Supportive School

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A GUIDE TO

EMOTIONAL FIRST AID

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The content of the guide concerns to the help system and education system in Poland. In the situation of using the guide in other countries, it is necessary to adapt it taking into account the realities in those countries and the available places and help lines.

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1 Introduction

Emotional first aid (EFA) in crisis involves various types of intervention that adults may undertake in response to any behavioral changes in young people that can be perceived as red flags of emotional or mental problems.

Analogously to medical first aid, it should be resorted to in the event of emotional trauma. It is important to note that emotional support can be offered by anyone, including parents, legal guardians, teachers, educators, school counsellors or coaches, as soon as they notice the first worrying symptoms in the child/adolescent's behavior. Similarly to medical first aid, the most important objectives of emotional first aid include:

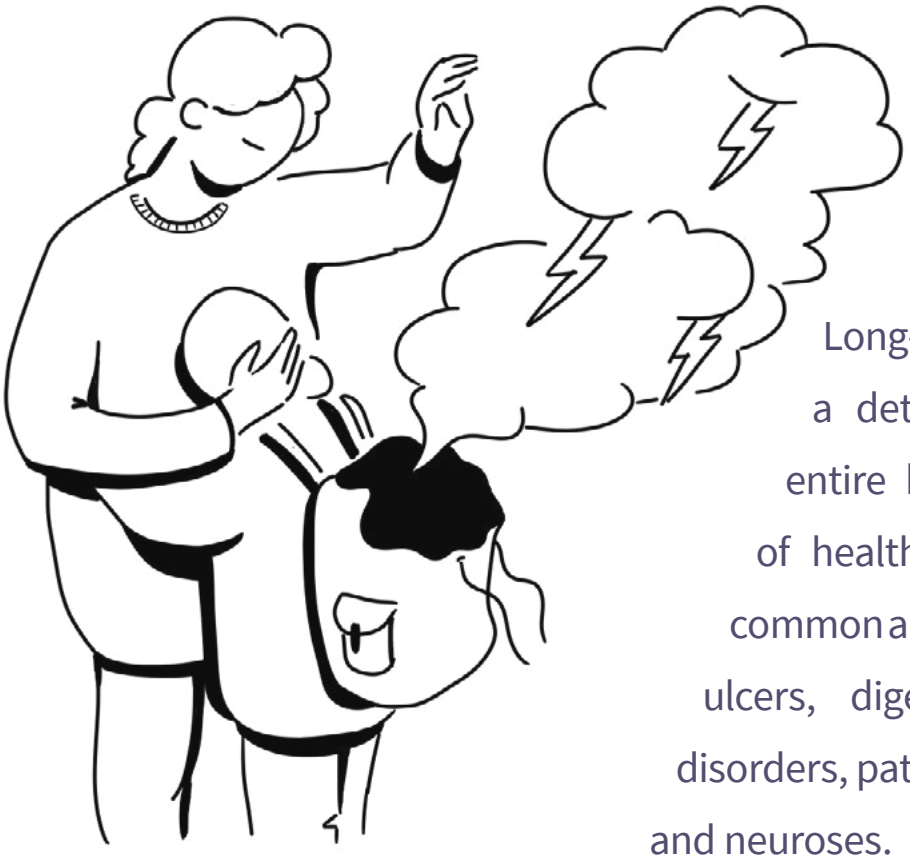
- **acknowledging the young person's needs, understanding the difficulties they are going through and evaluating the seriousness of the situation;**
- **helping them to alleviate unpleasant emotional states;**

- **helping to identify resources and sources of support, choosing the most appropriate forms of assistance and, if necessary, involving other persons or services in providing help (Łuba, 2022).**

Anyone can be an emotional first responder. A young person in crisis is likely to recover if they can rely on an adult with a high level of awareness. Much like in the case of medical first aid, taking action may improve someone's health—or even save their life.

2 Crisis and stress

A person in crisis experiences stress. Stress, in turn, affects the way the brain works. **When you experience prolonged periods of stress, you are not yourself, you stop thinking rationally—some structures of the brain start working differently, contributing to difficulties in coping with problems.** Such biological changes significantly narrow the perception of reality and your reactions to it, which, in extreme cases, can manifest not only as depression and anxiety, but also as a suicidal crisis.



Long-term acute stress has a detrimental effect on the entire body, causing a variety of health conditions. The most common are stomach and intestinal ulcers, digestive and respiratory disorders, patchy hair loss, depression and neuroses.

How does a person in crisis function?

If a person in crisis does not receive the appropriate assistance and experience relief, the crisis may lead to severe functional disorders in the following areas:

1. **Feelings**

—dominant feelings include anger, grief, anxiety, sadness, fear, rage, despair, doubt, powerlessness, loneliness, feelings of isolation, pain, helplessness, guilt, shame, insecurity, hope, doubt, apathy and longing. The realm of feelings is almost entirely dominated by intense and distressing emotions stemming from fear, guilt, loneliness and hopelessness.

