caliber, ammunition, number of weapons, blade length, others; Other weapons

Caller information

Injury, injured person? How many people are injured?

What is the nature of the wounds ?; The use of alcohol and / or drugs: can increase

The gravity of the incident and to make people behave in an unpredictable way; Threatening behavior

Description of people

It is important to use standardized and shared systems for describing people. The use of these systems makes it possible to minimize misunderstandings between different emergency operators. Some of the frequently analyzed features are ethnicity, sex, height, weight, hair color, eye color, scars, tattoos, beard, mustache, glasses and other relevant information.

Vehicle description.

Also, for vehicles, it is important to have standardized information: color, year, model, style, accessories, condition, license number

II. 2. Framing the caller

As stated above, a particularly important role of the dispatcher is to put the caller in a profile, and to extract information to align his communication to his own communication. As described above, there is a lot of information that can be obtained through direct questions, but information can be obtained even indirectly.

One of the useful elements to fit the caller is the age and the vocabulary used by him. The voice may reveal certain emotional states (for example, a slow tone and low volume may be a depressed person, a fast and sharp one may be an anxious person).

It is useful for the dispatcher to use primarily the same rhythm of communication with the caller, and then to modify it in the desired direction, so as to implicitly induce a change in caller reporting (more direct, informative and fast for the slow caller , more calm and focused on the actions to be taken for the anxious caller.)

Below I will describe some errors that may occur at the time of analysis:

Calls are always the same: not all calls are equal. Even in very similar cases, if

similar events occur, additional information or indicators should be sought, indicating a change in the course of the incident. The dispatcher acts as a researcher who collects data and evidence in any situation, even when everything seems obvious, just because there have been similar cases he faced. Experience improves data collection, avoiding the assumption of what is happening in that situation.

This call does not seem real. It is important not to show distrust in the caller just because the conversation does not seem real. Many callers - who are in danger - can talk in a strange way because they are in a state of shock or confusion. Crisis modifies the way the caller acts and responds significantly

The caller is hysterical. The high voice level of the caller should not automatically indicate a high level of priority. Each person reacts in a different way to a crisis; Some people shout, others talk slowly.

The caller is not very intelligent, because he speaks very slowly.

Do not assume that the elderly or those who do not know the current language are people who have no quality information. Low voice can be related to the fear faced by the person or highlights a risk of not being discovered in a particular situation.

The person often rings, so the call is not important. When calling the caller, it is necessary to analyze some aspects of the verbal communication, namely:

The order of the words used by the caller reflects the psychological order and the priority of the caller, which is why it is very important to carefully follow the words used at the beginning of the call.

- The literal repetition of words indicates a high stress level
- Caller auto corrections are not an indicator of call falseness, new information may appear as the site of the incident is explored.
- Verbalizing contradictory information at different times, but issues that need to be deepened.
- It is important to analyze the vocabulary used by people to understand the general level of culture. In any case, it is always useful to use a simple and clear language from the dispatcher.
- The use of slang terms, dirty words, words that refer to anger, indicate a negative state, and are certainly expected in an emergency call. The courtesy

terms (eg, "you have goodwill ...", "hello ....") are unexpected in emergency calls because they suggest a positive mental state, so it is necessary to ask additional question for deepening.

II.3. Communication control

Orders - They must be used with people who - at least apparently - are lost in details that are not strictly incident-related and unnecessary in an emergency. Use the imperative. E.g:

- Tell me what you saw
- Give me some information about your friend
- Tell me how I can help you today

First X and then Y- When formulating answers with two variants (questions "or / or"), it may be useful to determine the alternative that is suggested as a second step. Placing the best option at the end increases the likelihood of it being chosen.

Use of negative terms - Thinking and language are closely linked. For this reason, it is especially important to pay attention to the words you use and the words the caller uses. Some mental processes produce a reduction in degrees of freedom at the mental level, and of course this influences the translation of thoughts into behavior. That is why avoiding the use of words with negative charge to the caller.

Generalization - One of the most dangerous processes is probably generalization. Generalizations have tremendous power to influence, create very convincing mental scenarios (because it simplifies) and therefore - potentially - very dangerous.

It is useful that when the generalization mechanism appears in the caller's conversation, the dispatcher should reinterpret the words as in the following examples:

- No one understands me Those who do not understand you
- Has never understood me How many times have you spoken?
- I have everyone against me Those who are against you
- Everything goes wrong It sometimes happens to me too
- It only happens to me And I say that sometimes

- It can not always be so bad to me It's true; let's interrupt this spell and we will eliminate this "always", and start somewhere together, okay?
- The idea of never seeing him again makes me angry "never" depends on what you are going to do from now on
- There simply can not be done more Nothing? It seems to me that something can be done. Look, we can do X, Y ... up to Z. With what do you think we can start if we start now?

Corax - A way to use paradox in telephone communication uses the procedure known in the literature as "corax".

It can be schematized in this way: over a dangerous statement running positive words such as "is just because you are so [insert a convenient argument]."

E.g

Caller: "I do not value anything"

Dispatcher: "Just because you can say something so difficult, you value a lot more than others"

C: "I've decided to end it"

D: "Because you have already decided already, we can also spend a few minutes to talk" (in this case, it is worth mentioning that one of the main techniques to manage people who threaten suicide is to win time)

Chiasm - This is a procedure used when creating new mental scenarios for breaking out the usual schemes to suggest new perspectives. The dispatcher needs to imagine such options quickly, it is a task that requires considerable imagination and improvisation skills. In situations of emotional pressure, lack of time, logistics and difficult technological complications can make chiasm even more difficult. This type of technique can also lead to confusion, it is a technique to be used only in the context of strong resistance, in which case confusion can fluidize the process of change. Chiasm is based on the following scheme: A causes B, B causes .....

Here are some examples:

"Do you want to kill yourself because you are desperate or desperate because you want to commit suicide?"

"Do you feel vulnerable, because they all persecute you or all persecute you because

you feel vulnerable?"

"Did you run away because your control was too much, or did you control yourself too much because you threatened to run away from home?"

"Are you crying because you are insecure or are you insecure because you are crying?"

"Are you alone because no one wants you or no one wants you because you are alone?"

"Do you want to die because you feel guilty or feel guilty because you want to die? "

II.4. Recommended strategies for emergency dispatchers

Communication strategies

Effective Active Listening Techniques

Mirroring: repeating keywords or phrases that the caller barely has used to focus attention on key issues or words

Emotional labeling - consists of attributing an emotional or mental state

(Eg, "you feel very frustrated"), this technique has the role of recognizing the caller's emotions and of identifying them

Using pauses effectively: Use a break just before and / or , shortly after saying something significant, this strategy allows you to pay considerable attention to the caller in one aspect..

Change the tone and volume of the voice: even this change allows focus on words.

Minimal encouragement: giving verbal agreements (eg, "I understand") allows the caller to hear that he is being listened. You do not have to use "OK" as a minimum encouragement, this could lead to defensive reactions because the person does not feel in a "ok" situation and could replicate the crisis. In addition, the term "ok" would be perceived as an indirect consent to proceed in a certain way.

Verbal Tracking: When a caller deviates from the subject is appropriate to get back to the more important issue with phrases that block what he said before, without shaking him. For example: "How did one month ago relate to the issue you are talking to me about now?", "I apologize, I can not understand the link to the subject" (the best way instead of " I do not understand what you say, "" what you tell me is not useful, "" this information is useless, "" if you speak fast, I do not understand anything, "etc.). Some

callers talk without stopping, often when they are at the top of their emotional curve. For this reason, in some cases, it is necessary to interrupt them. "Just a moment, can you take it back? How does this concern the problem?

Paraphrasing - Using your own words to verbalize concepts or the ideas of the caller. This technique consists of repeating what the caller has said with your own words and has significant advantages:

- You need to listen properly to what the caller was saying
- Give feedback to the caller
- This helps to increase clarity - reduces misunderstandings
- This allows you to make corrections or interpretations
- People are satisfied that they are being listened
- It can attenuate the escalation of anger, it is an excellent tool for managing the state of crisis

Paraphrasing helps reduce judgment, reduces listening barriers . Paraphrasing is used when we are not sure what the caller tells us and starts with "as I understand you’re saying to me ... [paraphrasing]".

Clarification: It consists of asking questions to getmore precise information- this is a technique related to paraphrasing and summary

- Clarification- when you are not sure of the significance of the caller's communication
- Avoiding euphemisms, slang
- Consider the fact that there are cultural and generational differences

In conclusion, communication is a complex process. Be especially effective when operating in contexts of relief, rescue and emergency becomes a real strategic mission.

Behavioral and Listening Strategies

Be prepared: Be prepared to receive and provide relevant information. The first words spoken by the caller might be the most important. The mind rearranges the information in terms of priorities. This is often revealed by the way the caller reorder the words during his phone call. The first information is often the one that has a greater

interest and attention for the caller

Just answer the phone quickly: Usually, it should not sound more than three times until the answer (812 seconds).

Respond in a unique way: The introduction of the 112 dispatcher has the function of making it clear to the caller that he called the right person (eg, "112, what is the emergency?").

The way you answer the phone will set the tone of the whole call: If you are short or rough, the caller can respond in the same way. If you are professional or polite, the caller can better answer your questions. It is not easy to relate to people in crisis, in any case, it is the duty of the dispatcher to remain calm, no matter how difficult the caller is. This is how you can increase your chances of getting the right information.

Speak clearly: Speaking clearly means not just using a moderate rhythm and volume, but also selecting the most appropriate vocabulary for the person you are facing (eg In a discussion with a child it is better to use "What is the street number?" Instead of "what is the street numbering?").

All callers deserve respect: One of the specific attributes is to maintain a basic level of politeness. There are times when it will be necessary to keep the caller connected to the line for a longer time to get more information, other times when you need to answer another call. Explain and motivate your needs - always - in a polite way. People are more willing to accept requests if they are motivated.

Demonstrate with the tone of your voice that you have an interest in the person who calls: Avoid always inflections in the voice that can make your communication look like a challenge. It is preferable to use in communication, feedback and listening methods empathic. Callers can become anxious when silence comes from the interlocutor.

Ensure Caller Safety: Determine whether the caller is secure in the position he is in. Get more information about the caller's context.

Do not be influenced by personal prejudices and opinions: The emergency dispatcher is related to people of different ethnic and cultural backgrounds. Avoid phrases like "Yes, I've heard this story many times." Get first hand information when

possible and use open questions in the end.

In times of stress, some people can quickly answer questions without really paying attention to the content of the answer, they can respond with "yes" without listening to what they are told because they are in a time of crisis.

Avoid guidance questions and conclusions: Whenever you interrupt the caller with questions or statements that actually play a guiding role, you can suggest some personal responses or views that affect the caller.

Caller interruptions, when not needed at a time when information is provided, may reduce the quality of the information. For example, if the question is "how bad is the boy?", It is important to wait until the person answers, and then ask another question. If added, for example, "he fell in the shower?" Certain interpretations may be offered. The caller sometimes can not explain what happened during the incident, sometimes he voluntarily circumvents the information (eg, in the murder cases where the killer calls himself, he claims to have found the body).

Use "Accelerators": The "Acceleration" technique allows you to suggest a quick response, it is a valuable technique to save time and to tell the caller that he will take care of his promptness. An example of an acceleration technique is this: "I need you to respond quickly to some questions so we can quickly get the information we need." Using the term "quick" or "short" suggests indirectly that the intervention is quick and that a quick response is expected.

For false calls: False calls have a particular application. The information obtained is a "report" of people who are not always real data. During false calls, it is very important to ensure the same seriousness in communication as the assumption that the call is false may not coincide with reality. If an adult contacts a child after a child's call, and he reports that "the child simply joked on the phone," the phone should not be closed, assuming the situation is resolved, but you should continue to ask a few questions .

How old is the child?

What is the name of the child?

Can I talk to the child?

Once you are in contact with your child, you need to check if the child is joking

or if there were problems at home and the child tells the truth. Also note the tone of voice if the child is hesitant / hesitant.

Focusing on cognitive flexibility and empathy: Major spread and structure of protocols used by dispatchers 112 may seem to be a very repetitive and schematic thing, and in this case there is no need for flexibility or creativity in communicating with the caller, but it is Only need to apply the protocol. Using protocols is certainly the best way to build a scientific management model for emergency call because it can always be studied and optimized, selecting the correct use of the questions, the words that can be used, the optimal response mode , The most appropriate success rate and reliability. Each protocol can be scientifically studied.

However, the use of the protocol:

- It should not turn into a habit (always and only use of the protocol, even in cases where it is obvious that it does not work)
- Can not be applied in all cases and situations

In fact, effective communication between the dispatcher and the caller must not be just a protocol communication, but also interactive, personalized compared to the communication used by the caller. Therefore, the protocol is not always sufficient to handle the call. Let us think of cases where the caller shows resistance to provide information, the conflict with the caller, the suspected psychopathologist, and other situations where it is necessary to use effective communication to change the caller's point of view, So let him collaborate. For this reason, cognitive flexibility and empathy are two key skills for emergency dispatching.

Empathy is defined in psychology as the ability to understand the mood, emotions and feelings of a person in a specific situation.

Cognitive flexibility is the ability of the dispatcher to adapt to new learning situations and to adapt with dexterity to different mental states.

Active listening is certainly one of the most useful communication techniques to stimulate empathy in case of telephone communication. In telephone communication, the basic aspects to be considered are verbal and para-verbal communication.

Effective active listening is based on:

- Content analysis: what the caller says

- Context analysis: the specific meaning of a statement and all circumstances, and the available information, the general meaning of the communication. Contextual analysis includes background noise, and other clues about a specific situation.
- What the caller does not say or does - often the communication techniques are focusing on the actions and verbalization of the interlocutor, however, even omissions are particularly relevant. Consider that there may be callers who - despite the difficulties - do not ask verbally and directly for help, or the caller omits some information.

The benefits of active listening are:

- Reducing misunderstandings
- Reducing redundant questions
- Improving the relationship with the caller
- Increasing the degree of cognitive flexibility through careful reception of information held by the caller

Suggestions for Effective Active Listening

1. Focus your attention on the subject. Block non-relevant activities and focus on the caller and the subject. Repeat mentally what you already know about the caller. For example: If the phone call refers to an incident of domestic violence, mentally review which lethal factors to consider in this case? What indicators should attention be paid to?
2. Avoid distraction. Do not think straight to the next question, mentally repeat the information provided by the caller at that time and focus on the exact wording and use of words from the last answer
3. Recognize your own emotional states.

a. Manage your emotions

b. Pay attention to the information - to the tone of the voice - to the caller's emotion

4. Leave aside your prejudices
5. Focus on the caller
6. Be conscious and involved

7. Suspend judgment and prejudice - Judgment is natural and automatic, it is one of the ways we use to survive. Judgment is made in seconds, it starts as soon as you receive caller information. This type of process should be postponed until you know with certainty what the facts are.
8. Be patient and allow the caller to express himself.
9. Keep in touch with the caller
10. Listen to what he says here and now - Do not try to anticipate what the caller will say, listen to what he says. Anticipations can direct the caller's information, his or her attention, or sometimes give a plausible suggestion to a caller who does not know what to say, because he is lying on the phone or because he does not want to give information about illicit activities. For example, if a person calls to simulate a help call for an incident at home, when, in fact, there is a case of domestic violence, the dispatcher's anticipation can offer interpretive suggestions to the violent caller.
11. When possible, allow expression of feelings
12. Patience - Allows the caller to tell his story or to provide information about his thoughts
13. Decide whether you need to interrupt the caller's speech or listen to it to have a great deal of information about what's going on
14. Be empathetic • Understand the emotions and feelings of others • Be aware of your feelings • Experience emotions does not mean you have experienced the experience • Avoid identifying yourself with the emotions of the caller, just try to understand the emotions of the caller
15. Authenticity- • Address the real and direct caller, • Be honest with your reactions, • Align your thoughts with your own behavior. When confronted with a call, be aware that if thoughts and beliefs are not aligned with actions and behaviors (how to ask questions, the voice tone used, the use of empathetic or non-empathic answers), you can be perceived as inappropriate or false.
16. Emotional labeling technique

The emotional labeling technique consists in assigning an emotional state to the caller.

Here are two examples of application of the technique:

- You seem upset
- This must have been scary

It takes a lot of attention when we label the emotions of the other. The emotional tagging technique allows you to check the real status of the other, sometimes difficult to decode. Using the phrases that attribute a certain emotion to the subject does not just evoke a reaction, but this reaction can help clarify the emotional state of the subject and create an empathetic connection with the caller. Think of those calling during dangerous murders or special events that - judging by the tone of the voice - may seem emotionless or calm in an unnatural way; in fact, in reality in these cases, the caller experiences a deep emotional state, but difficult to understand if not explored with emotional labeling technique.

II. 5. Communication in psychopathology cases

Calls for suspected psychopathology require special attention and also the use of special techniques designed to specifically manage these cases.

For cases of suspected depression

- Allow slow responses. Use open questions. Be prepared for long breaks
- Use an empathic tone, understandable. Reassure the person with the tone of the conversation, identify the feelings of the caller, even the feelings of anger, resentment, pain. This technique will allow you to tell the caller that it's okay to express his emotions, and that's how you can talk about it.
- Be patient while waiting for the answer, the depressed person speaks slow
- Avoid using close people as intermediates in communication. These, if the person is depressed, could increase his guilt
- Postponing possible autoaggressive actions is a preferred strategy in the place of the attempt to try to change the person's mood
- Identify and reject in an understandable way generalization and terms. Like "all", "always", "whenever", "nothing".

- Do you misunderstand the self-attack phrases "it's my fault." " I must blame myself for everything, " ask deep questions
- Discuss real world issues rather than abstract terms. Topics such as "the world is a terrible place," can be combated with different terms and more concretely: "What has happened, in particular, that makes you feel that the world is terrible?"
- If the caller refers to suicide, try to delay as much as possible. Possible action to distract the subject and try to determine with the help of the police whether the person is planning a suicide (suicidal-by-cop SbC). Look for actions, objects, people who can give hope (as a hook) and apply these options.
- Attention to some sudden improvement of the state of mind - it can be predictive for suicide
- Refer to the basic needs of the person
- Speak and repeat affirmations to see if the person understands what you are saying, slowly and clearly
- Avoid conversations pointing to a change of mood for good " Don't you see that life is beautiful? "," Do not you see that you have good luck! "," There's someone worse than you "" Do it for your children. "

For cases suspected of psychosis

- Use a tone of voice that does not judge, firm, calm, and respectful
- Do not try to correct their hallucinations, listen to critical perceptions their. For them, their hallucinations are real. If these perceptions are not respected - for paranoid personality - for example, it's as if you do not confirm their paranoia, and the idea is that you are against them.
- Do not go directly to the subject of hallucination.
- Ask to describe your situation. Use the paraphrase technique in a way in which you do not judge. The paraphrasing technique refers to the repetition of the sentence on the questioner as a questioner. For example, "Life Is Terrible" - You mean life is terrible?
- Allow the person to explain, in order to create trust and empathy.

- Focus on negotiation or problem solving. Focus ont he real parts, not the imaginative of the problem, without criticism.
- Allow the report to be created over time, do not try to approach the problem immediately and directly.
- Reinsure the person permanently
- Avoid "getting in" in your vision of reality to change it from the inside
- Anticipate aggressive responses. Answer asking for more information, clarifying and paraphrasing responses. Try to put more emphasis on real things and guide the person to real data
- Face the subject's fears by providing constant reassurance

For cases of suspected antisocial disorder

- Remember that these people have a very high ego
- Keep the subjectbusy
- Be oriented towards reality
- Avoid intermediation by the police

For cases of people suffering from panic attacks

- Use closed-ended questions, this mode evokes short answers, which Tend to adjust your breathing (eg, What age are you? What do you do? Where are you?
- Try to locate pain in a special and limited area of the body (for Eg, "Pain is at chest height")
- Specify the location of the pain in detail (eg, "More to the left or more to the right? How many fingers under the stern? ") This and the above questions are meant to distract the caller from the panic attack, which is an imaginary fear.
- Use the scale of mood: say from one to ten how would you rate this feeling of agitation?. More accurate. Very precise .) This technique can be reused during the call to ratify the presence of possible changes.
- Do not show that you are surprised or amazed, the panic attack is one autosuguitive syndrome and can be strengthened by such reactions by the dispatcher
- Reassure that "panic is harmless, does not affect", "physiological reactions give you a sense of warmth and pain, but have no health effects "

- Use distraction techniques: ask for simple tasks, like the opening and closing of a hand, holding a straight arm, moving the toes, keeping the balance on one leg. A way to distract the subject can be to anchor it to some aspects perceptible by the person "feel the air that enters the lungs?", "Feel the ground you are standing on?"
- Use verbs and words that involve the end of the crisis: "successive" "When it is over", "after it has passed", "then."
- Avoid repeating negative words too often, such as "anxiety," "fear, "panic."
- If the panic attack is significantly reduced (after checking with the scale technique), it may be helpful to ratify the success of using positive reinforcement messages such as: "Congratulations you were good, it went well, I feel you're quieter, it went well, it's your merit."

For those who threaten suicide

Ask the person to tell you if he thinks of self-harm.

- Discuss openly without being shocked, without disapproval and judgment.
- Ask questions about the person's medical history.
- Ask if she has ever suffered from depression.
- Earn time. Use arguments like "For this reason, you can give yourself time to talk to me "
- Avoid expressions such as "Why", "When did you decide?", "Why?" But are you sure? "Do not do it."
- Avoid placing paternalistic mode "I'm older than you, you're not doing the right thing ".
- "I'm here to help you in your choices and not to maintain your choice ". Many traumatizers have thoughts or suicidal plans. Some people follow those thoughts when faced with periods of stress or when a triggering factor intervenes while others act constantly driven by these thoughts.

In discussions between dispatcher and a caller who has suicidal thoughts these are some phrases that can be used.

