



With care for everyone

Psychological first aid to workers in war and post-war times

Practical tips



Below is important information both for enterprise leaders, trade unions and labour inspectors continuously communicating with workers and for workers themselves who can support a colleague promptly in the hour of need.

How can I support a person who has lost everything? What words are better to soothe him/her? Am I able to help right here and now, in these moments, when the person feels bad but there is no psychologist around? These questions are as relevant during and after the war as those about support of your own mental health. We can find ourselves in the situations at and outside the workplace where a person needs emergency psychological support.

► Important for enterprise leaders, trade union representatives and labour inspectors to know!

Managers, trade union representatives and labour inspectors can support and help workers cope with their emotional problems directly at the workplace, however this requires knowing how to do that correctly to avoid any harm. The evidence-based method of providing psychological first aid (PFA) means a targeted intervention to stabilize a person emotionally during and after a traumatic event as well as if the person needs referral to specialized assistance.

Why is PFA important and where is its place in the enterprise's organizational structure?

PFA enables managing mental health risks and supporting workers in need thereof. Training the staff in PFA skills can benefit enterprises in all sectors and of any size. It reduces the degree of stigma in the workforce caused by mental problems, increases staff's awareness of mental health support, and allows referring a person to obtain specialized care.

From the organizational viewpoint, PFA can be provided both within a targeted written policy or as part of a general programme of psychosocial support at the workplace. Provisions on the PFA at work may be included in collective agreements and contracts.

Who can provide psychological first aid at the workplace?

PFA may be provided by trained workers or by a full-time psychologist. The enterprise size, working conditions and available resources will give the employer a hint on how many such "assistants" are required, and whether it is possible to open a psychologist vacancy or to equip an HR manager with PFA knowledge and skills. That is why preliminary situation assessment and analysis are important. At the same time, the PFA provision skills will be useful to everyone in war and post-war times. It is not necessary to have psychological education to deliver psychological aid but one must surely know how to do that correctly to avoid any harm and be efficient. Trained workers¹ understand consequences of a trauma, suggest strategies for emotional stabilization and recovery, and help meet a person's urgent needs. Providing aid at the workplace is not a substitute for professional help by a psychologist but motivates people to approach a specialist in time.

¹ A worker trained to provide PFA may be called a "PFA instructor". A PFA policy must include duties of such an "instructor", and PFA provision terms and principles.



► **Important for everyone to know!**

What are objectives of psychological first aid?

- Assessing how much safe the situation around is to be able to help a person.
- Assessing the person's first-priority needs and problems. Helping him/her meet basic needs: food, water and feeling safe.
- Listening without forcing to speak.
- Helping receive useful information, get in touch with near and dear ones and with professional help services.

What does the "do no harm" principle mean during psychological first aid?

- Respecting confidentiality! It's a foundation of any support. In the working environment, it is one of the key aspects of building trust and favourable atmosphere in the workforce.
- Being near the person but maintaining a distance convenient to him/her.
- Offering help but not foisting yourself.
- Listening but not interrogating about what's happened.
- Empathizing instead of blaming and stigmatizing.
- Being patient and staying calm.
- Accepting all emotions of the person.
- Providing information in plain language.
- Keeping silence if the person does not want to speak but also does not want to be alone.
- Embracing the person if it is acceptable to him/her.
- Sharing your experience in stress management but not your own problems.
- Maintaining the person's confidence in his/her own strength and ability to care for him/herself.



What phrases should not be said to a person in need of support?

- "I have difficulties too but I do manage in some way".
- "You should not think so. Don't think about it".
- "It's not a problem at all".
- "Everything could have been worse".
- "It's something wrong with you".
- "If I were you...".
- "Everything will be alright".
- "I understand you".
- "Calm down, don't cry, get a grip on yourself".
- "You are lucky that you've survived... The main thing is that you've stayed alive...".
- "That's nothing – you will earn yet much...".
- "Why did you fall down on the floor? There were no explosions at all".

What to say and how to act to support and help?