2. **Thoughts**

—emerging thought patterns reflect cognitive loss, inability to formulate clear judgments or rationally control the situation, e.g. *It's over. It's hopeless. It's not fair. I can't bear this any longer. I think I'm going to go crazy. There must be a way out. What else could happen to me? I'm useless. It's all my fault. What will other people think? There is no way out.* The ability to rationally assess reality may become impaired and replaced by wishful or catastrophic thinking, including thoughts of resignation and suicidal ideation. A crisis also characteristically limits the person's ability to focus their attention, remember and retrieve things from memory.

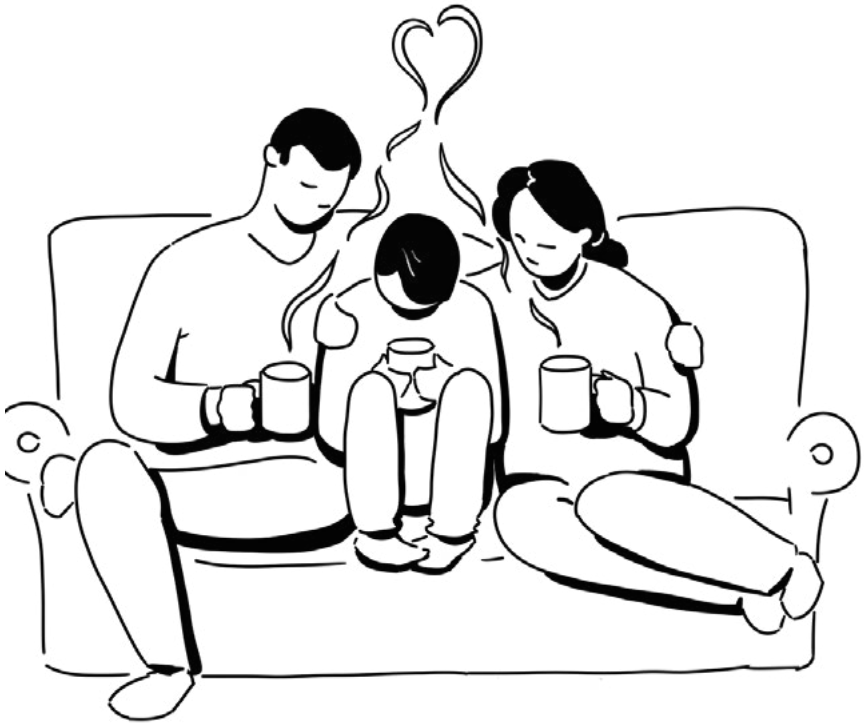
3. Behavior

—often uncoordinated and impulsive, sometimes becoming destructive or self-destructive and may be inconsistent with the emotions experienced by the individual. People in crisis may be aggressive or prone to drug and alcohol abuse; they may withdraw from social contact with other people, are often unable to carry out activities of daily life, they give up pleasure, demonstrate exaggerated reactions, engage in risky behaviors or attempt suicide.

4. Body

—a crisis can also impact the functioning of the human body, which may trigger sleep problems (sleeplessness or drowsiness), eating disorders (reduced or increased appetite), loss of energy, fatigue, headaches, stomachaches, lumbar pain, muscle pain, tension, sweating and frequent infections.

A crisis disrupts a person's emotional balance and the mechanisms they use to cope with difficulties. It also represents a healthy person's reaction to a difficult situation, being both a threat and an opportunity for growth. It offers new possibilities, but also reveals limitations and weaknesses, contains seeds of personal growth, as well as a stimulus for change. It creates an opportunity to take on new challenges, acquire new skills and look for diverse, previously unused solutions (Kicińska, Palma, Witkowska, 2022).



When a child or adolescent goes through a crisis, they do not know how to overcome the difficulties. They feel helpless, lonely and lost, often seeing themselves as the problem and believing that nobody cares about them. They can also go through a period of numbness and feeling trapped by their difficulties, constantly obsessing about whether things will stay like this forever. Most young people, however, hope to get support and assistance.

In such moments, it is important for an adult to help them relieve the tension—this gives you time to react and change how the young person thinks. The next step is developing the skills necessary to cope with the difficulties with support from others.

3 The 4xA principle

Sometimes in life you are confronted with the challenging task of supporting a young person through an emotional crisis. Obviously, you are not expected to diagnose their mental health problems, but there is no reason you cannot provide emotional first aid. It is essential to raise awareness in this regard, as some people feel incompetent or believe they do not have the skills to help children and adolescents to overcome emotional difficulties.