- Because you deserve to live;
- Because your life is valuable, even if you see it or not;

- Because it's not your fault;
- Because you have not chosen to be beaten or molested;
- Because life itself is precious;
- For those who have wronged you have not and have not been right;
- Because you're connected with all the other survivors and your daily fight automatically gives others in similar situations hope and strength;
- Because you will feel better, in the end;
- Because every time you face desperate situations, you will come out of them stronger;
- Because if you die today, you will not feel the love of another human being again ... .. or you will never see the sunlight as it penetrates the leaves of a tree;
- You survived, you are already a winner ... no one can take that;
- Because the will to live is not a cruel punishment, even if it feels like that sometimes; it is an invaluable gift;
- Because we need survivors to provide proof that despair and horror can be overcome;
- Because no one knows the sense of suffering and agony better than you;
- Because you deserve the peace that will come after this battle is won,

And it will be won, but only minute per minute;

At the same time, one of the most common communication algorithms is proposed for people who threaten suicide. The first phase is to build empathy and trust with the caller, successively collecting clues about suicide, investigations on how the subject is being implemented (planning), and helping to reduce lethality. Only successively planned and an understanding activity in which the problem is identified (usually there is an important event that leads to the decision) of the problematic areas and especially the motivations, the issues that have no value or meaning for the person anymore. The communication shall end with the request and the verification of the appropriate on-site intervention.

The Algorithm of Action in Suicide Trial Management

A. BUILD EMPATHY / TRUST

B. Identify SUICIDAL INDICATORS

- For example, "I'm not interested anymore" "You will not hear me again"
- IF THE INDICATORS SUGGEST SUICIDE
- Ask - "Do you want to commit suicide?"
- Have you done anything?
- If the answer is yes - what did you do?
- If the answer is No - you have something to kill with? - Get information - ask
- A. METHOD - pills or substances - how many did you take? What kind of...? Have you taken anything else, like alcohol?
- B. HELP - REDUCES LETALITY
- Pills - vomit, get up and walk around the room, stay awake
- What is the problem? - What happened in the last 24 hours? Identify the factor that led to the gesture
- Identify the hook - what is still important for the person? A significance?
- Determine motivation - what is the objective of suicidal action?
- Develop an action plan
- Ask for the most appropriate intervention - rescue, fire brigade, police, etc

II.6. Communication with the child

Emergency calls are of major importance to the society we live in, the work of an emergency dispatcher is special. Even a few seconds can save a life.

The rules for phone conversation with a minor are different from those with an adult. The rhythm is different, the child is unpredictable and tends to anticipate answers before the questions that have been formulated. He wants to respond quickly and well and if not, he gets angry and feels unsafe. It can be alone when it rings, which makes the conversation difficult.

When a child enters an emergency situation, it is important to find out his age, his vocabulary, the cultural context, the ability to understand the reality and the way of speaking.

A Useful Scheme to Reduce Difficulties:

- Using simple language, keeping calm and assigning tasks or role to the child. For example "you will now be my help in solving the situation" or "from this moment you become the savior ....."
- Repeat calmly
- Slow expression with an appropriate tone.
- Availability to be ready to repeat the sentence using the same words or reforming with a simpler vocabulary.
- Avoiding anger, anxiety, judgment.

II.7. Key questions and their role

Wording of questions

The question is technically a request for additional information. Structuring the question should always be based on schematic thinking, namely:

- What specific objectives do I want to reach with this question?
- The type of question evokes short or long answers (questions must be or calibrated according to available time or the urgency of the action),
- Is the wording of the question appropriate for the person who answers? is it needed at that time? What kind of information is needed right away?

Types of questions

Closed questions - These are questions that are answered with the selection of an alternative.

These are questions that are used to get specific information and can be categorized into three types:

- Yes / No (is there someone with you?)
- Selective (did the gate remain closed or open?)
- Identification (how many tablets have you ingested?)

E.g:

- What is your name, street name, phone number
- When it happened?
- Did they hurt you?

- What kind of injuries do you have?

Closed questions evoke short answers, so their use should be selected according to the goal and phase of the call. In this section I propose some suggestions.

- It is useful to apply it in the early stages of communication. Especially at first, It is important to have concise and short answers (quoted by closed questions), because the priority of the call should be immediately understood
- When you want to see if the caller is following you (eg, "Are you following me?Do you understand what I mean?")
- Negative closed questions should be addressed as they are because they could turn against the dispatcher. A verifying question like "Do things go really bad right now?" It could evoke "yes," which is very dangerous.

Open questions - These are questions that evoke an expanded and free explanation , and do not have a predefined set of responses that the subject can give. E.g:

- How did you get hurt?
- What happened?
- What did you see?

These questions are more appropriate in a second phase of the call and only if necessary. They provide information on the views, feelings, and ways in which the events occurred.

For example, "What was the reason for your call to the PBX 112, and how did the call then interrupt?"

Ask "how" do not ask "why". The question "why" has some drawbacks:

- Focusing on the causes of the problem, and not on positive events in last
- Enable mental connections that the caller does not currently have evoked (usually negative: Stalker, people seen as dangerous)
- Individualize a series of past events (difficult to discover)

For which the interlocutors - for consistency - will tend to use them to justify themselves and to explain the reasons for their current behavior

- It is a question that allows the caller to provide alogic explanation as a justification of its behavior but does not provide useful information for

managing the problem. The question of why it should be used only when there is really a strong doubt or when you suspect there are "pieces of missing information" in the phone call.

II.8. The phone triage

The importance of using a triage in emergencies arises from the need to have an efficient appraisal / selection process for callers in terms of emergency demand.

The phone triage consists of an interview to assess the emergency call and to send the most appropriate team and the prompt means.

The relative phase of the Award Code provides for four priority levels:

1. Red Code: High Critical Priority, Top.
2. Yellow code: Critical, intermediate priorities.
3. Green code: not very critical, priority basis.
4. Non-critical non-critical white code that is not urgent.

The waiting times for the following cases refer to international standards:

- Red Code: immediate access to care
- Yellow code: Access in 10-15 minutes
- Green code. Access within 30-60 minutes
- White Code: Access within 60-120 minutes

The communication phases that the dispatcher follows are:

A. Acquisition of general information. E.g:

1. What is the urgency?
2. What is the number of where you call?
3. What is the problem?
4. How many people are injured?
5. How many years does the patient have?
6. Is he aware?
7. Breathe?
8. Does he have pain?
9. Is a man or a woman ?, etc.

B. Assign a priority code

Along with the information in point a, the Operational Center receives more detailed information from the intervention staff:

- The state of consciousness
- Breathing rate
- Saturation of arterial oxygen
- Cardiac rhythm
- Blood pressure
- More information

This additional information will serve to establish an additional code under which the patient will be sent to the hospital**.**

CHAPTER III
The psychological profile of the dispatcher and the caller. Recognizng false calls

III.1. Emergency dispatcher profile

Cognitive, emotional, behavioral skills

It would be good for the operator involved in rescue or assistance activities to have a set of skills that could be acquired through psychological and behavioral training.

- **Multi-tasking**(Know how to manage and coordinate simultaneously more tasks): to accumulate caller information, build appropriate answers / questions, direct the call, use technology
- **Decision making:** the emergency dispatcher makes decisions at any time and in a short time, this greatly increases cognitive load due to high stress. Decision sorting the case is not the only decision. In fact, managing each caller's answer involves a decision (which question should I address? Do I interrupt the caller or let him speak? How can I answer this sentence?)
- **Critical Thinking:** The dispatcher should not assume he knows exactly what is happening at the scene. The dispatcher must see through the caller's eyes and this process involves many distortions. Critical thinking is fundamental for this reason, because it enables the dispatcher to visualize several possible scenarios and manage them through cognitive flexibility.
- **Know how to set limits:** setting communication rules and their implementation in the appeal is a fundamental skill. The objections of the caller, negative comments or violation of the basic rules of communication and respect, in most cases lead to a slowdown in call handling. This ability is closely related to the call control concept.
- **Verbal communication:** the emergency dispatcher interacts with a wide range of people, this involves a wide variety of subjects who call the emergency telephone and consequently a variety of communication registers, so verbal communication is one of the key competencies for the dispatcher. This capacity

is closely related to active listening, attention to the caller and interview technique.

- **Team work.** It assumes a positive attitude towards team and group efficiency
- **Situation awareness:** the ability to perceive and anticipate what is happening**.**
- **Communication:** sharing strategic information**.**
- **Cooperation:** to cooperate in a team and collaborate.
- **Managing stress and fatigue:** recognize signs and know how to manage them.

Recognizing the psychological profile of the caller

Given the nature of this work, in order to recognize the psychological profile of the caller, we will only deal with verbal and paraverbal communication and how we can identify through it a series of clues to understand the personality and needs of the caller.

The goal is to put the emergency dispatcher in the position to use all appropriate strategies to make the best decisions about the call.

The verbal component of communication indicates what is being said with words. The term paraverbal means the way the words are spoken and it includes the tone and volume of the voice.

Part of this subsystem is used as a sort of punctuation of breaks, capable of instilling a rhythm in content, in what is said. The context in which communication takes place is also important. For example, if in a normal situation a person who has a slow and calm speech, typical of a kinesthetic individual, in an emergency context, his speech can become more agitated and fast. Therefore, the context plays a key role. So calm the individual, interact to return to a "normal" system and notice his speech again.

Similarly, if you are listening to someone on the phone, if you notice nervousness or a slight tremor of the voice, they may lie and their words do not reflect the true situation, but if the individual is in a shock, or has been even in a minor accident, this change of voice may most likely be due to adrenaline, or even a moment of panic caused by an accident shortly before.

Is there a connection between voice and personality?

It is important to analyze the vocal aspects that fall into non-verbal communication that can show how something is said. Voice transmits information in addition to words (Anolli, 2006): Anyone with eyes closed is able to recognize the voice of a familiar person, or whether it is a man, a woman, a child, an adult. This is because there is more information in addition to words such as timbre, volume, voice extension, etc., which can be defined as paralingual signals.

The classification of vocal non-verbal elements is not easy due to unclear terminology, however, the term "paralingival" is the one most commonly used. They refer to the biological factors (gender, age), social (culture, origin, social class), personality associated with the person's psychological traits (for example, the thin voice is typical of a person who is discontinuing activity), and the transient psychological characteristics In terms of situational mood or emotional experiences.

Tactics to recognize the psychological profile of the caller

As we have described above, active listening is a dynamic process that requires engagement and concentration, and is the most effective form of help we can offer to people who suffer from emotional disturbances or trauma. In this process, the receiver, the recipient of the message has a specific role in using unstructured attention, exploiting the potential of NLP, possibly understanding and deciphering the mentor's attitude and mental predispositions. It is also possible to understand the mental mechanisms and to open others, to understand the beliefs, values, of the person at the other end of the line, by establishing the most effective communication relations.

Active listening involves three processes: receiving, processing, and replying to the message. Especially the first process involves unstructured attention, focused on the issuer's messages.

Secondly, active listening must be characterized by the absence of directivity. In fact, the listener, rather than conducting the dialogue, should facilitate the communication of the caller. This will help the caller freely develop his own point of view, his speech, without interference or involvement in choosing topics to be dealt with or deepened.

The third element is the use of the reformulation technique (see below, next chapter on Reporting, Stimulation and Leadership) to understand the other's subjective experience.

Verbal and paraverbal elements

In order to have an idea about the caller, we have only one sensorial channel, the auditory channel: noises, sounds, stamps, volume, speed, rhythm, accents of voice, breathing, and choice of words and verbal characteristics (laughter, crying, , Etc.) and sound (interchanges eh, Uhm, ah) are the only elements that can lead us to get a caller's idea and what is happening.

Choice of words

Although they may seem unimportant, paying attention to the verbal predicates that are used more often, more features of the person with whom we interact can be highlighted.

The choice of words is symptomatic in understanding the channels by which an individual refers to the outside world, and therefore it is possible to highlight the main characteristics of his personality.

What terms does our interlocutor use more often? How many and with what details he describes a scene? What words does he choose (visual kinetic) in conversation? How many words does he use?

Elements of paraverbal communication

Silence

Even silence is a form of communication in the paralingual system, and its features may be highly ambivalent: the silence between two lovers obviously has a very different meaning than the silence between two ignorant people. In this context, silence is very important, as it may mean the impossibility of saying something, perhaps exacerbating a blockage, a major shock. In these cases, silence may be accompanied by sound interferences and / or shortness of breath or accelerated respiration.

Tone

Voice tone is one of the most important factors for understanding a person's state. Tone shows the emotional state of a person and is determined by physiological

factors (age, physical constitution) and context: a person with a high social level who speaks to a person with a lower social level will tend to have a lower voice tone. And the emotional state contributes to changing the tone of the voice, an emergency can change the tone to a high register.

These features are harmoniously combined with different types of personality and can help us understand both the emotional state and the type of person we interact with.

Timbre

The timbre distinguishes one sound from another. Therefore, it is important to listen to the voice stamp to analyze a person's personality, the voice tag identifies each person as a digital fingerprint.

The timbre can be changed (less than other parameters) through emotional disturbances.

Volume

Voice volume is most likely to change depending on different situations. Changing voice volume changes the intensity of what is said and highlights some words. From the personality point of view, people who speak with a low volume of voice often seem shy, uncertain and low self-esteem. By contrast, people who speak with a high volume of voice can convey a strong self-confidence, but a person who speaks too loud may seem aggressive and arrogant. However, even here, the context is crucial. If there is a situation of stress, fear, shock, it is normal for a person to change the volume of the voice (and thus the tone) in the high register, which can become screaming. Similarly, fear can, in turn, cause the volume to the limit of the low voice to whisper.

Rhythm

Rhythm is the speech speed. It can be a personality feature, but it can also indicate a state of tension or, on the contrary, if it is slowing down a state of relaxation. The speed with which people speak is strongly affected by the emotional state. For example, in a state of emotion and stress (such as embarrassment, fear), people usually talk very quickly. A quick voice usually can indicate tension (but also a kind of dynamic, visual personality), while a slow voice can convey calmness, relaxation and tranquility. This parameter is very important in analyzing what we hear. Breaks also

have a certain aspect in some situations. A person who fears can speak very quickly and without pauses, while a calm person does the correct breaks. Too long pauses can be a symptom of anxiety or lies.

Verbal punctuation

The verbal punctuation in speech is represented by the emphasis the speaker focuses on, namely pauses and accents, which support the voice and inflections of the voice. The use of (or not) punctuation can be deduced from the agitation of the individual because the voice is in accordance with the physical and mental state of the speaker.

Breathing

Attention is paid to the way a person breathes. There are emotional states that could alter a physiological respiration very much. A state of anxiety, agitation and fear tends to speed up breathing, bringing it up to the blockade. On the contrary, calm states are connected to slow and low breathing

People have their own sensory channels, and by analyzing these access channels we can get an idea of the psychological profile of the person we interact with. These ways of access to the outside world are called "sensory channels" and "submodalities." Therefore, by analyzing these channels it can be understood how the individual is accessing the world, how he conceives and how he refers to it, type of personality can be understood , the dynamics and consequently an effective communication can be established.

The right sensory channels

"What we perceive externally (consciously or unconsciously) - writes Lankton - translates into internal representations that, alternatively, affect our behavior ... whenever a human being interacts with the surrounding world, it does so through sensory representations. "

People use all available channels, but each individual has a channel that is preferentially used by context (listening channel for listening to a concert, for example). However, it is generally the case that man tends to prefer one of these channels. This is called the primary representation system.

The identification and management of representation systems allows:

- Liaising with the interlocutor and, therefore, making communication more conscientiously using his system of representation
- Identify the behavioral strategies the individual uses in different situations to reproduce patterns of behavior or to improve interaction with the person.

There are three representation systems:

- Visual
- External: observing reality
- Domestic: viewing, creating interior images
- Auditory
- External: listening to sounds and noises
- Internal: internal sounds and internal speeches
- Kinesthetic
- External: tactile sensations, taste, smell
- Internal: emotions, emotions, the relationship with your own accentuated body

Each person uses a primary channel and, to a lesser extent, a secondary channel, while the third is largely unused.

To understand how people use the various channels, it is enough to observe some elements: for example, the movements of the hand, the posture of the body and the tone of the muscles, the movements of the eyes, the movements of the head, but in our case, as we can only use the auditory channel, We have to observe the breathing, the characteristics of the voice and the verbal elements. In fact, language, choice of words is an important source that can provide clear indications.

Therefore, people who have a visual channel predominantly make descriptions using verbal type predicates, "you have seen" .. "here they are" ... they have a quick, quick-breathing speech, accelerated. Those who mainly use an auditory channel give much importance to internal reasoning, have lower voice stamps and use expressions such as "You've heard ..." "Listen ..." etc. Those who primarily use a kinesthetic channel give much more to their inner feelings, their emotions, what they feel "in the stomach". Voice tone is lower, breathing is slow. Speech is slower, expressions refer to weight (eg "This situation is tough").

Managing a phone call can address the right focusing questions on the words that are used to understand which are the favorite channels (primary and secondary) of an individual. Of course, each will be a check with the next one; No parameter or indicator can be taken in an absolutely singular way, and as I mentioned, account should be taken of the context.

III. 2. Managing the caller's emotions

Similarly to what has been said so far, even managing the caller's emotions is important to restore a calm (or a greater calm) state.

To this end, different methods can be approached that have the common goal of reducing the emotional peak and regaining control over the situation.

A very simple first method is based on the perception of space.

- Breathe three times slowly.
- Start by focusing attention on the space around your body.
- Feel the space that is on the sides of the body.
- Feel the space in front of you.
- Feel the space above you.
- Feel the space below.
- Feel the space between you and the objects around you.
- Simultaneously feel all the space around you.

This simple, phone-based technique is very powerful and helps drive attention to important stimuli.

Another method of managing emotions belongs to the technique called "emotional release".

A simple way to implement this method is to ask the subject to see how his finger makes an inverted eight (infinite motion) without moving his head, just by moving his eyes. A scared person may have blocked his eyes, so with this movement the eyes will be unlocked. You can apply the technique using light. The person is asked to look at a light source for thirty seconds, thinking of a positive moment before the incident.

III.3. Managing false calls

In this part we discuss the decision-making process of dispatchers, how trained professionals should deal with false calls.

Abuse or misuse of 112

The emergency line is only for emergency assistance. If the person dials the number for another reason, it is considered abuse (if he has intentionally called) or misuse (if he has accidentally called).

Regrettably, much of the 112 calls are false messages, joke calls, or other forms of abuse or misuse. This is dangerous because it can prevent a person who really needs help getting to the emergency call center. In other countries, misuse or misuse is recorded and may result in criminal prosecution.

One way to avoid false calls can be to raise awareness and educate the population in this respect. For example, sometimes 112 can be accidentally called when your phone is in your pocket or purse.

Children who play with one of the parents' mobile phones can also accidentally call 112. If the screen displays the message (emergency calls only), the child can call 112 simply by pressing the dial button. Before a child can play with a mobile phone, parents must always ensure that the phone can no longer be used to make calls.

The Emergency Service (112) receives more than half a million calls annually. Communication between caller and dispatcher is occasionally prone to error due to stress and related conditions

To manage such a large amount of information and to react effectively to the specific circumstances of each individual call, highly qualified staff is needed.

The emergency line should only be used in emergency situations. An emergency is any situation requiring immediate assistance from the police / gendarmerie, fire brigade or ambulance.

Do not Call 112:

- for information
- for assistance in solving a problem
- when you are bored and just want to talk
- to pay fines for circulation

- for your pet
- like a joke

If you accidentally call the emergency line, do not hang up. Tell the dispatchers what happened, so they find out that it really is not an emergency.

Any fake call can be dangerous. If the emergency line or callers are busy with fake calls, someone with a real emergency is in a situation where they can not get the necessary help. In most parts of the world it is against the law to make emergency joke calls.

Definition of a fake emergency call-The concept of a fake emergency call is not always the same for all emergency services in European countries.

The purpose of this section of the chart is to describe the main definitions:

Unintentional fake emergency calls	Calls from your pocket	A fake emergency call is when someone calls the emergency number accidentally (calls from your pocket) then disconnects and remains silent or there is not enough background noise to warn the emergency dispatcher that it is a fake call.
	Bad assessment of the emergency	A fake emergency call is when someone contacts the emergency service to tell them it's an emergency. The situation is not considered an emergency for the emergency service, but it is for the caller (eg someone has lost his keys).
	Automatic fake calls to emergency service	Fake calls to the emergency service can be done by automatic devices (alarms, security devices, etc.) that do not work properly. When inappropriately used, the caller may not know that the automatic call has been made. (In some cities, taxi drivers can press a SOS button. This button may generate an

		alarm due to faults).
	Emergency call generated from a crash	Fake calls to emergency services such as 112 can be generated by network failures or public equipment because fixed-line switches would need to recognize the disconnected loop of the call.
	Wrong dialing	A person can accidentally call the emergency number when they try to dial a similar code number, eg 111 or 118, or when they use unknown equipment and dial the numbers accidentally.
Intentional	Information	A fake call to the emergency service is when someone calls the emergency call and asks to talk to someone about a non-urgent issue (eg ask for administrative information, talk to the operator about the news)
	Pranks	A fake urgent or malicious call is when a person calls the emergency service and tells them that there is an emergency when there isn't (eg someone invented a story that an accident occurred in a place where nothing happened)
	Child's play	A child can call or simply yell, scream, shout at the emergency operator, in most cases more children are heard in the background.
	Mentally unstable (Mental	A person who has a form of mental illness can call emergency services, sometimes repeatedly, to announce an imaginary

	illness)	incident or that has been exaggerated.
	Abusive	An abusive call is when a person contacts the emergency service and is rude or insulting the emergency operator without intending to report an emergency or to get home because he is drunk and can no longer travel with the means of public transport.
	Immediate hanging up	A fake emergency call is when someone calls and closes intentionally.
	Silent calls	A fake call is when someone rings and deliberately stays silent (note that not all silent calls are false calls)

III.3.1. Measures to fight against false calls

In some countries, public authorities have taken action to tackle false urgent calls. Efforts can be made to prevent abuse of emergency services (before making fake emergency calls) and also to try to punish abusive behaviors (after making false urgent calls).

