People in Need

Walking towards mental health

PROCEDURAL GUIDE FOR PROVIDING EMOTIONAL SUPPORT

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Mental Health

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This guide was created by People in Need´s Latin America team in the month of August of 2021.

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Anexes

Introduction

How can we identify if someone needs help? When do we realize that something is not right? How can we distinguish behaviors to be able to intervene coming from comprehension and support? All of us are different and we are all vulnerable. It is this vulnerability that joins us together, and through which we generate our relationships based on trust, care, empathy, love; it is when we expose ourselves and decide to be part of an environment and a context. However, to be exposed comes with risks, and if the elements that should work as our support fail, or who should be taking care of us hurts us, then unknown emotions start to appear; which, in some cases, become strengths, can later hurt and leave marks.

Based on this need to support without judgement, which comes from empathy and tenderness, and to contribute so that those people who live submerged in negative emotions can start their path towards self-knowledge and find strength to transform their lives step by step, the Manual of Procedures for Psychosocial Support has been developed. With it, it is intended to provide the right tools for addressing people that have survived traumatic situations, ranging from a psychological first-aid intervention (which takes place during the first 72 hours after a traumatic event) to attention provided after several days, weeks or months since the events.

It is important that we recognize the differences between Trauma and Crisis to be able to provide effective support. Usually, trauma is manifested in a prolonged manner and can evolve to alarming conducts...

The main recommendation will always be to visit a mental health professional. However, we know that a big part of the population does not have access to these types of services, for which the strategies outlined here have been compiled in order to be able to be used by social workers, students from mental health - related careers, nurses, volunteers or any person that is committed to the revalorization of the importance of mental stability for everyone.

Most of the strategies in this Manual only require intermediate abilities and basic knowledge, in order for them to be used by those who have the disposition and the responsibility of assuming all the information and the unleashed emotional baggage coming from the intervened person. One must be aware that psychosocial intervention is also a sensitive activity for the companion.

Moreover, other tools have been included that require a more specialized training due to their implementation nature and that must be used more carefully, such as the techniques of *Empty chair, Role playing and the Empathy with oneself exercise*.

With help from this manual, basic psychosocial attention can be provided to those who require it. It is important to remember that any process in which you receive information from the people intervened, must be addressed and implemented with respect, care and silence; thus, recognizing and focusing in that a correct intervention in the right moment, could be the key to start walking the path towards the emotional stability of the affected person.

It is equally important to detect signs of alert that could indicate that the performed intervention is not enough, for which some guidelines are also provided to be able to recognize such signs and get in touch with a mental health professional.

Cheer up! You can do this! We are all living and facing different processes. We thank everyone who dedicates time and effort to support, listen, share, and create a support network for those who need it.

Before you start reading...

As mentioned earlier, the *Manual of Procedures for Psychosocial Support* has been developed to help those people who intend to work on themselves; of going in the search for self-knowledge, peace and emotional balance, especially those who have gone through a traumatic situation. Before going deeper into the techniques, it is important to recognize the meaning of the words *Trauma* and *Crisis*.

In this *manual*, *Trauma* refers specifically to **Psychological Trauma**, as an injury that is produced as the result of a very intense emotional pain that makes it difficult or distorts the correct mental and emotional functioning. This term from Greek origin means "wound"; so when talking about Psychological Trauma we are talking about a "wound in the soul".

A *trauma* can have several causes and manifest itself in different ways in each person, because what can be a traumatic experience for someone, could not be so for somebody else. However, there are some generalized situations that have an important impact on people and that could cause a *trauma*; for example, physical and/or psychological violence, sexual abuse, the death of someone close or beloved, accidents, illnesses, natural disasters, etc.

On the other hand, *Crises*, particularly **Psychological Crises**, are temporary episodes of emotional instability in which the person perceives itself with little to none capacity to deal with daily situations. Their manifestations can vary from one person to the other, as well as the duration of the episodes. A *crisis* can rise from a traumatic event, stress, hormonal imbalances, etc.

It is important that we recognize the differences between *Trauma* and *Crisis* to be able to provide effective support. Usually, trauma is manifested in a prolonged manner and can evolve to alarming conducts, with the most common being: insomnia, nightmares, irritability, anxiety, nervousness, fear, confusion, and feelings of guilt.

Generally, it is a state in which other people get involved, since it can affect our behaviors and relationship with our surroundings. The opposite happens during a crisis, which tends to be a solitary and temporary process in which there is the opportunity of making a choice, of being able to take on the situation from a positive or a negative attitude.

Even though these terms are objects of study and their definitions lurk in the depths of human sensitivity, in this manual it is intended to provide a series of procedures to walk alongside people in situations of *Crisis*, from techniques to direct the process towards a more positive attitude, and accompany those who manifest some type of *Trauma* towards acceptance, revalorization, self-knowledge, respect, and self-love.

In this manual it is intended to provide a series of procedures to walk alongside people in situations of Crisis, from techniques to direct the process towards a more positive attitude...

Bases for providing psychosocial support

EBetween the multiple challenges that come with addressing survivors of traumatic situations, psychosocial support is a crucial tool to provide attention to those who need it, as it represents a group of actions destined to strengthen listening skills, empathy, observation, comprehension, and a series of abilities that improve the quality of life of other people.

For this, it is recommended that whoever performs the intervention follows certain rules. These make the construction of a value relationship possible in which concordance, respect and the search of self-knowledge for personal development are encouraged, and that will help to provide effective support.

Before the intervention:

1. Always evaluate applicability

Not every person that goes through a crisis need to be contained. This depends heavily on the capacity to deal with things, for which, we must prioritize people that require and request assistance, and inquire about symptoms developed after the event.

2. Health and safety

Check, as a preventive measure, the physical state of the person to be intervened, making sure that they are not under the effect of alcoholic drinks or drugs, with the goal of avoiding to put oneself, others, and the equipment in danger.

Likewise, whoever performs the intervention should never be under the influence of any substance that might compromise the physical and emotional integrity of people.

During the intervention:

3. Contact, approach and presentation

Introduce oneself in a non-intrusive way, avoiding physical contact, and explain the intention of your approach, establishing the correct environment. Some of the most important steps to follow are:

- Introduce yourself with your full name, position and describe your role.
- Ask for permission to talk to him/her and explain to them with a relaxed and slow tone of voice that you are there to offer your help.
- Invite the person to take a seat. Try to guarantee a certain degree of privacy for the conversation and pay full attention to the person. (Do not let a table create a division between both. Ideally, use a chair or sofa that puts you both at the same level.)
- Use a voice tone that matches the sensitivity perceived in the intervened person.
- Use the same type of language when talking to the intervened person. (Adapt the communication to the cultural terms and ways of speaking that the other person is using.)
- Avoid having your arms crossed and/or tense facial expressions.
- Keep your body posture leaned forward.
- Be face to face. (Avoid using any distraction while containing the affected person.)
- Keep physical contact with caution.
- Make good use of silences, avoid mentioning the obvious.

4. Create a space of trust

It is important to generate a space where the person feels validated and in which credibility is provided to their story. You must avoid making questionings that might generate insecurity or greater discomfort in the person. The goal is to create a safe and reliable bond, with a place for the survivor's hope.

5. Prioritize the vital safety of the affected person

Even if the risk comes from themselves or it is relational, for example, if it was the case of a woman who is a victim of gender violence and lives with the aggressor, it will be important to take the time to organize with her a safety plan or an intervention in the case there is an aggression; or if the risk comes from self-harming practices, you must identify the triggers that could unleash this conduct and prepare an alternative plan that reduces damages or manages to gain enough time to contact a mental health professional.

6. Generated emotions

If what we are being told moves us inside, is it ok to allow ourselves to cry. We can tell them that their story moves us and that we are there to support them. However, if the emotion generated is hard to handle, it is better to find another person that can help us continue with the intervention or that takes charge of it and continues with it for us.

7. Time availability

It is necessary to make sure that you have enough time and that there will not be any interruptions during the interventions.

8. Promote critical thinking

Make them feel they have the right to disagree, to give their opinion, to say what they want and what they do not want.

9. Generate a proactive attitude

It is important to generate a proactive attitude in the affected person without forgetting the need for contention. When they feel ready, they can decide whether to continue the accompaniment or not.

10. Symptoms or noted illnesses

During the interventions, one must look out for possible social, physical and emotional symptoms that the affected person may present. For example:

* How are their social and family relationships
* How do they live
* If they do or do not have a job
* If they are alone or have company (if they have a support network)
* Their meaning of life
* If they have a chronic medical history

These data will provide us with some keys that will allow us to get close to the person more effectively, creating a closer bond that will then allow us to apply the techniques chosen with better results.