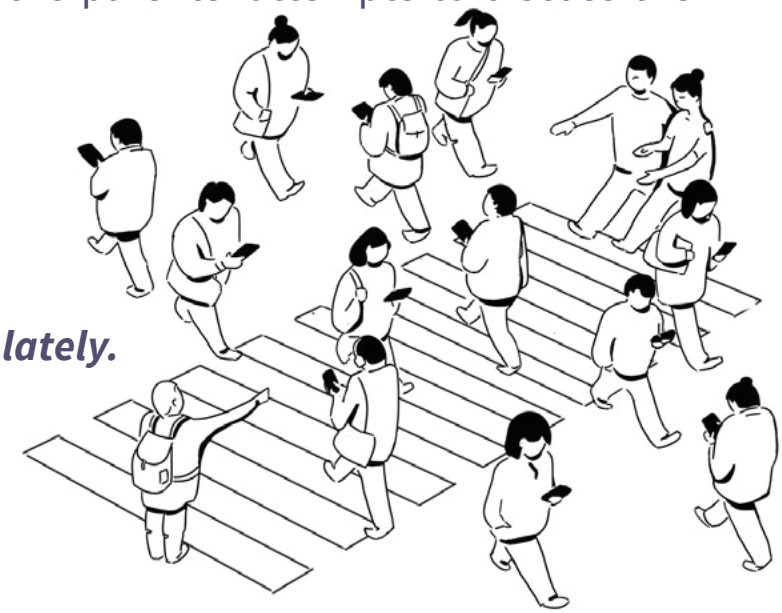
Emotional first aid relies on four key principles anyone can follow:

ACKNOWLEDGE-ASK-ACCEPT-ACT

(Kicińska, Palma, 2023)

ACKNOWLEDGE

Pay attention to any changes in the way the child or adolescent functions and treat them as an important sign that something important, but also difficult, may be happening in their life (Łuba, 2022). Look out for any symptoms of a crisis (e.g. impaired concentration and difficulty memorizing things, as described above), irritability, tearfulness, a hostile attitude towards the world, bouts of crying at school, reacting with anger to a bad grade or to the parents' attempts to discuss the problem (Kicińska, Palma, 2023).



For instance, you can say:

I can see that you have been sad lately.

You haven't been hanging out with your friends recently.

You never leave your room if you don't have to.

At this point, you have the right not to know how serious these changes are and whether they may be a sign of mental difficulties. It is important to take further steps to collect additional information (Łuba, 2022). If you notice any changes in the young person's behavior, acknowledge them without trying to diagnose them. Leave the diagnosis to mental health experts (Kicińska, Palma, 2023).

ASK

Be kind and unassuming—say what you have noticed (step 1: ACKNOWLEDGE) and how it has affected you emotionally. Ask specific and direct questions, such as:

I've noticed that you've been sad lately. I'm concerned about this and I would like to talk to you about how you are feeling.
Have you already told anyone about your feelings?

Observe how the child or adolescent behaves as you talk to them (Kicińska, Palma, 2023).

The child or adolescent who is experiencing difficulties is the most important source of information for you. Talk to them first to discover and better understand their perspective. Kindness, mindful and patient listening, offering short summaries of the statements made by the child or adolescent, as well as probing questions will be helpful (Łuba, 2022).

When initiating a conversation, refer to facts (your observations) and inquire about any difficulties. You can use the modified FUKO feedback model:

FACT–EMOTION (Polish: uczucie)**–CONTEXT** (POLISH: kontekst) instead of **CONSEQUENCE–EXPECTATIONS** (Polish: oczekiwanie)

(Łuba, 2022).

FACT —the young person's behavior you find worrying:
I have heard you say repeatedly that nothing makes sense and that you no longer have the energy to do anything.

EMOTION —Your emotional reaction to the behavior you have observed:
I was struck by this...

CONTEXT —the meaning you attribute to the young person's behavior, i.e. the thing that evoked specific feelings:
...because I think that there might be something serious behind your words and maybe you are going through a difficult time.

EXPECTATIONS —what you would like to ask the child/adolescent to do:
Please talk to me and help me to understand what is going on with you and what you are grappling with.

Another example of a conversation based on the FUKO feedback model:

(F) *We have not been spending a lot of time together lately.*
(E) *I miss that a lot…*
(C) *…and I think that might affect our relationship and make you feel lonely.*
(E) *Please, tell me what you think about it.*

ACCEPT

Discover what emotions the child or adolescent is going through and encourage them to confide in you. During the conversation, demonstrate your acceptance and appreciation of even the most difficult feelings, help to name them and understand them better. In a subjectively difficult situation, the young person has the right to see the world in their own way—in dark colors—experience desperation and see no possible solutions for their issues (Łuba, 2022).

Accepting this gives them a sense of being understood, which is crucial for people in crisis. You can do this by using statements such as:

> *I can hear you are raising your voice and speaking more quickly. You are very irritated by something. Please, tell me what is annoying you most.*

No wonder you are angry when you cannot complete the task on your own.

You must be very tired in this situation.
What is it that makes you feel tired the most?

You may feel lonely in this situation. Whose attention and presence do you miss the most right now? (Łuba, 2022).