Education: is the fundamental pillar for avoiding abusive use of emergency numbers. All emergency services receive a lot of fake emergency calls from children. The abusive use of emergency numbers can be reduced by educating children on when to call emergency services. Unfortunately, not only children use the emergency numbers incorrectly. Adults must also be informed when to call them.

Welcome message: In some countries, the call is not answered directly by an operator. A very short message explains that the caller tries to contact emergency services and asks him to stay on the line only if he needs help. This type of pre-recorded message reduces the number of false emergency calls taken over by operators.

Communication: Periodic communication in campaigns and in advertising commercials for the public in public spaces and TV advertisements to highlight the

importance of the correct use of the emergency number and the impact of inappropriate use of emergency services.

Warnings: The number of false emergency calls is so high that in some cases, warning measures are required. Emergency services receive data with calls. The caller's phone number and location are now available in a very large proportion of incoming calls. In some countries, public authorities have voted in favor of identifying citizens in case of abusive use of emergency numbers. Several countries have also decided to warn people that they can be prosecuted if they make false urgent calls. In some cases the media are used as warning mechanisms (ie by issuing information about offender and offense).

Criminal Investigation and Sanctions: Other stronger measures include criminal prosecution and sanctioning of abusers. The phone number of these people may also be blocked or enrolled in blacklists. In most countries, fake callers have to pay the costs of unnecessarily mobilizing emergency services (in some cases even if no resources are mobilized).

Cooperation with network providers to study the possible impact of new technologies: Technological developments and their implementation can and will have impact on services such as 112. It is therefore very important to organize strategic discussions with network providers to minimize negative consequences And to maximize the possible benefits.

Attention to call handling procedures: Call handling procedures that include standard questions for filtering false urgent calls, for example, requesting a child to talk to when the parent can not make a call.

The importance of Caller Line Identification: Receiving, identifying, caller's phone number is the first step to tackling false emergency calls. This information is the only connection to the person who has contacted the emergency services. It is the key to tracking the source of false emergency calls.

In some countries, emergency service organizations have defended the blocking of non-SIM calls because the high volume of SIM-related fake emergency calls presents a serious risk for operational efficiency and effectiveness by diverting resources from real emergencies.

It is also worth noting that it is not possible to demonstrate that the caller is the owner of that telephone device, but at least measures can be taken against this phone number. The name of the owner of the number can be identified if there is a contract on a mobile or fixed line. This is not always the case for pre-paid contracts. In some countries it has become mandatory to provide the name of the phone owner even for prepaid contracts.

The procedure for processing the fake emergency calls

Recommended procedure:

Step 1 If possible, the dispatcher checks if there is information about previous calls made from the caller's number.

Step 2 The dispatcher asks the caller for his location and compares it to the location he receives automatically.

Step 3 The dispatcher addresses special questions to the caller. In some cases, the person making the calls can transfer the call to a specialist dispatcher (a doctor, a police officer or a firefighter, on-site or off-site) for further verification.

Step 4 In the case of repeated emergency calls from the same number, the dispatcher may add the possibility to add it to a blacklist, alert the caller, send an automated SMS, etc.

Classification of calls: For a common understanding of the issue, calls received in the emergency service can be classified as follows:

Real Emergency Calls: Calls for imminent threats to life, property or the environment;

Fake Emergency Calls: Calls are not real emergencies. These could be, but are not limited to: abusive phones, children playing with phones, mysterious phones, information calls, calls from people with mental health problems, calls that can meet the need to help authorities, but do not involve threats Imminent to life, property or the environment.

Measures to reduce false urgent calls

Unintentional false calls

Unintentional false calls	Calls from your pocket	**Education for keyboard lock** Phone design (some locked keyboards are more prone to making emergency calls) Reconsider which of your SIM names are emergency numbers.
	Inappropriate evaluation of the emergency situation	**Education** Ask the caller to communicate his non-urgent situation to another number
	Automatic fake calls	**Maintenance**
	False calls generated erroneously	**Network filtration**
	Wrong dialing	**Education** Automatic greeting message

Intentional fake calls

Intentional	Information	**Education** Auto-greeting call
	Prank calls	**Education** Warning Judicial follow-up
	Child's play	**Education** Warning to parents
	Mentally unstable (Psychiatric illness)	**Warning** Judicial follow-up Warning to family or doctors
	Abusive	**Education** Warning Prosecution
	Immediate hang up	**Education** Automatic greeting message Warning Prosecution
	Silent calls	**Technology** (to detect if a person with hearing impairment is behind the call) **Education** Automatic greeting message Warning Prosecution

Ability and techniques of interviewing

Collecting information is a basic human activity - we use information to learn, help us solve problems, help our decision-making process and understand ourselves more clearly. The question is the key to getting more information and without it interpersonal communication can fail. The question is the foundation for a successful communication - we all ask and ask when we engage in conversation.

Types of questions

As specified in a previous chapter, emergency dispatch need to obtain accurate information to enable emergency responders to make the best decision on how to deal with the situation. The callers will usually be asked**:**

- Where
- What
- Phone number
- Who
- Why (sometimes)
- The purpose of the questions

How to Detect Lies During Emergency Calls.

The lie detection mechanisms share the methods in these three groups:

- Physiological methods
- Non-verbal methods
- Verbal methods

Physiological methods are based on the link between the lie and the physiological indicators. Lying is an activity that results in physiological variations in parameters such as breathing rate, heartbeat, skin conductivity, and it is very difficult to manage these unconscious variations. The polygraph relies on this. Many other new tools are used in research to study lies (fMRI, electrogastrogram and many more). But these methods have many difficulties: it takes a difficult preparation to use them and takes time.

No physiological methods can be used during emergency calls.

Non-verbal methods are based on the fact that lies lead to variations in non-verbal behavior. Non-verbal behavior is the inner state of the subject. For this reason, comparing non-verbal behavior with the verbal statement is a useful method for the purposes of detecting lies. However, during the emergency call, only a small part of the non-verbal behavior is available. In fact, non-verbal behavior includes a very wide range of gestures that can not be considered during an emergency call.

The voice features that are part of paraverbal communication such as rhythm, volume, voice tone, presence of breathing variation, lack of words can be used as indicators in detecting lies in emergency calls.

So the most important part of non-verbal behavior for the emergency call is the voice characteristic. There is a strong connection between voice and emotions, for this reason, voice analysis is strictly related to the internal status of the caller. At the same time, it is very important for the dispatcher to manage his own voice to communicate effectively with the caller, to induce calmness and to give the correct instructions.

The third lie detection area is called verbal analysis of the statement. Words are an important part of the emergency call. The way we organize our sentences reveals many subtle information about our inner state, our intentions and our reactions.

In the analysis of emergency calls, caller communication is not a common communication, it is a critical and new situation for most callers. For this reason, there is great variability in the caller's speech. Everyone reacts to stress in very different ways, some callers will react to stress shouting and shouting, others reducing the volume of voice.

Communication during emergency calls is very different from ordinary calls, subject tension is very high, especially during the first part of the call and during significant changes in the safety and health of victims. The role of dispatchers is to reduce unnecessary communication, loss of extra time, increased anxiety, and loss of control over the caller. Dispatchers communicate with a very wide range of subjects and for this reason quality protocols should be integrated with sufficient flexibility in query techniques.

Psychological analysis of the emergency call

In a critical situation, victims and witnesses often recall the words of the key lifetime conversation. This is true in the communication of bad news (communication of serious diseases, injuries, communication of death), but also in critical emergency calls. For this reason, dispatchers communication capacity should be enhanced by psychological training. At the same time, communication continues in critical situations may have an impact on the psychological health of dispatchers and support should be given to reduce stress and other negative consequences.

Before you start with the technical aspects of recognizing the fake emergency calls, it is important to deepen the emergency call psychology.

The first important rule in the analysis of emergency calls is that witnesses, victims and others involved in this issue are not objective observers of reality. It is agreed in the scientific community that people's memory processes are characterized by trends and errors.

- That is why people who attend the same event can report very differently.
- In fact, there are many sources of inaccuracies in assisting an event, namely:
- **Personality traits:** optimistic people tend to overestimate
- The positive situation, while pessimistic people tend to overestimate the negative aspects of a situation, many research have shown that, for example, depressed people tend to overestimate the sadness and neutral situation
- **Stress:** It has been shown that stress reduces the correct memory of events
- **Direct involvement in the incident**
- **Personal relationship with the victim**
- **The stage of communication:** each person has a specific profile in communication. The subject's communication tendencies (gestures, voice tones, voice volume, speech speed, average non-word rate, clarity of language, language style) are the basic line of the subject, its usual way of communication. The study of differences in subject communication is very important in every communication analysis, however, it is quite difficult to know the subject's basic line during emergency calls, in fact emergency communication is an unusual event for most of the callersIn emergency calls, it is not possible to carefully

study all disturbance factors that - in absolute terms - can affect the quality of information, since the focus of dispatchers should be on protocols and effective questioning.

We should consider two main filters in emergency call communication:

The callers filter reality by relying on their own personality and perception

- Callers filter thoughts and perceptions based on their own language

Language, in fact, is always an inaccurate way to represent thoughts. It is not possible to represent the thoughts completely only through language.

III. 3.2. Fake Call Indicators

Below we will show you the main issues to be monitored during emergency calls because some small variations in caller communication can help detect false calls.

Pauses

Communication pauses can really help to understand the unexpressed aspects of communication. In the study of pauses, it is incredibly important to study the time, the unexpected positioning of the pause can significantly affect the psychological significance of the sentence. If we find at the end of the communication that there were many pauses, but we can not remember when, we have partial information.

The first general sense of pauses to consider is that pauses are negatively correlated with excitement, the more active the subject is, the greater the chance of having fewer pauses. Anxiety, urgency, are related to fewer pauses and overlapping of speech.

- Pause is often related to topic deactivation or cognitive execution, the subject rationalizes what to say, and this may be due to several reasons.
- **Uncertainty:** The subject is not sure during a call on what say or encounters difficulties in handling the incident. In other cases, the subject may have verbal deficiencies or a low cultural level, and word search is mainly caused by this. The stressful situation adversely affects verbal performance
- **Lying:** the subject - for many reasons, may lie to the dispatcher, cognitive excitement and hidden information can cause irregular pauses in conversation.

- **Cognitive complexity -** there may be difficult aspects of the reality difficult to explain.
- We use breaks to increase the clarity of information: we pause in the case in which, ideally, in our conversation there should be a point or a comma

These general rules in emergency communication are often violated, resulting in irregular breaks indicating cognitive excitement.

For example, just compare pause positioning in the same sentence:

A. I started writing the master's thesis [pause] and I can say that my teacher is very good.

B. I started writing the master thesis [pause] and I can say that my teacher is very [pause] good.

The two sentences have exactly the same formula, but the psychological meaning is completely different. The first one has a correct positioning of pauses, in fact, the pause is at the right point, separates two concepts in the sentence. The second one has an additional break after the word "very" and the word "good". What is the different interpretation of this sentence? An irregular pause (does not indicate a comma, point or separation of concepts) indicates cognitive excitation. What can lead to a break at that specific moment?

Probably the person tries to look for an appropriate adjective to define the situation, but this cognitive excitement leads to a relatively easy word (the word "good" is very common and does not suggest complexity), it is likely that the subject does NOT believe his own sentence.

A second indicator on pause irregularities is the absence of a pause when it should be. When there is a significant aspect of reality, you should make a pause or a significant variation in the pitch of the voice.

For example: "The room is disordered [pause] there is blood in the bathroom [pause] there is a door locked and the street is Unirii street ,number 29 [pause]"

What can be read in this sentence? Where does the caller want to attract attention? Important topics for the caller are:

- Disorder in the room
- Blood

- Address

Significant variation is, in fact, the appearance of the locked door. This is a strange variation, but it pays attention to it, while the locked door does not seem to be a point of attention for the caller. There should be a reason for this incongruity, and the locked door remains an important point of attention for the investigators. It should be noted that the subject takes time to talk about the location, in fact "the street is Unirii street at number 29" is a very long sentence, with the repetition of the words.

Voice modulation

Modulation of the voice is related to the emotion of the caller. When we are bored or there are no critical situations that signal any variation in our context, we do not modulate the voice. If there is no reference to our safety or the reference to the new ones, the tone of our voice remains in the same "music note". The variation and intonation of the voice shows that the subject is involved in what he says. Real stories show more modulation of voice, while false stories have a detached tone of voice.

You should be aware of the absence of voice modulation as a point of caution when there is an important and very critical situation: For example, a person who says the phrase "a crime was committed" with equal voice can indicate detachment, evasive attachment, depersonalization subject. At the same time, an equal tone of a husband's voice declaring a serious accident to his wife is suspicious.

In fact, in critical situations, especially when there is a personal relationship between the caller and the victim, it is strange that there is no voice variation of the caller, emotional variations are expected.

The tone of voice can also determine the level of certainty of the statement. The tone that comes down at the end of the sentence indicates certainty. When the tone remains stable in the same sentence, there is an emotional detachment for the subject

The tone that climbs at the end of the sentence indicates perplexity, uncertainty. This is the tone of the voice used when there is emotional involvement.

We usually do not modulate our voice, and modulation of voice can reveal hidden information about the subject's status.

Voice volume

The volume of voice indicates the urgency of the subject, it is expected to have a high volume of voice, especially in a critical situation and at the beginning of the call. Research has shown that the highest level of emotionality is at the beginning of the call and during some significant negative variations in the victim's condition.

The reduction of voice volume is related to:

- The desire to hide information
- Suggesting confidentiality of information

Interrupting the dispatcher

Speaking during the dispatcher’s speech is an indicator of urgency. In many cases, the subject begins to speak before the dispatcher's first sentence.

However, especially in the critical call, a caller is not expected to follow his turn in the conversation. Usually, callers do not understand the meaning of the questions and perceive that many questions are not relevant or much less important than sending the ambulance. Usually, false calls or suspicious calls are characterized by the caller who follows his turn in the conversation.

Positive and negative words

Our emotional state affects the selection of the words we use in our conversation. It is demonstrated that happiness and positive states increase the use of polite language, while negative states increase the chance of using negative words. Obviously, we expect the caller to have a negative state, especially in the first part of the call.

For example, if in the first part of the call we have this sentence "Hi, I was shot and my husband was shot", there is a strong inconsistency between the expected negative state and the use of the "good" friendly word commonly used in a positive situation.

The sentence "please have the kindness to send me your ambulance", compared to a subsequent sentence "my wife does not breathe" is inconsistent with the word"Kindness" that is part of polite language.

At the same time, the use of the negative adjective tends to be exacerbated by negative states.

When we feel a negative emotion, we tend to exaggerate the negative aspects of life. That is why sometimes emergency situations are also reported as very serious emergencies. Often, the person is in the emergency for the first time, and for this reason obviously does not have the experience of detecting a serious real emergencyIt is something new and very different from the status quo, and this leads to a level of overestimation of the emergency, which is normal in genuine emergency calls. In false calls, one can see an opposite trend. The tendency to reduce the severity of events. Sometimes, referring to wounds, the caller may use the adjective to reduce the perception of the severity level (for example, calling it a "small hole" instead of a wound, cut).The word "small" suggests that it is not very relevant to the caller, but this is inconsistent with his decision to call the emergency number

Projection in 2nd and 3rd person

- When a subject is in a position to use a defense mechanism to hide in interviews and interrogations, tends to make fewer movements, which draws less attention to it. It's a strategy to reduce fear-induced excitement. This leads to avoiding the lesser use of the I pronoun. You can see more of these indicators in false calls:
- Fewer referrals to the caller
- The word "Me" less often
- Refers to himself speaking in the second person: for example, "when you see that there is nothing to do, you lose control "(while talking about himself)
- Refers to himself speaking in the third person: for example "in situations like this one, it is not possible to control instinctive reactions "(while talking about himself)
- Referring to himself as an object, the non-existent subject: for example, "a homicidewas committed, "" a gun was fired. "Why, in a special situation such as an emergency situation, a person who decided to turn to the emergency number should be removed from the sentence?

Depersonalization of the victim - Distancing the language

The way we describe people also indicates our relationship with them. Usually we use formal language with a psychological person away from us and we use the first name for the person we perceive similarly or close to us. When a person is in danger, we usually tend to reduce our aggression in trying to be close to this person. However, one person can react in the opposite way, distancing the victim. Now, I'll show you a few styles of language used to distract the victim.False and suspicious calls have a significantly higher level of language spacing.

The more specific the word we use to define the person, the closer the relationship is described by default.

Using the person's surname. This is not an example of language spacing, we use the first name of the person when we feel or want to be close to a person. However, this is not common in the emergency call because the caller is talking to an unknown person.

Using a term that qualifies the relationship. In this case, the caller does not depersonalize the victim: Using words such as "husband", "son", "wife" means identifying the relationship and the role with the person.

Using the possessive adjective. This is a language that does not distance, using possessive adjectives means taking responsibility and getting closer to the person. A caller can say that "my wife does not breathe" or "wife does not breathe": The concept is the same, but the psychological meaning is completely different. In the first case, the caller suggests proximity, while in the second case, the caller distances himself from his wife. Why should a person distance himself from a victim in such a critical situation?

Using terms that are not specific. This is a language of distance, especially if there is a personal relationship. For example, as described earlier, a person may say "my wife" for defining the person, may distance himself more by saying "wife" or much more by saying "a wife" or worse "a woman" or a "person ". Many of these formulas are also not grammatically correct (this is more likely in stressful situations), however, we can say that the more specific the subject definition is, the more the caller detaches from the victim

Using distance pronouns. We use pronouns to describe proximity and distance. For example, a caller can say "I feel the same feeling of difficulty," suggesting the closeness to emotion, or perhaps "I feel this feeling of difficulty", this term also suggests closeness, we use this while talking about a close object, People, behaviors, however in this case, using "this" in this sentence is inappropriate and is not completely correct. It is an indicator of discomfort.

However, the third example is, in fact, clearer. For example, "I feel that feeling of difficulty" is really distant. We use this to describe distant things but our senses and emotions are not physically removed, the only reason to use distancing language in this case is to distract the emotion from the person, but this is inconsistent with the statement "feel the emotion." It is impossible to feel a "distant" emotion. Obviously, we can observe this in describing the relationship with the person "I do not want to talk to Mary" → "I do not want to talk to the person" → "I do not want to talk to that person"

Separated subjects. When we feel the distance of a person, we also use different names in the sentence. The verbal pattern suggesting more approximation is by using "new" and "new". For example, the following sentence is characterized by proximity: "we are facing the same challenge" or "we were shot." The same concept can be over-naturally separate (more remote version), eg "Me and my husband were shot." The separate topic indicates a higher distance. It is possible to further distance the subjects from a sentence, if you read the previous sentence, the subject is separate, but not very distant.

Let's read this example "I was shot and my husband was also shot", this is certainly a more distant version of the sentence for two reasons: the first is that the subject is farther in the sentence, the second is the word *Also* , Which suggests that the husband's safety is an additional and less important fact than the first sentence. Let's check this example "I was shot, but my husband was shot," that's scary, because there's another important thing, the word *"but"* suggests a lot more distance. We use the word "*but*" when we want to put the concepts in opposition. We are also talking about inclusion, but we are also talking about the opposition between concepts. Why should the wife stay away from her husband in such a critical situation?

Distancing using "with" - when talking about accessories, a caller can say "I went to the parking lot" or "I went to the parking lot *with* my husband", the second version is farther.

Using articles

The caller uses articles to define previous knowledge about things / people and unexpected events. We use clear and indefinite articles for this. Imagine you get an expected box in your mailbox. It's easier to say, "We got a box in the mailbox" or "We got the box in the mailbox", we use an (*indefinite article*) for undefined work or unexpected events. We use the *definite article* for something we know, which we are waiting for. The sentence "I talked to a man" does not suggest that people would have met before, the phrase "I talked to *a man*" suggests an earlier knowledge between them.

The same pattern can be found with reference to objects or signs. For example, a subject that comes into his house and found disorder and blood stains can talk about the situation in very different ways: "I see clutter in the room, there are some blood stains in the bathroom," this sentence suggests that there is no previous knowledge On the situation, we can say the same thing for sentences such as "I see disorder in the room, it's blood in the bathroom." This sentence is completely different: "I see disorder in the room, blood is in the bathroom," this sentence suggests previous knowledge of the situation.

Word order

Often, the order of words gives us indications about the psychological priority of the subject. Please compare these two sentences:

- I think Mary is beautiful and intelligent
- I think Mary is smart and beautiful

The concept is the same, the subject assigns two adjectives to Mary, but the story, from a psychological point of view, is completely different. The order of words suggests that in the first case the most important feature is beauty, in the second phrase, the most important feature is intelligence.

When you hear a list of elements (behaviors, people, traits), you must always look at the order, the psychological priority of the subject. Consider this phrase: "I am here with my father, my brother and my mother"

Who is the most prominent person in this phrase? Probably the father because he is at the top of the list.

Request for help

The objective of an emergency call is obvious: to seek help. True Dialing has an explicit request for help. Just compare these two sentences:

- Send me an ambulance on Unirii Street 29! My friend was shot!
- I have a baby, it does not breathe!

The situation is critical in these two situations, this is obvious, but the second has not formulated an explicit request for help. When there is an emergency, there is also an explicit and immediate communication. In false calls there are more chances of having immediate sentences and no explicit help request. In the second sentence you can deduce that help is needed, but there is no explicit wording.

The request for genuine aid is present and declared at the beginning of the call. The application for help in this case is obviously the psychological priority. If important details are specified about the victim's state or the state of the situation, at the end of the call, it may indicate that the request for help is not psychological priority. But if this is not psychological priority, what else can it be? Requesting help only at the end of the call is more present in the fake emergency calls.