11. Assertive communication

Intentions can be the best, yet in some cases, the interventions performed on people that have survived a traumatic event could detonate worse emotional states than the current ones. This is why it is important to have a clear idea of what to avoid doing in these circumstances. Mainly, do not show a condescending attitude when talking to the affected person, nor focus on their feelings of impotence, weaknesses, mistakes, or disabilities. In contrast, highlight the effective things the person has done and that may have contributed to the wellbeing of other people in need, both during the traumatic event and currently.

12. Conducts to avoid

It is important to remember that **NOT** every person in such condition wants or needs to talk immediately. Usually, the simple act of being physically present in a calm and compassionate way helps the affected people to feel safer and more capable of handling the situation. Other conducts that can emerge during these situations and that should be avoided are the following:

* Do not ask them to repeat the details of what happened.
* Do not speculate or offer information that could be incorrect.
* Do not pressure people into doing activities that they do not want to do.
* Do not touch, hug or perform physical demonstrations of affection without previously consulting the affected person.
* Do not lie to the person to “make him/her feel better”.
* Do not make jokes to “lighten up the mood”.

* Do not compare the situation lived by the person with another one, whether yours or from somebody else.
* Do not use yourself as an example, nor use another person as an example.
* Do not ask the person to find solutions in the middle of the crisis.

13. Phrases to avoid

Likewise, there are phrases that are usually said and that, are not only not effective, but could also make the situation or the emotional state of the person worse. Between these phrases, there are the following:

* "I know how you feel"
* "Maybe this was the best thing that could happen"
* "He/She has passed to a better life"
* "His/Her time had come"
* "At least it was quick"
* "Let's talk about something else"
* "You must put effort/cheer up to overcome this"
* "You should be glad he/she died quickly"
* "What does not kill you, makes you stronger"
* "You will feel better soon"
* "You did everything you could"
* "You need to relax"
* "It could have been worse"
* "That is nothing"
* "And now, what are you going to do?"
* "I, in your position, would have said/done..."

Technique summary charts

The following chart shows the support techniques for contention addressed in this Manual, so that the user can recognize and identify with greater ease the technique that fits each case better, according to the damage or psychological condition that the person presents, taking into account the description provided in the "Condition" column.

CHART 1: Support techniques for contention

CONDITION	TECHNIQUE	PAGE NUMBER
The goal of these techniques is to create an empathetic and safe space, in which the person in a state of crisis can self-regulate or stabilize.	Active Listening	Pg. 20
	Empathy with oneself exercise	Pg. 20
These techniques can help if any of the following reactions are identified: * **Nervousness** * **Tension** * **Agitation** * **Sense of danger or panic** * **Increased heart rate, sweating or shaking** * **Sense of weakness or excessive exhaustion** * **Disconnection from reality** * **Overwhelming or crippling anxiety** * **Recurrent and invasive negative thoughts**	Breathing training Diaphragm breathing	Pg. 21
	Grounding	Pg. 22
	Mindfulness	Pg. 22
	Self-embrace	Pg. 23
	Self-contention	Pg. 23
	Other useful techniques	Pg. 24
TECHNIQUES THAT CAN BE USED AFTER THE CRISIS HAS TAKEN PLACE		
These techniques can be used once the person is in a regulated and stable state. They can help as a support to the emotional experiences that are present. They can also be helpful for learning new useful resources for self-contention and prevention of later crisis episodes.	Alternatives to ritualize grief	Pg. 20
	Identification of self-destructive behaviors	Pg. 25
	Work on boundaries	Pg. 26
	Be aware of the internal dialogue	Pg. 26
	Self-registry	Pg. 28
	Empty chair technique or Hot chair	Pg. 29
	Role Playing	Pg. 30
	Self-care plan	Pg. 31
	Collective care policy	Pg. 31
TOOLS TO STRENGTHEN PERSONAL GROWTH		
The aim is to strengthen personal resources through these techniques. They can be useful if the person presents a negative image of themselves, feels down or does not manage to identify their trust networks, strengthen their self-esteem, self-concept, and personal validation.	"Promote self-image"	Pg. 32
	"My favorite things"	Pg. 33
	"Promote gratitude"	Pg. 33

What to expect after a traumatic situation?

After a traumatic event there is a series of reactions that could be experimented, among which are the following:

COGNITIVE REACTIONS

In the face of uncertainty and unease related to the diverse contexts in which the person is immersed, several cognitive reactions can be developed such as worry or catastrophic thoughts: “everything will go wrong”, “nothing is worth it”, rumination1 , difficulty to focus, memory and attention problems.

BEHAVIORAL REACTIONS

They can be irritability and aggressiveness, defensive attitude, difficulty to make decisions, reactive-explosive-impulsive behaviors in the face of frustrating situations; startle, self-harm2, and hypervigilance3. There is also a higher tendency to using illicit substances, alcoholism and smoking that could deepen the reactions.

PHYSICAL REACTIONS

Headaches, gastric difficulties, or muscular tension. Usually, physical reactions depend on preexisting diseases or hereditary tendences, which are triggered or intensified after the traumatic event. Other common physical reactions are insomnia[4], or the opposite, hypersomnia[5], back pain, bruxism[6], and physiological hyperactivation[7].

EMOTIONAL REACTIONS

Re-experiencing the traumatic event through flashbacks[8] or nightmares. It usually unleashes disproportionate emotional reactions in the face of events related to the traumatic situation. There is a tendency towards avoiding the stimuli associated to the event, marked by a rejection of situations, places, people, activities, etc., that can be related to the traumatic event.

Generally, there is a lack of interest, an emotional blockage, and complete social isolation. The person can experience anxiety and depression, changes in their self-esteem and distrust in his/her own resources to carry their lives.

1 Rumination: Refers to a situation in which a stressed or depressed person focuses on repetitive thoughts about their symptoms and their possible causes and consequences in a passive way (this means that they do not look for solutions).

2 Self-harm: It is when a person hurts themselves on purpose. In some cases, these can be minor injuries, but could get to be serious. This includes cuts, ripping hair off, beating, burns, etc.

3 Hypervigilance: State of higher sensorial sensitivity accompanied by an exaggeration in the intensity of conducts whose main goal is to detect threats, which makes the person more irritable than normal.

4 Insomnia: It is a frequent sleep disorder that can cause difficulty to fall asleep or be asleep, or it can make you wake up too early and that you cannot fall asleep again.

When is it necessary to visit a Mental Health specialist?

The reactions previously described are common in most of the people that have gone through a traumatic event, and in some cases, they decrease or stop as time goes by. However, there are some cases in which a simple intervention is not enough. For this reason, it is important to detect the alert signs that could indicate this need and contact a mental health specialist.

The main sign of alert is when the previous symptoms are persistent, that is, when they do not decrease with time but the opposite; there is an increase rather of frequency or intensity. Also when the anxiety and/or depression episodes are more frequent or there is evidence of symptoms like suicidal thoughts, aggression towards oneself and others, and/or psychopathological states such as catatonia (changes in the control over voluntary movements), psychosis (loss of sense of reality), previous psychiatric disorder, or high risk of severe decompensation as a result of trauma, for example: schizophrenia, bipolar disorder, and substance dependency.

Other people that could need urgent assistance are the ones that showcase signs such as:

* Disorientation and persistent confusion.
* Desperation or agitation. Highly nervous states (panic attacks).
* Extremely withdrawn, apathetic or "down" states.
* Extremely aggressive or irritable states.
* Excessive worry that is not justified by the environment and that affects the person in his/her daily life.

Most common clinical manifestations[9]

In this part, we will describe clinical manifestations that are recurring in the psychological conditions inside a person´s profile, to whom is destined the use and implementation of this *Manual*.

DEPRESSION

Depression is a disorder of the state of mind, temporary or permanent, characterized by feelings of dismay, unhappiness and guilt. It generates total or partial inability to enjoy stuff and daily events (anhedonia10). The symptoms manifest during most of the day, almost every day, for at least 2 weeks. This is diagnosed by a mental health specialist, only in the presence of at least 4 of the following symptoms:

5 Hypersomnia: It is a sleep disorder in which the person is excessively sleepy during the day and has great difficulty to wake up from sleeping.

6 Bruxism: It is an involuntary habit that makes people strongly clench their jaw or grind their teeth without any functional goal.

7 Physiological hyperactivation: Increase in the intensity and frequency of the effects of the activation of the autonomous nervous system, which oversees the involuntary functions of the body (ex. Heart beats).