I suspect you are afraid you are never going to feel better again. Helplessness and doubt are a natural consequence of prolonged sadness.

If you do not know what to say, state this openly and emphasize how important it is for the child/adolescent to talk about their difficulties.

I appreciate your opening up to me. I suspect it must have been quite difficult for you.

Thank you for sharing your problems with me. I don't know what I can say right now, but it's good that you told me what you are struggling with.

ACT

Encourage the other person to engage in a longer conversation (Kicińska, Palma, 2023) and help them to explore possible solutions. Assess whether they have the strength and resources to overcome the difficulties. Try to find out if there is anything that has helped them so far and whose support they can rely on:

> *What has helped you so far to cope with difficulties?*

> *Who has supported you the most so far? Who can you rely on?*

> *What advice would you give to a friend who is going through a difficult period? What help or solution would you suggest to them?*

Help the young person explore alternative solutions:

> *I have several ideas about what you can do. Would you like to hear them?*

> *Some find it helpful to..., while others...*

> *You can also...*

> *Which of these options do you think is the best one?* (Łuba, 2022).

It is good practice to inform the student about what you are going to do in the near future to help them and let them know what is up to them:

> *I will find out when and how you can contact a psychologist and I will get back to you about that tomorrow.*

> *I can hear how difficult things are for you. I will contact your parents and talk to them about what you are going through.*

> *You can talk to the psychologist on your own or we can do it together. What would you prefer?*

In a situation where the person's life or health is in danger, you are obliged to share the knowledge you have gained with others: parents, legal guardians, educators, teachers, school specialists (school counsellor, psychologist) or the principal. The young person deserves to be told why you are doing this and be invited to cooperate with you to make joint arrangements (Łuba, 2022).

Do not promise to keep the things you have heard from the child/adolescent confidential. Explain that you are open to discussing who should be told about the young person's difficulties and how. When you involve the child/adolescent in the decision-making process, you make them feel that they can influence a situation which, to a large degree, is beyond their control.

In this way, you can foster a mutually positive relationship and increase their motivation to implement the activities you plan together (Łuba, 2022). As an adult, also ensure that you create an action plan, implement it and monitor progress.

4 Depression —what are the symptoms and what should you pay attention to?

Depression is a condition characterized by persistent depressive mood and a range of other emotional, cognitive, behavioral and somatic symptoms.

Understood as a disease, depression belongs to a group of mood (affective) disorders, which cause persistent life disruption and prevent the patient from performing their normal daily activities.

	SADNESS	DEPRESSION
Persistence of symptoms	hours/days	weeks
Sense of being ill	usually absent	present
Disorganization of complex activities	absent	present

It is estimated that broadly understood depressive disorders may occur in 20% of adolescents, while some sources claim that the symptoms may be detected in almost one in three adolescents. For a depressive episode to be diagnosed in accordance with ICD-11 (a WHO disease classification system), at least one axial symptom and at least four additional symptoms must occur most of the day, nearly every day during a period lasting at least two weeks.

Axial symptoms:

- depressive mood,
- diminished interest in life.

Additional symptoms:

- trouble paying attention,
- feelings of worthlessness,
- excessive or inadequate sense of guilt,
- sense of hopelessness,
- recurrent suicidal ideation or thoughts of death,
- changes in appetite,
- sleep disorders,
- psychomotor retardation or hyperactivity,
- lack of energy, increased fatigue.

Symptoms of mood and depressive disorders in children and adolescents

In children/adolescents, symptoms of depression are similar to those in adults, although there are plenty of distinct features characteristic of the former age group:

- sadness, despondency, tearfulness; in children and adolescents, unlike adults, irritability is very often predominant, the child gets angry or distraught easily and may demonstrate hostility;
- indifference, apathy, diminished or inability to experience joy; the child no longer finds pleasure in things or events which they enjoyed before;
- a sense of boredom, discouragement; the child is likely to limit or altogether stop engaging in activities which they previously found important or pleasant (e.g. playing, hobbies, meeting friends) and is reluctant to perform or neglects their daily chores completely;
- social withdrawal, limited contact with peers;
- exaggerated reaction to feedback or criticism—the child reacts with desperation or intense anger;

- depressive thoughts (*Nothing makes sense; I will fail again anyway*), low self-esteem (*I am hopeless, inferior; I am unattractive, stupid*); a disproportionately pessimistic view of reality and one's own capabilities;
- feelings of being useless, disposable; excessively blaming oneself, even for events and circumstances beyond one's control (e.g. blaming oneself for a conflict between one's parents);
- in severe cases of depression, psychotic symptoms may develop, including: hallucinations—mostly auditory, sometimes also visual and olfactory, delusions (false beliefs about oneself or the surrounding world), hearing a voice which is critical of one's behavior and actions and tries to convince the person of their guilt or uselessness, or even orders them to hurt or kill themselves; less frequently—visions of destruction, disasters or the smell of death and decay. Delusions are most often about guilt, sin, anticipation of punishment, a feeling of impending doom and catastrophe. Psychotic symptoms rarely develop in children with depression, but they can occur in adolescents;

