



Erasmus+



Psychological
RESILIENCE
for Emergency Responders



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Psychological resilience for emergency personnel

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Erasmus + project: "Psychological Resilience for Emergency Responders"

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Content

Introduction.....	5
Section 1	
Reactions and consequences that may arise from a lack of psychological resilience for emergency rescuers.....	6
1.1. What reactions can occur?.....	6
1.2. Compassion fatigue.....	8
1.3. Stress.....	10
1.3.1. Stress reactions.....	13
1.4. Factors causing stress for emergency personnel.....	15
1.5. Burnout syndrome in emergency professionals.....	19
Section 2	
Resilience and adaptive capacity.....	21
2.1. What is resilience.....	21
2.2. Who are resilient people?.....	23
2.3. Strategies, techniques and methods for increasing resilience.....	24
2.3.1. Strategies.....	24
2.4. Emergency counselling.....	33
2.5. Behavioural strategies and coping styles for building resilience.....	34
2.6. Resilience-building techniques.....	38
Bibliography.....	44

Introduction

This course material is intended for professionals, trainers, for emergency personnel, in which methods and techniques for increasing psychological resilience will be described.

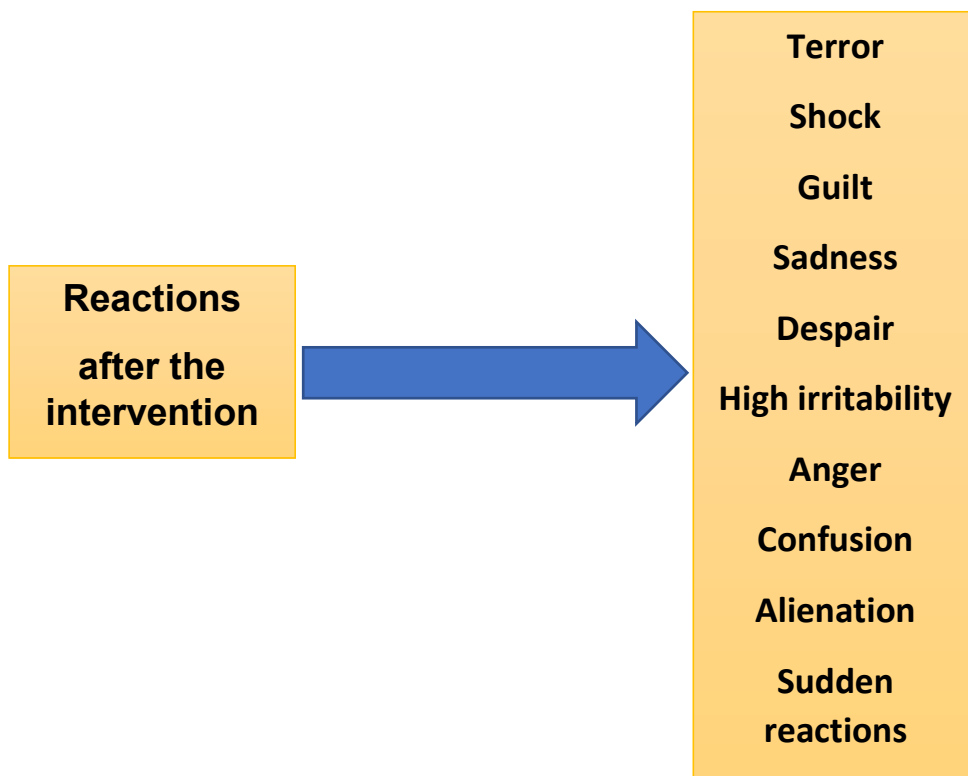
The usefulness of the course is obvious, as from studies on the behaviour of rescuers arriving on line 1 at the scene of accidents and disasters the need for support of these professionals emerges. Consequences such as depression, professional demotivation, post-traumatic stress, etc. can occur in rescuers. Workers working in emergency contexts are at high risk if they are not psychologically supported. The job of rescuers, ambulance, fire or police responders, those who respond to emergency calls, cannot be considered 'just' a job, but a choice. They are put in the position of operating from the beginning to the end of the intervention, in a way that is appropriate to the specifics and characteristics of the type of intervention, in order to avoid becoming a potential "victim to be rescued" in turn. Thus, due to the specificity of emergency situations, especially in contemporary society there is an increasing need to increase the resilience of personnel involved in front-line emergency response, who go to the scene of accidents, disasters, conflicts, etc.

Staff involved in emergency situations cannot change a state of distress of the injured person, but they can change their attitude towards the situation and thus not be affected by what happens. This is precisely the aim of this course material, to raise awareness of what consequences may arise from direct participation in saving lives and how resilience can be developed to overcome these possible consequences.

Section 1

Reactions and consequences that may arise from a lack of psychological resilience for emergency responders

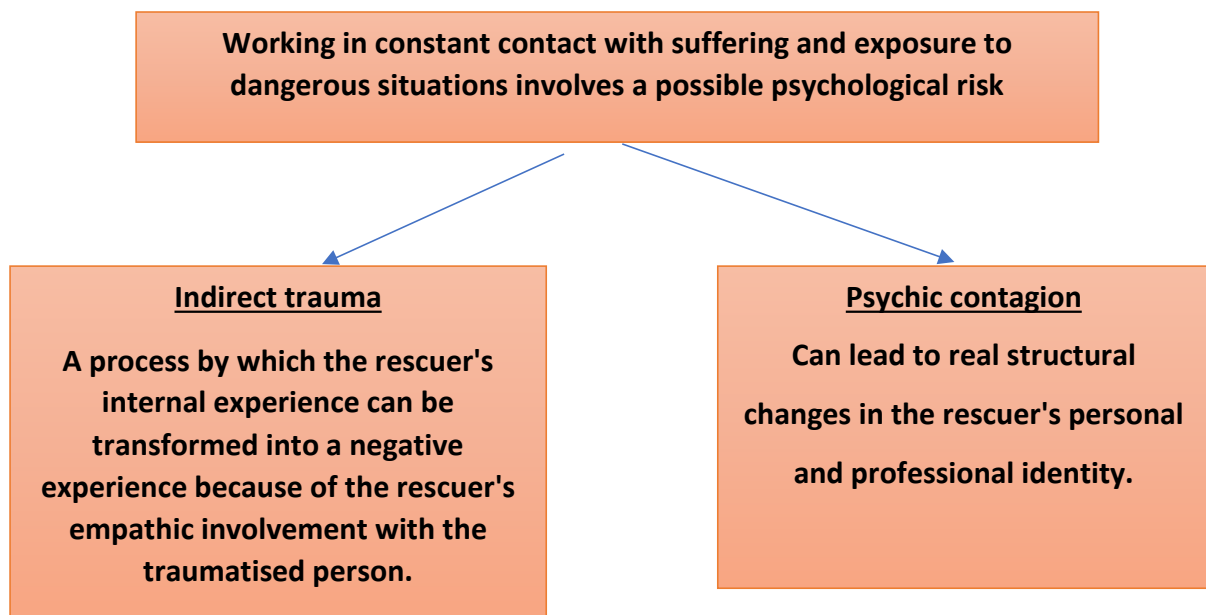
1.1. What reactions can occur?



