

Hypnotic Stabilization Techniques
for Advanced Field Support of
Critically Injured Patients



ResQTalk®

Verbal First Aid

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WHAT TO DO IN THE AFTERMATH OF A TERROR ATTACK? From the Platinum Ten Minutes into the First Golden Hours

‘Remember not only to say the right thing in the right place, but far more difficult still, to leave unsaid the wrong thing at the tempting moment’

(Benjamin Franklin)

‘During periods of great stress, words that seem immaterial or are uttered in jest might become fixed in the patient’s mind and cause harm’

Emergency Care and Transportation of the Sick and Injured, American Academy of Orthopaedic Surgeons

From the Platinum Ten Minutes into the First Golden Hours

WHAT IS THE GOLDEN HOUR IN PSYCHOTRAUMATOLOGY?

Addressing preventable psychological trauma remains the holy grail of psychological trauma care.

AIM: preventing the per(i)-traumatic development of psychological wounds during and immediately after exposure to potentially traumatizing events

(cf. predictors of posttraumatic (stress) symptoms)

After several years of anecdotal and practical concerns – during my operational career as an infantry officer and/or paramedic and/or firefighter - it became apparent that the tenets ‘early (trauma) intervention’ were not developed for use on the field, but for trauma scientists and/or practitioners operating from a resource rich fixed facility.

Which answers are available in the literature on trauma predictors based on the acute reactions of survivors or critically wounded patients?

Can we influence them during the 'Platinum Ten Minutes'?

perceived threat

dissociation, extreme anxiety, panic, and negative emotions

helplessness, anger, hyperarousal, anxiety

intense fear, helplessness, loss of control, and horror

fear and loss
of control

intense levels of fear, helplessness, and horror

acute panic symptoms, overwhelming traumatic fear



FIRE & RESCUE SQUIRREL - PSYCHO-PHYSIOLOGICAL STABILIZATION



Accidental hypnosis

- “What you do is really very clever, applying hypnosis in fire rescue...”
- Training as a hypnotherapist within VHYP*
- Development of a protocol for field hypnosis
- Training of EMS, fire, rescue and police personnel
- Validation study with the U Maastricht
- Fine-tuning for use in other situations
- Plagiarism (...)

Spontane trances

- Fear, pain, and distress can trigger a shift from ordinary waking consciousness to this vastly more receptive and suggestible state.
- This is nature's way of contributing to our survival. In an emergency, we don't have time to consider complicated scenarios: we are programmed to respond to authority, to follow a leader to safety

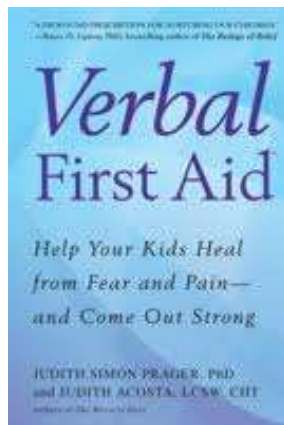
Access to automatic responses

- Pain
- Heart rate
- Respiration
- Blood pressure
- Bleeding
- Inflammatory response
- Itching
- Contractions
- Glandular secretions
- Bowel motility
- Smooth muscle tension
- Sweating
- Allergic responses
- Asthma
- Rate of healing
- Dermatitis
- Dryness of mouth
- Emotional reactions

Source of inspiration: the experiments of M. Erik Wright* (Municipal Hospital, Kansas)

- Pioneer study with EMS personnel
- 3 experimental groups – training in the use of a simple protocol for medical emergencies
 - 1. Get the patient ASAP out of the environment to minimize external influence
 - 2. Memorise and repeat a simple paragraph in order to ease and calm down the patient and orient on relaxing and engage into self-healing (speak softly in the ear of the patient, even with unconscious patients)
 - 3. No (potential negative) additional communication between paramedics
 - 4. This approach is complementary next to common daily practice





Repeated simple paragraph

- “The worst is over. We are taking you to the hospital. Everything is being made ready. Let your body now concentrate on repairing itself and feeling secure. Let your heart, your blood vessels, everything, bring themselves into a state of preserving your life. Bleed just enough so as to cleanse the wound, and let the blood vessels close down so that your life is preserved. Your body weight, your body heat, is being maintained. Things are being made ready in the hospital for you. We’re getting there as quickly as possible. You are now in a safe position. The worst is over”.

