



**Emotional CPR:
Assisting Others Through Emotional Crisis**

**February 16, 2012
www.emotional-cpr.org**





Webinar Outline

1. Introduction to Emotional CPR (eCPR)
2. Comparing eCPR to the Traditional Clinical Approach
3. Elements of Dialogue
4. eCPR Proficiencies
 - Connecting
 - Empowering
 - Revitalizing
5. Short Video Demonstration of eCPR
6. Open Discussion/Q & A



Archive

This Training Teleconference will be recorded. The PowerPoint presentation and the audio recording of the teleconference will be posted to the eCPR website at: <http://www.emotional-cpr.org/resources.htm>



Questions?

At the end of the webinar, there will be a Q & A session. You are invited to ask questions at any time through the “question” function. During the Q & A session, you may ask a question via the “hand raise” function, if you wish to ask a question verbally. Questions will be taken in the order they are received.



Speakers



Sandra "Sam" Ahrens



Lauren Spiro, MA



Daniel B. Fisher, MD, PhD



Ann Rider, MSW, CPRP



What is eCPR?

a public health education program which prepares members of the public to assist a person who is experiencing an emotional crisis.

Why eCPR:

- There is a vast and compelling need for the general public to learn how to assist any person who is experiencing an emotional crisis.
- Just as CPR (Cardiopulmonary resuscitation) trains people to help someone in cardiac crisis, eCPR trains people to help others in emotional crisis.

eCPR is a form of heart-to-heart connection
for emotional resuscitation.



The three components of the practice of eCPR

C = Connecting with Compassion and Concern to Communicate

P = emPowerment to experience Passion, Purpose and Planning

R = Revitalize through Reestablishing Relationships, Routines and Rhythms in the community



The Origins of eCPR

1. The lived experience of persons who have gained wisdom through their experience of emotional crises

2. Ten components of recovery developed by SAMHSA (Substance Abuse Mental Health Services Administration):

<http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>

- Strengths-based
- Respect
- Hope, and others

3. Crisis counseling following disasters

- Psychological first aid



The Origins of eCPR

4. Trauma informed care

- The person in distress is asked, “What happened to you?” instead of “What is wrong with you?”
- Impact - disconnection and disempowerment

5. Suicide prevention based on restoring hope

- Regaining a sense of possibility

6. Cultural attunement

- Start where the person is
- Attitude of respectful inquiry



eCPR Approach vs. Traditional Clinical Approach

	eCPR Approach	Traditional Clinical Approach
Showing emotions	Emotional response encouraged, but stay focused on person needing assistance	Trying to maintain objectivity and attempt to suppress feelings
Uses of power	Power with; we can figure this out together	Power over; I am going to fix you
Sharing lived experiences	Share as a means of connecting and empowering other person	Keep experience to self – don't share
Belief	Belief that person is a whole human being and can figure it out	Belief that person is broken, and can not figure out what to do without professional help
Use of labeling and categories	Avoided	Recommended
Training	No therapeutic training, only eCPR certification training needed.	Professional training required
Accessible	Lay language, culturally attuned	Professional terms, ethnocentric



Dialogue: Communication Skills for eCPR

- Dialogue is a form of communication that balances power among participants
- Often practiced in groups, dialogue skills give us the tools we need for connection
- Five elements of dialogue are...



Five Elements of Dialogue*

1. Using your authentic voice

Authenticity means we reveal our honest thoughts and feelings to another. To find this authentic voice, we take a deep breath and notice how we feel instead of our thoughts. This is where we will find your deepest truth and most authentic voice. This is “our deepest Voice, which most closely expresses who we are at that moment.”

* Principles 1-4: Isaacs, W. *Dialogue, Art of Thinking Together*; Principle 5: Daniel B. Fisher



Five Elements of Dialogue

2. Listening together:

Dialogue requires that we be willing to enter a neutral place where we suspend preconceived notions about the other participants, where we release any agenda or resistance. Listening together slows us down, takes us deeper into understanding. See if you can be curious about the person who is speaking. What is being said beneath the words? What meaning is the person trying to convey? What's not being said that's important here?



Five Elements of Dialogue

3(a). Respect:

To be able to see a person as a whole being, we begin with respect. Respect is not passive. To respect someone is to seek the whole human being within the current pain. We recognize that, even in crisis, people are not “broken” but can be partners in finding a way to wellness. When we respect someone, we acknowledge that we can learn from them.



Five Elements of Dialogue

3(b). Respecting differences:

B. Recognize that “respect” is not the same for everyone. My respectful behavior may feel insulting to another. Dialogue approaches others, especially others who are different, with an attitude of curiosity; looking for value in thoughts and behaviors different from our own.