These reactions may occur during or shortly after the rescue experience. In some cases there is an obsessive quest to forget the event; therefore, situations may arise in which the rescuer resorts to the abuse of drugs, alcohol, psychotropic medication. If these symptoms persist for more than a month and feelings of detachment and/or alienation from others increase, significant impairment in social, professional, emotional and existential functioning results, with a lessening of reactivity in general.

These disorders do not necessarily affect the most fragile or weakest people, but where **psychological resilience** is not sufficiently developed.

Rescuers, who come into emotional contact with patients, have a kind of paradoxical task, which is to function in a 'healthy' way in a scenario where others are allowed to function in a defensive, sometimes aggressive, chaotic, confused, etc. way, which they adopt in the face of an event such as an emergency or a disaster.



The rescuer, with the accumulation of mental fatigue, may end up altering his way of seeing things, his self-esteem and his perception of his professional competence and ability. This is because rescuers, in their work, are forced to confront strong emotional states, to cope with heavy emotional burdens, to manage manifestations of anxiety and aggression, to confront the prospects of death, grief and fear that animate the victims with whom they interact.

Exercise 1

Divide learners into 2 or 3 groups

Each group, in turn, plays the role of emergency victims.

The other groups take it in turns to identify what emotional states they might feel in such situations.

After all the groups have played their roles, a discussion takes place

1.2 Compassion fatigue

This is a disorder that can occur in rescuers. Symptoms of this condition can be:

- Re-experiencing - reliving or remembering with a high emotional charge the emergency situation.
- Avoidance (distancing attitudes, both physical and emotional, towards people, not just patients), or over-involvement (taking charge of all the patient's situations, the rescuer thinks only he can help).
- Hyperactivity (state of tension, constant vigilance and reactivity).

How compassion fatigue is explained

- the traumatic event to which the professional was exposed,
- the rescuer's reactions to the event,
- the coping strategies he or she uses,
- the personal and environmental context in which they find themselves.

Factors that play a role in the predisposition to experience compassion fatigue



capacity for empathy,
a sense of satisfaction in
providing help.

Factors predisposing to compassion fatigue

Individual factors:

- lack of communication skills,
- lack of self-control,
- accumulated stress,
- little experience of working in trauma or crisis situations,
- use of inadequate coping strategies.

Organisational factors:

- corporate culture that neither appreciates nor acknowledges emotional variables,
- poor guidance by supervisors,
- uninterrupted 12- or 14-hour shifts.



Exercise 2

Divide learners into two groups

One of the groups plays the role of rescuers who have acquired compassion fatigue

The other group identifies and notes the symptoms

Then switch the role of the groups

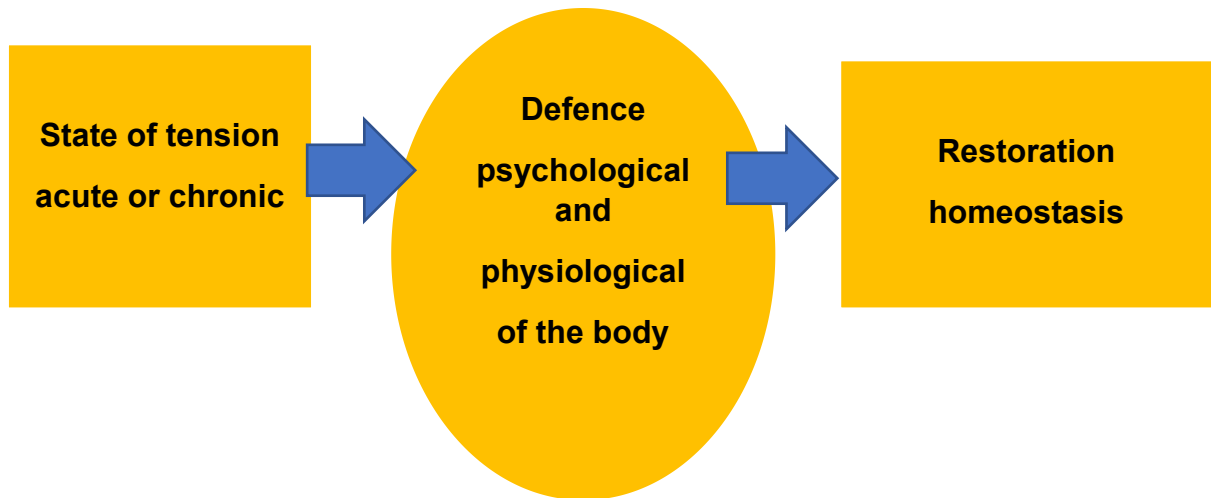
A discussion takes place

1.3. Stress

When the body is subjected to the prolonged effects of different types of stressors, such as physical (e.g. fatigue), mental (e.g. work involvement), social or environmental (e.g. obligations or demands of the social environment) stimuli, it triggers biological responses in order to adapt to stress.