Results

- Experiment lasted for 6 months.
- Patients from the experimental condition (i.e. with the use of a stabilizing paragraph during transport) showed 17% less mortality during transport to the hospital, had a shorter stay at the hospital and their recovery took less time.

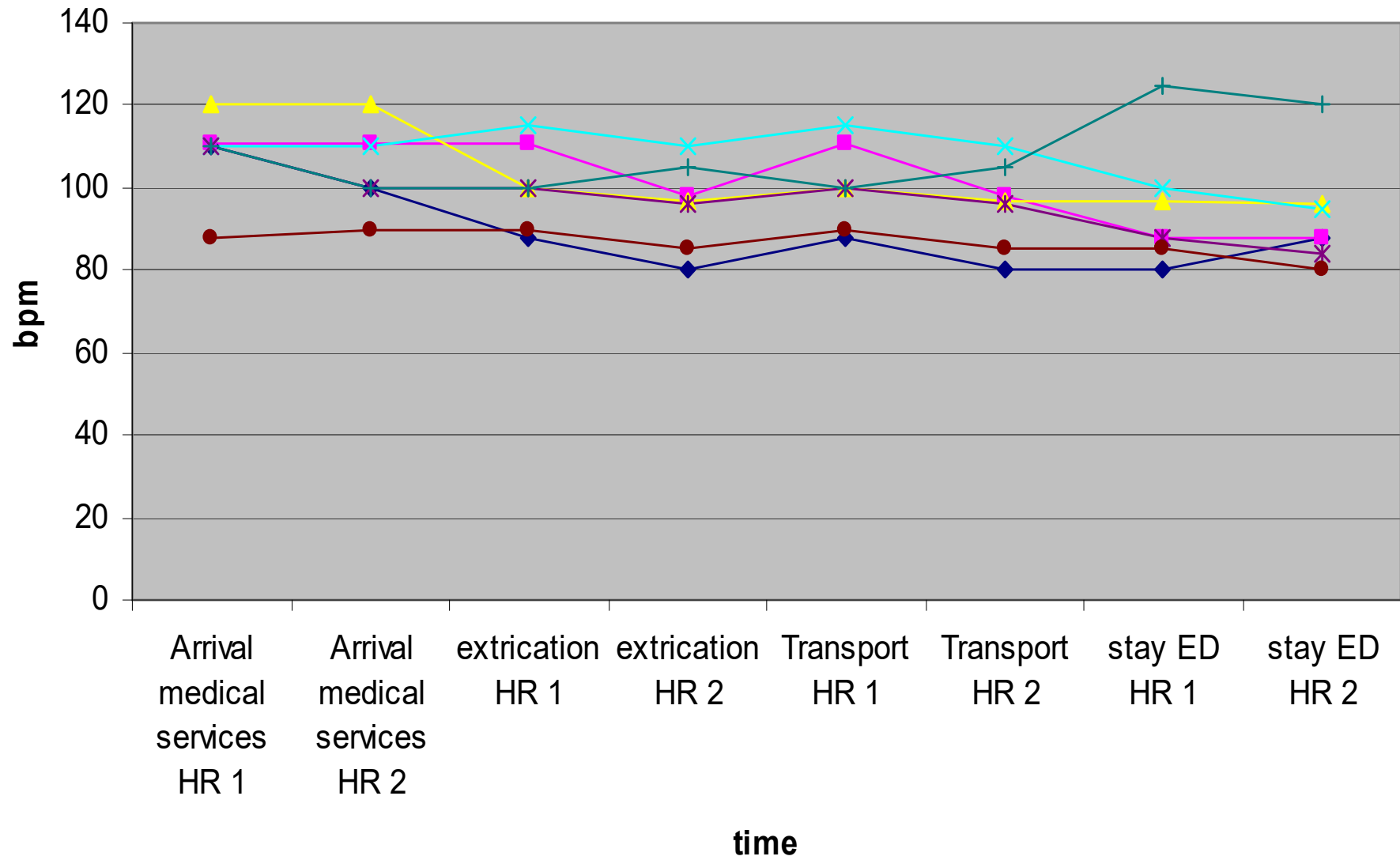
FIRST EMPIRICAL VALIDATION

Reduction of posttraumatic sequelae by the use of fire & rescue squirrels

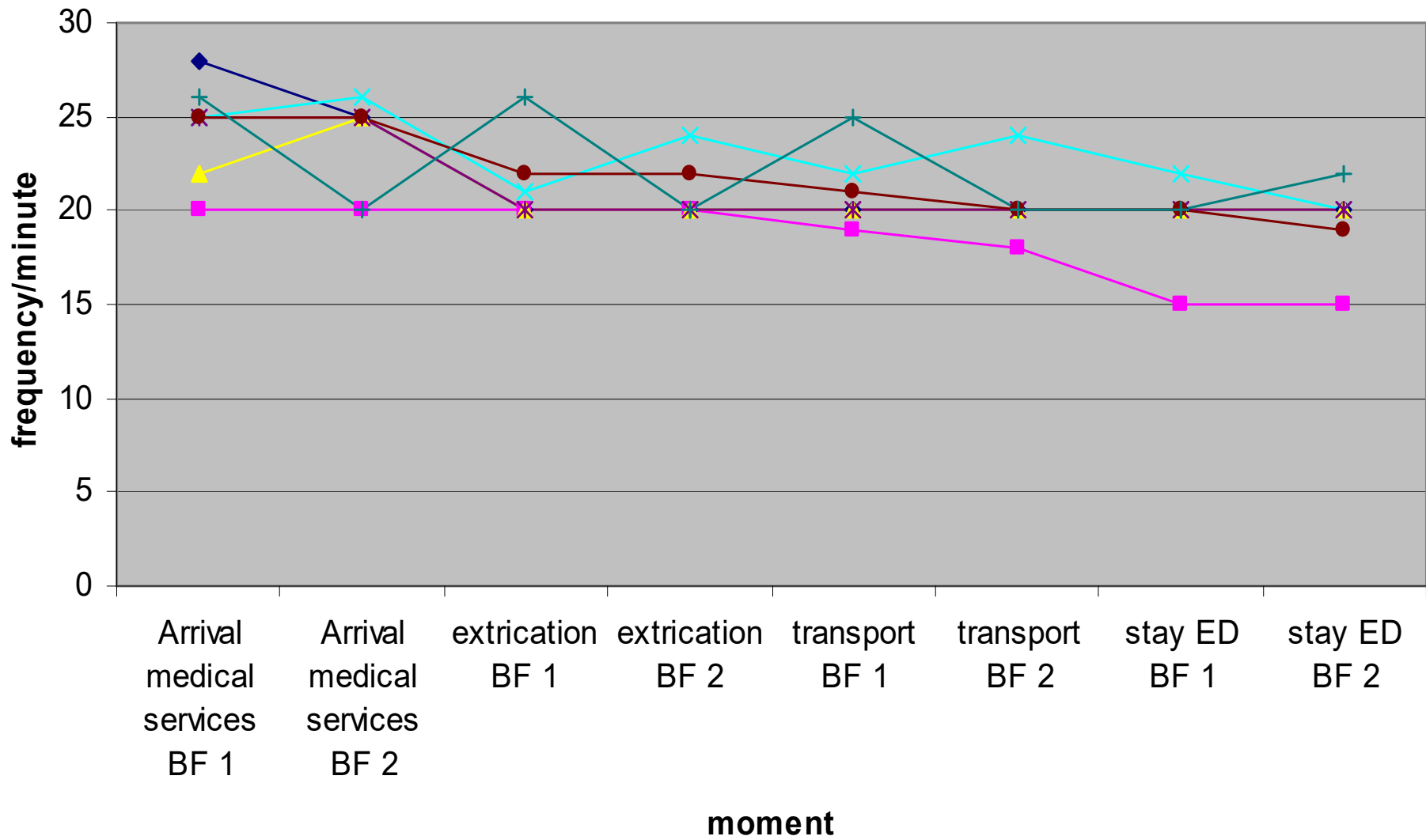
De Soir, E. & Goffings, K. (2009). Psychological Stabilization. Crisis Response Journal. (Volume 5, Issue 4)