- a feeling of anxiety, inner tension; depressive disorders are often accompanied by fear, which is almost constant, of constant intensity, indeterminate; it is difficult to identify its cause or object (*I don't even know what I am afraid of*);
- acting impulsively, without thinking (*I don't care about anything anyway*); drinking, using other psychoactive substances (illicit drugs, "legal highs"), often to alleviate anxiety, tension, sadness;
- self-aggressive behavior, e.g. self-harm (but without the intention of killing oneself);
- an attitude of resignation (*Life is meaningless. What's the point of me being alive?*), fantasizing about death (*What would happen if I died? Everybody would be better off without me*);
- suicidal thoughts, inclinations and attempts (Kicińska, Palma, Witkowska, 2022).

Other symptoms and problems which are not specific to but may be associated with depression:

- impaired concentration and poorer memory;
- psychomotor arousal, often as a result of anxiety and tension—the child keeps fidgeting, is unable to focus on a specific activity, involuntarily engages in pointless activities, such as picking at their clothes, doodling on a piece of paper, biting their nails;
- excessive engagement in certain activities, such as playing video games;
- increased or decreased appetite leading to body weight changes;
- sleeping problems: difficulties falling asleep, waking up during the night, waking up early in the morning, excessive sleepiness.

Eating and sleep disorders are more common in adults suffering from depression (Kicińska, Palma, Witkowska, 2022).

In children/adolescents, depression often presents with an atypical clinical picture. The dominant symptoms include:

- persistent somatic complaints, very often leading to numerous thorough medical examinations that fail to find organic causes for the symptoms, e.g. abdominal pain, nausea, vomiting, diarrhea, headaches, palpitations, shortness of breath, frequent fainting or syncope, bed wetting—this clinical picture of depression is more common in children;
- rebelling against parents or school, violation of rules, aggressive and self-aggressive behavior are some symptoms of depression more frequently reported in adolescents (Kicińska, Palma, Witkowska, 2022).

Treatment of depression

If symptoms of depression are so severe that they impair the child's normal functioning at home, at school and in their peer group, and if they persist for more than two weeks, seek professional advice, preferably from a medical doctor specializing in

pediatric psychiatry. Alternatively, you can start by contacting a psychologist, pediatrician or GP, who will refer the child to a psychiatrist if necessary.

You should also talk to the child about their mood. Sometimes the child may signal that they are unable to cope with their emotions.

You should immediately seek help from a psychiatrist if there is any risk that the child may commit suicide.

Suicide attempts by children/adolescents may be a cry for help and generally result in death less frequently than in adults; however, their importance should not be downplayed.

Treating depression in children/adolescents requires the engagement of parents or guardians, and sometimes even teachers and other caregivers.

Basic treatment methods include non-pharmacological interventions, such as psychoeducation and psychotherapy. However, in some cases, medication is recommended or even essential.

Non-pharmacological treatment methods include:

- **psychoeducation**—providing the child and their caregivers with information about the symptoms, causes and treatment methods for depression, and how to react to specific situations, e.g. when the patient's mental condition deteriorates or an adverse reaction to medications occurs;
- **psychotherapy**—which may involve one-on-one, group or family sessions. It is a misconception that a child's psychotherapy should only include one of these components—quite the opposite, they can be combined for a better effect.

Family therapy is of particular importance, alongside individual therapeutic sessions. On the one hand, the child's emotional problems are bound to affect the experiences and functioning of the other family members, while on the other, conflicts and problems within the family can contribute to the deterioration of the child's mental state. In the case of younger children, effective therapeutic interventions are virtually impossible without involving parents or legal guardians.

- **Group therapy** is particularly recommended for children and adolescents who face challenges related to peer group interactions and often withdraw from social engagement with their peers.

- **Pharmacotherapy**, i.e. the use of medication, should be considered if the severity of symptoms significantly impairs the child's daily functioning and if therapeutic interventions do not yield satisfactory results. Of course this does not mean that it is time to quit psychotherapy! Medication supplements psychotherapy and not the other way around (Kicińska, Palma, Witkowska, 2022).

5 How to encourage children and teenagers to talk about their problems

Children and teenagers are usually reluctant to talk about the difficulties they experience and refuse help. One reason is because of prior negative experience in relationships with adults, especially in problematic situations. In such situations, they often hear their parents, guardians or teachers dispense good advice, such as: *Make a bit of an effort. You have more important things to deal with now. Others are doing just fine. When I was your age...* Even though offered in good faith with the hope of motivating and encouraging the child to act, such advice may cause them to feel dismissed and misunderstood. The role of adults is not to persuade the child or adolescent to see their difficulties differently but to offer complete understanding and support (Baran, Rytel, 2022).

In such a situation, you can say:

> *There is no such thing as big or small problems, every person who experiences difficulty deserves help.*

Many people struggle with problems.