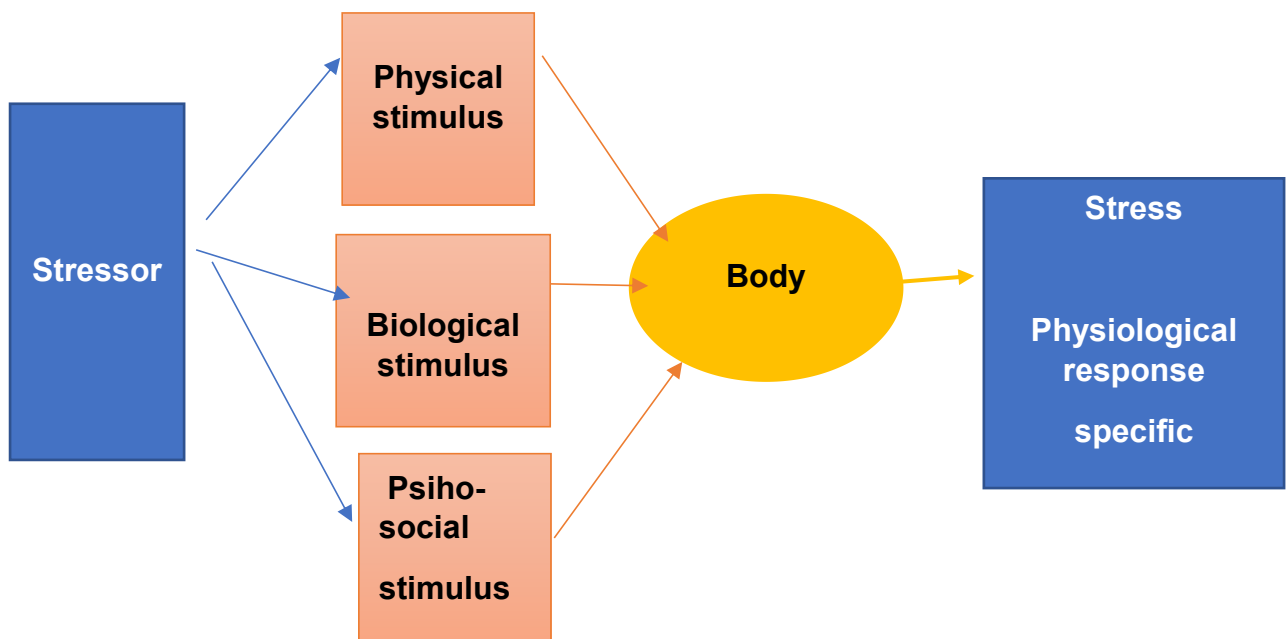


Stimulus-response condition



Professionals working in emergency situations can suffer the negative effects of stress resulting from frequent and repeated exposure to psychologically challenging events, which in some cases can lead to acute or chronic post-traumatic stress disorder or psychopathology.

There are several categories of stressors



Exercise 3

Each learner is given a piece of paper, on which they should write down the types of stressors and how they might respond to emergency rescuers

The evolution of *stress syndrome* occurs in three phases:

Alert: the body responds to stressors by implementing both physical and mental coping mechanisms. Examples include increased heart rate, blood pressure, muscle tone and arousal (psychophysiological activation).

Resilience (Resistance): the body tries to fight and counteract the negative effects of prolonged stress by producing hormonal responses.

Exhaustion: if stressors continue to act, there can be overwhelming and permanent negative effects on the mental and/or somatic structure.



By increasing resilience, some experiences, although extremely painful, do not cause trauma because they develop gradually, ensuring the ability to adapt to change both cognitively and emotionally.

1.3.1. Stress reaction



Stress is the body's strategic response in adapting to whatever need, both physiological and psychological, it is subjected to. In other words, it is the body's adaptive response, a normal physiological reaction that is absolutely necessary for the survival of the individual. However, the stressful stimulus can be felt positively or negatively.

- **Eustress** - a situation in which the stressors to which the individual is subjected fall within a tolerance limit, giving rise to an appropriate response. The experience is experienced constructively and causes an increase in performance levels.
- **Distress** - a situation in which stressors exceed the individual's tolerability limits, causing a dysfunctional reaction. In this case, the individual may experience progressive psychophysical burnout.

Stress reaction



Alarm phase

The stressor awakens a sense of alertness in the body, resulting in the activation of a whole series of psychophysiological processes (increased heart rate, hyperventilation, sweating, etc.) aimed at coping with the new situation.



Resistance phase

The person adapts to the new demands of the external environment, with normalisation of physiological indicators



The exhaustion phase

The final phase, which occurs when the body runs out of functional reserves and is no longer able to counteract the prolonged action of stressors to restore a state of balance. The cascade of hormonal and nervous events, usually limited over time, is constantly activated, causing a continuous state of emergency, with the consequent appearance of physical, physiological and emotional symptoms.

If the rescuer has to cope with an emergency situation, all available personal resources are activated, but it may happen, as a result of the excessive expenditure of physical and mental energy, that compensatory conditions such as alcohol abuse or smoking, compulsive hunger or states of irritability or aggressive attitudes occur.

Exercise 4

Divide the learners into 4 groups and each group reproduces one of the phases that occur during the stress reaction

1.4. Factors causing stress for emergency personnel



Career duration. It is mainly the number of years in the career that has an effect on psychological stress symptoms. Length of service is associated with the severity and chronicity of conditions caused by hostile emotional reactions. When length of work experience increases, so does the number of traumatic events.

Time pressure: During a rescue operation or in emergency situations there can be strong time pressure, caused for example by the short time available to rescue an injured person.

Responsibility overload. This is particularly relevant for those with leadership or coordinating roles or coordinating responsibilities, often deciding the prioritisation of response between different emergencies. In the event of an accident they have to decide within moments which is prioritize the people to be rescued and

thus decide the fate of those to be treated, knowing that they do not have all the time and equipment that would be available in a hospital.

Heavy physical and mental loads. Rescue work requires physical and mental effort, physical energy, strength, vigour and endurance. There is often no time for adequate rest. In addition, emergency workers must have good reasoning skills, sufficient lucidity in examining situations and including complex assessments. All this in an often chaotic environment and under the pressure of heavy tasks, which tends to alter the ability to think in favour of immediate action and in difficult environments (cold, heat, snow, rain, etc.).

Very strong emotional demands. Rescuers are exposed to very violent stimuli and demands. They work under constant pressure. During rescue phases, they need to control their emotions in order to function. Rescuers often have to make decisions that affect the health and safety of others, may have personal fears, moments of anger and discouragement.

Lack of resources in relation to the event. Rescuers are often faced with limited resources and personnel. They often have to act with limited resources and staff, but at the same time have to cope with the many requests for intervention.

Expectations from third parties. The emergency worker is recognised in the collective ideal as a kind of "superhero", he is perceived as being able to cope with any work situation, to solve any problem with ease, without ever showing insecurity, discomfort or ill feeling. The emergency worker can cope with these emotional and behavioural situations by developing resilience and implementing coping strategies. When these tools are not implemented, the consequences can become negative.

Unpredictability. The emergency professional does not know in advance when he will be called to respond, how many sorties he will have to make in a day, where he will have to go, how many people may be involved, the severity of the rescue, the outcome of his treatment. After arriving at the scene, the professional, who is in

possessing only the information provided by the operations centre, which is often fragmentary and brief, must understand what the real situation is.