“Erik De Soir and Koen Goffings say that emergency medical staff, rescue personnel and fire services may be the most underestimated actors in preventing psychological trauma during extrication operations”

bpm during rescue operations



breathing frequency/moment



Code Matrix Browser

| Code System | O.9. | O.2. | O.1. | M.2. | O.8. | M.1. | M.3. |
|---|------|------|------|------|------|------|------|
| deactivation of arousal | | | | | | | |
| dependent persons in direct environment | | | | | | | |
| No | | | | | | | |
| Yes | | | | | • | • | |
| other persons in vehicle | | | | | | | |
| No | | • | | | | | |
| Yes | • | | • | | • | | |
| realisation of time frame | | | | | | | |
| realistic perception of time | | | | | | | |
| disturbed perception e.g. more then real-time | | • | • | | | | |
| disturbed perception e.g. less then real-time | | • | • | | • | | • |
| Feelings | | | | | | | |
| Expression of dissociation | | ■ | | | | | |
| Expression of being in pain | • | | • | | | | |
| Expression of irritation | • | | | | | | |
| Expression of safe feeling | ■ | ■ | ■ | ■ | ■ | ■ | |
| Expression of compassion | • | | ■ | | • | | |
| Expression of peace | ■ | ■ | | | ■ | • | |
| Expression of despair | | | • | | | | |
| Expression of disbelieve | | | • | | | | |
| Expression of confusion | | • | | | • | ■ | |
| Expression of tension | | | | | | | |
| Expression of sadness | | | | | | | |
| Expression of panic | | | | | | | |
| Expression of powerlessness | | | | | | | • |
| Expression of blame | • | | ■ | | | ■ | |
| Expression of shame | | | | | | | |
| Expression of surprise | • | | | | • | | |
| Expression of fear for others | | | • | | • | | |
| Expression of agony | | | | | | | |
| expression of anger | | | | | | | |
| expression of fear | • | | | | | | |

Formalisation du protocole :

E. De Soir; S. Goujard

(Supervision: N. Ruyschaert, L. Bouteligier)

Avec le concours de :



et les participants des **Ateliers AEPSP** à Bruxelles, Lyon, Nice, Paris, St Etienne, Bordeaux, Strasbourg, Brest, Artigues.

La formation de secouriste en stabilisation psychophysiological est devenue une formation spécialisée pour des ambulanciers et des sapeurs-pompiers.

Objectives

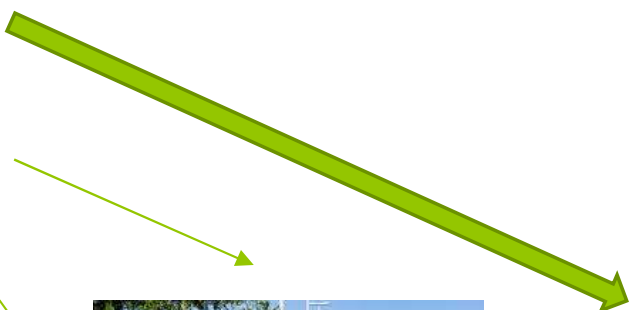
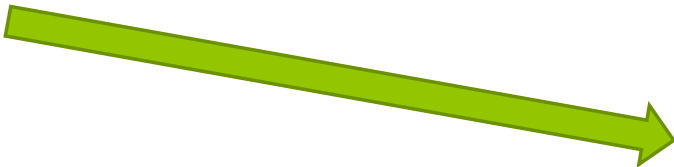
1. Reducing the distress of critically injured victims
2. Facilitating the rescue work of EMS personnel
3. Optimizing the quality of EMS victims' support
4. Psychological stabilization for the prevention of long term psychological sequelae



Definition

The fire rescue protocol of is a stepwise approach of psycho-physiological stabilisation for critically injured patients

1st Approach
Medical Assessment
Extrication
Extraction
Ambulance
Transport
Hospital