8 Flashback: Perceptive episodes which take the person to a specific point in their past, which constitutes a perception disorder, and that is characterized by visual illusions or hallucinations, and by distorted sensations.

9 Symptomatology and definition under the criteria of the Diagnostic and Statistic Manual of Mental Disorders DSMV.

* Weight loss or gain.
* Insomnia or hypersomnia.
* Agitation or slowdown of muscular and joint movements.
* Excessive and inappropriate feelings of uselessness or guilt.
* Reduction of the capacity to think or focus.
* Recurring death or suicidal thoughts that could lead to consummated suicide.

ESTRÉS POST TRAUMÁTICO

The DSM-V defines post-traumatic stress as:
Exposure to death, severe injury or sexual violence, whether real or a threat, in one (or more) of the following ways:

* Direct experience of the traumatic event(s).
* Direct witnessing of the event(s) that happened to others.
* Knowledge of the fact that the traumatic event(s) has happened to a close relative or friend. In the case of threat or reality of the death of a relative or friend, the event(s) must have been violent or accidental.
* Repeated or extreme exposure to repulsive details of the traumatic event(s).

The post-traumatic stress disorder (PTSD) is the most frequent diagnosis that is associated to the psychological consequences of torture and violence. It is mostly based on the presence of memory changes related to the trauma: "re-experiencing", for example, intrusive memories, nightmares, and an inability to remember important aspects of the event.

The symptoms usually start in the first 3 months after the traumatic incident but can sometimes start later.

To consider it is post-traumatic stress disorder, the symptoms must last more than a month. The characteristic symptomatology includes:

Avoidance and emotional bottling:

* Avoidance of any type of thought, conversation, activity, place or person that awakens memories of the trauma.
* Deep emotional pain.
* Deep apathy and social isolation.
* Inability to remember any important aspect of the trauma.

Hyperexcitation:

* Difficulty to fall asleep or remain asleep.
* Irritability or anger outbursts.
* Inability to focus.

10 Anhedonia: Inability to experience pleasure, along with the loss of interest or satisfaction during almost any activity.

Hypervigilance:

* Startle that is not justified by the dimensions of the situation.
* Generalized anxiety.
* Superficial breathing, sweating, dry mouth or dizziness, and gastrointestinal problems.

GENERALIZED ANXIETY

The generalized anxiety disorder is characterized by excessive worry over various activities and events that are present in daily life. The cause is unknown, though it commonly coexists in people with alcohol abuse, severe depression, or panic disorder. These sensations must prevail for more than 6 months and be present most of the time.

People with Generalized Anxiety present:

* Excessive anxiety and worry over various activities or events.
* Inability to control worries. More are the days in which this is present than absent during more than 6 months. Worries must be also associated to more than 3 of the following symptoms:

    * Agitation or nervousness
    * Feels fatigue with ease
    * Inability to focus
    * Irritability
    * Muscular tension
    * Sleep disorders

PANIC ATTACKS

A panic attack (PA) is characterized by the temporary or isolated presence of fear or internal discomfort, accompanied by at least 4 of the following physical and cognitive symptoms:

* Palpitations, intense heart beating or accelerated heart rate.
* Sweating.
* Trembling or shaking.
* Feeling of difficulty to breath or of asphyxia.
* Feeling of choking.
* Dolor o molestias en el tórax.
* Pain or discomfort in the thorax.
* Nausea or abdominal discomfort.
* Dizziness, instability, stun, or fainting.
* Chills or feeling hot.
* Paresthesia (feeling numb or cramped)
* Derealization (feeling of unreality) or depersonalization (feeling separated from oneself).
* Fear of losing control or “going insane.”
* Intense fear of dying.

It can be panic disorder if one of the attacks has been followed by one or more of the following events:

* Restlessness or continuous worry about possible new panic attacks or about their consequences (for example: loss of control, having a heart attack, “going mad”).
* A significant change of bad adaptation in the behavior related to the attacks (for example: behaviors destined to avoid panic attacks through activities, places or situations that the person thinks could trigger one).
* The disturbance cannot be attributed to the effects of a substance (drugs or medications) nor to any other medical problem (hyperthyroidism, cardiopulmonary disorders).
* The disturbance cannot be better explained by any other mental disorder (for example: the panic attacks are not solely produced in response to feared social situations, nor are they in response to objects or concrete situations, nor do they correspond to obsessions, nor are they linked to memories of traumatic events, nor do they take place in response to the separation of figures of attachment).

Other important conditions

GRIEF

Grief I what happens as a response to the need to adapt after a loss. There is no distinction between the size of the loss but could be measured by how much it meant to us. We can experience grief after the death of a person, a breakup, and even for the loss of an emotionally valuable object.

There are expected grief processes in which people move through the 5 known stages that are part of it, and there are other grief experiences, in which a person can develop reactions and behaviors that do not allow them to continue easily with daily tasks.

As mentioned earlier, even though grief is associated immediately with death, losses can be very diverse: breakups, moving to a new home, changes in professional status, illnesses, etc.

There are 5 recognized stages of grief, and it is important to mention that despite the fact these are presented in an order, not every person will necessarily experience them in the same order. The key is that, to complete the process, it is necessary to go through the 5 stages. This means, that some people could start their grieving process with Anger and then move to the other stages, until they reach Acceptance.

The stages of grief and tasks that could be proposed in each one of them are the following:

Denial

Denial is a very common reaction immediately after a loss. It is not uncommon that when we experience a sudden loss, we have a feeling of unreality or disbelief that can be accompanied by an emotional freeze. It can manifest through expressions such as: “I still cannot believe it is real”, “it is as if I was living a nightmare”, and also, through with attitudes of apparent “emotional strength” or of acting like “nothing had ever happened”.

Denial can be more subtle and present itself in a diffuse or abstract mode, diminishing the severity of the loss or not assuming that it is irreversible, when in most cases it is.

Anger

Usually, the first contact with emotions after denial can be in the form of anger. Feelings of frustration and impotence are activated that could lead to attribute the responsibility for an irreversible loss to a third party. In extreme cases, people cannot grief because they are stuck in a constant complaint that prevents them from properly saying goodbye to the object or loved one.

Negotiation

In the negotiation phase, one starts to connect with the reality of the loss, while starting to explore what things can be done to reverse the situation. For example, when someone has been diagnosed with a terminal illness and starts to explore different treatment options, even though they have been informed that there is no possible cure. Also, when somebody thinks they could reignite a relationship that is definitely over, if they start behaving in a different way.

Depression

As the grieving process progresses and the reality of the loss is accepted, one begins to get in touch with the emotional implications of the absence, which manifests itself in various ways: grief, nostalgia, tendency to social isolation and loss of interest in everyday life. Although this phase is called "depression", it would be more accurate to call it "sorrow" or "sadness", thus losing the connotation that it is something pathological. Somehow, it is only by grieving the loss that we can start walking the path to continue living despite it.

Acceptance

It refers to the arrival of a state of calm associated with the understanding, not only rational but also emotional, that death and other losses are phenomena inherent to human life. One could apply the metaphor of a wound that ends up healing, which does not imply to stop remembering, but to be able to continue living with it.

Although mourning is a personal process, its social aspect is also important. All cultures have developed ways of channeling this pain through community ties (sharing pain with others) and symbolic elaborations, which often give a transcendent meaning to the loss.

How can grief be worked out?

In many occasions, due to the surrounding contexts, expressing grief or resorting to traditional practices that allow for the elaboration of grief, for example, holding wakes, offering masses or religious ceremonies, attending burials or other forms typical of families and communities, can be much harder. However, some techniques that could be mentioned and work to help a person in the mourning process are:

- ***Conversation with photos.*** Generally, photographs are used to stimulate memories and emotions. At the beginning, we will only talk about positive memories, to later add other types of memories, some not positive or that we cannot easily place.
- ***Letters addressed to the person that is now gone.*** Whether because of death, disappearance, distance or others, when the person in mourning cannot have direct contact with the person they lost, writing a letter and performing a ritual (burning it, leaving it in some symbolic place, keeping it in a special mailbox, etc.) can help to resolve pending issues.
- ***Keeping a diary*** in which emotions, sensations, repetitive thoughts can be described, mainly in people who have episodes of anxious and / or depressive crises.
- ***Use tasks*** that lead the person to be part of enjoyable activity programs or planning for reintegration into daily life activities.
- ***Build a scrapbook.***
- ***Design a homemade mailbox*** (it can be a box, a can or a bottle) and whenever necessary, add a message in that mailbox with what you have thought or felt.
- ***Share with someone else*** a meaningful song, write or talk about what you feel when you listen to it.
- ***Share with someone else*** a meaningful movie, write or talk about what you feel when you watch it.
- ***Get together with people you trust*** and devise your own grief ritual.
- ***Other techniques such as the Empty Chair and Role Playing*** are also very useful for working with grief. These techniques are developed later in this Manual.