- Let's take this example:
- D: "What is your emergency situation?" *This is the standard introduction for most emergency call services*
- C: "Good morning, my name is [name / surname], I have the request to help me with an ambulance because my wife is pregnant "
- This is a very formal statement, the reason for the appeal is not clear, the subject uses a polite statement (I'm asking you to help me) and the wife's description does not seem relevant / urgent
- D: "Where are you calling from?"
- C: "From [the name of the city]"

- D: "What street?"
- C: "[street name]" [pause]
- C: "Doesn't breathe, in a few words"
- *This is a very relevant aspect, but - unexpectedly - the subject gave this important information after the first part. This may indicate that there is a different psychological priority and is more present in false urgent calls. The subject also reduces the meaning of the sentence by saying "in a few words". Unexpectedly, the subject tries to avoid the subject, "few words" indicate that the subject does not want to talk too much about this, but this is also strange because there is an important relationship between the caller and the victim.*
- D: "Doesn't breathe?"
- C: "Doesn't Breathe, Doesn't Breathe"

Here the subject repeats the words, the repetition of the word is more present in the fake emergency call, indicates cognitive pressure

- *D: "Is she conscious?*
- *C: "No no no no no no no"*

  Repeat words
- *D: "Doesn't talk?"*
- *C: "No no"*

  Again, the repetition of words
- *D: "When did it happen?"*
- *C: "It happened now, I woke up right now"*

It is a very rare situation, it seems that the subject woke up at the same time as the loss of the wife's knowledge. The subject specified his / her position to build an alibi. Nobody has questioned his credibility, but made a defensive statement, it should not have been the psychological priority.

- *D: "Okay, I'm sending you the ambulance"*
- *C: "Thank you very much"*

This is a very polite and very long statement, it does not suggest an emergency Information only if requested

In some cases, there are very important details that the subject does not give spontaneously. This may indicate in some cases the desire to hide certain information. This is especially true if this very relevant information is provided at the end of the call. Perhaps the subject decided to give this information only if requested.

- *Let's look at this emergency call*
- D: "What is your emergency situation"
- C: "Good morning, I need an ambulance on [street name] at [name of city] "
- *This is a help request statement, correct at the beginning of the call*
- D: "[city name]?"
- C: "It's a closed street, I think [street number] but I'm not sure"
- This is odd because the subject asserts uncertainty (with the words "I believe", "I'm not sure"), while a few seconds before saying something certain, it is inconsistent.
- D: "What's going on?"
- C: "I think a person was killed, but I'm not sure, maybe he is alive"
- *In this sentence there is a strange use of the order of words, he states the death of a person, and then says that maybe it is not true. Why is this statement very strong? He depersonalizes the victim, actually uses a very depersonalizing element ("a person").*
- D: "What do you see?"
- C: "Now I'm at the police station, there's blood everywhere and she's on the ground"

His psychological priority is to set up an alibi "I'm at the police station" and then give some information about the scene. It unconsciously provides more information about the victim with the word "she". It is very strange for a girlfriend to be between life and death, and her boyfriend to go to a completely different place.

- D: "On the street or in the house?"
- C: "No, she is in the house"
- D: "Okay, but is she your relative?"
- C: "No, she is my friend"

- *This is very interesting, he gave important information only if he was asked. In fact, in the first statement, he described a very close person like his girlfriend as "a person." Remains distanced from the victim using the word "No". Considering this, in a critical situation like this, every word that can be canceled without eliminating the meaning of the sentence probably has a psychological meaning.*
- D: "What age does this person have?"
- C: "26"
- D: "But are you in the house now?"
- C: "No, I'm at the police station, I just arrived, now I'll explain what happened"

This is very important, he says that he is elsewhereagain. Another important point is that eventually there is probably a crime that involves his girl friend, he calls for help, he is not there, and says "now I'll explain what happened." This suggests that he knows what happened specifically.

Ambiguous statements

You can identify ambiguous statements. If you can remove a word without losing the meaning of the sentence, that word is an ambiguous verbal mark. The liar uses these words to give himself time to create a lie. Here are some examples.

- Non-words
- Repeating words
- Time axes (after that, immediately after that, at that time)
- The word without specific meaning ("in essence", "let's say", "good")

Lack of answer to the question

This indicator is more present in the fake emergency call

- D: "Howwas your wife at that moment?"
- C: "She was ... we were playing with the kids and then ..."

The presence of the beginning of the sentence suggests that the caller has certain information, but for some reason he does not want to share it

Denial of crime from a certain point of view

Sometimes liars deny murder from a certain point of view. Take this information literally:

- I refuse this accusation
- I declare my innocence
- I did not abuse them like a beast
- There are no specific denials.

Indicators of cognitive complexity. *These indicators are more present in the true statement*

- Reproduction of the conversation
- Psychological states
- The psychological states of others
- *Sensory elements*

They are more present in true statements

- *Visual details*
- *Auditory details*
- *Tactile details*
- *Olfactory details*
- *Gourmet details*

CHAPTER IV
Psychotraumatology: key papers and core concepts in post-traumatic stress

IV.1. Psychotraumatology

Definition

Psychotraumatology may be defined as the study of psychological trauma. It is in other words the study of the **factors and processes that underline and or are subsequent to psychological traumatization**. We need to be clear in regards to the definition because the term trauma by itself may lead and or be confused with medical fields. Therefore, the addition of the word "psycho" in front of "traumatology" is used so as to be very clear in regards to the field.

Elements of psychotraumatology

Doubtless specialists will not be confused by the term but in order to avoid confusion for the public at large this specific wording is used. Keep in mind that the labels were subjects to many debates. **Traumatology by itself is the medical field that deals with wounds and injuries. The concept of psychological trauma is not a new one.** In fact, it dates back to the classical age. Though it has not been mentioned or studied in depth. Cursory observations might have been noted such as this example that follows. In the Napoleonic War 24 centuries later, General Sir Thomas Picton wrote to Lord Wellington, "My Lord, I must give up. I am grown so nervous… it is impossible for me to sleep at nights. I cannot possibly stand it, and I shall be forced to retire" (Holmes, 1985). **It was during World War I that a more careful study of post-traumatic stress disorders begun to get more solid foundations. Even then at that time there was a lot of ambiguity in what constitutes psychotraumatology**. Various terms back then were used to define or describe this condition. For example, terms like shell shock, soldier's heart, battle fatigue, gross stress reaction, and traumatic neurosis have all been employed as diagnostic labels, as will be discussed in Chapter 2. Nevertheless, some estimates do indeed exist. During the American Civil War, psychiatric casualties were estimated at between 2.3 and 3.3 per 1.000 troops. During World War I the prevalence rose to 4.0 per 1.000. Data generated from the National Vietnam Veteran's Readjustment Study (Kulka et al. 1990) reveal the

lifetime prevalence of PTSD to be 30%, with 15.2% of Vietnam veterans showing a current diagnosis of PTSD.

Traumatic events that can cause PTSD include:

1. War
2. Natural Disasters
3. Car, train or plane crash
4. Terrorists attacks
5. Sudden death of a loved one
6. Rape
7. Kidnapping
8. Assaults
9. Sexual or physical abuse
10. Childhood neglect.

We need to keep in mind that psychotraumatology is not only PTSD related but this spectrum of disorders includes PSTD, acute stress disorders, dissociative disorders and brief psychotic disorder with marked stressors. Moreover, PSTD may derive from alcohol abuse. In addition, various mood disorders, panic disorders, phobias, family dysfunctions, various patterns of compulsivity and various eating disorders may be coming about from a form of psychological trauma. This spectrum of disorders has become a field of its own with mental health workers getting post graduate training and education in order to be adequately prepared to handle situations with people that are or reside in that state of affairs.

Historical Review

Freud along with Josef Breuer published the book "Studies in Hysteria" in 1895. In that book we have the origin of what a trauma can do to children and how later they develop as maladaptive behaviors. Freud theories of course were not received enthusiastically by his peers, and in subsequent years he modified and changed a lot of his original views. It was later and during World War I in 1917 that his analytic

theories begun to focus more on psychotraumatology. Before that the emphasis was more on intrapsychic sexuality which is a bit irrelevant for this paper. In the historical context though the beginning in 1895-1896 needed to be mentioned. More to the point though in "The Introductory Lectures on Psychoanalysis (1917, 1966), Freud wrote as follows:

The closest analogy to this behavior of our neurotics is afforded by illnesses which are being produced with special frequency precisely at the present time by the war – what are described as traumatic neuroses. Similar cases, of course, appeared before the war as well, after railway collisions and other alarming accidents involving fatal risks. Traumatic neuroses are not in essence the same thing as the spontaneous neuroses which we are in the habit of investigating and treating by analysis; nor have we yet succeeded in bringing them into harmony with our views, and I hope I shall be able at some time to explain to you the reason for this limitation. But in one respect we may insist that there is a complete agreement between them. The traumatic neuroses give a clear indication that a fixation to the traumatic accident lives at their root. These patients regularly repeat the traumatic situation in their dreams; where hysteriform attacks occur that admit of an analysis, we find that the attack corresponds to a complete transplanting of the patient into the traumatic situation. It is as though these patients had not yet finished with the traumatic situation, as though they were still faced by it as an immediate task which has not been dealt with; and we take this view quite seriously (pp.274-275).

This passage clearly has a relation to the more scientific view espoused by more modern criteria that were structured by the DSM – III-R in relation to PSTD. Freud of course dealt with other fields in psychoanalytic psychology and his main interest lie elsewhere but he in fact was a contributor the field. Keep in mind that World War I made many specialists of the time interested in the traumatic events of war and how it affected both civilians and soldiers. At that time sciences begun to have a more solid foundation and it was natural that scientists in medical and behavioral sciences would be very interested in the study of this phenomenon. Again though we need to point out that psychotraumatology is a spectrum of disorders and not just PSTD. PSTD though might be considered to be the center on central disease of this spectrum. It is to be

noted that Freud mixed his own theories of ego, superego, and in writing about war traumas (neurosis). Against modern criteria and later formulations especially those of cognitive behavioral theories a lot of his observations might be useful but his theories as stated can't be researched as they were postulated. Id, ego, superego are construct of his own mind. As such they can't be studied. In one of his latest books on the subject if one omits his emphasis on his theoretical constructs one finds very useful writing. "Beyond the Pleasure Principle" Sigmund Freud (p. 56-57).

We describe as "traumatic" any excitations from outside which are powerful enough to break through the protective shield. It seems to me that the concept of trauma necessarily implies a connection of this kind with a breach in an otherwise efficacious barrier against stimuli. Such an event as an external trauma is bound to provoke a disturbance on a large scale in the functioning of the organisms energy and to set in motion every possible defensive measure. At the same time the pleasure principle is for the moment put out of action. There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead – the problem of mastering the amounts of stimulus which broken in and of binding them, in a psychical sense, so that they can then be disposed of.

Overall Freud did contribute a lot to the understanding of the field and his more precise observations on the matter became a lot more elaborate and it is of use up until now. After Freud's death in 1939 the first DSM came about in 1952. In it PSTD contained a very limited description of what PSTD is today.

DSM 1: Below is the first attempt to come in terms with training.

Table 2.1 *DSM – I (1952) Criteria for Transient Situational Personality Disorders*

This general classification should be restricted to reactions which are more or less transient in character and which appear to be an acute symptom response to a situation without apparent underlying personality disturbance.

The symptoms are the immediate means used by the individual in his struggle to adjust to an overwhelming situation. In the presence of good adaptive capacity, recession of symptoms generally occurs when the situational stress diminishes.

Persistent failure to resolve will indicate a more severe underlying disturbance and will be classified elsewhere.

000-x80 Transient Situational Personality Disturbance

Transient situational disorders which cannot be given a more definite diagnosis in the group, because of their fluidity, or because of the limitation of time permitted for their study, may be included in this general category. This category is designed also for the use of record librarians and statisticians dealing with incomplete diagnoses.

000-x81 Gross Stress Reaction

Under conditions of great or unusual stress, a normal personality may utilize established patterns of reaction to deal with overwhelming fear. The patterns of such reactions differ from those of neurosis or psychosis chiefly with respect to clinical history, reversibility of reaction, and its transient character. When promptly and adequately treated, the condition may clear rapidly. It is also possible that the condition may progress to one of the neurotic reactions. If the reaction persists, this term is to be regarded as a temporary diagnosis to be used only until a more definitive diagnosis is established.

This diagnosis is justified only in situations in which the individual has been exposed to severe physical demands or extreme emotional stress, such as in combat or in civilian catastrophe (fire, earthquake, explosion, etc.). In many instances this diagnosis applies to previously more or less “normal” persons who have experienced intolerable stress.

The particular stress involved will be specified as (1) combat or (2) civilian catastrophe.

The second revision DSM II does not gives a more detailed criteria for the diagnostician. In fact DSM II had little help to alter on the subject.

Table 2.2 *DSM-II (1968) Criteria for Adjustment Reaction of Adult Life*

307.3 Adjustment Reaction of Adult Life

- EXAMPLE: Resentment with depressive tone associated with an unwanted pregnancy and manifested by hostile complaints and suicidal gestures.
- EXAMPLE: Fear associated with military combat and manifested by trembling, running, and hiding.

- EXAMPLE: A Ganser syndrome associated with death sentence and manifested by incorrect but approximate answers to questions.
  DSM III was a marked improvement on the subject.
  DSM IV was quite detailed and quite explanatory. Below follows the criteria.

Table 2.5 *DSM-IV (1994) Diagnostic Criteria for Post-Traumatic Stress Disorder*

A. The person has been exposed to a traumatic event in which both of the following were present:
   a. Event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   b. The person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behaviour.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
   a. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
   b. Recurrent distressing dreams of the event. Note: In children, there may befrightening dreams without recognizable content.
   c. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific re-enactment may occur.
   d. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
   e. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

a. Efforts to avoid thoughts, feelings, or conversations associated with the trauma

b. Efforts to avoid activities, places, or people that arouse recollections of the trauma

c. Inability to recall an important aspect of the trauma

d. Markedly diminished interest or participation in significant activities

e. Feeling of detachment or estrangement from others

f. Restricted range of affect (e.g. unable to have loving feelings)

g. Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

a. Difficulty falling or staying asleep

b. Irritability or outbursts of anger

c. Difficulty concentrating

d. Hypervigilance

e. Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month

F. The disturbance causes clinically significant distress or impairment in social occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor.

THE RESPONSE TO TRAUMA

Prior to any traumatic event or trauma occurs most people have a steady routine a job, family, and friends and most live and thrive on the average lifestyle. People that do dangerous work may have an inbuilt defensive system to protect them from experiencing severe traumas. Naturally soldiers that have been in combat may have complex forms of traumas which it is not an unnatural given the level of danger one experiences in war. Dispatchers for example may not have so easily complex PSTD. Such cases if any might be quite rare. Examples of complex PSTD might include a child that had for years being beaten and or molested along with having the experience of threats to his/her life such as regular beatings by an alcoholic father. Dispatchers may more easily fit into the burnout – traumatic events but in this chapter we will explore the response to trauma and we will make a separate note for dispatchers. The essence has pertained to how one heals trauma therefore this chapter will not focus exclusively on dispatchers or callers even if the emphasis is on dispatchers. The reason is that we need first to explore trauma theory and therapy of it before we proceed to more specific tasks and or target groups such as the dispatchers.

Most people have a routine; usually one that views things positively or that good things will happen (Janof-Bulman 1992). Then trauma strikes. Instantly you loose control of your life, of your thoughts, and your own body may feel weird. You would be no longer safe or secure. You feel vulnerable and life has no meaning nor can you make sense of what is happening around you. Life may no longer appear as just. A trauma can impact on your life, on your relationships, on your work, thoughts, behavior, dreams and hopes.

The first thing to do is to recognize the fact that you have been impacted by a trauma. This is the first step. As soon as that occurs one can begin to reorder his/her life around. Therefore, the individual must seek help as soon as possible so that he gets to manage his condition.

There are various forms of techniques that have been evolved over the years to alter help. Education is one form of help. Simply put a person who suffers from trauma will be given clinical literature in order to make him get acquainted with the basic foundation of the problem he/she experiences. One might after a client for example in

overview of the criteria that define PSTD, or other forms of trauma disorders. This way will make a person understand that the criteria he sees represent him and that he is not alone. It may make a person understand that the clinician who oversees him has experience and can treat him. It puts people at ease because they don't feel as alone as before.

Naturally educating a person about the neurobiology of the autonomic nervous system may not initially both be that easy but the educator is interested in explaining the basic concepts of fight – flight mechanism and not to teach a course in neurobiology. Without turning education into a didactic exercise and without burdening the client with unsolicited instruction one can convey the fact that lethal threat has a powerful impact on body chemistry that our adrenal glands are stimulated that we are prepared to fight or flee as if we are facing a wild beast, that all this circuitry is out of date destructive when we face threats in modern society that PSTD is the predictable outcome in general after extraordinary stress.

We might also alter analogous cases, where other people experience similar symptoms and in general bring the client in an up to date knowledge of what constitutes the condition he/she suffers. Thus, educating the person that is afflicted by this condition enhances his understanding and self-control over the situation.

Physical activity – exercises

A balanced program that enhances a patient's coping skills would be necessity include "Balance, motivation and listen to your body". In other words, do not do anything in excess. Main parts of this exercise might include, cardiovascular efficiency and flexibility as well as attaining muscular strength. Naturally most people that suffer from traumas are hardly in the condition to undertake physical activity as a way to cope with the condition that bothers them. We keep that in mind but unless there are medical issues that might prohibit a client from starting physical activity, the therapist should encourage patients to start as soon as possible on that path.

Nutrition

Nowadays people are aware of the value nutrition has on the efficiency of the

body. Most people know that junk food may in fact dampen our moods and that a healthy diet is as well a therapeutic tool both for the mind as well as the body. Food intake depending on what it is may in fact contribute positively to a therapy program and is in fact considered a contributing factor to how well one may get. Any program that is meant to treat trauma or any of its forms has to by necessity include nutrition. A nutrition expert might be of great value and clients will be urged to seek one.

Spirituality

This by itself is a delicate subject and most therapists will not touch. Though in many people this area is of great interest and concern to them. A therapist should not bring out in the front this aspect. He has to get to know the person well. For some clients this area might be of great assistance to them while for others it might not be.

Social interaction

(Figley, 1988) states that a supportive family is the ideal social group for healthy post traumatic healing. Obviously the implication is that such families are not easy to come by but then might prove to be invaluable for a patient who has a stable family unit.

Self-help groups

These groups might be of great importance to the persons that visit them, though they need to have effective leaders. Members have to be compatible for the group to work, though some groups might do more harm than good if they are not structured well.

Psychotherapy

A therapist will most likely be the most specialized individual to guide a client through the maze. I will not delve too much on the importance of a good therapist for this is self-evident. The personality and character of the therapist play a crucial role on how fast a person heals. Instead I will focus more on the techniques that are used as a response to trauma.

Relaxation and breathing techniques

These sets of techniques should be practiced regularly perhaps twice a day for couple of months. According to (Benson 1984) a person that does them after will have:

a. Reduced symptoms of anxiety
b. Fewer headaches and less high blood pressure
c. A way to prevent hyperventilation
d. A way to gain more control over panic attacks.
e. A way to reduce stress levels
f. A way to feel more at peace
g. Experience more creativity

Before doing any relaxation techniques, it is important to have four basic elements present (Benson 1975). They are:

1. A quiet environment that has as few distractions as possible. Even background noise can be a distraction. It is also important that you will not be interrupted.
2. A mental device that is a constant, e.g. a single – syllable word or sound, repeated silently or in a low, gentle tone. The repetition frees your thoughts and is your single focus. Benson suggests using the syllable "one" because it is a simple, neutral word.
3. A passive attitude to help you rest and relax without forcing your response, preventing your relaxed response from occurring. Disregard any distracting thoughts that enter your mind.
4. A comfortable position that is as restful as possible. This reduces muscular effort. You may support your head and arms. You may remove your shoes and prop your feet up several inches, if you choose. You may also loosen tight-fitting clothes.

Exercise: Deep Breathing

The first exercise is adapted from Davis, Eshelman, and McKay (1995, 27).

1. Lie down on a blanket or rug on the floor. Bend your knees up toward you and move your feet until they are about eight inches apart, with your toes turned slightly outward. Keep your spine as straight as possible.

2. Scan your entire body and identify any places that hold tension.
3. Put one hand on your abdomen and one on your chest.
4. Inhale slowly through your nose into your abdomen so that it pushes your hand up; your chest should move only a little bit. Hold your breath while you count to five.
5. Smile slightly and then exhale through your mouth, taking as long as possible. Make a shushing sound as you exhale.
6. Repeat this at least five times, perhaps eventually increasing the amount of time you spend deep-breathing to five to ten minutes.
7. When you've finished the exercise, again scan your entire body to see if any tension remains.
8. One you are familiar with the technique, you can also use it while you are sitting or standing, whenever you feel tenseness in your body.

Progressive Relaxation

You might also want to learn to relax by tensing and relaxing various muscle groups in your body. This is done using a technique called progressive relaxation. This technique helps you tense and then relax your four major muscle groups:

1. Hands, forearms, biceps
2. Head, face, throat, shoulders
3. Chest, stomach, lower back
4. Buttocks, thighs, calves, feet

You may practice this technique while you are lying down or sitting in a chair. The goal is to tense each muscle group for five to seven seconds and then relax that muscle group for twenty to thirty seconds, repeating the whole procedure at least twice. If the muscle group is still tense after you've done the procedure twice, you can repeat it for that group alone up to five times. You may also talk to yourself as you tense and relax, telling yourself anything that has to do with letting go of tension. There are numerous relaxation tapes you can buy that have this procedure, or you can read the following exercise into a tape recorder and play it back.

Another way to use progressive relaxation is to hold the tension in each of your

muscle groups for about five seconds and then release the tension slowly while you say silently, “relax and let go”. Then, take a deep breath and, as you breath out slowly, silently say, “Relax and let go” again.

Exercise: Basic Progressive Relaxation Sequence

This sequence takes you from your head through your neck, shoulders, arms and hands, chest, back, stomach, hips, legs, and feet.

If you do make a tape of this exercise or the one that follows, allow enough time for each exercise (five to seven seconds to tense, twenty to thirty seconds to relax) on the tape so you do not rush yourself. Also, put in two repetitions for each exercise.