Many people turn to specialists for help.

I don't know what you are going through, but I would very much like to understand.

You have the right to feel the way you do.

I suspect it must be difficult for you.

Talking to somebody may be the starting point for solving your problems.

Sometimes it is enough to talk to somebody once; in other cases, regular sessions over a longer period of time are recommended.

It's better to talk about it and find out if everything is alright, rather than stay bogged down in your problems, pretending they don't exist.

A professional will support you in solving your problems, but they will not solve them for you.

It can also be helpful to:

1. **talk about specific situations:**
   We have not talked for a long time and I miss that a lot.
2. **talk about your feelings:**
   I am happy we are spending time together.
   It's great that you're here.
   You are very important to me.
3. **questions:**
   How are you doing today?
   Is there anything important to you that we have not discussed?
   Have you experienced anything pleasant today?

It is also important to be patient and persistent in trying to establish contact. You can say:

- *You might not want to talk to me right now. If you want, we can talk when you feel more up to it.*
- *I will wait, because I am worried about you and I really want to help you. I really want you to feel better as soon as possible.*

If adults fail to communicate or notice the problem, do not offer support or are not prepared to work together to find solutions, it leaves plenty of room for critical and unpleasant misinterpretations by the young person. These lead the child or adolescent to wade deeper into their problems and the longer they remain stuck without support, the less likely they are to cope

with them safely. This is why it is so important to persuade them to talk about their problems—otherwise, the chances of being able to provide adequate support are slim (Kicińska, Palma, Witkowska, 2022).

The person offering their support may sometimes unwittingly hinder contact and effective communication with a young person in crisis. Therefore, when engaging in such a conversation:

a) avoid giving advice—even if the person asks you what they should do or recognizes you as an expert and wants to know what you would do if you were in their shoes. Do not give advice because:

- **we are only experts on our own lives**—it is your task to show the child that this also applies to them;
- **no one can ever be in someone else's shoes**—even if confronted with seemingly identical situations, they will never be exactly the same. People are like snowflakes—no two are identical;
- this is an easy way to waste a good solution only because you are the one to propose it, rather than the person you are trying to help;

b) avoid talking about your own experience—your experience is yours alone, just like your emotions, thoughts and skills. When talking to a person in crisis, focus on them—on their emotions, thoughts and skills;

c) avoid using specialist language —sometimes industry jargon can unintentionally find its way into conversations. You might use it to present yourself as more of an expert or shield yourself with knowledge. In this way, your contact with the other person is only superficial and not genuine. Bear in mind that many people may simply not understand the specialist language you use;

d) avoid negation—sometimes the other person's reactions may seem incomprehensible or detrimental, or you may disagree with how somebody behaves in a specific situation. Remember that if:

- the reactions of a person in crisis to a particular situation were always comprehensible, there would be no need to talk about them;
- your needs and coping strategies in difficult situations may be different; there is nothing wrong with disagreeing with somebody else's choices;
- everyone is entitled to their own emotions, even if you sympathize with someone or want them to feel better, denying their feelings will not be helpful or bring them the relief they need;

e) avoid demonstrating indifference by:

- keeping silent;

- not asking questions or asking questions which have nothing to do with what the other person is talking about;
- not answering their questions;
- becoming repeatedly distracted;
- thoughtlessly nodding along;

f) avoid sermons—focusing on pointing out the mistakes that have led to the current situation;

g) avoid judging and imposing your own point of view—when talking to a person in crisis, your point of view, opinions or worldview should not be perceptible. They should be replaced by acceptance, understanding and respect, even if you do not agree with the person's values or beliefs;

h) avoid using vague general language—this can lead to a lot of misunderstandings and may imply that the person should not bring up particular topics (Kicińska, Palma, Witkowska, 2022; Kicińska, Palma, 2023).

6 Building positive relationships with children and adolescents

Every adult can take steps to build positive relationships with young people that are based on honesty and interest. **Questions worth asking during everyday conversations:**

- *Please tell me how you feel.*
- *What is your mood today on a scale of 1 to 10?*
- *What good things happened to you today?*
- *Did you experience anything pleasant today?*
- *How important is it to you?*
- *What do you need?*
- *Is there anything I can do for you?*
- *What would you like to change?*
- *Is there anything I haven't asked you about?*

(Kicińska, Palma, Witkowska, 2022).

Remember to treat the difficulties experienced by the young person as a situation where they need the adult's help, rather than punishment, discipline or preaching. Do not create excessive expectations about how the child or adolescent is supposed to act, what they are supposed to say and how, because this might prompt them to hide their difficulties for fear of your disapproval. It is also essential to seek help to understand what has happened to the child and what the consequences might be for them and the whole family (Kicińska, Palma, Witkowska, 2022).