THE ULYSSES SYNDROME

The Ulysses *Syndrome* is a form of stress and grief that responds to migratory processes. That is, when the person is forced to leave their home, their land, their family and their people to move to another place, where the person does not always manage to feel welcome or maintain the circumstances or conditions in which he/she used to live.

Many times, seeing their projects abandoned, their belongings left behind, their home, work, family; and finding themselves in a new reality that does not adjust to the rhythm and quality of life in which they were living, triggers in people symptoms similar to those of an unresolved grief, episodes of anxiety and deep sadness. In other words, it generates in the person an emotional instability that does not allow them to continue with their life or to carry out their daily routine. The following characteristics are part of migratory stress and grief, or what is known as the "Ulysses syndrome":

- The object that makes you feel the loss does not disappear. For example, your home, on many occasions, does not cease to exist, therefore, it is always that present a feeling of what you do not have.
- It can worsen the symptoms of stress, anger, and depression by maintaining constant contact through news, calls, visits, meetings with people from the same place. These things tend to activate and rekindle the bonds that were left there.
- It affects all areas of the person, everything around the person is now different, therefore, their way of interacting, their work performance, their relationships, etc., are often affected.
- It affects the identity. Questions may arise about the sense of belonging and some situations-aspects that before seemed close, may lose meaning and the person may even stop enjoying events or situations that before generated great happiness or pleasure.
- Psychological reactions may be experienced before migrating, for example: awakening childhood regressions such as the difficulty to be alone, lack of autonomy, etc. There can be different stages in the process, generating denial, resistance, acceptance and restitution to the change that is taking place.
- The emotions or feelings that generally accompany it are the following:

    - Separation
    - Hopelessness
    - Frustration
    - Inability
    - Failure (if the expected expectations, benefits and opportunities do not happen)
    - Fear
    - Defenselessness
    - The person could feel as if they had no rights.

Practical tool for an effective intervention in moments of crisis

The following are some of the main techniques that can be used for an effective intervention with a survivor of a traumatic event. This does not mean that they are the only existing techniques or tools, but rather that they are some that are considered suitable for a non-professional in Mental Health to use, if necessary.

1. Active Listening

It is a tool to soothe, emotionally contain, protect and orient the person temporally and spatially. Some techniques for the application of active listening are the following:

* *Maintaining eye contact with the other person*. This shows the other person that you are paying attention to what they are saying and what they are feeling.
* *Correct posture*. When we are actively listening, the person tends to lean slightly forward to show attention.
* *Put on a slight smile* to make the speaker feel that the information is being well received and in turn, it sends an empathetic message.
* *Attention is almost full* and focused on the speaker's verbal and nonverbal cues. There are no distractions.
* *Reinforce the speaker's* speech with positive words such as "you did very well." These phrases demonstrate attention on the part of the listener.
* *Paraphrasing*. It is a non-directive verbal intervention technique, which shows that the person who is assisting is carefully listening to the speech of the affected person, and pays due attention to the process of interaction with him/her, allowing the establishment of a bond of empathy and trust in being listened to and understood, the first criterion for psychosocial accompaniment. In other words, it is the transformation of the form of a message, without altering in the least its essence, its content, its meaning. It is to imitate the original speech to show that the content is understood, making it clearer, simpler and more precise.

2.Empathy[11] with oneself[12]

Empathic communication helps us connect with ourselves, our feelings and needs. In moments of deep pain, we may be inclined to make judgments, claim and reject our actions or feelings. The exercise of empathy with oneself allows an honest dialogue with ourselves, gives a place to our needs and allows us to move towards the creation of requests and the taking of responsibilities.

This technique can be done individually or with company. For its development, it is necessary to be located in a comfortable and safe place. Then the following steps should be followed. In case of guiding the exercise for someone else, it is important to ask the person very gently to perform the activities:

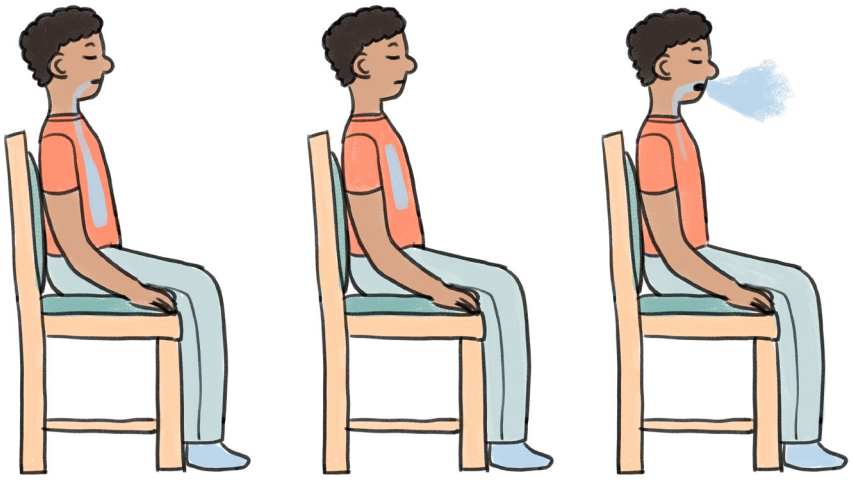
* Try to look at the situation as if it were a movie and ask yourself, *what scenes do I identify?*
* Connect with deep breathing, with eyes closed, almost closed or open, feeling the body.
* Ask yourself, *what feelings or sensations were present?* Also ask yourself, *what thoughts were present?*
* Breathe once more for a couple of seconds.
* Try to identify the difference between the thoughts and the situation
* Ask yourself *what needs are behind that experience?, what is important?*
* Acknowledge times when those needs have been present and have been met.
* End with a compassionate affirmation "Of course I feel (insert feelings). Yes, I really need (insert needs). "
* If you can, think of some strategies that could help meet those needs in the present. Ask yourself *what can I or someone else do to help me feel better?*

The tools of Non-violent Communication[13] are also commitments to life and to the transformation of culture that deepens traumatic violence through violence and terror. Through Non-violent Communication, spaces of listening are built in which it is possible to dialogue, to meet and to move towards a place of action.

11 Empathy: is the ability we have to welcome with curiosity and tenderness the feelings of another person in the face of different types of experiences.

12 Technique adapted from Non-violent Communication.

13 Non-violent communication is a compassionate language proposal that provides us with tools and awareness to understand what triggers us, take responsibility of our actions and create deeper connections with ourselves and others. (Kashtan Iban and Miki).



3. Breathing training

EIt is one of the simplest strategies to cope with stressful situations and to manage the increased physiological activation that occurs as a result of them.

If the person is extremely affected by the traumatic event, he/she may be anxious, confused or upset and this is evidenced by the following signs: trembling, shortness of breath, strong palpitations, uncontrollable crying. For that precise moment, it is ideal to be able to guide the affected person under the simple breathing technique, which consists of focusing attention on the process of inhalation and exhalation. We recommend the following simple example for its application.

Breathing in 3 times:

Address the person and explain to him/her: “We will now practice the re-training of our breathing:

* It consists of inhaling, exhaling and then waiting a moment with empty lungs until inhaling again... The pause after emptying the lungs is important. We can do it in 4 and 6 seconds, so it requires you to be attentive to the count (4 seconds of inhalation, 6 times of exhalation and 4 seconds of retention.)
* You can ask him/her to practice it together.
* To begin, ask the person to adopt a relaxed and comfortable posture, putting his/her feet on the floor and feeling that contact. "If you want to and you feel comfortable, you can close your eyes or look at a fixed point with your eyes down. Now, let's try it...".

4. Diaphragmatic breathing

Diaphragmatic breathing is a type of relaxing breathing that uses the diaphragm. The diaphragm is the muscle under the ribs and above the stomach. With this type of breathing, the diaphragm causes the stomach, rather than the chest, to move up and down.

When the lungs fill with air, the diaphragm presses down and the stomach moves up (moves forward). When the lungs are empty of air, the diaphragm goes back up and the stomach goes down (moves inward), resulting in a slow, even, deep breath. It is one of the most effective techniques for releasing stress, calming emotional states, and regulating anxiety.