- Wrinkle your forehead.
- Squint your eyes tightly.
- Open your mouth wide.
- Push your tongue against the roof of your mouth.
- Clench your jaw tightly.
- Push your head back into a pillow.
- Bring your head forward to touch your chest.
- Roll your head to your right shoulder.
- Roll your head to your left shoulder.
- Shrug your shoulders up as if to touch your ears.
- Shrug your right shoulder up as if to touch your ear.
- Shrug your left shoulder up as if to touch your ear.
- Hold your arms out and make a fist with each hand.
- One side at a time, push your hands down into the surface where you are practising.
- One side at a time, make a fist, bend your arm at the elbow, and tighten up your arm while holding the fist.
- Take a deep breath and hold.
- Tighten your chest muscles.
- Arch your back.
- Tighten your stomach area.

- Push your stomach area out.
- Pull your stomach area in.
- Tighten your hips.
- Push the heels of your feet into the surface where you are practicing.
- Tighten your leg muscles below the knee.
- Curl your toes under as if to touch the bottoms of your feet.
- Bring your toes up as if to touch your knees.

Exercise: Quick Relaxation

Another quick way to relax is with whole muscle groups, tensing them for five to seven seconds and then relaxing them. This exercise is also adapted from Davis, Eshelman, and McKay (1995, 35-38).

1. Curl both fists and tighten your biceps and forearms as if you were a weight lifter posing, then relax.
2. Wrinkle your forehead and, at the same time, press your head as far back as is possible and roll it in a complete circle clockwise. Then reverse the roll. Then wrinkle up the muscles of your face in a frown, with squinted eyes, pursed lips, tongue pressed on the roof of your mouth, and shoulders scrunched up. Then relax.
3. Arch your back and take a deep breath into your chest. Hold it for five seconds and then relax. Take another deep breath, pressing out your stomach. Hold it for five seconds and then relax.
4. Pull your feet and toes back toward your face, tightening your shins. Then curl your toes and tighten your calves, thighs, and buttocks at the same time. Relax.

Successful deep muscle relaxation as a matter of practice. You may talk to yourself as you try to relax and tell yourself to let go or relax deeper in order to achieve a more complete relaxation. If you have muscle weakness or a muscular condition such as fibromyalgia, these exercises may not be for you. Check with your physician first.

Another Relaxation Technique

This technique is best used when you have time to try to relax as fully as you possibly can. It makes a good script to record on tape.

First, find a comfortable position and close your eyes. For the next few moments, concentrate on your breathing; use deep breathing. Try to see and feel your lungs, sensing how they feel as you breath in (pause), trying to make them completely expanded (pause), and then exhaling and sensing how they feel as you release your breath. There is no right or wrong way to breath. What is important is that you try to relax and not worry about any of the things happening in your everyday life.

Continue to concentrate on your breathing and your lungs, picturing them as you inhale, imagining them filling with strengthening oxygen, and picturing them exhaling as you relax. Now, in your mind's eye, see or hear the message that says "relax" all over, in every bone, muscle, and nerve, tissue, feeling sensations of melting into relaxation.

Next, bring your attention to your left foot and ankle and, as you inhale, gently flex your foot. As you exhale, release and relax your foot. Now bring your attention to your right foot and ankle and, as you inhale, gently flex your foot. As you exhale, release and relax your foot. Let all the cares of the day drain out through your feet. Any noise you hear will only deepen your relaxation.

Now feel the muscles of your left calf. Inhale, contracting the muscles of your left calf and exhale, letting the calf relax. Now feel the muscles of your right calf. Inhale, contracting those muscles, and exhale, letting them completely relax. Of course, adjust your breathing rhythm to what is most comfortable for you, remembering to inhale relaxation, peace, and self-love and to exhale tension, the pressures of the day, and the impacts of trauma on you. Relaxing in this way is a learning process. It is a way to learn to be at ease, to be at peace with yourself, to be at peace with your world, and to relax.

Now bring your attention to the muscles of your left thigh. Inhale and contract these muscles, then exhale and feel relaxation pour in. Next, bring your attention to the muscles of your right thigh. Inhale and contract them, then exhale, feeling release through both your legs. Now shift your focus to your buttocks, inhaling and

contracting the muscles. Then exhale and let your bottom relax.

Next, shift your focus to your stomach, inhaling and contracting your stomach muscles. Then exhale, letting your stomach muscles relax, relax, relax. Now bring your attention to your chest and inhale, feeling your chest fill with oxygen and power. As you exhale, release any tightness that may be there as you release all the tensions that are bothering you. Try to feel the feeling of relaxation as a conscious process in your mind and body.

Now bring your attention to your hands. As you inhale, close both of your hands tightly, making fists. As you exhale, release the fists. As you do so, consciously try to let go of everything onto which you are grasping, and to relax. You may open your palms as you relax to receive warmth and vitalizing energy from the world around you. You may also bring your palms, cupped, closer and closer together until you feel the energy that is between them. As you do this exercise, allow the sense of relaxation and energy to move upward through your hands into your forearms, elbows, and shoulders.

Next, focus your attention on your shoulders. As you inhale, contract your shoulders. Hold them for a few seconds in this position and then, as you exhale, feel the tension they have held release outward from them. Feel the point between your shoulders and the base of your neck. Allow warm energy to melt away any built-up tension and pressure that has been stuck there. Now feel the warm energy move up through your neck, allowing your neck to release and support your head as your neck completely relaxes.

Finally, turn your attention to the muscles of your face. Gently tense the muscles of your chin, your mouth, your eyes, your cheeks, and your forehead. Then let your entire face loosen and relax.

Enjoy the relaxation you feel through your entire body for a few moments. If any part of your body is not completely relaxed, turn your attention to it. Inhale, and let the last bits of tension melt out of that part of your body. If your attention drifts, or if you feel drowsy, it is perfectly all right as long as you are safe, comfortable, and relaxed (adapted from Rosenbloom and Williams 1999, 28-30).

Trying Meditation for Relaxation

Some persons use meditation to relax and to calm themselves as they seek heightened concentration and awareness. If you are new at meditating, thoughts may come in to distract you as you try to calm and quiet your mind. If this happens, you may try to use some imagery to focus your awareness before doing the meditation. If you are able to create clear mental images of the following scenes or things, you might then be able to direct your focus to relaxing. Try to create a clear mental image, right now of:

● The face of your best friend	=>	a turkey waiting to be carved
● Your bedroom in your present home	=>	a glass of cold lemonade
● A field of wildflowers	=>	the aroma of cooking spaghetti sauce
● Riding in a race car at a racetrack	=>	your bare feet on a sandy beach
● The touch of velvet on your skin	=>	a cat meowing

Use one of these images to focus your attention and then focus on meditating. If worries keep on entering, allow them to wander through your focus, noting them and allowing them to continue on without concentrating on them.

It is also important to know how to deep-breath and relax before you try to meditate. If this doesn't work, you may repeat a word or syllable (such as "one" or "om") over and over again, as Benson (1975) suggested. Try this at first for five to ten minutes, increasing it to fifteen minutes if you can.

Another technique is to identify and write down what has happened to you. That way you organize and synthesize much better what has occurred in your mind and body. Pennebaker (1997) says that writing about upsetting experiences is beneficial to health and well-being. You might decide to write every once in a while about your traumatic experiences using a personal journal or you might contract with yourself to follow Pennebaker and Campbell's writing plan (2000). If you want to spend more time (and feel emotionally ready) to take an in-depth look at one or more of your traumatic experiences, Pennebaker suggests you use a four-day time period to write

about them. During those four days, write for twenty minutes each day. Your only rule is to write continuously for the entire time. If you run out of things to say, just repeat what you've already written. Don't worry about grammar, spelling, or sentence structure.

The following exercise guides you through this four-day plan. You may do this exercise now, or return to it later. You may feel sad or depressed when you finish this daily writing assignment. If so, remember that your reactions are completely normal. Most people say that these feelings go away an hour or so after you finish. Note: If you have experienced extreme, massive amounts of trauma, this exercise may be too retraumatizing.

If you use this technique, remember to write about the most traumatic, upsetting experiences of your life. In your writing, really let go and explore your deepest thoughts and emotions. You can write about the same traumatic experience on all four days or about a different experience each day. In addition to writing about your traumatic experiences, you can use this technique to write about major conflicts or problems that you have experienced or are experiencing now (including those that have resulted from the traumatic events).It is critical that you really delve into yourself and into the significant experiences or conflicts that you've not discussed in great detail with others. You might also tie your personal experiences of trauma to other parts of your life as you write. How are they related to your childhood, your parents, those you love, who you are, or who you want to be?

Writing is an act of release, taking all the stuff of trauma that has bound you up and controlled you and releasing it to the universe. Writing may help you reduce your inhibitions about disclosing what happened to you and may encourage changes in the way you view your traumas.

As you write, you may begin with only a few incoherent sentences and end up with a rather coherent story. Before you begin to write, however, you might want to review your list of traumatic experiences. It may help you to realize that your own traumatic life experiences may or may not be considered traumatic by others.

Dealing with Flashbacks

A flashback is a memory of the past that intrudes into the present and makes the past seem as if it is actually occurring in the here and now. Matsakis defines a flashback as a "sudden, vivid recollection of the traumatic event accompanied by a strong emotion" (1994a, 33). A flashback can occur as a slight "blip" in time or it can be a memory of an entire experience, occurring in real time just as it did in the past. This type of flashback is called an abreaction. Generally, the occurrence of a flashback cannot be predicted. Generally, flashbacks refer to visual and/or auditory parts of the trauma, but they can also refer to body memories (such as pain), emotions (intense anger that comes out of nowhere), and behaviors (acting in certain ways when a trigger comes up). Whenever a flashback happens, it feels as if the trauma is occurring all over again. You do not black out, dissociate, or lose consciousness during a flashback, but you do leave the present time temporarily. Rothschild says that memories "pounce into the present unbidden in the form of flashbacks" that can "reinforce terror and feelings of helplessness" (2000, 131). A flashback that occurs during sleep can be a nightmare or even a vivid dream. Meichenbaum (1994) notes that flashbacks also can appear as intrusive thoughts or re-experiences, or as intense feelings.

Dealing with Numbing and Dissociation

Trauma experts, such as Wilson (Wilson, Friedman, and Lindy 2001) and Courtois (1988), gives us other ways to deal with numbing:

1. Lessen your efforts to try to avoid memories of the trauma.
2. Increase your contact with others; join some type of social organization
3. Lessen your use of self-medication of any kind
4. Work on your belief systems (perhaps using a workbook such as Life After Trauma: A Workbook for Healing by Rosenbloom and Williams).
5. Learn to appraise the threat in situations using your head, not your emotions.
6. Look at the losses trauma has caused you and develop a plan to work through them.
7. Work on identifying triggers that cause you to "numb out".
8. Learn to stay more present in your safe place.

9. Use the grounding techniques you have learned to separate the past trauma from the present.
10. Learn to pace yourself and how you deal with your trauma; set up a certain time period during a day or week to work on your traumas; journal or do a trauma-inspired craft.
11. Develop a flowers diagram about a part of the trauma that bothers you most and that you most want to avoid (use the flower diagram exercise at the end of chapter 4, or make a copy in your journal or notebook).

Techniques for Sleeping

Many survivors of trauma have trouble falling asleep or staying asleep. In fact, Matsakis says that "sleeping problems are perhaps the most persistent of PTSD symptoms" (1994a, 167). To be sure, getting to sleep and staying asleep can be a challenge even if you don't suffer from PTSD.It is possible for anyone to sleep better by improving their sleeping environment: by removing triggers from that environment, creating an atmosphere conducive to sleep, and using good sleep practices. As a trauma survivor, it is important that you prepare yourself for sleep. One way is to avoid seeing, hearing, and thinking about traumatic things before going to bed. If you watch television or videos late at night, choose things that are light and free from triggers of your traumas. For example, if you've survived a natural disaster, don't choose something with sirens or fire or devastation.

Think about positive things in your life as you go to bed. Put on soothing music or a tape of waves, sounds, a gentle rain, or other soothing sounds. You may also want to try a different sleep schedule. If you are a "night" person, wait until midnight to go to bed and then get up at seven or eight if possible, if you need that much sleep.

Try to avoid using over-the-counter or non-prescribed drugs or substances to numb yourself into sleeping. However, you may turn to a cup of warm milk or some turkey (both of which contain L-tryptophan, a soothing amino acid) to help you relax. Or you may take melatonin, if your doctor agrees that it does not interfere with any medications you take.

If you were traumatized during sleep or in a bedroom, it is very important for

you to identify any parts of that bedroom or of sleep that might trigger you. Develop a trigger list for sleep or for the room. For example, if your room now happens to be the same color that the room you were traumatized in was, you may paint it a different color. If your furniture is arranged in a similar fashion, you may change that arrangement. Begin to change things that are possible to change.

If your partner is not a safe sleeper, you may want to talk with him or her about alternatives, including using twin beds or agreeing on ways to wake up your partner when there are triggers.

Kelly liked to sleep on a mat in the corner of her bedroom. She couldn't understand why, in the middle of the night, she would leave her queen-size bed and end up on the floor on this mat. As she began to work on her past traumas, she realized that she had been molested on a queen-size bed as a child. She began to work on ways to make her bed and bedroom safe: she got rid of the queen-size bed and bought a twin bed, which she put against a wall. She then slept with her back to that wall to protect herself.

Researchers have worked out many ways that might improve your chances of a good sleep. The following list is adapted from Matsakis (1994a) and from the Metropolitan Washington Council of Governments (2001). If there are things that have worked for you in the past and have made your sleeping easier, try them again. If there are things that have not worked, even if others suggest them, don't try them.

1. Physically exercise sometime during the day, but not right before bed
2. Listen to relaxing music.
3. Listen to a relaxation tape
4. Practice relaxation techniques before going to bed.
5. Pray
6. Medicate with prescribed medications.
7. Talk to others if the others can soothe you or calm you before you go to bed; don't argue
8. Write or talk into a tape about your day, but not about your traumatic experiences.

9. Eat something light and avoid caffeine.
10. Try not to drink anything in the two hours before going to bed, so you don't have to get up to go to the bathroom.
11. Do a boring task
12. Read a very boring book
13. Get up at a set time, no matter what time you fall asleep.
14. Sleep in the same place; don't bed-hop or place hop (the bed is for sleeping, not the living room couch).
15. Set the thermostat at a comfortable, cool temperature
16. Use a night-light if necessary
17. Take a walk in the late afternoon or early evening to tire yourself out and raise your body temperature. Falling temperatures (after you stop your walk) sometimes make you sleepy.
18. If you find you have trouble falling asleep because you worry a lot, schedule a "worry time" during the day and use up that time at least two hours before you plan to go to bed.
19. Keep a record of the number of hours you sleep each day and how you feel after you have slept so that you can look for sleep patterns.
20. Check with your doctor to see if any medications you are taking get in the way of sleep.
21. Use a white noise machine or wear earplugs (if it is safe not to hear) to drown out noises that might get in the way of sleeping (e.g. the music from a noisy neighbour or street traffic noises).
22. Take a warm bath about four hours before bedtime; as your body cools down after your bath, you may find it easier to fall asleep.

Follow a set bedtime routine, such as the following:

1. Choose a regular bedtime that works for your needs, and then go to bed at this time for at least one week.
2. About two hours before that bedtime, use the ability you have to contain, numb, or avoid traumatic reminders to put away any issues about trauma recovery.

3. Do something relaxing
4. Begin to get ready for bed at least an hour before your actual bedtime by doing your personal care routines (get your clothes out for the morning, brush your teeth)
5. Check out your room and make sure it is safe and comfortable: check your closets, windows, and doors; put away anything that might trigger nightmares, flashback, or intrusive thoughts (pictures, drawings, belongings).
6. Gather anything you want to have in bed with you (special cover, stuffed animal, pets).
7. Continue to contain any thoughts and feelings that might trouble you
8. Use a relaxation technique of some kind to help you get to sleep
9. Lie down and give yourself permission to sleep
10. If you use music or a tape turn it on
11. Close your eyes and go for it

Dealing with Anger

Anger is a signal emotion; it warns you of a threat to your well-being or of actual danger. Your anger is real. However, what you do with your anger involves making choices. If you make inappropriate choices when you express your anger, that anger can lead to self-harm, depression, feelings of helplessness, risk-taking, and explosive outbursts. Expression of anger exists on a continuum and ranges from annoyance and irritation to fury and rage. When anger is associated with trauma, angry outbursts can be out of proportion to what provokes them. These outbursts can be quick and explosive, and can bring about physical symptoms including high blood pressure, headaches, and body aches and pains.

There are times when anger becomes rage; rage is anger accompanied by helplessness, it occurs when you believe you have no control over a situation, person, or event. When you have experienced a trauma, anger often becomes the central emotion that you feel. Angry thoughts about revenge may consume you. According to Enright and Fitzgibbons (2000), your anger is more destructive if you focus it on another person or people; it is intense, even in the short term; it leads to a learned pattern of annoyance, irritation, or frustration with others who are not the source of

your anger; it is extremely passive; it is extremely hostile; or it is developmentally appropriate for someone much younger than your actual age (e.g. you act like a two-year-old and have a temper tantrum).

In reality, anger can be helpful to you:

1. Your anger is natural and a part of you
2. Your anger is a signal about what is happening around you
3. Your anger helps you know yourself better
4. Your anger tells you to protect yourself
5. Your anger tells you to make necessary change(s).
6. The reasons for your anger can be shared with those who matter to you.

Resolving Anger

Working out trauma-related anger is not easy. As Schiraldi (2000) notes, to resolve anger, you must do the following:

1. Re-experience and express enough anger to get in touch with your feelings
2. Develop an understanding of yourself and what happened in order to figure out why you really are angry.
3. Do what you need to do to give a sense of closure and finality to the situation.
4. Try to bring the trauma to completion by looking for justice, confronting someone or something, or getting an apology. Sometimes these things are not possible. Your perpetrator may be dead or unwilling to apologize. The legal system may not give you justice.
5. Take responsibility for the anger you have and choose how to express it.
6. Put that anger into words or pictures that describe the feelings behind it. If you write about your anger, describe what triggered its occurrence, what body sensations happened, and who was involved. This is a safer way to get out the anger without hurting yourself or others.
7. Generally, anger is the way you express fear or hurt. It is important to identify what lies beyond your anger. Whom do you believe hurt you? Is there an appropriate target for your anger? If so who or what is that target?

8. Look at the unhealed hurt lying behind your anger – this hurt, according to Schiraldi (2000), is generally from your past. Be sure to self-soothe before you look at the hurt.
9. Put your anger outside of yourself. Don't turn it against yourself or use it to think badly about yourself. Let those who hurt you know why you are angry, without criticizing or attacking them. Listen to what they have to say about what happened.
10. Learn how to protect yourself in other ways, so it feels safe for you to let go of anger.

It's important to remember that you choose to get angry and to react as you do. When you get very angry and lose control, you can become powerless. Therefore, it helps to learn what you can do to express your anger rather than lose control.

Distractibility and Trouble Paying Attention

If traumatic images, thoughts, dreams, flashbacks, and other intrusions are constantly in your head, or if you are using energy to keep them out of your head, you may find that you have difficulty concentrating or paying attention. If you seem to have excess energy and are always on the go, you may get labelled as attention deficit / hyperactivity disordered when you really are just trying to avoid dealing with, thinking about, or re-experiencing your traumas.

If either of these statements are true about you, you may use some of the following techniques to increase your ability to concentrate:

1. You may do relaxation visualization exercises.
2. You may make lists of what you need to do.
3. You may make lists of what you need to remember.
4. You may read several paragraphs in a book and then summarize what you have read in writing.
5. You may practice through stopping if you have intrusive thoughts getting in the way of thinking.

Thought Stopping

If you have intrusive thoughts, you may try to stop them by yelling "stop" either out loud or in your mind, as you visualize the word stop on a stop sign or in flashing lights, whenever a thought begins to come in. Another way is to get a good supply of thick rubber bands and put one on your wrist. Leave it on, even when you go to bed. Every time a painful image or thought pops into your mind, consciously decide if you want to think about the image or thought. If you decide that it is something you want to think and that you will not become overwhelmed or unable to concentrate on other things, keep it in your mind. However, if you don't want to think the thought or see the image, then snap the rubber band on your wrist, hurting yourself.

At the same time that you snap the rubber band, allow yourself only three minutes to look at the thought or image. If, after three minutes, you are still thinking the thought or seeing the image, snap the rubber band again and give yourself another three minutes. Continue this process until the thought or image weakens. It is important that you use this technique each and every time you have an intrusive image or thought that you don't want. If you use it only every once in a while, the number of involuntary intrusions may actually increase (Baker and Salston 1993).

Managing Emotions and Impulses

Feelings generally can be associated with joy or with pain. Each feeling of pain has an opposite feeling associated with joy. For example, the opposite of fear is hope; of sadness, joy; of hate, love. Painful feelings that result from exposure to trauma frequently are denied and avoided. Many trauma survivors have a hard time keeping their feelings under control. Many times, people with complex PTSD are also not aware of the range of feelings that exists and have only limited emotional responses to most situations. Having feelings or recognizing having certain feelings may make you want to hurt yourself. Examples of feelings that may lead to self-hurt include anger, sadness, shame, emptiness, guilt, and betrayal. But if you do not know what many different feelings are like, you also cannot use them either positively or negatively.

Are you able to name the feelings you have at different times? Do you know the difference between dislike, disregard, anger, frustration, rage, and hostility, among

others? Learning how to name feelings and then recognize (them both in yourself and others) are the first steps in trying to bring the feelings under control.

If you cannot find words to identify your emotions and if you are not able to know what you feel, then it is very difficult to plan how to cope with those emotions. When you name and then learn to tolerate your emotions, you gain the ability to "own" them and you become more in touch with yourself.