The most powerful emotions are those that arise at the scene of an accident, at the moment of direct impact with the unexpected and the unknown. In fact, rescuers have to respond to the call for help without having the opportunity to prepare for it. On arrival at the scene, the professional has little time to become aware of the situation, the safety of the scene, the distress they find there, to triage the people involved, to ascertain their condition, the deceased, the victims who die during resuscitation measures. In the meantime, he also has to coordinate the team's work, manage passers-by, communicate with the operations centre.

In all this frenzy, feelings act on a subtle, unconscious level.

This uncertainty acting as a common thread, while on the one hand it can be the stimulus that keeps the passion for work high, the drive for work, on the other hand, in the long run, can create discomfort and alienation.

Age of the person to be rescued. Rescuing young victims, especially peers, children, are by far the most stressful situations found in studies. When working to rescue a young person, there is a greater desire for everything to go well; because of this, any failure is experienced in an even more negative way. The top two types of incidents considered most critical by emergency personnel are death and child sexual abuse.

Psychiatric patients. Especially when they are uncooperative. In this case, the patient feels so threatened by everything around him, including the rescuer, that his violent reaction is precisely a defence mechanism. The difficulty in managing the situation is that the situation has to be minimised to deflect the patient's aggression so that a channel of communication can be found to provide help without triggering

violent reactions. Emotional control, calmness and trust of the rescuer in this case are essential, but not always easy to put into

practice, because the tension is very strong and the possibility of miscommunication, compromising the success of the intervention, is very high.

Severely traumatised patients. All the more so if they are young or if they have very serious bodily injuries (amputations, malformations) or are involved in serious accidents (patient trapped, overturned car, maxi-emergencies).

Responsibilities. The rescuer's desire for autonomy, the satisfaction of framing the clinical situation in order to treat it and choose the access code to the emergency service, is accompanied by the fear of the responsibility of choice.

Everything for everyone. A feeling frequently reported by some rescuers is that they are part of a team and that the finality of the rescue act depends on each member of the team. While this is reassuring in a way, because they already know how to act, for some it is perceived as a risk of making the situation worse, because they fear that some of their colleagues are not doing their job properly.

Organisation. Situations that create anxiety among emergency staff can be insufficient human resources and the overload of work to which emergency professionals are subjected, especially in recent years, and, not least, the inability to provide care to the expected standard, also due to lack of resources, time and staff.

Lack of feedback on the work carried out. This can lead to disorientation, as people do not know how to proceed, which can lead to loss of motivation for work. Often, emergency professionals are alone in their reasoning for the diagnosis needed for intervention, without the opportunity to consult with a colleague, and thus feel alone in their decision. Receiving feedback from both colleagues, superiors and patients (where possible) on how they work and relate is important to cultivate their passion for their work and improve aspects of their professionalism that need to be reviewed. In addition, confrontation between different professionals plays an important role in resolving conflicts that may arise between colleagues.

Identification with the victim. The problem for the rescuer is not knowing how to manage the distance between himself and the sufferer, how to understand that the injured person is not like him or a relative or that it is not happening to him. In fact, empathy is a necessary condition for being close to someone who is suffering, but if the rescuer does not learn to manage this empathy, it can be devastating.

Team. Stress occurs when rescuers work with people who are always different or unprepared and who they don't trust, when the team is not cohesive, when team members don't communicate effectively with each other.

Others. Those who gather at the scene of an accident, who highlight the need for compassion, who can speak out about the inadequacy and lack of preparedness of rescuers, helplessness, bystanders who observe and judge (often filming the scene with mobile phones).

1.5 Burnout Syndrome

Burnout is a syndrome of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding activities. It is a syndrome that can occur in those who by profession are confronted with problematic situations where there is continuous contact with illness and death. Emergency workers, due to the specific nature of their work, are in close and continuous contact with victims of accidents, disasters, emergency situations, and are therefore among the categories most affected by Burnout.

Bornout syndrome stages

1. Idealistic Enthusiasm

The profesionist is motivated

- conscious motivations: improvement of the world and themselves, prestige,
- unconscious motivations: the desire to deepen self-knowledge.

2. Stagnation

The worker continues to work, but realises that the work does not fully satisfy his or her needs. A gradual disengagement occurs in which a sense of deep disappointment advances, leading to a closure of the person towards work and colleagues.

3. Frustration

The most critical phase, when the rescuer's dominant thought is that he can no longer help anyone, with a deep sense of futility.

4. Professional freezing

Gradual emotional disengagement

Exercise 5

Learners are divided into two groups and each group exemplifies and plays the role of people suffering from BORNOUT syndrome.

Each learner is then encouraged to list the symptoms and identify if there have been situations where they have encountered cases of bornout.

Section 2 Resilience and adaptability

2.1. What is resilience

In psychology, resilience can be defined as an individual's ability to adapt positively to a negative and traumatic situation. Faced with a traumatic event, resilient people are able to maintain a stable equilibrium without it affecting their performance and daily life. Unlike those who progressively recover from a period of dysfunction, resilient individuals do not go through this period but remain at functional levels despite the traumatic experience.



The resilience approach involves

- ❖ communication skills
- ❖ managing feelings
- ❖ decision-making
- ❖ the meaning of life.

It has been shown that health workers and life-saving specialists are more likely to cope successfully with a disaster because they focus their attention on the

job at hand, on the mission of helping those affected and, as a result, leave less room for fear and confusion. This role strengthens them

concentration, common sense and the ability to assess reality rationally. It is a way of acting, intervening, taking control and keeping executive functions active.



The concept of resilience therefore refers to the ability to react positively to traumatic events, to reorganise life following the changes imposed by the difficulties experienced. The process of building resilience not only facilitates coping with adverse situations, but also enables the development and implementation of personal skills and resources, facilitating adaptation to the context.