- Offer help but don't intrude it: "Do you want to talk about what's happening? I can listen. If it's the wrong time now, just know that I'm here. When you are ready I'm near".
- Listen actively. Use positive nonverbal communication, keep your body position open, and demonstrate that you are interested by maintaining convenient eye contact. Don't hurry. A person may need outside support but is not ready to speak. You can offer a glass of water/tea and say: "You're not alone, I'm near. We can simply sit in silence for a while".
- Let the person show emotions, don't forbid them with phrases like "Calm down. Don't cry. Don't be afraid. Don't think so". Instead, show the person that you accept his/her feelings: "I see you feel fear, panic and guilt...", "What you feel is a normal reaction to an abnormal situation". Realizing and accepting his/her own emotional state is the first step towards improvement.
- Use positive supportive language, for example: "I'm here with you. You are not alone", "What you feel is familiar to me", "Thank you for sharing, sometimes it's hard to do", "I'm impressed by how you have coped with...", "I'm really sorry that things are now so hard to you. Can I do something for you?".
- Direct the person's attention to active steps, for example: "How can I help you?", "I propose to take a walk and drink some coffee", "I don't know an answer to your question but I can be near, listen to you and share contacts of specialists...", "I know that physical exercises or a simple walk can help in such situations...".
- Avoid giving advice and make diagnoses, rather share contact information and/or refer the person to the resources where he/she will be able to obtain a specialist's help.



► What to do when a person shows an acute reaction to stress?

Psychological first (emergency) aid is provided to a person when he/she is acutely stressed during a traumatic event or afterwards. A person in such a state may develop such emotional responses as aggression, panic, fear, anxiety, apathy, stupor, nervous tremor, motor agitation, hysterics or crying. Psychological first aid is rendered for emotional stabilization.

Information below is from the guide "Psychological first aid"².

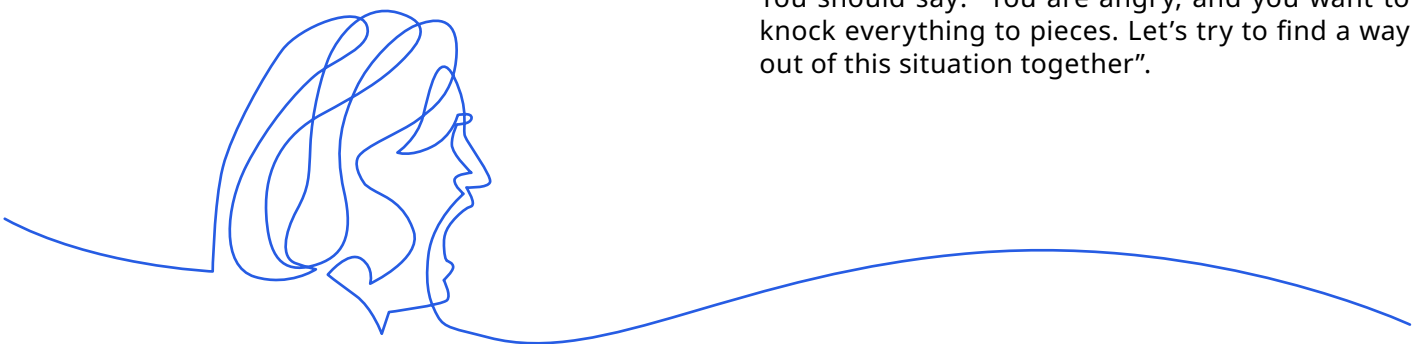
AGGRESSION³ is one of the involuntary ways by which a human body tries to mitigate high internal tension. Manifestations of anger or aggression can persist for quite a long time and disturb the victim him/herself and people around. Since the person reduces control over his/her actions he/she can cause harm to him/herself and other people.

Signs:

- Annoyance, discontent, anger for any, even minor, reason.
- Hitting people around with hands or some objects.
- Verbal abuse, swearing.
- Muscular strain.
- Increased blood pressure.

How to help:

- Isolate the person from his/her environment.
- Let the person "blow off steam", for example, speak out or "beat" a pillow.
- Assign some work involving physical activity.
- Demonstrate friendliness, even if you don't agree with the person, don't blame him/her but express your opinion about the person's actions, otherwise the aggressive behaviour will be directed against you. Don't say: "What kind of a person are you!". You should say: "You are angry, and you want to knock everything to pieces. Let's try to find a way out of this situation together".



² [Ukrainian Red Cross Society](#)

³ You can find instructional videos on actions in case of emotional responses described in this section on YouTube using keywords.