Exercise: Recognizing My Emotions

Which of the following emotional states do you personally know, and which have you felt in the past two weeks? Please circle those you have felt in the past two weeks and underline all those about which you can say that you know how they feel.

abandoned	cranky	friendly	loyal	tense
accepted	crazy	fulfilled	lucky	terrified
aching	crushed	full	mad	thrilled
affectionate	curious	furious	mean	tired
alone	defeated	giving	miserable	tolerant
aloof	dejected	glad	patient	tortured
amused	delighted	grateful	peaceful	trapped in time
angry	dependent	grouchy	pleased	troubled
annoyed	deserted	grumpy	powerless	trusted
anxious	desirable	guilty	preoccupied	ugly
apologetic	desperate	happy	proud	unappreciated
at peace	devastated	helpless	regretful	unaware
aware	different	hopeful	rejected	understood
betrayed	disappointed	hopeless	remorseful	unfriendly
bitter	discouraged	humiliated	responsible	unhappy
bored	distressed	hurt	revengeful	upset
brave	dominated	impatient	safe	useless
calm	doomed	inadequate	screwed	valued
capable	eager	incompetent	serene	victimized

caring	easygoing	innocent	shamed	violated
cautious	ecstatic	insecure	shocked	vulnerable
cheerful	elated	interested	shy	warm
composed	embarrassed	irate	sorry	weary
confident	enraged	irked	stimulated	whipped
conflicted	excited	irritated	stunned	wiped out
connected	exposed	isolated	stupid	withdrawn
content	foolish	jealous	sweet	wonderful
courageous	frantic	joyful	sympathetic	worthwhile

These are only a small proportion of the words that are associated with feelings. Were you able to identify and imagine or remember having most of them? What has completing this exercise taught you about yourself?

Suicidal Thoughts and Emotions

Many trauma survivors feel suicidal and have suicidal thoughts and plans. Some act out those thoughts when they are particularly stressed and triggered; some act them out on a regular basis. It is important to develop ways to cope with and control your suicidal impulses. In order to do so, if you have had these impulses, it is important that you ask yourself: What is the meaning and role of those impulses? Do the impulses and fantasies related to planning suicide lead to an adrenaline rush or a sense of calm and peace? If you have these impulses, what else might you use to bring you relief?

Learning to find ways to relieve any intolerable feelings you have through less destructive means is the first step to bringing suicidal impulses under control. Writing in the online newsletter Survivorship, Collings (2001) has created the following list of reasons not to kill yourself:

1. Because you deserve to live
2. Because your life has value, whether or not you can see it
3. Because it was not your fault
4. Because you didn’t choose to be battered and used
5. Because life itself is precious

6. Because they were and are wrong
7. Because you are connected to each and every other survivor and so your daily battle automatically gives others hope and strength
8. Because you will feel better, eventually
9. Because each time you confront despair, you get stronger
10. Because if you die today you will never again feel love for another human being….. or see sunlight pouring through the leaves of a tree
11. Because you have already won…. no one can take that away
12. Because the will to live is not a cruel punishment, even if it feels like that at times; it is a priceless gift
13. Because we need survivors to offer testament against this horror and despair.
14. Because no one knows better than you the meaning of suffering, and agony deepens the heart
15. Because you deserve the peace that will come after this battle is won, and it will be won, but only minute by minute.
16. Because I am furious that we have to suffer the pain of another's evil and filth.
17. Because you, too, will one day feel fury
18. Because it is critical that you survive

How do you relate to this list?

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IV.2. Manage stress, panic, anxiety, confusion and critical events

Manage Stress

Before one begins to deal with how to manage the harmful type of stress one needs to have a clear-cut understanding of what it is. Most people will tend to believe that stress is totally negative though this is not true. Below follows the definition.

Stress is the body's physical, emotional, and psychological response to any demand. It is generally perceived mentally as pressure or urgency to respond, which is experienced as mental strain. Stress is associated with the more primitive survival "fight" or "flight" response. When confronted with danger, the body responds physiologically with the release of adrenalin and hydrocortisone (cortisol). Short term, these chemicals shut down some biological mechanisms in order to conserve energy, which may be needed for fight or flight. After the challenge has been met and resolved, the body returns to normal. Normal body functioning is demonstrated by muscles relaxing, hands becoming dry, stomach unwinding, and gastrointestinal relaxation heart rate and blood pressure returning to normal. Long term adrenalin and hydrocortisone can result in numerous negative influences physiologically, psychologically, and emotionally. One of these negative consequences is suppression of the immune system. If managed effectively, stress is not necessarily bad for you.

Therapists guide to clinical intervention. Shanon L. Johnson p.223. In order to be precise and show the differences between the positive and negative below follow lists that may make quite clear the picture.

1. *Positive stress*
    - *a.* Is short term
    - *b.* Motivates
    - *c.* May feel exciting
    - *d.* Improves productivity
    - *e.* Improves performance
    - *f.* Is pleasant
    - *g.* Is beneficial
    - *h.* Is important to physical and mental fitness

i. Focuses energy
j. Sharpens the mind

2. *Negative stress (referred to as distress)*
   a. Can be harmful, especially if experienced for a long period of time
   b. Drains energy reserves
   c. Causes emotional depression
   d. Suppresses immune system
   e. Builds over time instead of diminishing
   f. Can lead to mental and physical problems
   g. Can change the way a person thinks

There is no way for any single individual to avoid stress. This is simply not possible. It is part of daily life. Naturally most people will not experience a level of stress or stress related conditions in their lives beyond what loosely might be described as a medium level. As stated above moderate levels of stress might help us to be or become productive and or inventive in how we deal with our lives in a personal or work related environments.

It is when stress escalates beyond this moderate level that it can become harmful. No one is immune from the negative effects of stress, and it may be cumulative in how individuals are able to respond over time (burnout).

Since everyone evaluates their experiences differently, no particular factors are identified as the causes of stress. Stress can come from pressures at home or work, from relationships from school, or as the result of other personal situations.

Oftentimes, stress is associated with the "too much" phenomenon:

1. Too many changes
2. Too high of expectations
3. Too much responsibility
4. Too much information (overload)

Too much stress in a short period of time will doubtless have a negative impact on the individual.

In all likelihood, if one were able to experience these stressors over time allowing one to process and resolve each situation, then the stressors would be

manageable. When there is not enough time between stressful events, however, the experience is overloading and debilitating.

There are generally two ways to define the source of stress: internal factors or external factors. Additionally, how each individual responds to stressful events can either increase or decrease the overall experience of stress. Failure to effectively cope with a stressful situation contributes to a feeling of things being more difficult, adding to the level of stress already felt from external sources. Self-care, use of resources, and self-talk form the foundation of effective stress management.

The difference between being stressed and not being stressed is associated with three factors:

1. Individual perception of stress

People often view the same situation very differently, depending on their life experiences, personality, and health. A visit to a personal physician for the same purpose may be stressful to one individual and not stressful to another.

An individual's perception of stress will determine its effects on him/her.

2. Personal and family resources.

A. Time, skill, financial resources, and family resources all affect one's ability to handle stress. For example, money is double-edged: it can either be a stressor or a resource for resolving it. Personal management styles such as patience and perseverance also affect the way an individual or family system deals with stress.

3. Social support

A. Your relationships with family, friends, and your community as well as access to professional resources can all be avenues for relieving stress.

Aside from stress being derived from internal or external factors, there is another way to define the kinds of stress experienced:

A. Ordinary daily life stressors

- Regular daily schedule (getting up, going to work/school, etc.). These stressors can be dealt with by setting priorities, following a schedule, having reasonable expectations, and delegating when possible.

B. Developmental Stresses

- Stage of life issues
- Learning new things/changing old habits

These stressors can be dealt with by looking forward to known developmental changes, looking forward to the challenge. Being proactive in thinking through choices and how one wants to deal with things versus being forced to deal with the event when it happens can also minimize stress.

Below follows a general guide on how to organize stress related situations. Prior to learn to manage stress one needs to keep track of it and organize it so as to find later the best ways to manage it.

Organizing Components of stress

1. Keep a journal. Write what you think and feel to improve self-understanding
2. Identify the issues or situations that cause stress
3. Brainstorm a list of all possible ideas for dealing with these issues and situations
4. Clarify ideas
5. Evaluate all possible outcomes
6. Choose the best solution
7. Plan who does what (individual, family, outside resource); delegate, but be realistic
8. Create a trial period (day, week, month, etc.) for putting a plan into action
9. Evaluate the plan: What worked? What didn't work?
10. Integrate the new information you have in order to improve effectiveness of stress management.

During a period of acute stress, a person's normal defenses are down and emotional distress is quite high. There is naturally a need for the person to tone down the stress. Given that need, people may be open to learn new venues in order to accomplish this necessary goal because they are suffering.

The responses to stress are numerous, and so are the approaches for dealing with it. What works for one person may not work for another. Therefore, it is necessary to be prepared with a number of strategies for handling stress.

The mind plays a powerful role in illness and in health. Because cognitions or

mental processes have a strong influence, negative or positive, on the physical and emotional reactions to stress cognitive restructuring is an important intervention.

The five aspects of mental processing that play a significant role in stress include:

1. Expectations/Self-Fulfilling Prophecy. What a person believes will happen or expects to happen sometimes influences their behavior in a way that makes that outcome more likely to happen. Negative expectations increase anxiety and stress. Identifying goals for change and facing such challenges with optimism and a positive attitude will facilitate optimal coping and management.
2. Mental Imagery/Visual Imagery. Along with expectations for a given situation a person will develop an accompanying mental picture and internal dialogue. This mental imagery can itself elicit emotional and physiologic responses. Negative mental imagery increases anxiety and stress reactions; whereas positive mental imagery minimizes the effects of life stressors and increases effective coping.
3. Self-Talk. This is the internal dialogue that the person carries on with themself all day long. Most people do not have a conscious awareness for self-talk or the influence it has on anxiety, stress, and self-esteem. Self-talk has a similar influence to that of mental imagery. Negative mental images and negative self-talk can result in anxiety and psychosomatic symptoms, whereas positive mental images and positive self-talk encourages self-confidence, effective coping, and a general feeling of well-being. Initially, an awareness for negative self-talk must be facilitated, followed by the development of rational substitute statements to replace the negative thoughts for cognitive restructuring.
4. Controlling and Perfectionistic Behavior. Perfectionism and unrealistic expectations often go together. Responses of controlling and perfectionistic behaviors are frequently an effort to avoid abuse, conflict, the unknown, or a feeling of uneasiness and inadequacy associated with perfectionism. Placing unrealistic expectations on others is a form of controlling behavior. It takes enough energy to manage yourself. Efforts to control the behavior of others leads to stress, anxiety, frustration, and anger. The goal is for the person to

develop realistic expectations for themself and accept that they have no control over the behavior of another.

5. Anger. Anger is a normal, healthy emotion when expressed appropriately. It can be damaging tension it causes as well as predisposing the person to "blow-ups" with others. This behavior results in low self-esteem and poor interpersonal relating. Chronic anger and hostility are related to the development or exacerbation of a number of physical symptoms, illnesses, and diseases. A person has a choice in how they evaluate a situation. Appropriate management of anger will decrease stress.

For a person to effectively manage stress they must understand what they need and want emotionally, take responsibility for their own thoughts and behaviors, release themself from the self-imposed responsibility of and efforts to control others, develop realistic expectations and limitations, have appropriate boundaries in relationships, express themself honestly, and take care of themself (by getting adequate sleep, eating nutritionally, exercising regularly, and utilizing relaxation techniques).

The central strategies for effective stress management focus on living healthy. This includes exercise, eating habits, how stress is dealt with, belief system, and attitude. Effective living requires goals, appropriate prioritization, and time management.

Given the pace of daily living and the demands placed on people it is not difficult to understand the level of stress experienced by the average person. Because it is physiologically impossible to be stressed and relaxed at the same time developing techniques for alleviating distress (negative stress) is an important step in coping effectively with life stressors.

Excellent results have been found in the treatment of numerous physiological symptoms and emotional or psychological problems through the regular use of relaxation techniques. Regular use of relaxation techniques prevents the development of cumulative stress. Cumulative stress is generally associated with high levels of anxiety which have become unmanageable. The effective discharge of stress and tension associated with relaxation techniques creates the opportunity for the body to

recover from the consequences of stress and places an individual in an optimal position for managing normal stressors, especially if they are engaging in regular exercise, getting adequate sleep, and eating nutritionally.

Difficulties leading to stress are often related to a person's style of managing or interacting with their environment. An approach which results in unnecessary stress includes:

1. Attempting to do too much at one time
2. Setting unrealistic time estimates, or poor time management
3. Procrastinating on the unpleasant
4. Disorganization
5. Poor listening skills
6. Doing it all yourself
7. Unable to say "no"
8. Trouble letting other people do their job
9. Impulsive, snap decisions
10. Not taking responsibility for the quality of your own life. Blaming others

Early Warning Signs of Stress

A. *Emotional Signs*

1. Apathy, feelings of sadness, no longer find activities pleasurable
2. Anxiety, easily agitated, restless, sense of unworthiness
3. Irritability, defensive, angry, argumentative
4. Mentally tired, preoccupied, lack of flexibility, difficulty concentrating
5. Overcompensating, avoiding dealing with problems, denial that you have problems

B. *Behavioral Signs*

1. Avoidance behavior, difficulty accepting/neglecting responsibility
2. Compulsive behaviors in areas such as spending, gambling, sex, substances
3. Poor self-care behavior (hygiene, appearance, etc.), late to work, poor follow through on tasks
4. Legal problems, difficulty controlling aggressive impulses, indebtedness

A Life Events Survey can be administered to determine the specific stressors as well as a rough estimate of stress experienced by an individual. This can clarify acute crises and chronic problems which therapeutic interventions can seek to alleviate and resolve.

Stress Signals

The following messages from your body may indicate that you have a health problem or are on the road to developing a health problem. Also explore family history for any predisposition to a particular disease.

1. ***Insomnia.*** If you go to bed thinking about things or worrying, the physiological response is adrenaline, which is activating and interferes with getting to sleep or achieving restful sleep. Create a routine for winding down and putting your mind to rest. Before bed, swim, walk, meditate, drink warm milk or herbal tea (no caffeine), take a hot bath, or choose to think of peaceful, pleasant thoughts.
2. ***Headaches and sore muscles.*** When your body is in high gear, you are continuously on alert to respond and body tension accumulates. If tension is chronic, the result can be muscle soreness and rigidity. A tight neck, upper back, and shoulders can lead to a headache. Stretching and light exercise every couple of hours throughout the day may help to relieve these symptoms.
3. ***Stomach problems.*** When you are stressed, acid is secreted in the stomach, which can cause heartburn, stomach cramps, or other digestive problems. Over-the-counter antacids may alleviate the symptoms, but don't ignore the real culprits of irritation: stress, caffeine, smoking, alcohol, poor nutrition, inadequate sleep and relaxation, or spicy foods. Use physical activity, deep breathing, and self-soothing activities for calming your digestive track. Be sure to consult your physician. Don't ignore these symptoms.
4. ***Addictive behavior.*** Efforts to escape chronic stress by drinking too much, increased smoking, overeating, overspending, gambling, or other negative patterns lead to increased stress. Find helpful and healthful ways to deal with stress. Talk with your physician and seek professional help.

5. ***Low sex drive.*** While this can be a signal of stress and fatigue, a variety of other issues need to be explored with your physician:
    i. High blood pressure
    ii. Sedentary lifestyle
    iii. Decreased testosterone
    iv. Excessive salt consumption
    v. Excessive alcohol use

Certain drugs and diseases that may cause high blood pressure in some people

Stress Busting

1. Deal with stress when it strikes. Breath slowly and deeply. Exercise to diminish adrenalin.
2. Think positively. What causes stress is not the situation but how you think about it.
3. Practice improved management of stress by visualizing stressful situations and how you will manage them effectively. That way, when the stressful event occurs it feels like you have already successfully dealt with it numerous times before.
4. Set limits. Create a work frame of time and when the time is up, shift gears and stop thinking about work. Consider how unfair it is to the people you care for if you are always thinking about work when you are with them, rather than being emotionally available and listening.
5. Be honest about what you have control over and what you don't control. If you have control, take action and plan for a resolution. If it belongs to someone else, let go of it.

Effective Management Of Stress

There are two approaches for coping with excessive stress:

1. Self-control, which requires taking responsibility for reactions to a situation
2. Situation control, which includes problem solving, assertiveness, conflict resolution, and time management.

Critical Problem Solving

1. Acknowledge and clarify the problem or issue
2. Analyze the problem, and identify the needs of those who will be affected
3. Employ brainstorming to generate all possible solutions
4. Evaluate each option, considering the needs of those affected
5. Select the best option and implement the plan
6. Evaluate the outcome or problem-solving efforts

Assertiveness

To assert oneself positive includes:

1. Acting in your own best interest
2. Standing up for yourself, expressing yourself honestly and appropriately
3. Exercising your own rights without diminishing the rights of others

Conflict Resolution

Conflict resolution can be achieved cooperatively through a combination of problem-solving skills, assertiveness, good listening skills, and mutual respect until differing viewpoints are understood. This is followed by a course of action that satisfies the parties involved.

Time Management

1. Clarify a plan(s) of action, or tasks to be completed
2. Clarify priorities
3. Divide the plan of action into manageable goals and tasks
4. Allot a reasonable amount of time to complete all tasks

For optimal time management eliminate procrastination, combine tasks when possible, do things one time, and delegate when possible.

Self-Care

1. Adequate sleep and good nutrition
2. Good hygiene and grooming

3. Regular exercise
4. Relaxation techniques or other strategies for decreasing tension
5. Development and utilization of a support system
6. Use of community resources
7. Personal, spiritual, and professional growth
8. Self-monitoring for staying on task self-care behaviors to develop a routine

Tips for Stress Management

1. Learn to meditate and use other relaxation techniques (yoga, progressive muscle relaxation, visualization, etc.)
2. Practice good nutrition and be physically active
3. Review how you choose to think about things. How you think influences your stress level:
    i. Is your cup half empty or half full?
    ii. Are you a chronic worrier?
    iii. Do you catastrophize?
    iv. Are you always thinking about "what if" instead of dealing with "what is?"
    v. Are you a perfectionist?
    vi. Are you overly critical?
4. Take short breaks
    i. Reenergize with a short, refreshing time out
5. Manage your time
    i. Set priorities
    ii. Be realistic about the amount of time it takes to do tasks
6. Talk about it
    i. Talk out your problems with a friend or family member to relieve stress and put problem into perspective
7. Live a balanced life
    i. Balance work with play
    ii. Develop interests or hobbies

iii. Participate socially

*Make sure you have laughter in your life.

8. Develop goals
    i. Set realistic goals
    ii. Make sure you have what is required to successfully meet your goals
    iii. When necessary, break tasks into small, manageable steps
    iv. Reevaluate goals from time to time
9. Anticipate stress
    i. Use your awareness of situations coming up and plan ways to respond
    ii. Review what you have control over and what you don't control
    iii. Identify anything that can be done ahead of time to reduce the stress that will be a part of expectations associated with a given situation
10. Get help
    i. When you feel overwhelmed by stress, get professional help
    ii. Identify supportive resources in the community

Manage Panic

Again one has to know what panic is before one begins to address the issue. The dispatcher must have some basic knowledge both for himself and in case he needs to differentiate when a caller talks. In other words, an excellent dispatcher might instinctually differentiate between levels of stress in a man that calls with a dire need. Experience might provide that instinctual basis but because anxiety, panic stress and or critical events interrelate, the Dispatcher needs to know as much as possible about these interrelated conditions. These mental states of mind may change a second's notice when a caller calls. It might also be a person that is affected by PSTD, dissociative disorders or be psychotic or be in borderline personality disorder. The dispatcher does not know or see the person thus he has to rely on his knowledge, experience and or gut instinct in order to push the person on the other and of the line to do the right thing.

I will begin by explaining what is panic and techniques for coping with it. This basic schema might also assist dispatcher both on them and on the people that call.

The dispatcher is not a therapist and he is not pretending or trying to be one. He is only there to guide people that call in the right direction. As such he as well needs to know a lot about the varieties of mental health states and or frames of mind that govern these clinical terms. Therefore, this article is not intended to make dispatchers experts on the fields, rather it is merely a guide.

Coping with Panic Attacks

A panic attack is a sudden surge of mounting physiological arousal that can occur "out of the blue" or in response to encountering (or merely thinking about) a phobic situation. Bodily symptoms that occur with the onset of panic can include heart palpitations, tightening in the chest or shortness of breath, choking sensations, dizziness, faintness, sweating, trembling, shaking, and/or tingling in the hands and feet. Psychological reactions that often accompany these bodily changes include feelings of unreality, an intense desire to run away, and fears of going crazy, dying, or doing something uncontrollable.

Anyone who has had a full-fledged panic attack knows that it is one of the most intensely uncomfortable states human beings are capable of experiencing. Your very first panic attack can have a traumatic impact, leaving you feeling terrified and helpless, with strong anticipatory anxiety about the possible recurrence of your panic symptoms. Unfortunately, in some cases, panic does come back and occurs repeatedly. Why some people have a panic attack only once – or perhaps once every few years - while others develop a chronic condition with several attacks a week, is still not understood by researchers in the fields.

The good news is that you can learn to cope with panic attacks so well that they will no longer have the power to frighten you. Over time you can actually diminish the intensity and frequency of panic attacks if you are willing to make some changes in your lifestyle. Lifestyle changes which are most conductive to reducing the severity of panic reactions are described in other chapters of this workbook. They include:

i. Regular practice of deep relaxation
ii. A regular program of exercise

iii. Elimination of stimulants (especially caffeine, sugar, and nicotine) from your diet
iv. Learning to acknowledge and express your feelings, especially anger and sadness
v. Adopting self-talk and "core beliefs" which promote a calmer and more accepting attitude toward life

These five lifestyle changes vary in importance for different people. To the extent that you can cultivate all five of them, you will find that, over time, your problem with panic reactions will diminish.

The approach in this workbook is not oriented toward meditation. Yet there are some people who suffer from panic attacks for whom it's appropriate to take medication. If you're having panic attacks with sufficient intensity and frequency that they interfere with your ability to work, your close personal relationships, or your sleep, or if such attacks persistently give you the feeling that you are "losing your grip" on yourself, then medication may be an appropriate intervention.

The two types of medications most frequently prescribed for panic attacks are minor tranquilizers (for instance, Xanax or Ativan) and antidepressants (such as Tofranil, Elavil, or Prozac). For more information on the use of prescription medications in treating panic attacks.