Instructions:

* Sit in a comfortable chair or lie on your back with a pillow under your head. Make sure your back is supported.
* Place one hand on your chest and the other on your abdomen.
* Inhale slowly through your nose. Count to 2. As you inhale, the abdomen should push the hand. Your chest should remain still.
* Breathe out slowly with your lips together (almost closed). Count to 4. As you breathe out, you should feel your stomach sink.
* Notice that when you breathe in you count to 2 and when you breathe out you count to 4. This will help you keep a slow and even breathing.
* Practice this breathing technique for 5 to 10 minutes at the beginning. Try to do it 2 to 4 times a day. Then increase the amount of time and frequency. Begin this exercise lying on your back. Then do it *sitting up*. Also try standing, and finally, while doing any activity.

Tips for its application:

* Concentrate on the exhalation for greater relaxation.
* Use a watch to keep track of your breathing.
* Never hold your breath or gasp for air.
* If you feel dizzy or like fainting, return to your normal breathing pattern.

NOTE: Breathing increases its frequency when we are depressed, and it decreases (becomes diaphragmatic) when we are relaxed.

5. Grounding[14]

It is a technique that helps to reorient a person in reality and help him/her to remain in the present. This means, it helps us to control the state of mind and reconnect with the world, it is based on controlled breathing and reorientation of the stimuli that produce anxiety to the person. Its main objective is emotional stabilization.

Grounding works because it manages to redirect your thoughts towards the external world..

Explain to the person the steps to follow:

* Sit in a comfortable position without crossing your legs or arms.
* Breathe in and out slowly and deeply.
* Look around you and name five objects that do not cause you distress. For example: you can say, "I see the floor, I see a shoe, I see a table, I see a chair, I see a person".
* Breathe in and out slowly and deeply.
* Now, name five sounds you can hear that do not cause you distress. For example: "I hear a woman talking, I hear myself when I breathe, I hear a door closing, etc. "
* Breathe in and out slowly and deeply.
* Now, name five things you can feel that do not cause you distress. For example: I can feel my toes inside my shoes, I can feel the blanket in my hands, I can feel my lips against each other, etc.).

14 Grounding: Makes reference to its meaning "Walking barefoot in the earth or sand", as part of an exercise to bring us to the present, to control your mood and reconnect with the world.

6. Mindfulness

What do we mean when we talk about Mindfulness?[15]

Mindfulness is a type of meditation that consists of being fully aware of what you are experiencing and feeling in the moment, without interpretation or judgment. The practice of mindfulness involves breathing methods, guided visualizations and other practices to relax the body and mind, and help reduce stress levels, as well as contribute to the regulation and co-regulation of the nervous system.

Some of its benefits prove to be useful in reducing high levels of anxiety and stress, improve concentration, promote self-esteem and contribute to the regulation of sleep cycles.

Below, we select the following mindfulness exercises that can be used:

- ***Pay attention.*** It's hard to slow down and observe things in a busy world. Try to take time to experience your environment with all your senses: touch, hearing, sight, smell and taste. For example, when you eat a favorite food, take the time to smell it, taste it and truly enjoy it.
- ***Live in the moment.*** Try to pay intentionally open, tolerant and perceptive attention to everything you do, and look for happiness in simple pleasures.
- ***Accept yourself.*** Treat yourself the same way you would treat a good friend.
- ***Focus on your breathing.*** When you have negative thoughts, try to sit down, take a deep breath and close your eyes. Concentrate on your breathing as the air enters and leaves your body. Sitting and breathing for just a minute can help.

15 Source: Acceptance and Commitment Therapy (ACT) Advanced Workshop Handout 2007. Dr Russell Harris, M.B.B.S, M.A.C. Psych. Med.

We also share more structured mindfulness exercises such as the following:

- ***Body scan meditation*.** Lie on your back with your legs outstretched and your arms at your sides, palms facing up. Slowly and deliberately focus your attention on each part of your body, in order, from fingers to head or head to fingers. Be aware of any sensations, emotions or thoughts related to each part of your body.
- ***Sitting meditation*.** Sit comfortably with your back straight, feet laying on the floor and hands in your lap. Breathe through your nose, concentrating on the breathing as the air enters and leaves your body. If physical sensations or thoughts interrupt the meditation, take note of the experience and then return to concentrating on your breathing.
- ***Walking meditation*.** Find a quiet place 3 to 6 meters long and begin to walk slowly. Concentrate on the walking experience, being aware of the sensations of standing and the subtle movements that maintain balance. When you reach the end of your path, turn around and continue walking, maintaining awareness of your sensations.

7. Self-embracing and self-holding

These exercises were introduced by Peter Levine16. According to his studies, a large part of the traumatic experience can be "trapped" in the body and awaken various emotional reactions. Body exercises cope with the de-structuring of the experience, in the way that they support its integration and modify the messages of the body/somatic memory.

Self-embracing helps us to feel contained, to experience our edges and to become aware of the presence of our body. It can be performed autonomously or guided by someone else and consists of the following:

- Place the right hand under the left shoulder, then wrap the left arm around the right arm.
- Pay attention to the body and its sensations, perhaps you may notice an area is bothering you, breathing difficulties, "wanting to cry". Emphasize only noticing the sensation, not fighting it.
- Allow being aware of the position and leaning on it, allow the feeling of containment and security to flourish. You can repeat a phrase as you continue to breathe at your own rhythm, for example: "I am safe now", "My body is wise, my body contains me".
- After a few minutes, see if the bodily sensations change.

16 Peter Levine (1960) is the developer of the Somatic Experience Therapy, going from a series of exercises focused on the recovery after experiencing traumatic situations.

* If possible, hold this position for a couple of minutes more until you experience relief.

By self-holding, we are looking to regulate the nervous system and make bodily awareness. The steps to follow are:

* Find a comfortable position, either sitting or lying down.
* If possible, close or squint your eyes, otherwise fix your gaze on an object or position.
* Place one hand on your forehead and the other on your heart.
* Pay attention to bodily sensations, feel the touch in both hands.
* Continue breathing, at your own pace, without forcing. Slowly try to breathe more deeply.
* Remain in the position until you feel a change.
* Slowly move your hand from your head towards your stomach.
* Pay attention again to the body sensations and especially feel the hands.
* Remain in the position until you feel relief.

NOTE: These exercises could be accompanied by physical hold of another person. If the person allows it, while you self-embrace or self-hold, you can put your hands on his/her shoulders or back, and breathe with him/her.

Other useful techniques for containing a person in the moment of a crisis

In addition to the above, there are other techniques of simple application that can be used to help the person seek a state of regulation and/or stabilization at the time of a crisis.

* Focus on a single object, describe it.
* Stand up and walk/ jog. This technique can be improved if accompanied by conscious breathing.

* Repeat a mantra, for example, a phrase that you like or that reminds you of a moment of tranquility and peace.
* Temperature touch: ask the person to hold something cold or warm while concentrating on their breathing.
* Move to a more comfortable or safe place.
* Visualize a safe place, welcome the emotions and pleasant thoughts that this image generates.
* Chew gum or something crunchy.
* Explore an object with your hands.
* Aromatherapy: Inhale with the support of essential oils or scented candles with soft scents such as lavender and ylang ylang.
* Hum soft and repetitive melodies.
* If he/she feels comfortable, offer physical contact: a hug, hold their hands or knees. Breathe with them.

Tools for addressing people after a crisis episode

1. Acknowledging self-destructive behaviors

This technique seeks the recognition of self-destructive behaviors in which a person has fallen into after a traumatic event.

Self-sabotage and all those behaviors that are related to it, are unconscious acts that appear at times that may involve a great change in the lives of people, whatever it is. These behaviors tend to hinder the attainment of goals or achievements through unconscious self-manipulations.

The objective of self-sabotage is to keep the person within his or her comfort zone, within which everything is at least predictable. It is also a type of unconscious defense mechanism through which the person tries to avoid possible future suffering, stressful situations or unknown situations.

We recognize not only those that physically attack the person, but also self-sabotage behaviors (placing oneself in places of high vulnerability, not celebrating achievements, maintaining a negative self-dialogue, sustaining violent relationships, not setting limits, isolating oneself, refusing to receive help, among others).

These negative thoughts and destructive behaviors are only a symptom that there is something deep within the thinking that needs to be examined. Although, in many occasions the digging into these thoughts is not pleasant, the

self-evaluation of oneself can be an opportunity to advance and to learn to face any future situation that may arise, for this the following exercise is proposed.

* The person is asked to make a list of the behaviors that they consider to have harmed them or put them in danger, after the triggering event.
* From this list, the person is asked to reflect on the purpose of these behaviors, to imagine scenarios in which they would make a different decision and, on the consequences, both negative and positive, of all the scenarios found.
* Finally, a contract is presented that seeks to create an anchor point between the recognition of the destructive behaviors and the desire and commitment to make different decisions.