PSYCHOPHYSIOLOGICAL STABILIZATION AS A STEPWISE APPROACH

1st Approach

Medical Assessment

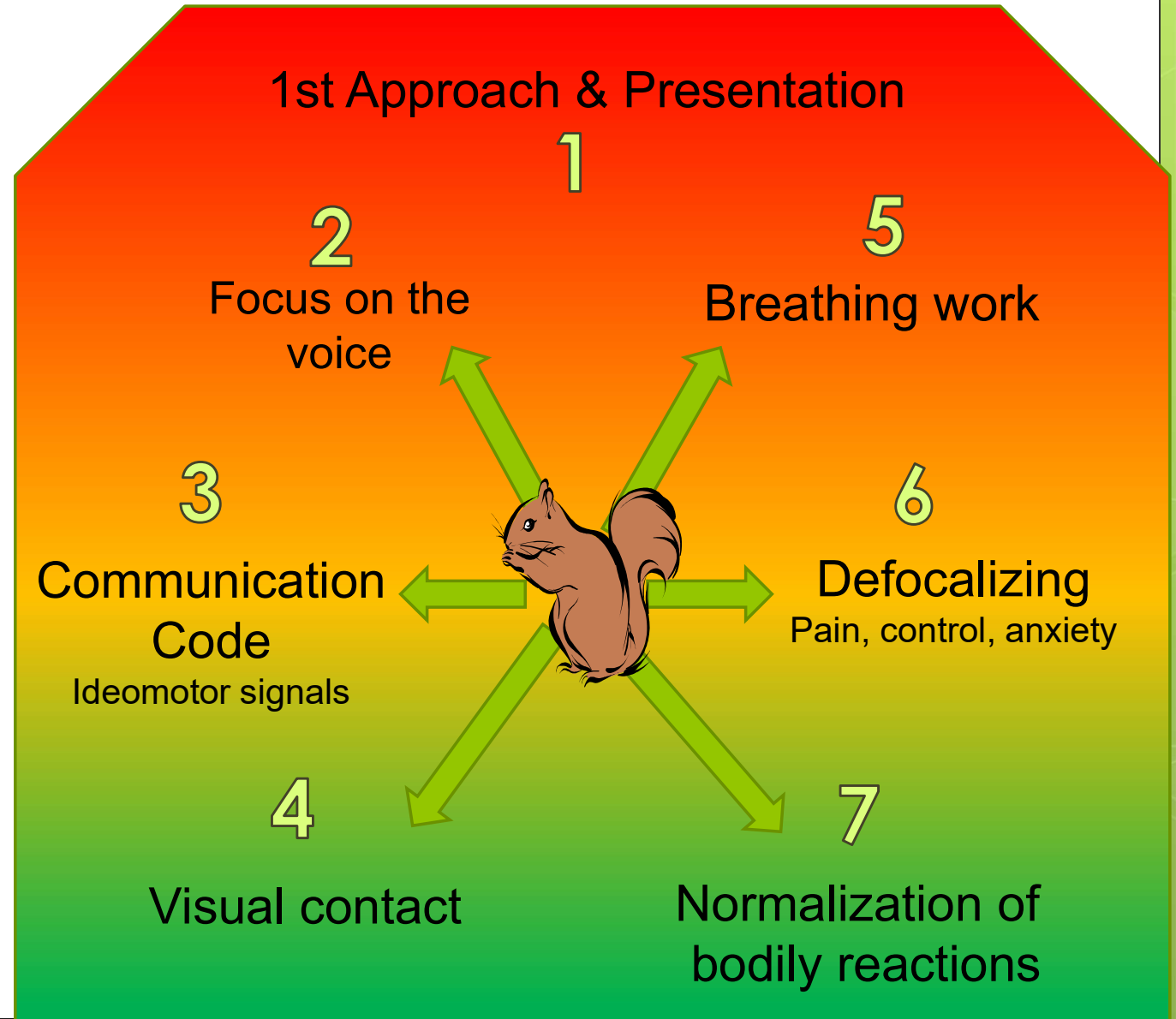
Extrication

Extraction

Ambulance

Transport

Hospital



POSITIVE REFRAMING OF THE SITUATION

| | Look for positive alternatives |
|---|--------------------------------|
| Medical Assessment | |
| Cervical collar | |
| Oxygen mask | |
| Plastic protective cover | |
| Sounds | |
| Glass breaking | |
| Extrication procedure (roof cutting, etc.) | |
| Scoop stretcher | |
| Shell mattress | |

