Symposium
Post Crash Response

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Learn from yesterday, live for today, hope for tomorrow
-Einstein-

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Kuala Lumpur - Malaysia
PSYCHOLOGICAL SUPPORT

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Emotional wounds are not visible

Road crash victims often need **psychological attention**

So it is important an **adequate follow-up** to detect **possible aftermath** and **sequelae** that require professional treatment.
TWO TYPES OF TREATMENT

FIRST AID PSYCHOLOGY

FOLLOW-UP
PSYCHOLOGICAL CARE

FIRST AID PSYCHOLOGY

FOLLOW-UP
PSYCHOLOGICAL CARE

Psychological support
FIRST AID PSYCHOLOGY AT THE SITE OF THE CRASH

Helps to avoid post-traumatic stress disorder and other possible aftermaths.

WHAT IS IT?
To contain and normalize the reactions that can have the person and detect possible pathological reactions.

Many reactions are attempts to recover homeostasis and are normal responses to extraordinary situations.

WHAT TO DO?
- to approach carefully
- to offer a glass of water*
- to try to contact visually to bring them to reality and get them out of shock
- to leave them linked to their environment

* (when we drink the reptilian brain it detects that there is no danger - if we observe the animals we will see that they only drink when they do not feel in danger)
FIRST AID PSYCHOLOGY: DELIVERING BAD NEWS

HOW TO DO IT?

Compile the information, contrasting it, ensuring that it is reliable.

Find a private setting where the person feels comfortable and secure.

Communicate the facts at a pace that the person can follow, clearly and concisely.

Wait for possible reactions.

Use your first aid knowledge.

Psychological support

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Grief is a **natural process of adaptation to the loss**, affecting all areas of life (physical, emotional, cognitive, and even spiritual).

It is a process, so it is implicit time.

In any loss we will need some time to learn to live without the loved one or to adapt to the new situation without what we have lost (either the loss of health, a skill or capacity, etc.).

But it is not only time, **it is a dynamic and active process in which it is necessary to step through a series of stages**.
STAGES OF GRIEF

Shock or denial stage: the aim is to accept reality.

Emotional expression: in which it is important to learn how to manage emotions.

Adaptation to reality: that means to negotiate with life, with the current circumstances, in which there are new challenges, new roles.

And a stage of acceptance and integration: where emotions are calmer, begins again the enthusiasm for living.
A victim of road crash can be faced with the loss of a loved one, a part or the use of a part of the body, a way of life or other things upon which their well-being depends.

Suddenly there is a **strong earthquake in the deepest believes.** Many things are broken and **one's identity is questioned.** Who am I if I am no mother? (for example) or if I cannot do sport anymore.

The plans and expectations regarding the person or the skill lost, disappears. And one faces the emptiness.

One of the **objectives of pisco therapeutic work** is to help realize that despite a road crash is an avoidable fact, we **must assume that the one that affects us could not be avoided.** Another goal is that no matter how the person died, but accept that died.

It is important to **distinguish grief and trauma.**
When we face the abyss it may arise reactions that makes us think we are going mad. These are normal manifestations in front of a not normal fact; they are forms of homeostatic response to an impact.

"The pathological reactions are considered to be the normal way of responding to traumatic events" Bonanno, 2014

Therefore it is important from the beginning, a professional intervention to help normalize these reactions and provide all the necessary information to reduce the sense confusion and disorientation and to assure follow-up if needed.
NORMAL REACTIONS IN GRIEF

Emotional symptoms
-sadness - anxiety due to the absence of the deceased - crying - feelings of emptiness - absence of emotion - irritability - guilt - shame - hypersensibility

Intellectual and behavioural signs
-difficulty in concentrating - disinterest in daily life - temporary imitation of the deceased person’s habits - idealization of the deceased person’s memory - identification with the deceased person - rememorising the deceased person (sounds, touch, smell), as if the person was still there. - preference for places where the deceased used to go, objects which belonged to him (photos...)

Physical signs
-sleep problems (nightmares...) - appetite problems (too little or too much) - weight loss - fatigue - somatic illnesses (asthma, skin complaints such as eczema or psoriasis) - sexual problems

Social and professional repercussions
-isolation - professional under-investment or over-investment
TRAUMATIC GRIEF

We talk about traumatic grief, when the pain for the death of a loved one is overwhelmed by the traumatic stress of their circumstances.

The bereaved person is doubly affected: first, by the loss of the loved one, second, by having survived a situation that was tragic (such as a crash etc.) and unexpected.

In these situations, the symptoms of grief and those of post-traumatic response overlap, making it difficult, if not impossible, to process the situation psychologically.
It is known that not sharing the traumatic events causes that post-traumatic symptoms are prolonged, and creates isolation.

So bereavement groups and self-aid groups are very helpful to find a space to express, where sharing one's emotions, listening and being listened by people suffering similar situations.

THE IMPORTANCE OF GRIEF GROUPS
There is life before the loss and another one which is different, but which can also be full of meaning, after the loss.

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Thank you for your attention

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