Please note

Resilience should NOT be confused with resistance, i.e. the ability of a person to resist - i.e. to resist - certain factors, which are always of a negative nature or, in any case, capable of disrupting normal conditions. Resilience means

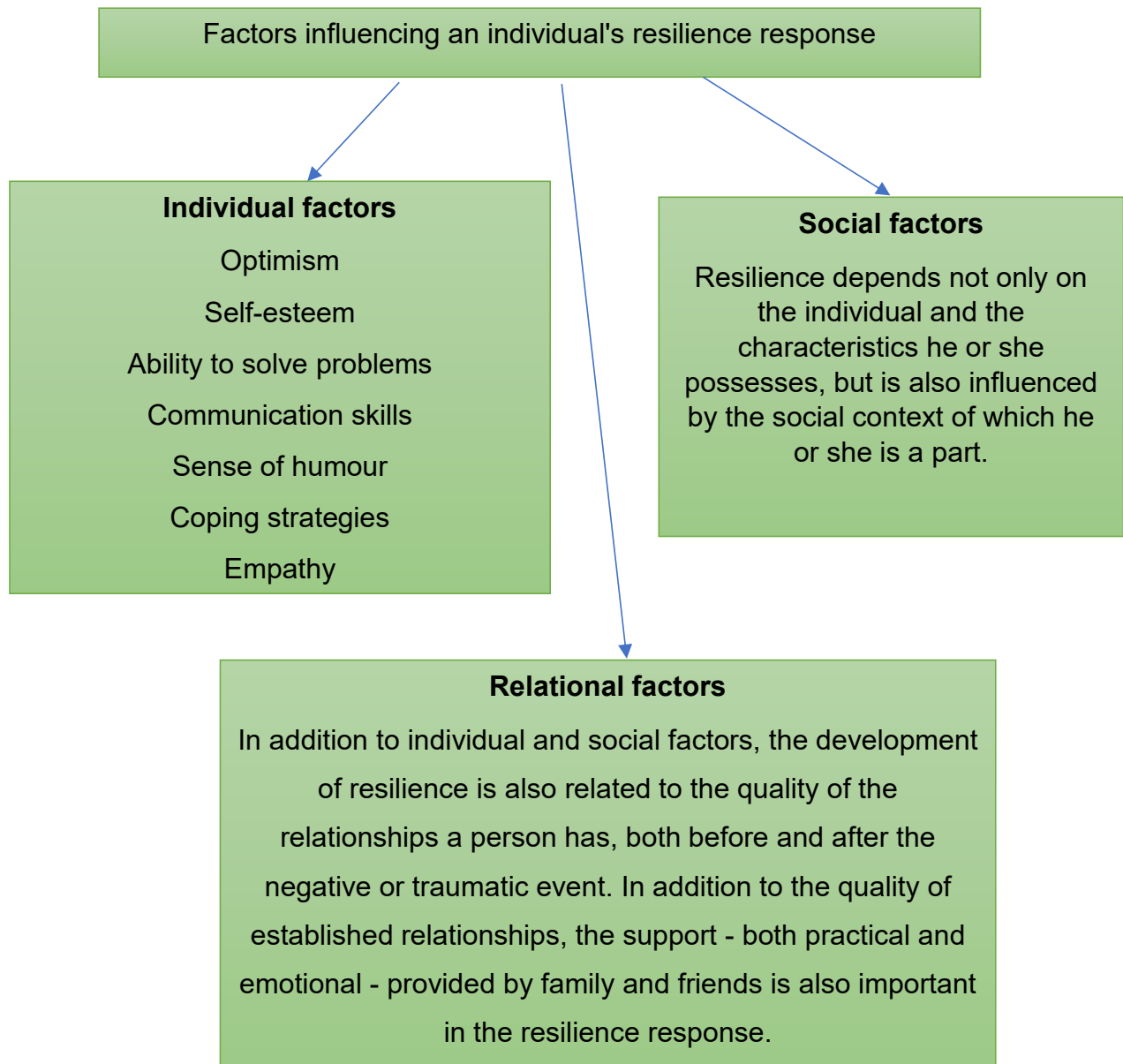
ADAPTATION!

Exercise 6

Each learner will identify 2 of their own resources that position them to be a resilient person. Write down these resources and then at the end of the exercise the whole group identifies which resource is most common.

2.2. Who are resilient people?

Resilient people are those who - in the face of difficulties and traumatic events - do not give up but, on the contrary, find the strength to move forward and are even able to turn the negative event they have experienced into a source of learning that enables them to acquire useful skills to improve their lives. Resilience mechanisms are present in every human being and can be implemented by anyone. Therefore, every person is potentially a resilient individual. However, not everyone is able to exercise resilience and even if it is activated, the results will not necessarily be positive and improving.





What adaptation in resilience means

- is a dynamic process, in the sense that it is made up of a set of reciprocal responses whereby the environment and the individual influence each other.
- It includes a series of actions, both cognitive and behavioural, aimed at controlling the negative impact of the stressful event.

2.3. Strategies, techniques and methods for increasing resilience

2.3.1. Strategies

1. Folkman and Greer's model

Folkman and Greer Stages



- problem solving in situations perceived as controllable.
- coping based on processing one's own emotions.
- coping based on the meaning attributed to unresolved or unresolvable events.

Exercise 7

Divide learners into two groups and each group exemplifies the method

Folkman and Greer.

2. Psychological assistance. Stages

Distraction, understood as an activity that distracts attention from the problem, the person may engage in all kinds of activities.

Redefining the situation, which is an attempt to see the problem in a different light, to make it seem more bearable or to make it fit into a framework that is known or that has previously been well resolved.

Direct action, which is everything that relates to gathering information about the problem, identifying possible solutions and taking action to solve it.

Catharsis, which is achieved by expressing emotions and responding to the problem to reduce the tension, anxiety and frustration that may be triggered.

3. Psychotherapeutic approach

Cognitive restructuring

It consists of a change in dysfunctional thoughts, known as automatic thoughts, which are almost completely unconscious and generate negative emotions which in turn negatively influence behaviour.

Desensitisation of traumatic memories

It is a therapeutic procedure aimed at normalising and eliminating fear reactions and avoidance behaviour. It is characterised by two components:

1. An antagonistic response to anxiety, such as a relaxation technique;
2. Gradual exposure of the subject to stimuli that provoke anxiety responses through in vivo (in the office) or in vitro (in the imagination) techniques.

Problem solving

It is a technique of solving a problem in a constructive and rational way as follows:

- problem perception,
- acceptance of the problem,
- describing the problem,
- generating alternatives,
- identifying the consequences associated with each alternative,
- evaluating the consequences,
- the decision,
- the decision-making process,
- implementation of decisions.

Exercise 8

Learners are chosen to volunteer to participate in the exercise and the cognitive restructuring, desensitization and problem solving technique is exemplified.

The results are then discussed.



4. Support

Supporters are made up of staff who, after specific training, can provide psychological support to colleagues. Their function seems important for two main reasons:

1. belonging to the same organisation, which leads to the establishment of a climate of acceptance and sharing of colleagues' emotions and experiences. This limits possible mistrust and reluctance to approach a professional about their distress. Often the cause of this resistance is the fear of being judged as not being able to cope with difficulties, or that they would have to undergo lengthy therapy which could affect their career.