SOME FINAL TIPS:

1. Not all action can be taken immediately.
2. Do not get discouraged if you initially encounter resistance.
3. Show positive emotions towards the child or adolescent.
4. If the young person does not want to talk to you at a specific time—revisit the topic in a few days.
5. Have more frequent but shorter conversations.
6. Listen without dispensing advice.
7. Do not draw their attention away from difficult emotions and thoughts—give them space to express and accept them.
8. Do not try to console them: *It will be alright. Other people are worse off.*
9. Do not take to heart words such as: *Leave me alone. Go away. You are awful.*
10. Do not verbalize your anxiety; opt for the following messages: *I will do whatever I can to help you. I can see you are in pain.*
11. Show unconditional support

(Kicińska, Palma, Witkowska, 2022).

7 Basic communication tools

1. Paraphrasing

A simple statement which summarizes the other person's words.

How paraphrasing benefits your interlocutor:

- they feel understood;
- they can add any important details;
- they feel listened to and can see you are focused on what they are saying.

How paraphrasing benefits you:

- you can clarify if you understood the other person correctly;
- you can correct and specify what you meant in case of discrepancies;
- you can pinpoint the main problem.

When paraphrasing, remember to:

- generalize → be briefer than your interlocutor!
- do not repeat any colloquialisms or swearwords they use;
- use corrective phrases;
- use it throughout the entire conversation (not only at the beginning);
- leave some space for the child or adolescent after paraphrasing (work with silence).

- **Examples:**

If I understood you correctly, you...

You believe that...

You are trying to say that...

Correct me if I am wrong...

2. Reflecting feelings

Focusing on the other person's feelings and emotional reactions.

How reflecting benefits your interlocutor:

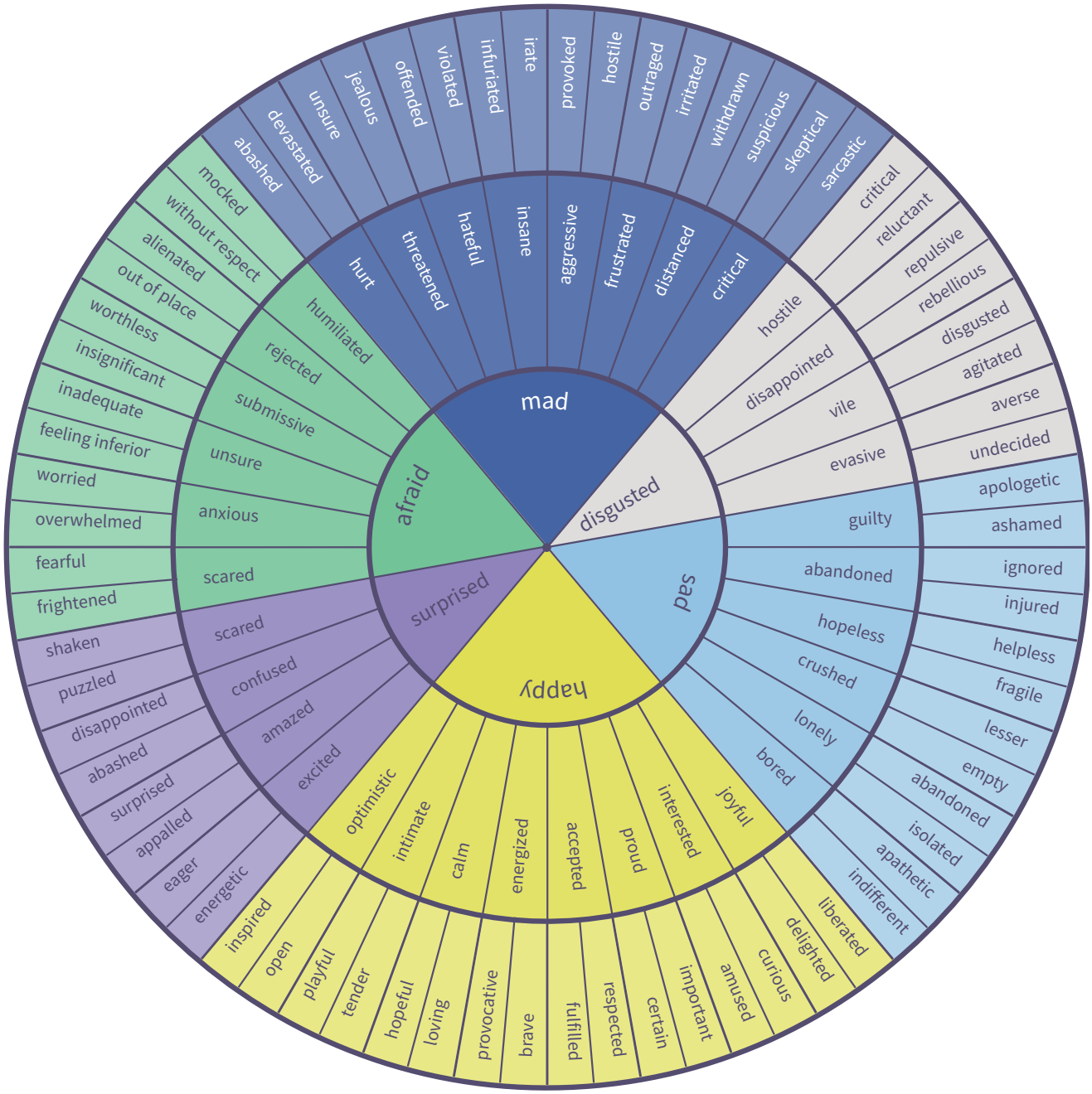
- they feel you are engaged in the conversation;
- they feel you are able to recognize and relate to their emotions and situation;
- acceptance of their feelings and difficulties