Series of Training Sessions on Stabilization Techniques for Fire & Rescue First Responders

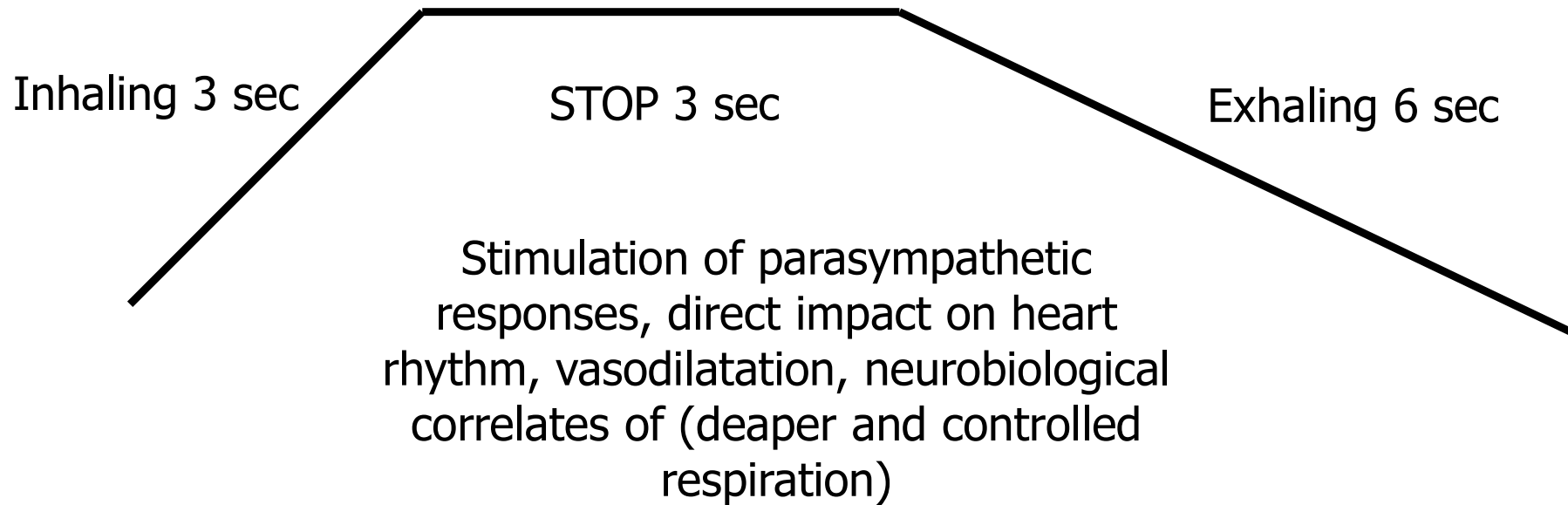


AEPSP

ASSOCIATION EUROPÉENNE DE PSYCHOLOGIE SAPEUR - POMPIER

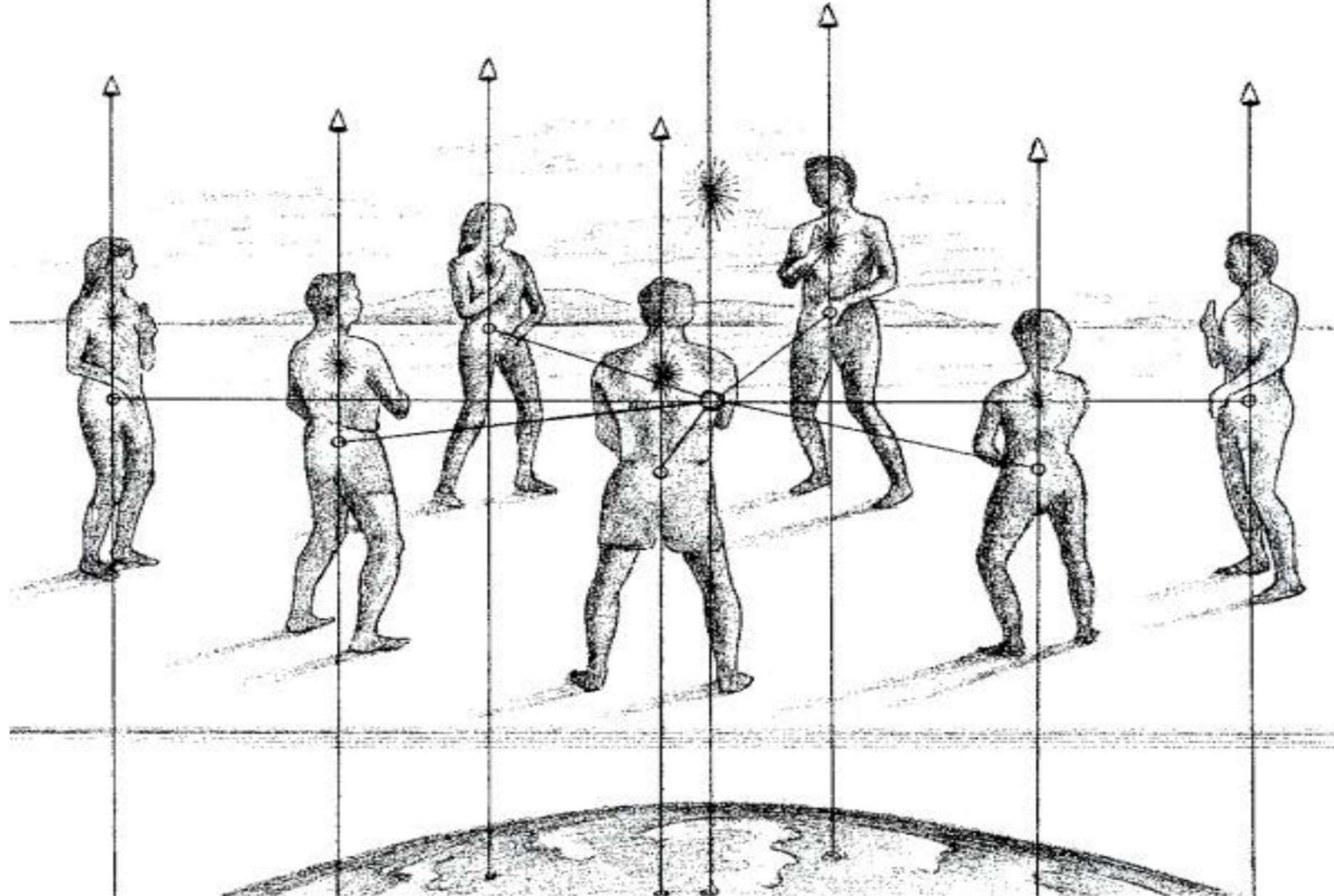


Rapid Stabilization through Vagal Respiration Tactical Breathing



Zen Ekindo & Taoist QiGong

Hara-Lining & In-Tuning



*Collective Grounding & Group Support
after Shocking Interventions*

Platinum Ten Minutes

Le groupe d'enracinement collectif post-intervention



“The Healing Zone”



How to Recognize the Healing Zone

Physical Signs

- Unfocused, rambling speech
- Tears and fluttering eyelids with eyes closed or partially closed
- Breath changes
- Pulse rate changes
- Muscle relaxation
- Profound stillness

How to Recognize the Healing Zone

Psychological Symptoms

- Time distortion
- Selective awareness-seeing what we want to see
- Age regression
- Sensory distortion
- Dissociation
- Literal or concrete interpretation

Medical research shows that even when people are unconscious they still hear or experience everything that is going on around them.

It is not uncommon, for example, for people to remember what has been said in the operating room while they were under general anesthesia.