The remainder of this chapter will present some specific guidelines for dealing with panic attacks on a short-term, immediate basis. These are practical strategies for coping with panic attacks at the very moment they occur.

*Deflate the Danger**

A panic attack can be a very frightening and uncomfortable experience, but it is absolutely not dangerous. You may be surprised to learn that panic is an entirely natural bodily reaction that simply occurs out of context. Earlier chapters discussed the fight-or-flight reaction – an instinctual response in all mammals (not just humans) to physiologically prepare to fight or flee when their survival is threatened. This instantaneous reaction is necessary to ensure the survival of the species in life-threatening situations. It serves to protect the lives of animals in the wild when they

are faced by their predators. And it serves to protect your life by informing and mobilizing your impulse to flee from danger.

Suppose, for example, that your car stalled on the railroad tracks while a train approached you from about 200 yards away. You would experience a sudden surge of adrenalin, accompanied by feelings of panic, and a very strong and sensible urge to flee your predicament.

In fact, your body would undergo a whole range of reactions, including:

i. An increase in your heart rate
ii. An increase in your respiratory rate
iii. A tensing of your muscles
iv. Constriction of your arteries and reduced blood flow to your hands and feet
v. Increased blood flow to your muscles
vi. Release of stored sugar from your liver into your bloodstream
vii. Increased production of sweat

The very intensity of this reaction and the strong urge to flee are precisely what would ensure your survival. The surge of adrenalin and flow of blood to your muscles increases your alertness and physical strength. Your energy is mobilized and directed toward escape. If these reactions were less intense or less rapid, you might never get out of the way in time. Perhaps you can recall times in your life when the flight response worked properly and served you well.

In a spontaneous panic attack, your body goes through exactly the same physiological flight reaction that it does in a truly life-threatening situation. The panic attack that wakes you up at night or occurs out of the blue is physiologically indistinguishable from your response to such experiences as your car stalling on the railroad tracks or waking to hear a robber going through your house.

What makes a panic attack unique and difficult to cope with is that these intense bodily reactions occur in the absence of any immediate or apparent danger. Or, in the case of agoraphobia, they occur in response to situations that have no apparent life-threatening potential (such as standing in line at the grocery store or being at home alone). In either case, you don’t know why the reaction is happening. And not knowing

why – not being able to make any sense out of the fact that your body is going through such an intense response – only serves to make the entire experience even more frightening. Your tendency is to react to sensations that are intense and inexplicable with even more fear and a heightened sense of danger.

No one fully knows at this time why spontaneous panic attacks occur – why the body's natural flight mechanism can come into play for no obvious reason or out of context. Some people believe that there is always some stimulus for a panic attack, even if this is not apparent. Others believe that sudden attacks arise from a temporary physiological imbalance. It is known that there is a greater tendency for panic attacks to occur when a person has been undergoing prolonged stress or has recently suffered a significant loss. However, only some people who have undergone stress or loss develop panic attacks, while others might develop headaches, ulcers, or reactive depression. It is also known that a disturbance in the part of the brain called the locus ceruleans is implicated in panic attacks; but it seems that this disturbance is only one event in a long chain of causes without being the primary cause. A full understanding of what causes panic attacks awaits future research.

Because there is no immediate or apparent external danger in a panic attack, you may tend to invent or attribute danger to the intense bodily sensations you're going through. In the absence of any real life-threatening situation, your mind may misinterpret what's going on inside as being life-threatening. Your mind can very quickly go through the following process: "If I feel this bad, I must be in some danger. If there is no apparent external danger, the danger must be inside of me."

And so it's very common when undergoing panic to invent any (or all) of the following "dangers":

a. In response to heart palpitations: "I'm going to have a heart attack" or "I'm going to die."
b. In response to choking sensations: "I'm going to stop breathing and suffocate."
c. In response to dizzy sensations: "I'm going to pass out."
d. In response to sensations of disorientation or feeling "not all there": "I'm going crazy."
e. In response to "rubbery legs": "I won't be able to walk" or "I'm going to fall."

f. In response to the overall intensity of your body's reactions: "I'm going to lose complete control over myself."

As soon as you tell yourself that you're feeling any of the above dangers, you multiply the intensity of your fear. This intense fear makes your bodily reactions even worse, which in turn creates still more fear, and you get caught in an upward spiral of mounting panic.

This upward spiral can be avoided if you understand that what your body is going through is not dangerous. All of the above dangers are illusory, a product of your imagination when you're undergoing the intense reactions which constitute panic. There is simply no basis for any of them in reality. Let's examine them one by one.

- A panic attack cannot cause heart failure or cardiac arrest.

Rapid heartbeat and palpitation during a panic attack can be frightening sensations, but they are not dangerous. Your heart is made up of very strong and dense muscle fibers and can withstand a lot more than you might think. According to Claire Weekes, a healthy heart can beat 200 beats per minute for days – even weeks – without sustaining any damage. So, if your heart begins to race, just allow it to do so, trusting that no harm can come of it and that your heart will eventually calm down.

There is a substantial difference between what goes on with your heart during a panic attack and what happens in a heart attack. During a panic attack, your heart may race, pound, and at times miss or have extra beats. Some people even report chest pains, which pass fairly quickly, in the left-upper portion of their chest. None of these symptoms is aggravated by movement or increased physical activity. During a true heart attack, the most common symptom is continuous pain and a pressured, even crushing sensation in the center of your chest. Racing or pounding of the heart may occur but this is secondary to the pain. Moreover, the pain and pressure get worse upon exertion and may tend to diminish with rest. This is quite different from a panic attack, where racing and pounding may get worse if you stand still and lessen if you move around.

In the case of heart disease, distinct abnormalities in heart rhythm show up on an electrocardiogram (EKG) reading. It has been demonstrated that during a panic attack

there are no EKG abnormalities – only rapid heartbeat. (If you want to gain additional reassurance, you may want to have your doctor perform an EKG.) In sum, there is simply no basis for the connection between heart attacks and panic. Panic attacks are not hazardous to your heart.

- A panic attack will not cause you to stop breathing or suffocate.

It is common during panic to feel your chest close down and your breathing become restricted. This might lead you to suddenly fear that you're going to suffocate. Under stress your neck and chest muscles are tightening and reducing your respiratory capacity. Be assured that there is nothing wrong with your breathing passage or lungs, and that the tightening sensations will pass. Your brain has a built-in reflex mechanism that will eventually force you to breath if you're not getting enough oxygen. If you don't believe this, try holding your breath for up to a minute and observe what happens. At a certain point you'll feel a strong reflex to take in more air. The same thing will happen in a panic attack if you're not getting enough oxygen. You'll automatically gasp and take a deep breath long before reaching the point where you could pass out from a lack of oxygen. (And even if you did pass out, you would immediately start breathing!) In sum, choking and sensations of constriction during panic, however unpleasant, are not dangerous.

- A panic attack cannot cause you to faint.

The sensation of light-headedness you may feel with the onset of panic can evoke a fear of fainting. What is happening is that the blood circulation to your brain is slightly reduced, most likely because you are breathing more rapidly (see the section on hyperventilation). This is not dangerous and can be relieved by breathing slowly and regularly from your abdomen, preferably through your nose. It can also be helped by taking the first opportunity you have to walk around a bit. Let the feelings of light-headedness rise and subside without fighting them. Because your heart is pumping harder and actually increasing your circulation, you are very unlikely to faint (except in rare instances if you have a blood phobia and happen to be exposed to the sight of blood).

- A panic attack cannot cause you to lose your balance.

Sometimes you may feel quite dizzy when panic comes on. It may be that tension is affecting the semicircular canal system in your inner ear, which regulates your balance. For a few moments you may feel dizzy or it may even seem that things around you are spinning. Invariably this sensation will pass. It is not dangerous and very unlikely to be so strong that you will actually lose your balance.

If sensations of pronounced dizziness persist for more than a few seconds, you may want to consult a doctor (preferably an otolaryngologist) to check if infection, allergies, or other disturbances might be affecting your inner ear.

- You won't fall over or cease to walk when you feel "weak in the knees" during a panic attack.

The adrenalin released during a panic attack can dilate the blood vessels in your legs, causing blood to accumulate in your leg muscles and not fully circulate. This can produce a sensation of weakness or "jelly legs," to which you may respond with the fear that you won't be able to walk. Be assured that this sensation is just that – a sensation – and that your legs are as strong and able to carry you as ever. They won't give way! Just allow these trembling, weak sensations to pass and give your legs the chance to carry you where you need to go.

- You can't "go crazy" during a panic attack.

Reduced blood flow to your brain during a panic attack is due to arterial constriction a normal consequence of rapid breathing. This can result in sensations of disorientation and a feeling of unreality that can be frightening. If this sensation comes on, remind yourself that it's simply due to a slight and temporary reduction of arterial circulation in your brain and does not have anything to do with "going crazy," no matter how eerie or strange it may feel. No one has ever gone crazy from a panic attack, even though the fear of doing so is common. As bad as they feel, sensations of unreality will eventually pass and are completely harmless.

It may be helpful to know that people do not "go crazy" in a sudden or spontaneous way. Mental disorders involving behaviors that are labeled "crazy" (such as schizophrenia or manic-depressive psychosis) develop very gradually over a period of years and do not arise from panic attacks. No one has ever started to hallucinate or hear voices during a panic attack (except in rare instances where panic was induced by an overdose of a recreational drug such as LSD or cocaine). In short, a panic attack cannot result in your "going crazy" no matter how disturbing or unpleasant your symptoms feel.

- A panic attack cannot cause you to "lose control of yourself."

Because of the intense reactions your body goes through during panic, it is easy to imagine that you could "completely lose it." But what does completely losing it mean? Becoming completely paralyzed? Acting out uncontrollably or running amok? I am aware of no reported instances of this happening. If anything, during panic your senses and awareness are heightened with respect to a single goal: escape. Running away or trying to run away are the only ways in which you would be likely to "act out" while panicking. Complete loss of control during panic attacks is simply a myth.

The first step in learning to cope with panic reactions is to recognize that they are not dangerous. Because the bodily reactions accompanying panic feel so intense, it's easy to imagine them being dangerous. Yet in reality no danger exists. The physiological reactions underlying panic are natural and protective. In fact, your body is designed to panic so that you can quickly mobilize to flee situations that genuinely threaten your survival. The problem occurs when this natural, life-preserving response occurs outside the context of any immediate or apparent danger. When this happens, you can make headway in mastering panic by learning not to imagine danger where it doesn't exist.

Breaking the Connection Between Body Symptoms and Catastrophic Thoughts

There is an important difference between people who have panic attacks and those who do not. Individuals who are prone to panic have a chronic tendency to

interpret slightly unusual or uncomfortable body sensations in a catastrophic way. For example, heart palpitations are seen as signals of an impending heart attack, chest constriction and shortness of breath are seen as signs of imminent suffocation, or dizziness is seen as a precursor to fainting or collapse. People who do not have panic attacks may notice (and not particularly like) having such body symptoms, but they do not interpret them as catastrophic or dangerous.

If you have a tendency to interpret unpleasant body sensations as portending something dangerous or catastrophic, you will also tend to constantly monitor your body to see if you're having those sensations. You're probably very tuned in to your internal bodily states and overreact easily if something begins to feel slightly "off" or unusual. This increased internalization compounds the problem, because you're more likely to notice and magnify any sudden change in your body's internal state that is slightly unusual or unpleasant.

The variety of circumstances that might cause a sudden aberration in your body's internal physiological state are legion. Sometimes the cause lies outside of your body. For example, an argument with your spouse, seeing something unpleasant on TV, hearing your alarm clock go off, or being in a hurry to get somewhere could trigger an increase in heart rate, chest constriction, stomach queasiness, or any of a wide range of body symptoms associated with anxiety. At other times, the cause resides in some subtle physiological shift within your body—for example, oxygen deprivation due to under-breathing, a spontaneous shift in the neuroendocrine systems of your brain, an increase in muscle tension in your neck and shoulders, or a fall in your blood sugar level. Whether the initial cause lies primarily outside or within your body, you are usually unaware of these physiological shifts until you actually feel the resultant symptoms.

The above examples illustrate only a few among many possibilities, any of which might constitute the triggering event for an increase in anxiety. Whether or not you actually develop a full-blown panic attack depends on how you perceive and respond to the particular increase in body symptoms that occurs.

To sum up, people who panic are likely to experience: 1) increased internalization or preoccupation with subtle shifts in body symptoms or mood and 2)

an increased tendency to interpret slight aberrations or incremental changes in body symptoms as dangerous or catastrophic. The diagram below illustrates this tendency:

Development of Panic Attack

Phase 1	Initiating Circumstances (internal or external)
Phase 2	Slight increase in unusual or Unpleasant body symptoms (i.e., heart palpitations, shortness of breath, faintness or dizziness, sweating, etc.)
Phase 3	Internalization (increased focus on symptoms makes them more noticeable and easily magnified)
Phase 4	Catastrophic Interpretation (telling yourself the symptom is dangerous—i.e., "I'll have a heart attack, " "I'll suffocate," "I'll go completely out of control," "I must leave at once")
Phase 5	*Panic*

The good news is that it's possible to intervene at any point in this sequence. At phase 1 it may be generalized stress that leads to the initial unpleasant body sensations— heart palpitations, chest constriction, dizziness, and so on. Incorporating regular relaxation, exercise, low-stress nutritional habits, and other stress management techniques into your lifestyle on a daily basis can go a long way toward reducing the propensity for sudden increases in your body's state of sympathetic nervous system arousal associated with stress. Beyond generalized stress, you may be able to identify the particular initiating circumstances that cause your panic attacks by noting carefully what was going on just before—or in the several hours before - a panic attack occurs. You can use the Panic Attack Record described in this chapter to help you determine what initial circumstances may have led to a particular panic attack. You can then try to avoid or eliminate these circumstances so they do not cause you trouble in the future. Interventions that reduce the propensity for having unpleasant body sensations in the first place (phases 1 and 2 in the chart) all require making changes in your lifestyle and attitudes.

Phase 3 of the panic cycle is comprised of internalization—being too focused on your internal body state. When you actually feel panic coming on, you can reduce internalization by using any of the active coping techniques described later in this chapter in the section, "Coping Techniques To Counteract Panic at an Early Stage." These techniques serve to distract your attention away from internal body symptoms, and also have a directly relaxing effect.

Perhaps the most important change you can make to defuse panic attacks, however, is to intervene at phase 4. That is, you can learn to stop interpreting unpleasant body sensations as being dangerous or potentially catastrophic. In fact, recent research both in the United States and England has determined that eliminating catastrophic interpretations of body symptoms can, in and of itself alone, be sufficient to relieve panic attacks. If you can learn to tolerate sensations such as dizziness, tightness in your chest, rapid heartbeat, and so on as innocuous body symptoms—rather than as signs imminent danger—you will very likely have fewer, if any, panic attacks. That is not to say that stress management techniques and coping strategies for panic are not still important; it does imply, though, that eliminating catastrophic interpretations by itself can go a long way to relieve panic.

To assist you in breaking the connection between body symptoms and catastrophic interpretations, please refer to the two worksheets below. The first worksheet is a list of body symptoms that can trigger panic attacks. Rate each body symptom on a 0-5 scale according to how much it affects you when you panic. The second worksheet is a list of common catastrophic self-statements that people who panic make in response to unpleasant body symptoms. Rate each of these catastrophic statements on a 1-4 scale according to how much you feel it contributes to your panic attacks.

Finally, use the third worksheet to go back and connect the two lists. For each troublesome body symptom, you rated 4 or 5, list the specific catastrophic statements likely to be triggered by that symptom. For example, you might connect heart palpitations with "I'm having a heart attack," and "I'm going to die," or dizziness with “I'm going to pass out," or "I'm going to lose control."

When you're finished, you should have a better idea of what particular body

symptoms and associated catastrophic interpretations trigger your panic attacks. This knowledge will likely help you break the false connection you've made between your body symptoms and mistaken interpretations. Keep in mind throughout this exercise that none of the body symptoms you've listed is actually dangerous. However unpleasant such symptoms might feel, they are completely harmless. Equally important, keep in mind that none of the catastrophic thoughts you have checked off is true or valid, even though you might have convinced yourself that it is. Every one of the catastrophic thoughts is simply false- a mistaken belief that you can learn to let go of.

How do you break the automatic connection between unpleasant body symptoms and false, catastrophic thoughts? Three ways have been found to be helpful:

1. Recognition
2. Writing down alternative explanations of symptoms
3. Symptom inductions

Recognition

Just recognizing your tendency to believe that harmless body symptoms are signs of imminent danger is the first step. Awareness of specific connections between particular symptoms and particular catastrophic thoughts, which you may have gained from the previous exercise, will help you begin diffusing the danger when those symptoms come up in day-to-day life.

Writing Down Alternative Explanations of Body Symptoms

The catastrophic self-statements you make in an attempt to make sense of unpleasant symptoms during a panic attack are simply false. It's just not true, for example, that rapid heartbeat or palpitations occur because you are having a heart attack. Nor is constriction in your chest or shortness of breath happening because you're about to suffocate. Nor is dizziness and light-headedness occurring because you're about to faint or "go crazy."

In each of these cases, there is an alternative explanation that is non-catastrophic and based in fact. Alternative logical explanations might go something like this:

1. An increase in heartbeat and/or heart palpitations is very likely caused by increased output of adrenalin and sympathetic nervous system activity that accompany the early stage of an anxiety reaction. Such reactions are part of the body's normal means of handling any perceived threat—they are part of the flight-or-fight response. They are in no way dangerous, even if they continue for some time. For example, a healthy heart can beat rapidly for hours without putting you at any risk.
2. An increase in chest constriction and shortness of breath can be explained in terms contraction of the muscles surrounding the chest cavity, also due to increased sympathetic nervous system activity. Such symptoms have nothing to do with the process of suffocating. Your chest muscles cannot contract to the point where you would be at risk of suffocating, no matter how unpleasant the tightness in your chest happens to feel.
3. Becoming dizzy or light-headed, common symptoms that can occur when you become anxious, are not caused by the fact that you are about to faint. They are caused by minor constrictions in the arteries of your brain, which lead to a slight reduction in blood circulation. It's extremely unlikely that you would faint, even if you feel quite light-headed. Fainting typically occurs during a drop in blood pressure; when you start to feel anxious, you usually experience an increase in blood pressure due to increased adrenalin and sympathetic nervous system tone.

Panic Attack Worksheet 1

Body Symptoms

Any of the following body symptoms can occur during a panic attack. Please evaluate each of them according to their effect when you are having an attack, and indicate your answers on the 0-5 scale in the right-hand column.

0	=	No Effect	3	=	Strong Effect
1	=	Mild Effect	4	=	Severe Effect
2	=	Medium Effect	5	=	Very Severe Effect

1. Sinking feeling in stomach	0	1	2	3	4	5
2. Sweaty palms	0	1	2	3	4	5
3. Warm all over	0	1	2	3	4	5
4. Rapid or heavy heartbeat	0	1	2	3	4	5
5. Tremor of the hands	0	1	2	3	4	5
6. Weak or rubbery knees or legs	0	1	2	3	4	5
7. Shaky inside and/or outside	0	1	2	3	4	5
8. Dry mouth	0	1	2	3	4	5
9. Lump in throat	0	1	2	3	4	5
10. Tightness in chest	0	1	2	3	4	5
11. Hyperventilation	0	1	2	3	4	5
12. Nausea or diarrhea	0	1	2	3	4	5
13. Dizzy or lightheaded	0	1	2	3	4	5
14. A feeling of unreality – as "in a dream"	0	1	2	3	4	5
15. Unable to think clearly	0	1	2	3	4	5
16. Blurred vision	0	1	2	3	4	5
17. A feeling of being partially paralyzed	0	1	2	3	4	5
18. A feeling of detachment or floating away	0	1	2	3	4	5
19. Palpitations or irregular heartbeats	0	1	2	3	4	5
20. Chest pain	0	1	2	3	4	5
21. Tingling in hands, feet, or face	0	1	2	3	4	5
22. Feeling faint	0	1	2	3	4	5
23. Fluttery stomach	0	1	2	3	4	5
24. Cold, clammy hands	0	1	2	3	4	5

Panic Attack Worksheet 2

*Catastrophic Thoughts**

Catastrophic thoughts play a major role in aggravating panic attacks. Using the scale below, rate each of the following thoughts according to the degree to which you

believe that thought contributes to your panic attacks.

1 = Not at all 3 = Quite a lot

2 = Somewhat 4 = Very much

1. I'm going to die	1	2	3	4
2. I'm going insane	1	2	3	4
3. I'm losing control	1	2	3	4
4. This will never end	1	2	3	4
5. I'm really scared	1	2	3	4
6. I'm having a heart attack	1	2	3	4
7. I'm going to pass out	1	2	3	4
8. I don't know what people will think	1	2	3	4
9. I won't be able to get out of here	1	2	3	4
10. I don't understand what's happening to me	1	2	3	4
11. People will think i'm crazy	1	2	3	4
12. I'll always be this way	1	2	3	4
13. I'm going to throw up	1	2	3	4
14. I must have a brain tumor	1	2	3	4
15. I'll choke to death	1	2	3	4
16. I'm going to act foolish	1	2	3	4
17. I'm going blind	1	2	3	4
18. I'll hurt someone	1	2	3	4
19. I'm going to have a stroke	1	2	3	4
20. I'm going to scream	1	2	3	4
21. I'm going to babble or talk funny	1	2	3	4
22. I'll be paralyzed by fear	1	2	3	4
23. Something is really physically wrong with me	1	2	3	4
24. I won't be able to breath	1	2	3	4
25. Something terrible will happen	1	2	3	4
26. I'm going to make a scene	1	2	3	4

Connecting Body Symptoms and Catastrophic Thoughts

In the left-hand column below list body symptoms you rated 5 or 4 on the first Panic Attack Worksheet. Describe your most troublesome body symptoms, one at a time. Then list catastrophic self-statements from the second worksheet "Catastrophic Thoughts which you rated 4 or 3. List those catastrophic statements you would be most likely to make in response to each particular body symptom. For example, "Rapid heartbeat" is a body symptom that might elicit such catastrophic self-statements as, "I'm having a heart attack," and "I'm going to die."