How reflecting benefits you:

- you can calm the child or adolescent's emotions, helping them to accept the information you want to share with them;
- you establish a closer relationship with them and gain their trust.

Ground rules:

- use rich and adequate language to name emotions and feelings;



- avoid interpretations—reflections should be in conditional form;
- reflect feelings throughout the conversation;
- connect feelings to specific situations;
- remain emotionally attuned to the person you are talking to (one grade higher or lower);
- react to their emotional state during the conversation.

Examples:

I have the impression that you are satisfied...

I feel you are very concerned about this....

I can hear sadness in your voice...

3. Questions

Collecting information about the person's situation and wider context of the problem.

What do they facilitate?

- better insight into the other person's subjective situation (their feelings, needs, goals, conflicts, etc.);
- better insight into the other person's objective situation (the facts, how the person functions in this situation, how people around them are behaving, etc.);
- encouragement to reflect (self-reflection);
- suggestions, e.g. for a possible solution.

Use:

a) open-ended questions—to delve deeper into the topic, collect information and understand the person's situation:

Can you tell me something more about X?

Do you want to tell me about it?

What happened next?

How did it make you feel?

What made you decide to talk to me today of all days?

b) close-ended questions—when the person says very little, when they are shy and lost, but also when they talk a lot, mention many things but are not very specific:

Did anything happen?
Does anyone know about that?
Do you feel safe?

c) alternative questions —help in understanding the other person's capabilities, expectations and needs:

Would you like to talk to me or would you prefer to talk to somebody else?
Shall we look for help together or focus on the techniques you will be able to use on your own?

d) focusing questions —help to refocus the conversation on the main points:

What does that have to do with this situation?
What are you planning to do when we finish our conversation?

Important rules:

- go slow and point by point—do not ask several questions at once;
- stay on topic—ask about the things you need to know;
- be clear—the questions should be easy to understand (watch out for technical lingo!);
- be kind—avoid "why" questions:

Why are you doing this to yourself?
Why won't you tell me anything?
Why are you blowing things out of proportion?

The word "why" triggers feelings of guilt and makes the other person feel they are being judged. Instead, ask:

***What could have** made you react in this way?*
***What is stopping** you from taking this decision?*
***What has made** you view this situation in this way?*

4. Clarification

Asking for additional explanations or clarifications when you cannot understand the statement; making the topic of the conversation more concrete and narrowing it down.

Examples:

What do you mean?
What do you mean when you say that you have had enough?
What do you mean by "being left in peace"?
Give me an example of...

5. Referral

Encouragement to seek help and support in their immediate social circle.

- Who can help? (family, specialists, institutions)
- How can they help? (intervene, support, treat, teach, inform, conduct therapy)

Examples:

Who is it that always helps you?
Who can you rely on in difficult situations?
How have you coped so far?

(Developed on the basis of materials from the webinar entitled: *"How to help people... over the phone"* delivered by L. Kicińska, 2020).

8 Polish nationwide helplines and websites

„Let's talk about life"
www.zwjr.pl

„Let's talk about life" Consultations with suicidology experts on suicidal risk.

Helpline for Children and Adolescents

tel. 116 111 www.116111.pl

A toll-free 24/7 helpline for children and adolescents experiencing difficulties.

Children's Safety Helpline for Parents and Teachers

tel. 800 100 100

www.800100100.pl

A toll-free helpline for parents and teachers who need support and information about helping children and adolescents who encounter problems and difficulties.

Children's Helpline affiliated with the Ombudsman for Children

tel. 800 12 12 12

A toll-free helpline offering psychological and legal assistance for children and in matters related to children.

Blue Line

tel. 800 120 002

www.niebieskalinia.org

A toll-free anonymous support line for victims and witnesses of domestic violence.

Police Helpline for Preventing Domestic Violence

tel. 800 120 226

A toll-free helpline offering psychological and legal assistance for children and in matters related to children.

Orange Line

tel. 801 140 068

www.pomaranczowalinia.pl

A helpline for individuals who experience alcohol or drug problems and their loved ones.

Drugs—Drug Addiction Helpline

tel. 801 199 990

A helpline for individuals who experience drug problems and for their loved ones.

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Supportive School

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