3 possible attitudes in crisis situations

- Saying nothing
- Saying something harmful
- Saying something that helps during rescue and promotes recovery

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Is not meant to take the place of good medicine, but rather to make good medicine better

- Ensure a workable bond
- Provide the right suggestions
 - Painrelieving suggestions so that the body itself provided pain relief
- Provide the right atmosphere (of trust)
 - So that (death) fear, guilt and shame make place for peace and acceptance

ResQTalk

Verbal First Aid for Medical Emergencies

- First things first (112, own grounding)
- Provide a bond, directive, from authority
- Get a contract to provide crisis support
- Be realistic, provide trust, join the situation!
- Pace/Join in (at the level of the wounded)
- Divert attention from pain, wounds
- Ask for help/collaboration
- Stay directive
- If you can... provide positive outcome

ResQTalk

Verbal First Aid for Medical Emergencies

- I know someone who had the same accident...
- Create 'Yes' – set
- Bridge to future (safety and recovery)
- Use visual imagination
- Provide the right illusion (of control)

ResQTalk for Dummies

Verbal First Aid for Medical Emergencies

- First things first (112, own grounding)
 - Call the HC112/911
 - Get additional help
 - Go to the closest hospital
 - Stay grounded and control your breathing
 - Improvise
 - Pay time with 'Verbal First Aid' waiting for professional help

ResQTalk

Verbal First Aid for Medical Emergencies

- Provide a workable bond, directive, from authority (if you are a professional, it helps)
 - Take your time to create the bond, you will get trust by fostering trust (quiet voice, determination, motivation, conviction)
 - Avoid the use of unsecure/unsure words (avoid to attempt or to try, etc.)
 - “If you say I will try, you say I can fail” (...)
 - “My name is Erik... I will stay with you the whole time (through the whole liberation out of this wreckage... we will get through this together”

ResQTalk

Verbal First Aid for Medical Emergencies

- Get a contract
 - A victim/survivor has to provide you with a contract in order to get this kind of help
 - A victim/survivor needs the will to survive...
 - “Would you listen if I would ask you to...”
 - “Would you help me to help you if...”
 - Children: “Would you like to be my partner? Like the Power Rangers, who stick together when they are in danger, to restore their safety?”

ResQTalk

Verbal First Aid for Medical Emergencies

- Be realistic, provide trust, join the situation!
 - Stay truthful, don't deviate from what is happening
 - Don't make promises you won't be able to keep
 - Use the victim/survivor's miserable condition as a starting point in creating a trance
 - Name the situation from which you are both starting
 - Keep the victim in reality
 - Say 'The worst is over, help is on the way, you are no longer alone', and, 'You are injured but your recovery starts here and now, trust your body, it knows what to do', and, 'You are now in the hands of experienced people, who now what to do'.

ResQTalk

Verbal First Aid for Medical Emergencies

- Pace/Join in (at the level of the survivor)
 - Assess the condition of the survivor (shock, anxiety, panic, ...) and Schat de toestand in (shock, angst, ...) and meet the survivor exactly where he/she is.
 - Dare to name that experience, touch it literally
 - “I can see that you are out of control, we are going to change that” ... “I can see that your right leg needs attention” ... “I can see that your breathing is irregular but we are going to change that” ... “I understand that your mind what to escape this situation but I need you here, we are a team now” ...

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Verbal First Aid for Medical Emergencies

- Distract attention from pain and injuries
 - Divert attention from the pain, away from the injury, positive dissociation
 - “Bring you attention to...” -> also apply to other parts of the body
 - Touch the body in a certain place (see fire rescue squirrel) -> ask “Do you feek my hand on your shoulder”, “Maybe you feel how each finger exerts a different pressure?”

ResQTalk

Verbal First Aid for Medical Emergencies

- Ask for help/collaboration
 - “At your sign, we will...”
- Stay directive
 - “Stay in this state”, “If you come back to the space that surrounds us here in 5 seconds, bring that same peace with you”
- If you can... provide a positive outcome
 - Cf. protocol of the “fire rescue squirrel”

More info:

The Worst is Over – ISBN 978-0-425-23427-3
Judith Acosta & Judith Simon Prager

Verbal First Aid – ISBN 978-1-4943-7653-6
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