APATHY can emerge after prolonged, intense but unsuccessful work or in situations when a person meets with serious failure and sees no sense in his/her activity. A feeling of tiredness arises, so strong that the person wants to neither move nor speak. There is emptiness in his/her soul, and the person is unable to even show feelings. If he/she is left without support and help in such a condition, apathy can grow into depression. A person can stay in the state of apathy for a few days or even a few weeks.

Signs:

- Indifferent attitude to environment.
- Inertness, retardation.
- Speaking slowly, with long pauses.
- Great difficulties with movements and words.

How to help:

- Talk to the person. Ask a few simple questions: "What's your name?", "How do you feel?", "Do you want to eat?", etc.
- Help the person sit him/herself comfortably, necessarily taking off his/her shoes.
- Take the person's hand or put your hand on his/her forehead.
- Let the person sleep or simply lie down for a while.
- If there is no possibility to rest, talk more to the person, involving him/her in some joint activity.

HYSTERICIS can last for a few minutes or hours.

Signs:

- Staying conscious.
- Excessive agitation.
- A lot of movements.
- Theatrical postures.
- Emotionally intense and fast speech.
- Screaming and sobbing.

How to help:

- Isolate the person from his/her environment, and create favourable conditions for him/her. Stay with him/her alone if it is safe to you.
- Suddenly take an action likely to be quite surprising (you can give a slap, pour water, drop something with a crash, or yell at the person strongly).
- Speak short phrases, with a confident tone: "Drink some water", "Wash your face".
- Hysterics is followed by a breakdown. Put the person to sleep and observe his/her condition until a specialist arrives.
- Do not gratify the person's desires.



NERVOUS TREMOR looks from the outside as though the person feels cold. The reason is different, however. After an extreme situation, out-of-control nervous tremor appears, that is the person cannot stop that response at his/her own will. That is the way the organism "relieves tension". If this response is stopped the tension will stay inside, causing muscular pain and then possibly leading to development of serious diseases such as hypertension, ulcer, etc.

Signs:

- Tremor occurs suddenly – immediately after an incident or some time later.
- All the body or separate parts of it begin to tremble heavily. The person is not able to hold small items in his/her hands or light a match.
- The response lasts for rather long time (up to several hours). The person then feels severe fatigue and needs some rest.

How to help:

- You need to intensify tremor. Take the person by the shoulders and shake him/her heavily and sharply during 10-15 seconds.
- Keep talking to him/her, otherwise the person can perceive your actions as an attack.
- Once the response is over, let the person have some rest.
- Preferably put him/her to sleep.

Do not!

- Embrace the person or clasp him/her to yourself.
- Cover with something warm.
- Calm down and tell him/her to pull him/herself together.

CRYING is a response caused by physiological processes in the human organism. When a person is crying, some calming substances are excreting inside the organism. If the person holds back the tears, no emotional release and relief occurs. Where the situation lasts too long, the internal tension is likely to cause harm to physical and mental health.

Signs:

- The person has already been crying or is ready to burst into tears.
- Lips quivering.
- A feeling of oppression can be seen.
- No behavioural disorders.
- No emotional release or relief occurs.
- Unlike hysterics, there are no signs of agitation.

How to help:

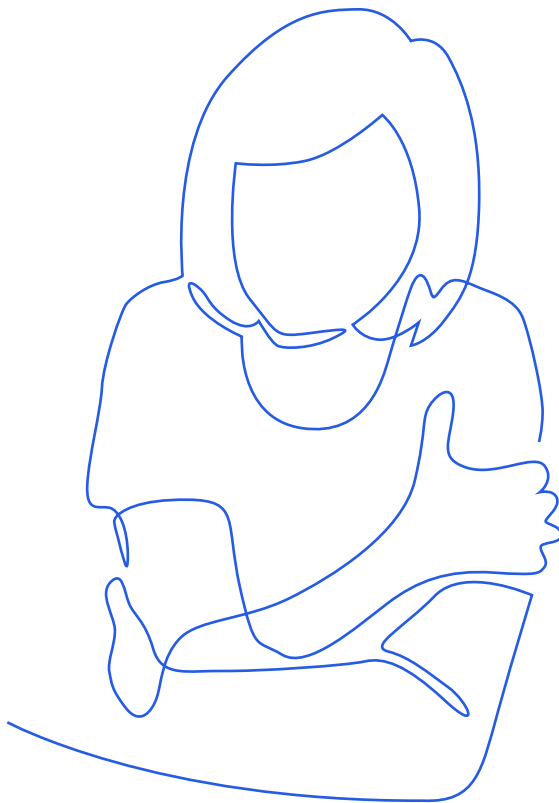
- Stay near and let the person feel it.
- Make physical contact: take the person's hand, put your hand on his/her shoulder or spine, pat him/her on the head.
- Apply "active listening" techniques – it will help the person let his/her grief out.
- Don't ask and don't give advice. Remember that your task is to listen.
- Don't try to calm the person down. Let him/her have a good cry and speak out, "spill out" his/her grief, fear, etc.