An example of a contract could be:

I *(Name of person)* acknowledge that the following behaviors *(Insert list of behaviors)* have had a negative impact on my physical and emotional stability and integrity, therefore, as of *(Insert date)* I promise to be more attentive and aware of my behaviors and reflect on the consequences they could mean.

2. Working on boundaries

To set boundaries is to have the ability to communicate what I want and what I don't want, always in an assertive and non-violent way, and this often involves learning to say YES to oneself and NO to others.

Examples:

* Start with small things: Say **NO**, when you don't want to go somewhere; say **NO**, if you prefer to do something else; say **YES**, if you want something, if someone refuses it to you.
* Talk about yourself and your feelings, instead of judging the other person. For example: "The truth is, even though I like your proposal, I would rather stay home, I am tired today".
* Be aware of situations that do NOT make you feel good and start by choosing not to let them happen.
* Begin to let go of the initial GUILT for saying no, for exercising your desires and needs.
* Eradicate the idea that saying NO or setting limits is selfish.
* Learn that you can speak your mind, with care and love, but with firmness. Both can coexist.

3. Tomar consciencia del Diálogo Interno

Self-dialogue is the language that guides our thinking, it is the dialogue that people have with themselves, the thoughts expressed in forms of language or mental undercover discourse that guide the way we act, feel and interpret the events we experience.

The internal language is very important when facing the adversities that life presents, as it will have a direct impact on self-esteem, emotions and decisions taken.

Thus. when we think we are having a conversation with ourselves, what we know as self-dialogue, normally operates unconsciously, and the way in which we are accustomed to carry out this internal conversation, will have an enormous importance in the way we behave and feel, as mentioned above.

For example, imagine that a person goes to a job interview fearful and pessimistic, thinking: "I have very few options among so many candidates", "you can see that I have slept little, I look bad" or "they are going to notice I am nervous, everything will go wrong, I will never be enough".

Can you say that in this example that the person if facing the interview in the best development conditions possible? The answer is no, and that is why, when faced with situations like the one in the example, which provoke negative emotions, we should try to pay attention to this internal dialogue and test if what we think is really useful and true (What am I saying to myself at this moment? Is there another way of seeing and facing the same situation? Is my thought real or is it just the interpretation I am giving to the situation?). Or, we can approach the situation in a more adaptive way, turning what is interpreted as a threat into a challenge.

For example: "I have nothing to lose by going, I can even get a better job", "if I go with a smile on my face, I am sure they will value me positively", "maybe in other interviews I did not do well, I am sure that in this one I can improve and gain confidence for the next ones".

Here are some tools you can use for working on self-dialogue:

Invite the person to ask themself, is this something I would tell someone I love?

Make your unconscious dialogue conscious.

Note how you talk to yourself, writing down the situations in which you feel bad, to recognize and detect what your thoughts are, what you say to yourself, the frequency and intensity.

Question your dialogue.

Remember that you are not your thoughts, you are not what you say to yourself. Everything you say to yourself comes from an acquired learning, therefore, you can question its veracity.

Ask yourself the following questions:

* Where does this dialogue come from? Did someone say this to me before?
* Do I have any real evidence for thinking this way?
* Am I only looking at the negative side?
* Am I thinking catastrophically?
* Am I judging the way I AM rather than the way I ACT at a given moment?
* Can I focus on thinking of possible solutions to the difficulty that came up?

Modify the way you speak to yourself.

Look for a positive phrase with which you can identify yourself, and when the automatic intrusive negative thought appears, stop and become aware of what is being said and try to transform it positively, with the phrase you chose.

Examples of phrases or mantras you can repeat to yourself: "This will pass", "I will feel good again", "I am valuable", "I am calm", "every experience helps me to grow".

Maintain the habit.

At first, it may be difficult to detect and change your negative self-dialogues, as they are patterns that accompany us since childhood, and like any new habit, you have to build, but if you practice it continuously, every day will be less of an effort, and gradually your autopilot will have a more functional approach.

Patience.

Every new habit takes time, and self-dialogue is no exception. Seek to be perseverant, explore your thoughts in situations where you feel bad. Seek to be kind to yourself and talk to yourself better every day. Be patient with your processes and respect your time

4. Self-registry

Thought recording is a basic tool of cognitive restructuring, based on cognitive behavioral therapy. It is used primarily to identify and correct negative thought patterns that occur in situations that provoke states of anxiety or depression.

This technique will help you become aware of cognitive distortions that previously went unnoticed, and therefore were never questioned. With practice, you will learn to identify cognitive distortions the moment they appear, so that

they can be dealt with immediately.

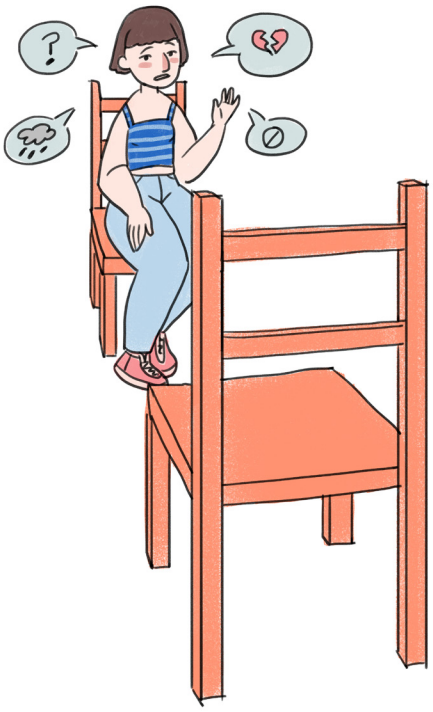
Often, simple awareness of a cognitive distortion will be enough to make it disappear. Other cognitive distortions that are more deeply rooted will require follow-up by a Mental Health professional.

The following chart shows an example of how the technique should be applied: recording of the experience, along with accompanying thoughts, emotions and behaviors, and alternative thoughts relevant to each recording.

SITUATION	THOUGHT	EMOTION	BEHAVIOR	ALTERNATIVE THOUGHT
Everyone is busy, I will spend the night alone.	Nadie quiere estar conmigo, estoy desperdiciando mi vida acá.	Sadness, anger and frustration.	I stay all night sitting down, telling myself in my thoughts how little I matter to others...	I am alone this night, but everyone is alone from time to time, it is a great opportunity to do something I want.

5. Empty chair or Hot chair technique

The Empty Chair technique is one of the best-known techniques of Gestalt Therapy. It was created by psychologist Fritz Perls, with the purpose of elaborating a method that would allow the reintegration of patients with traumas, duels, phenomena or unresolved issues into their lives. The technique in question tries to reproduce an encounter with a situation or person, in order to dialogue with them and emotionally contact with the event, being able to accept the situation and give it a conclusion.



Application:

First, in a preparatory phase, the affected person is physically confronted with the Empty Chair. That is, the empty chair is placed in front of the individual (although sometimes it is placed diagonally, so that no opposition to the imagined person or situation can be seen).

Next, the person is instructed to place int the chair an imaginary projection of the person, situation or feeling or part of the personality, with which the dialogue is to take place.

In a third phase, he/she is invited to describe the projection made, in order to strengthen the imaginary image that has been represented. Both positive and negative aspects of the person, the situation or its effects should be mentioned.

Subsequently, in the phase of verbal expression, the person should initiate the dialogue aloud with the projection, trying to be sincere and showing those details that he/she does not dare or has not been able to show in his/her daily life or to the person in question; how he/she has experienced the situation and why they have been like that. Whoever is directing the dynamics must monitor the dialogue and redirect it, so that no deviations that worsen the situation occur, without restricting the person's flow of thought.

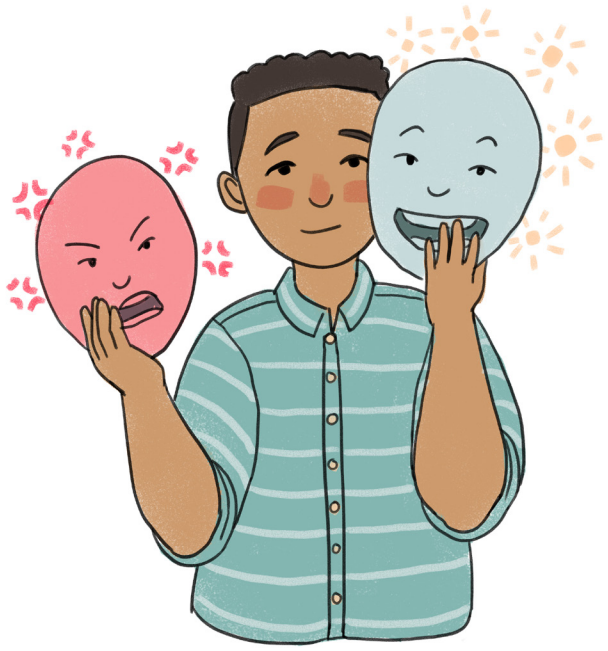
Although in some variants of the technique it is not applied, it is useful to have the person exchange his/her chair with that of the projection, putting them in the place of the other, in order to facilitate emotional expression. This exchange will take place as many times as deemed necessary, as long as the transition is necessary and coherent with the addressed problem.