2. Colleagues can more easily act as a bridge between fellow sufferers and professionals. Because they are in daily contact with colleagues, they are able to detect potentially problematic situations before they become too difficult to manage. Thus these advocates have three important tools at their disposal to function properly:

- listening
- evaluation
- support


Through listening, they give colleagues the opportunity to express their difficulties, frustrations, fears and emotions related to a particular event or work situation; the advocate does not operate on the basis of diagnostic criteria, but creates an environment of empathic listening, where colleagues can experience a situation of mutual respect, shared responsibility for individual experiences and mutual agreement in identifying aspects of the need to ask for help from outside, without this being felt negatively. This can be done in an informal setting, but can also be done over the coffee machine or during a work break. Through listening, colleagues can assess whether the extent of the problem expressed by the colleague is such that it requires professional intervention. Supporters can be recruited on a voluntary basis by simply asking for their availability. The task of selecting people to fulfil this role should be entrusted to a team of psychologists able

to assess the characteristics candidates, especially in terms of their communication and listening skills, building empathy, problem solving, etc.

5. Debusing

It is usually offered to the team in the first hours after the intervention, in order to express and share their emotions. This activity will help the rescuer to understand what they have experienced and return to everyday life.

Debusing Stages



Initiation

At this stage the objective and methods of work are explained to the rescuers, specifying that this is not psychotherapy and that everything that will happen must remain confidential.

Explore

In this phase, participants are asked to discuss their experience, to talk freely about what happened and how they felt. The aim of this phase is to recount the facts and experiences, sharing them with the group and realising that the rescuer is not the only one who has experienced these moments of anxiety, pain or confusion during the intervention.

Information

The trainer provides basic information about the post-traumatic reactions that someone may experience after an intervention, but also in the days following. This phase aims to help overcome any kind of trauma of what has been experienced, as some emotional aspects, even if silenced or neglected by rescuers, need to be effectively addressed. At this stage, techniques for overcoming stress can be suggested, such as rest, exercise, avoiding alcohol and tranquilisers, or contacting psychologists if one feels the need.

Exercise 9

Divide learners into two groups and each group exemplifies the Debriefing strategy.

6. Debriefing

It is one of the main techniques used in a psychological intervention after a critical event, as it addresses in a structured and protected way what happened and what it meant subjectively for each of the participants.

In these cases, we are not dealing with an ordinary event, but with a traumatic event, experienced in an emergency situation, at the scene of the event, so debriefing becomes useful because:

- it increases internal cohesion and group trust.
- it promotes the integration within the group of the experience in an emergency situation to help group members regain an acceptable quality of life in a short period of time.
- encourages the process of identifying coping strategies to deal with emotions.

Debriefing should, unlike debriefing, be managed by a psychology specialist with specific experience in managing groups, because a debriefing can provoke strong emotions that can cause much more serious distress if a psychologist is not present. Debriefing should also be organised 24 to 72 hours after the end of the intervention.

Debriefing



Initiation

In this phase, the debriefer, after a brief introduction, explains the objectives and functioning of the meeting and its phases. There is no obligation to speak, only those who wish to do so may do so, leaving time for any of the rescuers to express their thoughts when they wish. This is why listening without judgement is essential.

Thoughts

Focusing on the thoughts the rescuers had during the event.

The facts

The leader invites the participants to present the event in order to reconstruct it as objectively as possible.

Emotions

This is the most delicate phase and requires the trainer's ability to maintain control over the psychological reactions of the participants. In this phase, the participants present, share and analyse the anxieties, pains and hopes experienced during the event.

Symptom

It is essential to review and discuss the main symptoms presented and experienced by the group members and related to the event. For participants, discovering that their peers have the same symptoms relieves them of that sense of uniqueness and weakness that might make them think they are dealing with something pathological.

Delivery

The specialist, linking to what has emerged in the previous stages, illustrates the characteristics of traumatic events, likely individual reactions and provides the main guidelines and advice for their management and coping strategies and demonstrated resilience.

The ritual

A short ritual can be introduced, symbolically uniting the members of the group and signalling the end of the activity.

Conclusion

Participants' final questions are clarified and they are given the opportunity to discuss among themselves both what happened during the debriefing and their emotions and experiences.

Exercise 10

Divide the learners into two groups and each group exemplifies the method

Debriefing.

After going through the phases, debate and process at the end.



7. EMDR

This is an acronym for Eye Movement Desensitisation and Reprocessing, a therapeutic approach developed by American psychologist Francine Shapiro in 1989. EMDR therapy has a theoretical basis, addressing unprocessed memories, which can give rise to many dysfunctions. Neurophysiology studies have documented the rapid post-treatment effects of EMDR. The EMDR technique focuses precisely on memories of the trauma or stressful event and, using eye stimulation or other forms of alternating right/left stimulation, operates an intervention to desensitise these memories.

8. Mindfulness

It was developed by Steve Hayes and his collaborators in 1986. The aim of this method is not to reduce symptoms, but to profoundly change a person's relationship with their dysfunctional thoughts and negative emotions.

The sequential steps involving specific training are summarised as follows.



- Focus on what is in your control.
- Acknowledge your thoughts and feelings.
- Commit to what you are doing.
- Identify your resources.

Exercise 11

Learners who volunteer will exemplify mindfulness techniques.

Technique 1- pin a point on a wall and focus on that point.

Technique 2 - abdominal breathing and fix a positive image of self in mind.

2.4. Emergency advice

Counselling is not about telling the other person 'what to do', but about making them understand their situation and helping them to manage it as independently as possible.

Counselling can be defined as an intervention with the following objectives:

- To correct the temporary imbalance.
- To improve the rescuer's resources so that she can cope with and manage future crisis situations.

The counselling process and its phases

1. Understanding the problem - The first phase is the moment of acceptance and represents the building of an alliance and defining the contact between trainer and rescuers. In this first phase, the rescuer's objective is to understand exactly what the problem is. This is the phase of clarification, of moving on to understanding the emotions and behaviours experienced by the rescuer. The task of the counsellor is to help the rescuer to express the problem as much as possible, to facilitate discussion of the problem, to enable him to go deeper into the multitude of data and emotions presented.

2. Exploring the problem - The second phase allows for redefinition and clarification of the problem, i.e. encourages exploration and focus on the problem. The counsellor's task is to encourage and stimulate the rescuer so that he/she can determine and identify the real and true problem. This is the moment of problem awareness.