FEAR – this feeling, on the one hand, defends us from risky, dangerous acts but, on the other hand, can constrain us and deprive us of the ability to think and act.

Signs:

- Muscle swelling (specially of face muscles).
- Strong heart palpitation, increased shallow breathing.
- Reduced control of the person's own behaviour.
- Panicky fear and horror may force the person to run away, cause numbness or, on the contrary, aggressive behaviour.
- The person poorly controls him/herself and does not realize what he/she's doing and what's going on around.



How to help:

- Stay near. Fear is hard to bear when alone.
- Put the person's hand on your wrist so that he/she feel your calm pulse. It will be a signal to him/her: "I am here now, you are not alone". Breathe deeply and evenly.
- Encourage the person to breathe in the same rhythm as you do. Suggest doing a few exercises for breathing, for example:
 1. Place a hand on your belly; breathe in slowly and feel how air first fills your chest, then belly. Hold your breath for 1-2 seconds. Breathe out. First your chest goes down, then your chest. Repeat this exercise slowly for 3-4 times.
 2. Breathe in deeply. Hold your breath for 1-2 seconds. Start breathing out. Breathe out slowly, and make a 1-2 second pause somewhere in the middle of out-breath. Try to breathe out as strongly as you can. Repeat this exercise slowly for 3-4 times. If breathing in such a rhythm is hard to the person, join him/her and breathe together. It will help the person calm down and feel that you are near.
- If the person is talking, listen to him/her.
- Talk about what he/she is afraid of. When the person talks about his/her fear it decreases. Speak on this subject. Don't try to distract the person's attention with the phrases like "Don't think about it", "It's nonsense", etc.
- Give the person a light massage of the most strained body muscles.
- Try to busy the person with something. That way you will distract his/her attention from experiences.



STUPOR is one of the body's strongest protective responses to traumatic events. The person has spent so much energy to survive that he/she has no strength for contact with the world around. Since the person has lost contact with environment, he/she will not notice any danger and will not act to avoid it. Stupor can last for a few minutes or hours. If the person is not rendered help and stays in such a state for quite a long time, it will result in physical exhaustion.

Signs:

- Dramatic reduction or absence of spontaneous movements and speech.
- No reaction to external stimuli like noise, light or touches.
- "Stiffening" in a certain posture.
- Numbness, complete immobility.
- Possible swelling of some muscle groups.



How to help:

- Bend the person's fingers on both hands and clasp them to the palm bottom.
- Thumbs must be set outside.
- Massage the points situated on the person's forehead, above the eyes exactly in the middle between the hair growth line and eyebrows, right above the eye apples, with tips of your thumb and forefinger.
- Put the palm of your free hand on the person's chest. Adjust your breathing rhythm to his/her rhythm.
- Being in stupor, the person is able to hear and see, therefore tell to his/her ear quietly, slowly and clearly something likely to cause strong emotions (preferably negative ones).
- Remember: you need to provoke the person's reaction and withdraw him/her from numbness by any means.

DELUSION AND HALLUCINATIONS — this shock response arises due to a prolonged nervous overstrain; this way our psyche tries to cope with it. Hallucinations and delusion lead to complete loss of touch with reality.

Signs:

- Manifestations of delusion: disorganized speech, chaotic description of reality which is not the case, misconceptions of which the person cannot be convinced.
- Manifestations of hallucinations: the person experiences a feeling of presence of imaginary objects which currently do not impact respective senses: he/she hears voices and sounds, sees people, smells, etc.