Finally, the facilitator points out and helps the person to reflect on the sensations he/she is showing, so that he/she is able to identify and realize his/her emotional reactions, how the event has affected him/her and how it affects his/her life.

To finalize the technique, the person is instructed to close his eyes and imagine the projection going back inside him, and then to eliminate all the images created while he returns to pay attention only to the real context in the consultation room.

6. Role Playing

This technique can be applied in groups or individually and is useful to handle difficult issues or topics, where resistance is evident or where it is necessary to take different positions for a better understanding. It consists in the spontaneous representation of a real or hypothetical situation, to show a problem or relevant information that we want to work on.
This resource allows giving the affected people the strength to get in touch with their blocked emotional states.



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For this purpose, each person will be asked to play a role opposite to his or her own conviction, e.g., if they are a shy person, they will be asked to play the role of an exhibitionist and they are made aware that they can also interchange the roles they play. In this way, they can approach the problem from different perspectives and understand the different interpretations of the same reality.

The participation does not have to follow a specific script, but it is important to outline and plan the exercise before putting it into practice.

During the application of this technique, the person who directs the dynamics will assume the role of observer, without intervening, since this can condition and distort the actions of the members.

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Suggestions:

* Make sure the participants define a situation that is relevant and important to them.
* Prepare the audience by asking them specific questions to be prepared and answered at the end of the role play. For example: Would you apply this situation in real life? How would you have handled the situation?
* You should start with very simple situations and choose the most confident and skilled, communicative and spontaneous performers from the group.
* Usually at the beginning, the theatricalization causes laughter, you can start with situations that allow the expression of humor. Also, it is advisable to start with well-structured scenes, in which the interpreters can improvise less.
* In certain cases, performances can be done with alternative approaches, that is, a scene can be played in two different ways to decide a doubt or find the most appropriate solution.
* The staging will take place in an appropriate place so that the spectators can observe it without difficulty.

Tools to strengthen personal growth

There are many aspects of a person's life that are affected after experiencing a traumatic situation. For this, there are also techniques that can be used according to the specific case. In the following section, we will mention those tools that could be useful, according to the most common situations that can be found in survivors of traumatic events.

DESIGN OF A PERSONAL CARE PLAN.

In times of emotional crisis, we often reflect on our daily routines and the practices we engage in that benefit us or cause us discomfort. Thinking about our self-care and committing to it helps to increase our quality of life, transforms our mood and the thoughts we have about ourselves and our surroundings. It is also essential for prevention and balance of future crisis episodes.

This exercise can be done on a sheet of paper, supported by an electronic device (cell phone, tablet, computer) or as a visualization exercise.

* Think about all dimensions of life: physical, mental, emotional, social, and spiritual.
* The person is invited to identify how much he/she is taking care of them now, they can give percentages to each one according to their day to day life. For example: physical 20%, emotional 10%, mental 30%, spiritual 10%

and social 30%. Then, they must identify the percentage they would like to dedicate to each one.

* Then, they are asked to list practices that could help them achieve this care in their daily routine.

It is recommended to make a daily, weekly or monthly self-care plan.

Ejemplo:

* ***Daily:*** Always eating at a stablished time, sleeping 8 hours, drinking 3 liters of water.
* ***Weekly:*** Perform an activity that gives me pleasure.
* ***Monthly:*** Gift myself something or allow myself to go to a place I really like.

Some self-care strategies:

* ***Emotional:*** setting boundaries, taking time off, spending time with people you trust for emotional support and to whom you can reveal aspects of yourself that are vulnerable. Don't always show yourself as a strong person.
* ***Physical:*** regular exercise, good sleep, healthy diet, medical checkups.
* ***Spiritual:*** religious affiliations, meditation, artistic activities, and time in contact with nature.
* ***Social:*** networking, establishing positive bonds, avoiding isolation.

COLLECTIVE CARE POLICY

The context of interpersonal relationships is fundamental for recovery after a traumatic experience. For that, it is important that care policies can be thought of and designed that are adapted to the spaces we visit, whether they are our collectives or organizations.

Collective care benefits interpersonal relationships, strengthens trust and promotes an organizational culture in which rest and individual-collective limits are respected, reinforces internal and shared security, allows the effective expression of feelings, and transforms the dynamics of response in the midst of adversity and pain

For this, it is necessary to ask ourselves:

* *What collective practices make us feel good?*
* *What care practices could be incorporated?*

They can be, for example:

* Respect the times for logging off and resting.
* Stablishing equal tasks and responsibilities.
* Recognize the accomplishments of each person involved.
* Show interest and take part in everybody´s physical and emotional health care.

EXERCISE TO STABLISH A SUPPORT SYSTEM (IDENTIFYING NETWORKS:

In order to establish a strong support system, the positive and negative attitudes of those who are around the people with whom they are sharing/living with are identified. This will help them to approach those who possess characteristics that do not harm them and to protect themselves from those who do not have them. The following exercise has been designed for this purpose.

The following is requested:

* Examine your environment and the people in it.
    * Make a list with the people that surround you.
    * Write alongside each name, what aspects of that person make you feel good and bad.
    * Name/positive attitude/negative attitude.

* Complete the following phrases:
    * The attitudes I most appreciate in people are:...
    * The attitudes from people that make me feel bad are:...

* Identify those attitudes in the people that surround you.
* Think about the changes you should make to build a support system. (Today, weekly, monthly).
* What feelings did I have when I worked on these topics?
* What commitments did I acquire with myself?
* What changes did I make of which I can feel proud?

EXERCISE TO STRENGTHEN SELF-IMAGE

When we talk about self-image, we refer to a mental representation of oneself that is like an internal photograph. The image that one has of oneself is one of the factors that determine self-concept and self-esteem. It is important to clarify that the image does not only represent details available to the eye, such as height, weight, gender, hair color, but also includes one's own values,

experience, judgments that others have made of us, etc. Self-image is neither innate nor static, but is acquired little by little, in function of the experiences lived, so it evolves over time.

This is why developing a positive self-image is essential to love, accept and value oneself. And all of that influences physical, cognitive and emotional well-being.

But how do we develop or improve our self-image? To build it, we must take into account four aspects:

* **Self-perception** of one's own characteristics, skills, qualities and abilities.
* The **appreciation** of others about oneself.
* The **successes and failures** we have experienced.
* The **information** we receive from playing a particular role in society.

Therefore, to create a positive self-image, we bring you below an exercise of introspection, analyzing all the defects, virtues, feelings, thoughts, desires, weaknesses, strengths that arise from the creation of this exercise.

* The person is asked to draw his or her self-portrait.
* He or she is asked: What did it feel like to do it?
* Next, he or she is asked to make a list of his or her qualities and strengths, in the first person (if he or she does not find many, explain why).
* He or she is asked: What are the negative phrases you usually say to yourself?
* At the end of this list of phrases, he or she is asked to change them from Negative to Positive (Read your list every morning and evening out loud).

"MY FAVORITE THINGS" EXERCISE

This exercise helps the person to naturally place him/herself in a state of tranquility, contributing to improve the mood, through the connection with comforting visualizations.

How to apply it?

1. Take a pencil and paper, think about and write down all the categories of things that catch your attention. For example: song, color, season, morning activity, book, mobile app, sport, vacation spot, flower, joke, food, fruit, fragrance, TV series, park, magazine, and so on.
2. Now, define which is you favorite thing from each category. Let it be spontaneous.

3. Write your compilation on an index card or notepad on your cell phone, so you can access it at any time.
4. Review your list every time you feel overwhelmed, down, or have negative thoughts. For ten minutes, attend to each thing in detail, trying to visualize it until you feel connected, calm and confident.
5. Review your list frequently, it can be fed repeatedly.

EXERCISE TO PROMOTE GRATITUDE.