Body Symptom:	Catastrophic Thoughts:
Body Symptom:	Catastrophic Thoughts:
Body Symptom:	Catastrophic Thoughts:
Body Symptom:	Catastrophic Thoughts:

Even less plausible is the idea that dizziness and light-headedness are caused by the fact that you're about to go crazy. The process of "going crazy" has nothing to do with panic attacks, and takes place over a much longer period of time than the duration of any panic attack.

These examples can serve as guidelines for developing your own alternative, non-catastrophic explanations for troublesome body symptoms. You'll likely find it helpful to refer to the first section of this chapter, "Deflate the Danger," in coming up with your alternative explanations. The process of writing down such explanations will help strengthen your conviction that uncomfortable body symptoms are truly harmless rather than signs of imminent danger.

You might want to put your alternative explanations of body symptoms on 3x5 index cards - one explanation of a particular symptom per card. Keep the cards with you in your purse or wallet and take them out and read them if you feel body symptoms coming on.

Symptom Inductions

A recent, very effective treatment for panic attacks involves voluntarily inducing body symptoms that can trigger panic. This is typically done in a therapy session. For example, if dizziness and shortness of breath are troublesome symptoms, the therapist has the hyperventilate for two minutes and then stand up suddenly to actually bring on these symptoms. This might sound like an unusual and extreme therapeutic procedure, in fact, it is harmless and often quite helpful. Unless the client has a respiratory disorder, hyperventilation for two minutes is harmless. Deliberately hyperventilating gives her or him an opportunity to actually experience uncomfortable body symptoms without negative or dangerous happening. The key here is that the client learns on a "gut" or experiential level that nothing terrible follows body sensations that he or she used to interpret as dangerous. Repeated inductions of dizziness in this way help a panic-prone person to develop a strong conviction that dizziness is not dangerous.

A more detailed discussion of symptom inductions can be found at the end of this chapter.

Don't Fight Panic

Resisting or fighting initial panic symptoms is likely to make them worse. It's important to avoid tensing up in reaction to panic symptoms or trying to "make" them go away by suppressing them or gritting your teeth. Although it's important to act rather than be passive (as discussed below), you still shouldn't fight your panic. Claire Weekes, in her popular books Hope and Help for Your Nerves and Peace from Nervous Suffering, describes a four-step approach for coping with panic:

Face the symptoms - don't run from them.

Attempting to suppress or run away from the early symptoms of panic is a way of telling yourself that you can't handle a particular situation. In most cases, this will only create more panic. A more constructive attitude to cultivate is one that says, "O.K., here it is again. I can allow my body to go through its reactions and handle this. I've done it before."

Accept what your body is doing—don't fight against it.

When you try to fight panic, you simply tense up against it, which only makes you more anxious. Adopting just the opposite attitude, one of letting go and allowing your body to have its reactions (such as heart palpitations, chest constriction, sweaty palms dizziness, and so on) will enable you to move through panic much more quickly and easily. The key is to be able to watch or observe your body's state of physiological arousal—no matter how unusual or uncomfortable it feels—without reacting to it with further fear or anxiety.

Float with the "wave" of a panic attack rather than forcing your way through it.

Claire Weekes makes a distinction between first fear and second fear. First fear consists of the physiological reactions underlying panic; second fear is making yourself afraid of these reactions by saying scary things to yourself like, "I can't handle this!" "I've got to get out of here right now!" "What if other people see this happening to me!" While you can't do much about first fear, you can eliminate second fear by learning to "flow with" the rising and falling of your body's state of arousal rather than fighting or reacting fearfully to it.

Instead of scaring yourself about your body's reactions, you can move with them and make reassuring statements to yourself like: "This too will pass," "I'll let my body do its thing and move through this," "I've handled this before and I can handle it now." A list of positive, coping statements you can use to help you float through a panic attack follows after the fourth point below.

Allow time to pass.

Panic is caused by a sudden surge of adrenalin. If you can allow, and float with, the bodily reactions caused by this surge, much of this adrenalin will metabolize and be reabsorbed in three to five minutes. As soon as this happens, you'll start to feel better. Panic attacks are time limited. In most cases, panic will peak and begin to subside within only a few minutes. It is most likely to pass quickly if you don't

aggravate it by fighting against it or reacting to it with even more fear (causing "second fear") by saying scary things to yourself.

Coping Statement

Use any or all of the following positive statements to help you cultivate attitudes of accepting, "floating," and allowing time to pass during a panic attack. You may find it helpful to repeat a single statement over and over the first minute or two when you feel panic symptoms coming on. You may also want to do deep abdominal breathing in conjunction with repeating a coping statement. If one statement gets tiresome or seems to stop working, try another.

- "This feeling isn't comfortable or pleasant, but I can accept it."
- "I can be anxious and still deal with this situation."
- "I can handle these symptoms or sensations."
- “This isn’t an emergency. It’s OK to think slowly about what I need to do”
- “This isn’t the worst thing that could happen”
- “I’m going to go with this and wait for my anxiety to decrease”
- “This is an opportunity for me to learn to cope with my fears”
- “I’ll just let my body do its thing. This will pass”
- “I’ll ride this through – I don’t need to let this get to me”
- “I deserve to feel OK right now”
- “I can take all the time I need in order to let go and relax”
- “There’s no need to push myself. I can take as small a step as I choose”
- “I’ve survived this before and I’ll survive this time, too”
- “I can do my coping strategies and allow this to pass”
- “This anxiety won’t hurt me – even if it doesn’t feel good”
- “This is just anxiety – I’m not going to let it get to me”
- “Nothing serious is going to happen to me”
- “Fighting and resisting this isn’t going to help – so I’ll just let it pass”
- “These are just thoughts – not reality”
- “I don’t need these thoughts – I can choose to think differently”

- "This isn't dangerous"
- "So what"
- "Don't worry – be happy" (Use this to inject an element of lightness or humor)

If you have frequent panic attacks, I suggest writing your favorite coping statements on a 3X5 card and carrying it in your purse or wallet. Bring the card out and read it when you feel panic symptoms coming on.

Managing Anxiety

If you are a dispatcher and the situations, you work with have produced levels of anxiety then there are a few ways to go about it. These are the cognitive behavioral techniques that one can learn or pharmacological assistance. This article will not delve into the medical aspect of things and the assumption here is that the levels of anxiety confronted here have not reached monstrous proportions. If that was the case one should not in fact work in those duties. Given this context I will try to sketch out what anxiety is from the neurocognitive perspective "Anxiety is a natural reaction to a threat that happens at a certain point in the stress response when the sympathetic nervous system and the hypothalamic – pituitary – adrenal (HPA) axis shift into high gear. When you're facing an upcoming speech or a brewing confrontation with your boss, anxiety sharpens your attention so you can meet the challenge.

The physical symptoms range your feeling tense, jittery and short of breath to experiencing a racing heart, sweating and in the case of full blown panic attacks severe chest pains. Emotionally what you feel is fear. (Spark, Ratey p.87).

In essence if there is a real threat it is a natural biopsychological mechanism of the body that was an evolutionary and adaptive trait. As such it was useful. Then again if one worries when there is no real threat then, that is classified as an anxiety disorder. If for example a dispatcher gets a distress call that might be considered not so difficult and he experiences severe anxiety, then this by itself is a good indication that this telecommunication worker will need to find ways to decrease this level of anxiety. The common factor that underlies all anxieties is a cognitive misinterpretation of the situation. In other words, the dispatcher may experience fear when there is no actual

threat for example a caller calls for assistance for a minor issue and the dispatcher as he answers his voice, might be cracking or be indecisive about minor issues. He might be unable to have command of his thinking and does not respond in measure with the actual need.

Best way of course in order to tackle anxiety is to do something about it. Otherwise one gets to be paralyzed. The worst thing to do is to do nothing. In essence we need to reformat the brain in such a way so as to be flexible and adaptive to new or unforeseen challenges.

This approach fits into a broader concept highlighted by New York University Neuroscientist Joseph Le Doux a renowned fear expert. Along with Jack Gorman he published an article in the American Journal of Psychiatry "A call to action overcoming anxiety through active coping". Essentially it states what was told in the previous paragraph. Le Doux discusses how by making a decision to act in the face of anxiety we literally shift the flow of information in the brain forging new pathways. An area of the amygdala, called the central nucleus is responsible for creating the negative snowball effect-linking non threating stimuli with legitimately threatening stimuli. The resulting fear memory is the connection between the trigger and the anxiety (Spark. Ratey p.105).Thus among other modalities one of the most inexpensive and therapeutic modalities for conquering anxiety is exercise.

Outrunning The Fear

The elegance of exercise as a way to deal with anxiety, in everyday life and in the form of a disorder, is that it works on both the body and the brain. Here's how:

It provides distraction. Quite literally, moving puts your mind on something else. Studies have shown that anxious people respond well to any directed distraction – quietly sitting, meditating, eating lunch with a group, reading a magazine. But the antianxiety effects of exercise last longer and carry the other side benefits listed here.

1. It reduces muscle tension. Exercise serves as a circuit breaker just like beta-blockers, interrupting the negative feedback loop from the body to the brain that heightens anxiety. Back in 1982 a researcher named Herbert de Vries conducted a study showing that people with anxiety have overactive electrical patterns in

their muscle spindles and that exercise reduced that tension (just as beta-blockers do). He called it the "tranquilizing effects of exercise." Reducing muscle tension, he found, reduced the feeling of anxiety, which, as I've explained, is important to extinguishing not just the state but the trait of anxiety.

2. It builds brain resources. You know by now that exercise increases serotonin and norepinephrine both in the moment and over the long term. Serotonin works at nearly every junction of the anxiety circuitry, regulating signals at the brain stem, improving the performance of the prefrontal cortex to inhibit the fear, and calming down the amygdala itself. Norepinephrine is the arousal neurotransmitter, so modulating its activity is critical to breaking the anxiety cycle. Physical activity also increases the inhibitory neurotransmitter GABA as well as BDNF, which is important for cementing alternative memories.
3. It teaches a different outcome. One aspect of anxiety that makes it so different from other disorders is the physical symptoms. Because anxiety brings the sympathetic nervous system into play, when you sense your heart rate and breathing picking up, that awareness can trigger anxiety or a panic attack. But those same symptoms are inherent to aerobic exercise – and that's a good thing. If you begin to associate the physical symptoms of anxiety with something positive, something that you initiated and can control, the fear memory fades in contrast to the fresh one taking shape. Think of it as a biological bait and switch – your mind is expecting a panic attack, but instead it ends up with a positive association with the symptoms.
4. It reroutes your circuits. By activating the sympathetic nervous system through exercise, you break free from the trap of passively waiting and worrying, and thus prevent the amygdala from running wild and reinforcing the danger-filled view of what life is presenting. Instead, when you respond with action, you send information down a different pathway of the amygdala, paving a safe detour and wearing in a good groove. You're improving alternate connections, actively learning an alternative reality.
5. It improves resilience. You learn that you can be effective in controlling anxiety without letting it turn into panic. The psychological term is self-mastery, and

developing it is a powerful prophylactic against anxiety sensitivity and against depression, which can develop from anxiety. In consciously making the decision to do something for yourself, you begin to realize that you can do something for yourself. It's a very useful tautology.

6. It sets you free. Researchers immobilize rats in order to study stress. In people too, if you're locked down – literally or figuratively – you'll feel more anxious. People who are anxious tend to immobilize themselves – balling up in a fetal position or just finding a safe spot to hide from the world. Agoraphobics feel trapped in their homes, but in a sense any form of anxiety feels like a trap. The opposite of that, and the treatment, is taking action, going out and exploring, moving through the environment. Exercising.

This is the neurophysiological modality and thus for has produced very good results. More in line with cognitive behavioral techniques that might as well be used alone or in combination for dealing with anxiety (as long as anxiety is not on acute phase one can tackle this disorder with CBT and or exercise. On some people anti-anxiety medication might be needed as well). These following techniques might be of use for both dispatchers or civilians.

Plan of Action for Dealing With Anxiety

1. Recognize and identify anxiety symptoms, and situations related to it.
2. Develop relaxation skills. Most people will be able to feel relaxed by using progressive muscle relaxation. If you have made a good effort to use it and do not find that it is relaxing for you then it is your responsibility to try other techniques until you find one that is effective for you. Other techniques include deep breathing, visualization, meditation, body scanning, and brief forms of progressive muscle relaxation. This is a very important part of managing anxiety. Because of the way the nervous system works it is physically impossible to be stressed and relaxed at the same time. Learn a relaxation technique.

3. Confront anxiety. Make a commitment to understand and deal with the issues underlying your experience of anxiety.
4. Problem solve. Once you have identified the underlying issues contributing to the anxiety you experience deal with the issues that you can do something about and let go of the issues that you cannot do anything about.
5. Develop positive self-esteem. If you do not accept and like who you are, how can you effectively manage the things that are causing your anxiety. The managing of anxiety is about lifestyle changes. This requires a commitment to yourself. To make this commitment and follow through will depend on how important your well-being is to you.
6. Exercise. Aerobic exercise, especially walking is a good stress reliever. It decreases muscle tension, increases energy, and can improve sleep. You will experience the benefits of walking after several weeks of commitment to this anxiety relieving strategy. It feels good to take care of yourself.
7. Using positive self-talk. How you talk to yourself will make a big difference in how you interpret things around you, how you choose to feel, and how you choose to respond. In other words, how you talk to yourself affects your entire life experience. Practice positive, rational self-talk and incorporate daily use of positive affirmations.
8. Keeping a journal. A journal is a great tool for venting your feelings and thoughts. It takes emotional energy to keep all of this "stuff" inside. Get it out. Writing your thoughts and feelings can also clarify issues. Problem solve these issues to alleviate distress and to unclutter your mind. A journal is also a great way to monitor your consistency and actual commitment to the changes necessary for managing your anxiety.
9. Confront and change self-defeating behavioral patterns and personality traits. This means changing perfectionistic, controlling, codependent behaviors. These behaviors do not help you get your needs met and they do not make you feel better. Contrary, they generally leave you feeling stressed, frustrated, anxious, angry and over time resentful.

10. Desensitize phobias. If there are specific situations that elicit extreme anxiety for you then work with your therapist using a technique called systematic desensitization.
11. Utilize your support system. If you do not have a support system, then develop one. Start by putting in place the supports that you need for confronting and dealing with your anxiety. A support system can include your therapist (individual or group), your physician, family members, friends, people at your church, etc. Generally, the reason why a person lacks a support system is because they have made the choice to not allow others to help them. Instead, they have this distorted belief that it is only themselves that can be there to support other people.
12. Energize yourself with pleasure and humor. This means spending time with people you enjoy and doing activities that you like. Laughter is a great stress reliever. Have laughter in your life every day.
13. Practice good nutrition and get adequate sleep. You must take care of yourself to live life fully which includes work, relaxation, and pleasure.
14. Develop assertive communication. Being able to say "no" and to otherwise effectively express yourself is a skill. If you do not have it learn it. To get your needs appropriately met requires that you speak honestly and appropriately about what you want and need.
15. Develop self-nurturing behaviors. You are so good at taking care of the needs of others. Practice doing things that feel good to you.

If you have developed a program for managing anxiety and are consistently practicing it, you are probably feeling much better. Because change is difficult, people need to feel motivated to do things differently. Originally, it was the extreme distress and physical symptoms that facilitated your change. Sometimes when people start feeling better they quit following through on the changes in their thinking and their behaviors. This can lead to a relapse of symptoms. If a relapse happens to you view it as an opportunity to understand the importance of the components of your management program and the validation that if you do not make a commitment to take

care of yourself your body will keep sending you the message that it needs to be taken better care of.

Some people experience relapse as a normal part of their recovery from extreme stress and anxiety. It could be that they are consistently practicing all of the parts of their program but re-experience some symptoms. This has likely happened because there was so much body tension that you may go through one or more stages of a readjustment. So if you are consistently doing what is prescribed in the way of changes continue even if some symptoms reoccur. They will subside. Remember, it took a long time to get to this state, and it may take a while to alleviate all of the emotional and physical distress. Therefore, think of relapse as a normal, predictable part of recovery.

Be prepared to deal with the possibility of a relapse. If it does occur, it is likely that the symptoms will not be as intense or last as long as they did before. This is because you have developed skills to manage your anxiety. These techniques might be of great assistance to the individual that uses them effectively though at occasions and if anxiety persists then one might also consider contacting a psychotherapist specializing on the subject.

The Role of the Dispatcher in handling critical events

People call dispatchers in emergency services to report a critical event that might be very serious, may endanger their life or someone else's. Other known and unknown factors may be of importance or the time a call is placed, so a dispatcher must have adequate knowledge of many issues that are at play before he is even put to work in that position. Therefore before we get to showing how this is best achieved, it might be wise to understand the wider field of knowledge that a dispatcher must possess.

A dispatcher must know what a crisis is.

Defining a crisis and crisis concepts

Crisis may be viewed in various ways, but most definitions emphasize that it can be a turning point in a person's life. According to Bard and Ellison (1974), crisis is "a

subjective reaction to a stressful life experience, one so affecting the stability of the individual that the ability to cope or function may be seriously compromised" (p.68)

It has been established that a crisis can develop when an event, or a series of events, takes place in a person's life and the result is a hazardous situation. However, it is important to note that the crisis is not the situation itself (e.g. being victimized); rather, it is the person's perception of and response to the situation (Parad, 1971, p.197).

The most important precipitant of a crisis is a stressful or hazardous event. But two other conditions are also necessary to have a crisis state: (a) the individual's perception that the stressful event will lead to considerable upset and/or disruption; and (b) the individual's inability to resolve the disruption by previously used coping methods.

This definition is a wider and a more distract view of things but the main point is that hazardous or stressful event is causing a severe problem.

However the dispatcher is not there therefore, his job when getting a call in relation to a critical event is to assist people to do the right choices.

In order to help dispatchers need to develop empathy. It is not the same with sympathy. In fact these two terms might be contradictory and will bring opposite results if not used properly.

So a person calls, he is in a crisis. A critical event is unfolding and you are listening to his voice and he yours. How you use language might prove to be critical. Here is an example. Keep in mind that while talking with a caller sympathy says I feel the same as you do, empathy which is what a dispatcher needs says. "I don't feel the same, but I do accept your feelings as real for you and respect your right to feel them. I don't judge your thoughts or feelings; I listen and let you know what I hear. You can then see the mirror of your words and feelings and begin to understand what it is that troubles you. Together you and I, you sharing and me reflecting back, can get you through this time with hope it won't always be this way".

Empathy listening takes practice; it's not easy after a lifetime of judging, advice giving, minimizing, probing, and parenting, trying to fix others. What usually happens when someone comes to us with a problem? Sometimes we feel burdened thinking we

must repair, find answers, and make it all better. Of course that's not possible, knowing many of our problems, our pain or loss may be very hidden, deep or complicated.

Our real job is to listen, help the person talk out feelings, unburden for the moment, feel valued and okay, and make it through another rough spot. This is accomplished by listening. Empathy listening is a learned method of crisis intervention.

Crisis Listening

Here is how crisis listening works. The crisis listening process allows the caller to tell you what is bothering him or her; and you repeat back the feeling behind the words. Statements like:
"Sounds like you're feeling lonely. That must have hurt. You're really angry about that".

The caller will feel a sense of relief that his feelings are understood and accepted, and can then continue. Your next step is to remain quiet and listen. Simple attending noises such as "uh, huh. Yes. Tell me about that" or further understanding statements assist the caller to explore what he is thinking and feeling, and eventually move to problem solving.

He may also ask for your advice or opinion, at which time you offer it, but not before. At some point you could help him explore his options. "What have you done so far?" or "What have you considered doing?"

Understanding the caller who is in the middle of a critical event

The dispatcher needs to know his place within his context and the callers.

- **Crisis Listening Isn't About Changing a Person**

We have feelings, they don't ask permission. If we are not allowed to express our feelings, if we are not valued, or feel our emotions are wrong and need to be hidden, we will become sad, angry, or have pain. It is very difficult to learn to be different, but when a skilled crisis worker can create a safe place for feelings to

emerge, they may be able to help someone through a very dangerous time. For that brief crisis time, the skilled worker can create an environment that allows the real problem to come out.

- **Your Place in The Crisis**

You are not involved in the event; you will not see the event. But the event is the perceived "thing" that is in the way at the moment. Asking the caller, "What happened today?" is a way of connecting to that time when it all fell apart. It allows for an exploration of feelings and a release of tension. During the listening and problem solving stage, if you understand the event dynamics, you may be clearer on why you ask this question. The actual event, such as the rape, may never come out, but the trigger event is what seems to be the most evident issue to solve. What the actual issue is – is the inability to stuff feelings anymore.

- **It's About Loss**

Most of our pain comes from real or perceived loss. When we hurt it could be the pain of the past, present, or future. Divorce is a loss; a loss of a future. Rape is a loss of self. There are many losses in life and they hurt. We have many fears, most revolving around loss. Remember, in working with people who are in crisis they are dealing with some type of loss or fear. This may help your understanding.

The event may be the loss, or the feeling of loss brought about by the action of others, or self. The event is only important in that you are creating a safe place to talk about feelings regarding the event.

There can't be a crisis next week. My schedule is already full. – Henry Kissinger

THE CRISIS

The crisis is the time when the caller contacts you, or you notice someone in your family or work that may be in crisis. You can learn to recognize crisis, as the person will have some characteristics that are obvious: overly emotional, hiding, or just noticeably different from their normal (a quiet person is loud, a loud person is quiet). They may be confused, unable to work, unable to think or eat or make a

decision. They have been doing lots of things to cope, but nothing is working. They may have even been to the Doctor to see what is wrong. They feel bad and out of sorts and can't get it together. They may call in distress, suicidal, or an emotional mess. Or, in the case of a co-worker, they may call not knowing how much in distress they are, but they do know something is out of the ordinary.

Steps for Dealing with People in Crisis

There are five basic steps the Telecommunicator can use when dealing with people in crisis:

1. Establish rapport
2. Assess risk
3. Take necessary action
4. Maintain contact
5. Accept your own feelings when it is over

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