How to help:

- Approach medical staff if they are present at the workplace, call for a psychiatric ambulance team.
- Until the specialists arrive, make sure that the person do no harm to him/herself and people around: remove all the objects around potentially posing a danger.
- Isolate the person and do not leave him/her alone.
- Speak to the person in a calm voice and agree with everything he/she is saying, not trying to convince him/her of the opposite.



MOTOR AGITATION can occur when shocks from a traumatic event are so strong that the person simply stops understanding what is going around. The person is unable to determine where danger is and where salvation is. He/she loses ability to think logically and make decisions, and begins to look like an animal running in a cage: "I have run and when I came to my senses it turned out that I don't know where I am", "I was doing something and talking to someone but I can't recall anything". Remember: if the person is not helped it can lead to dangerous consequences. Because of reduced control of his/her actions, the person will be acting imprudently and can do harm to him/herself and others.

Signs:

- Sudden movements.
- Aimless and senseless actions.
- Loud speech or increased linguistic activity (the person speaks without stopping, sometimes quite senselessly).
- Often there is no reaction to environment (to remarks, requests and orders).
- The motor impairment usually does not last long and can give way to nervous tremor, crying and aggressive behaviour.

How to help:

- Use the "seizure" technique: standing behind, pass your hands under the person's armpits, clasp him/her to yourself, and slightly throw him/her over to yourself.
- Isolate the person from environment.
- Speak in a calm voice about the person's feelings: "Do you want to do something to stop it? Do you want to hide from what's going on?"
- Don't dispute with the person, when talking avoid phrases containing "don't" concerning undesirable actions: "Don't run", "Don't wave your arms", "Don't shout".

PANIC is a feeling of severe anxiety in the absence of any real danger. A person thinks that he/she is losing control, experiences a heart attack, or even dies.

Signs:

- Trembling and shiver.
- Severe sweating.
- Dizziness.
- Heavy breathing, pain in the chest.
- Nausea, dry mouth.
- Numbness or tingling in fingers.

How to help:

- Instead of questions give the person direct instructions on what to do, for example: "Look at me. Tell me your name. Tell me where you are. Stand up. Drink".
- Pour cold water on the wrists or put a cold towel on the neck. If it is cold outside, take a walk.
- Jump or run on the spot for a while.
- Use the psychological technique of "grounding": ask the person to sit down and put his/her feet completely on the floor; concentrate attention on his/her breathing, help him/her start breathing slowly with his/her belly, concentrating on in-breath and out-breath; focus the person's attention on what can be seen, heard and felt around, for example ask to describe a specific object in detail.
- Make sure that the person start doing all the basic things by him/herself, for example, pouring water, wiping a computer monitor, etc.



► How to find out that a colleague needs psychological aid?

It is obvious in some situations but sometimes it is hard to notice a problem up until certain consequences appear. It is important to notice timely the signs of behaviour which were not typical for the person before. Here are some signs of a psychological state which may become a signal of the need for help:

- Continuous disturbing memories of an event.
- Complains on emerging physical problems: difficulty sleeping, strain, fatigue, tachycardia, pain, gastrointestinal system disorders, etc.
- Detached behaviour, trauancies.
- Increased irritability.
- Excessive vigilance (suspiciousness).
- Frequent mood swings, not seen before.
- Attention focusing problems.
- Emergence of problems related to consumption of alcohol, drugs or medicines.
- Productivity decrease.
- Conflicts at work and in the family.
- Complaints on continuous feeling of anxiety, fear or guilt.

First aid to the mind is as important as first aid to the body. It can also rescue life. The longer the affected person postpones a request for help or does not accept help the harder his/her psychological recovery may be. The worker may not realize existence of mental problems, be afraid or feel ashamed to ask for help or not know how to obtain it. A colleague trained to render PFA at the workplace helps realize the importance of timely professional aid and obtain it to prevent more severe consequences

► How to not “burn out” helping others?

- Before rendering help to other people, it is important to take care of your own physical and psychological conditions. Read about how to do that in [“Methods of psychological recovery in war and post-war times. Information material for workers”](#) and watch a [video](#).
- It is impossible to help everyone in need of help. If you notice a feeling of uncertainty, tiredness or signs of “emotional burnout”, you should better refer the person to your colleague who also provides PFA, and focus on your own mental health.
- It is important to listen to yourself and take breaks for rest.
- It is important to learn about a result of your help to reinforce your internal resource and get inspired.