Through the act of gratitude, we can keep the focus of our thoughts on something positive, which leads us to feel joy, inspiration and pride. GLAD is a tool developed by Donald Altman, in which he proposes to make a diary using the acronym of this word. Here is an example:

* **G:** Gratitude (Something I feel grateful for today)
* **L:** Learning (Something new I learned today)
* **A:** Accomplishment (An accomplishment I achieved today)
* **D:** Delight (Something that made me happy today)

To do this, use a diary or notebook. On a sheet of paper write the acronym with its respective annotations. It is recommended to do this daily and, at the end of the week, review and answer the following questions:

* How did you feel about focusing your attention this way?
* How do you feel about noticing these aspects of everyday life?
* How has practicing this technique benefited you or someone close to you?

Annexes

General Considerations For The Intervention In Crisis of Underage People (UP) and Typical Reactions in UP.

The following table shows typical reactions in UP, according to age and time, after the traumatic event:

3 to 5 years old

FIRST 72 HOURS	1ST MONTH	2 TO 3 MONTHS
* Behavioral changes: passivity, irritability, restlessness. * Exaggerated fear over any stimulus, especially those reminiscent of the event. * Spatial disorientation (do not know where they are). * Sleep disturbances: insomnia, waking up anxious, sleeping too much.	* Regressive behaviors: bed-wetting, half-talking, thumb sucking. * Loss or increase of appetite. * Sleep disorders. * Loss of speech or stuttering. * Specific fears: of real beings or situations (animals or darkness) or of fantasies (witches, etc.).	* Refuse school or daycare. * Headaches and body aches. * Refuse to eat or eat excessively. * Repeatedly play out the traumatic event.

6 to 11 years old

FIRST 72 HOURS	1ST MONTH	2 TO 3 MONTHS
* Behavioral changes: passivity, aggressiveness, and irritability. * Confusion: they see themselves as perplexed, manifesting themselves through disorientation (they do not recognize date, place, etc.). * Frequent crying. * Regressive behaviors. * Language problems.	* Unwarranted fear. * Difficulty remaining still. * Difficulty focusing their attention. * Headaches and other somatic complaints. * Repeatedly playing out the traumatic event.	* Difficulty concentrating at school. * They refuse to go to school. * They feel guilty or assume that the traumatic event they experienced happened because of a previous thought or action. * They are withdrawn and/or shy.

12 to 18 years old

FIRST 72 HOURS	1ST MONTH	2 TO 3 MONTHS
* Confusion or disorientation. * Rejection to speak and isolating. * They are withdrawn and/or shy.	* Loss of appetite. * Loss of sleep. * Headaches and other somatic complaints. * Loss of interest in common activities.	* Rebelliousness against family, friends, and authority in general. * Behavior problems. * Running away from home. * Refusal to go to school.

How to address UP:

1. With young children, sit or kneel at the child's eye level.
2. Listen and observe, be attentive to what children say, both verbally and through their behavior.
3. Watch what they are doing while you talk to them or while they are playing alone or with others.
4. Help school-age children verbalize their feelings, concerns, and questions; provide simple categories for common emotional reactions (e.g., angry, sad, scared, worried).
5. Do not use extreme words such as "terrified" or "horrified" because they may increase their distress.
6. Be aware that children may exhibit developmental regression in their behavior or use of language.
7. Use language that is on par with the child's or adolescent's developmental level. Younger children typically do not understand abstract concepts such as "death" well. To the extent possible, use direct and simple language.
8. Talk to adolescents "adult-to-adult" to validate the message of respect for their feelings, concerns, and questions. .
9. Talk to parents, relatives or caregivers who know the child or adolescent, ask them if he/she is behaving differently in any way. Have there been any changes in his/her personality, personal habits or outlook on life?
10. Talk to the child or adolescent about everyday things and observe how he or she responds. Pay attention. Do they listen and understand what you are saying? Do they have a satisfactory level of comprehension? Do they seem disturbed or confused? Are they able to concentrate?
11. Observe the child or adolescent as he/she plays and interacts and pay attention to whether he/she plays in an age-appropriate way, does he/she play similarly to other children or does he/she play differently?

Senior or elderly people

Typical reactions in senior or elderly people:

1. Increased resources related to the past, friends, family and desire to connect with them.
2. Increased dependence on family and refusal of assistance or humanitarian aid.
3. Fear of death.
4. Depressing vision of the future (life will never be as good as in the past).

5. Regression (in general, a temporary return to a previous state, usually worse).
6. Feelings of multiple losses.
7. Disorientation due to the interruption of routine.
8. Use of denial as a normal defensive reaction.
9. Immediate fear reaction, followed by anger and frustration, when they are unable to control the situation.
10. Difficulties in concentration and communication.
11. Physiological reactions, especially sleep and appetite disturbances.

How to address senior or elderly people:

1. Older adults have both strengths and vulnerabilities. Many older adults have acquired skills to handle adverse situations throughout their lives.
2. For those who have difficulty hearing, speak clearly and softly.
3. Don't make assumptions based on appearance or age alone, such as not automatically thinking that a confused elder has irreversible problems with memory, reasoning, or judgment. Some reasons for apparent confusion could be: disorientation related to experienced trauma due to environmental change; poor vision or hearing; poor nutrition or dehydration; lack of sleep; a medical condition or medication problems; social isolation; and feelings of helplessness or vulnerability.
4. Make sure he/she is not isolated and identify stable bonds or relationships.
5. Explain that the reactions experienced are normal.
6. Discuss the event objectively.
7. Help them maintain their sense of identity and help preserve the cohesion of new bonds that may be generated in the environment in which they find themselves.
8. Encourage them to create a sense of cultural and historical continuity.
9. Establish routines.
10. Create opportunities where they feel useful and valued.
11. If the older adult has a mental health disability, he or she may be more upset or confused than usual in unfamiliar surroundings. If you identify such an individual, refer them to a mental health specialist.

Most vulnerable groups:

It is necessary to be clear about which population in a traumatic situation is most vulnerable. This is in order to be able to reinforce the tools or make the necessary modifications to be used in the intervention to be carried out, either

at the moment of the crisis or after it. Among the most vulnerable groups, the following can be found:

1. Children, especially those who have been separated from their parents/caregivers, or whose parents/caregivers, family members or friends have died or are significantly injured or missing.
2. The UP that participate in the temporary custody system.
3. Injured people.
4. People that have been moved or displaced too many times.
5. UP AND ELDERLY ADULTS WITH FRAGILE HEALTH.
6. People with chronic mental illnesses.
7. Disabled, sick or with sensory deficit people.
8. Adolescents that could have risky behaviors that might put them in danger.
9. Adolescents and adults with substance abuse problems.
10. Pregnant women.
11. Mothers with babies or small children.
12. Those who deal with human losses and significant loss of possessions (e.g., home, family memorabilia).
13. Those who were closely exposed to grotesque scenes or extreme threats to life.
14. Those who were victims of torture.

Glossary

- **Rumination**: Refers to a situation in which a stressed or depressed person focuses on repetitive thoughts about their symptoms and their possible causes and consequences in a passive way (this means that they do not look for solutions).

- **Self-harm:** It is when a person hurts themselves on purpose. In some cases, these can be minor injuries, but could get to be serious. This includes cuts, ripping hair off, beating, burns, etc.

- **Hypervigilance:** State of higher sensorial sensitivity accompanied by an exaggeration in the intensity of conducts whose main goal is to detect threats, which makes the person more irritable than normal.

- **Insomnia:** It is a frequent sleep disorder that can cause difficulty to fall asleep or be asleep, or it can make you wake up too early and that you cannot fall asleep again.

- **Hypersomnia:** It is a sleep disorder in which the person is excessively sleepy during the day and has great difficulty to wake up from sleeping.

- **Bruxism:** It is an involuntary habit that makes people strongly clench their jaw or grind their teeth without any functional goal.

- **Physiological hyperactivation:** Increase in the intensity and frequency of the effects of the activation of the autonomous nervous system, which oversees the involuntary functions of the body (ex. Heart beats).

- **Flashback:** Perceptive episodes which take the person to a specific point in their past, which constitutes a perception disorder, and that is characterized by visual illusions or hallucinations, and by distorted sensations.

- **Anhedonia:** Inability to experience pleasure, along with the loss of interest or satisfaction during almost any activity.

- **Empathy:** is the ability we have to welcome with curiosity and tenderness the feelings of another person in the face of different types of experiences.

- **Non-violent communication:** is a compassionate language proposal that provides us with tools and awareness to understand what triggers us, take responsibility of our actions and create deeper connections with ourselves and others. (Kashtan Iban and Miki).

- **Grounding:** Makes reference to its meaning "Walking barefoot in the earth or sand", as part of an exercise to bring us to the present, to control your mood and reconnect with the world.

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People in Need