3. Managing the problem - The third phase aims to activate the rescuer's internal and external resources. It is therefore the moment of management problem by the rescuer. In this phase, the objective is to put the rescuer in a position to take ownership of the problem and help him/her identify objectives and strategies to solve it. This is the time to identify options, assess and choose the resources to be used, and check the relevance of both the intended objectives and the results

achieved. The counsellor is a person trained to use techniques to facilitate the resolution or ameliorate the situation of discomfort. All this without restructuring the rescuer's personality, but by using his/her resources. In the field of emergencies, several basic elements are needed to create a good relationship with the counsellor, such as person-centredness, unconditional acceptance, active listening, empathy, congruence and transparency.

The counsellor should serve as a support to the emergency team, should not impose his/her help on anyone, should treat the emergency operators as qualified experts and offer them the best possible support. The aim of the counsellor is to help operators manage the stress caused by continuous contact with suffering and death and this can be achieved by organising help and support groups in which the counsellor is an active part, in the sense that he shares his experience with the group as an equal and helps rescuers to manage possible failures which in disaster situations can be very frequent and may depend on factors beyond the control of emergency personnel.

A counselling desk should be present in every health facility, available to those in need.

Exercise 12

Four trainees are chosen to play the role of counsellor and rescuer. They will simulate an emergency response situation, chosen in agreement with the whole group.

2.5. Behavioural strategies and coping style to strengthen resilience

Human behaviours are extremely complex variables, which are all the more important in a context where emotions are of undeniable relevance. But it is more necessary than ever to emphasise the close links between the psychological aspects of individual experience (thoughts, emotions, behaviours) and wider social experience (relationships, traditions, culture).

Coping styles

As mentioned in the previous lines, stress is considered a normal response to daily stimuli or events that generate physical and psychological disturbances or imbalances and that trigger several specific reactions. However, faced with the same potentially stressful event, people may have very different or very similar reactions. It all depends on the perception and importance attached to this event, which is assessed in two phases:

Phase 1, in which one considers whether the event is positive or not and assesses its present and/or future consequences.

Phase 2, in which the body's ability to cope with the event is assessed. In this sense, coping refers to the cognitive and behavioural efforts that are developed to manage specific external and/or internal demands that are assessed as the individual's resource surplus or excess. Thus, coping is a comprehensive cognitive and behavioural process that will depend on a number of internal and external factors that intervene as resources or impediments and trigger a final response.

In the case of individual internal factors, we can mention:

- power,
- motivation,
- health status,
- personality type,
- ability to solve problems based on previous experience,
- Beliefs about the power and control they need to exercise over their environment and themselves.

On the other hand, external factors usually interfere:

- tangible or perceptible elements of the environment,
- material resources,
- social support which in turn can act as a buffer or directly influence the coping strategy to be used.



Coping method



Logical analysis: cognitive attempts to understand and mentally prepare to deal with a stressor and its consequences.

Positive reappraisal: cognitive attempts to construct and restructure a problem in a positive way by accepting the reality of a situation.

Seeking guidance and support: behavioural attempts to seek information, support and guidance.

Problem Solving: behavioural attempts to take actions that lead directly to solving the problem.

Cognitive avoidance: cognitive attempts to avoid thinking realistically about the problem.

Acceptance/resignation: cognitive attempts to react to the problem by accepting it.

Seeking alternative rewards: behavioural attempts to engage in substitute activities and create new sources of satisfaction.

Emotional release: behavioural attempts to reduce stress by expressing negative feelings.

Exercise 13

Divide learners into two groups and exemplify the coping method, following the steps listed above.

At the end of the exercise, discuss and process.

Intervention protocols for rescuers

Emergency management from an emotional point of view is divided into several phases:

Critical phase - psychological first aid, defusing and demobilisation, debriefing and individual interviews.

Post-critical phase - individual or family support counselling.

Pre-critical phase - preventive training interventions on traumatic reactions and psychoeducation. Consists of interventions that develop in the pre-emergency phase. Among these, psychoeducation interventions are of particular importance, realistic simulation, stress inoculation training (SIT)

Psychoeducation. This phase includes all training interventions, which aim at imparting effective knowledge and skills and information elements related to reactions the rescuer may encounter in emergency activities. It allows a significant normalisation of experiences and a better coping capacity towards the emotional experiences aroused by rescue events.

Realistic simulation aims to activate experiences and emotions connected to the real situations they represent, even if in a theatrical way. In this case, the awareness of experiencing a realistic but simulated situation guarantees reassurance and allows the exercise to alleviate the level of fear in the rescuer facing their own emotions.

Stress Inoculation Training (SIT) is a cognitive technique, based on learning theory and developed by Meichenbaum. It consists of a gradual and constant inoculation of stress. SIT is based on the theory that exposure to moderately stressful events serves to build an individual's coping resources and that successful

adaptation to these events can facilitate the development of resilience to future stress.

Through the technique of guided imagery, mental image production allows the subject to encounter the event. Exposure to imagery facilitates the process of gradual adaptation to the traumatic event. The projection of videos allows exposure to traumatic situations that are activated in a protected context. The technique of role-playing, or role-playing, allows the rescuer to become an active part of a particular moment experienced in an emergency situation created ad hoc, allowing them to implement motor, emotional and cognitive responses and reactions as if they were actually experience that situation; the event will be experienced with full emotional, cognitive and behavioural involvement of the rescuer-in-training who will experience the new responses and strategies useful to enrich their pattern of reactivity to the situation.

Thoughts such as "I didn't do enough", "I didn't understand", "I could have intervened earlier and it wouldn't have happened" become thoughts, which can trigger inappropriate emotions and behaviours in rescuers.

2.6. Resilience building techniques

1 - Good self-knowledge

Resilient people are also very self-aware. What does this mean specifically? Knowing what their strengths are, the values on which they base their lives and having a purpose that guides them towards certain choices. They also know how to recognise their own limitations and when automatisms caused by old limiting beliefs/attitudes/previous life experiences come into play. In difficult moments, those with good self-awareness, although experiencing pain, have a deep confidence in their ability to get out of any situation, even if their mind apparently does not yet see a solution. This trait is also typical of those with good self-esteem who tend not to let events drag them down, allowing themselves to be overwhelmed by self-sabotaging mechanisms.

Another very important aspect of people with good self-awareness is that, in difficult moments, they know how to 'recharge', regain their energy and cope better with

difficult times. A walk, a meditation, a warm bath, any action, which can bring comfort, calm, inner peace and introspection, is enough for this.

2 - Listen to your emotions

Those who have a good resilient attitude do not repress their emotions, but create a space to receive them, listen to them and then ultimately manage them. Every emotion has its own purpose and function, especially the negative ones, they should not be repressed, let alone judged. They must be accepted and listened to because they tell us something more about ourselves, about a need that is missing at that moment.

Moreover, if we leave space for our emotions, thoughts are automatically pushed aside, and it is these thoughts that often cause us additional suffering and allow us neither to accept the situation nor to let go of the pain when necessary.

Listening to our own emotions allows us to connect immediately with the present, without thinking about past regrets or future worries, helps us to accept the situation as it is - which does not mean giving up and having no hope, but being aware that that moment will not define and determine our whole life. The moment we accept the present, with all the pain that accompanies it, we inevitably draw on our resources, shifting the focus to what is within our control.

Here's an exercise to listen to your emotions. Sit down, make yourself comfortable, light a candle and a scented stick. Sit there and observe the flame, smell the smell... and listen to yourself. Let all that needs to surface, like a flowing river. You may only need 10 minutes, half an hour or an hour. The important thing is to stay until you feel that you have lifted that weight from your soul that is weighing you down.



3 - Be persistent

Another fundamental attitude for developing resilience is perseverance, i.e. moving forward despite difficulties. But this is only possible if we set a goal that is really important to us. You may have already heard many times the example of Thomas Edison, who had to go through more than 1,000 failed attempts before he achieved the incandescent light bulb. His case has gone down in history, along with many others who have become important and influential in today's world.

To persevere in what is important to us, beyond setbacks and failures, it is therefore necessary not only to be able to bounce back quickly after each relapse, but also to tap into that "inner fire" that keeps us going despite everything.

If you feel that you are not a very persistent person, I would advise you to train yourself by applying it in small daily habits in your life. This might mean, for example, setting your alarm clock a little earlier in the morning and dedicating yourself to something you enjoy, challenging yourself to do this every day, or anything else... your choice! The important thing is to do something every day. Or you can decide to start a course or project of some kind and complete it.

In short, define a goal that can help you improve any area of your life, break it down into several actions to turn it into a project or habit, and carry it out! If you start, from time to time, to engage with this attitude, especially in the small things, you will undoubtedly end up increasing your perseverance side and develop more resilience when difficult moments arise.

4 - Build a positive mindset

Being positive doesn't mean ignoring the critical aspects of a situation or always being kind and good-natured, but it does mean focusing on what we can control. For example, a person who gives up easily when faced with a difficulty tends to always ask these kinds of questions: 'Why is this happening to me? Will I be able to get out of this situation?'.

On the other hand, a person who has developed a good resilience capacity thinks: "What can I do to improve this situation?". How can this situation teach me something, help me to be stronger?". All it takes to change one's mindset is to ask the right questions. The resilient person's questions shift the focus to what is within their control, i.e. their abilities, their sense of responsibility, how they react in risky situations or emergency. This ultimately allows it to focus on the solution rather than the problem.

On the other hand, questions from those who have not yet developed a good resilience capacity tend to lead to complaints and victimisation. Inner dialogue in this regard is very important, even reinterpreting a failure, giving it an empowering meaning, makes a huge difference. The moment we stop blaming something external and focus only on what we can learn well, we start to trigger a virtuous circle that allows us to get out of victimhood, unblocking any situation.

5 - Surround yourself with people who inspire you and look for reference points

"We are the average of the five people we spend the most time around" (Jim Rohn). If we find ourselves in an environment that doesn't stimulate us to do our best, if we hang out with people who bring us down, who don't stimulate us to develop resilience in difficult times, then it's time to change company. Because choosing the people with whom we share our journey is also our responsibility. It is enough to have at least one person, the one we can talk to about anything, the one we can trust, the one we can open up and share with even in difficult moments, feeling understood, respected and stimulated. Finding this kind of support is a key ingredient that can nurture our ability to develop resilience.

Resilient people are also not only surrounded by people with a 'resilient mindset', but they also carefully and thoughtfully choose the role models they look up

to. It is important to have as a point of reference people who set an example and from whom we can draw inspiration to cultivate resilience in moments of blockage.

6 - Feel gratitude

Gratitude is a very important resource for developing greater resilience, as it helps us realise that there is always something good to be grateful for. And this ultimately allows a person to feel less weight, less pain, when going through a difficult situation. If we surround ourselves with the right people, as stated above, having someone to help and support us in difficult situations is already a huge reason to be grateful. Gratitude also allows us to not let negative emotions get too overwhelming.

If you feel like you're having a hard time right now feeling gratitude for even the smallest things, don't worry. Know that it is not a matter of routine, but a resource that is cultivated over time and does not appear overnight. That's why there are small strategies, like the gratitude journal, that can help you in this process. Why is it so important to have a gratitude journal? Because even if at first we struggle to write, even the simple intention of looking for something to say "thank you" for awakens that resource within us. In fact, reminding ourselves to look for something beautiful already triggers a change of perspective in us.

7 - Developing the ability to reinvent yourself

Life changes all the time. People grow and change. Values, priorities, emotions, thoughts change, our bodies change almost imperceptibly. All the more we can experience this phenomenon in the workplace, where, through digitalisation, newness and change are almost the order of the day. Always remember that every moment of change, however destabilising, can be experienced in two ways, as a crisis or as an opportunity. Having the ability to reinvent oneself and seize the opportunity that change offers is a fundamental characteristic of resilient people. We always have the opportunity to rediscover ourselves in something entirely new and different. We can do this by, for example, cultivating our creativity - which does not mean becoming artists, but cultivating lateral thinking, i.e. looking at situations from a different perspective. Creativity, like everything else, is trained, try doing something you've never done before. There's always something we can learn that can help us get to know ourselves better, maybe bring out talents we didn't even think we had.

However, if we don't act, we can't discover it. If you feel you are lacking in creativity, I advise you to take a pen and paper and write down all the crazy things you would like to do that you have never done because you didn't think you were capable.

Another extremely simple but effective way to train our creativity in problem solving is to practice brain storming. Try taking five minutes every day for a week to find solutions to a problem. I suggest choosing something very mundane, such as "How to get to Oradea from Bucharest". How could you get to Oradea? By train, by plane, by car... and then by what? Write down all the most absurd thoughts that come into your head, it doesn't matter if they don't make sense! The function of this exercise is to develop your problem-solving and lateral thinking skills and to train your creativity.

8 - Recreate a routine

Being able to organise yourself even in times of confusion is very important for developing resilience. People who can quickly recreate a routine that gives them security manage chaos better, reduce their perceived stress levels, prevent impulsive actions and unwise choices.

Exercise 14

Exemplify each of the techniques shown above and after each technique discuss and process.

Those who wish to participate voluntarily are chosen from among the learners.

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