Five Elements of Dialogue

4. Suspending belief in our correctness

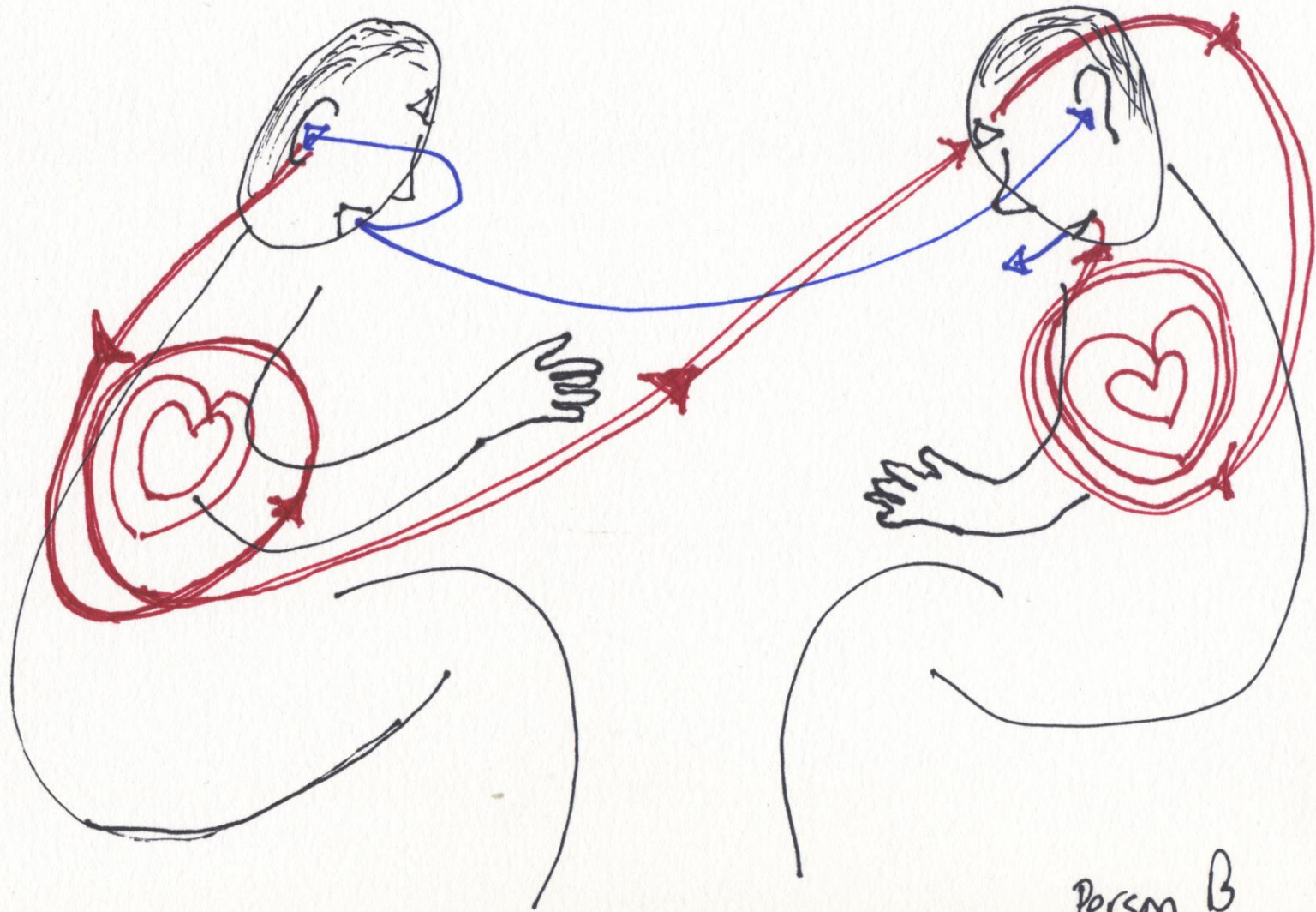
- Dialogue differs from debate in that we have no need to defend our perspective. Everyone's perspective is equally valid. Nobody has to feel defensive.
- While we remain authentic and give voice to our own thoughts and feelings, we don't view them as "right."
- All perspectives are true; everyone's view is equally correct.



Five Elements of Dialogue

5. Dialogue is heart-to-heart

- Dialogue skills lead to connection because we are able to hear each other fully, including the voice of the heart
- One view of this process is that communication is “heart-to-heart” rather than “head-to-head.”
- In other words, we form a deep connection of trust.



Person A

Person B

Two Persons in Dialogue (Andersson, T. 2006)
A is talking to B



Being Prepared to Provide eCPR

Taking good care of ourselves on a regular basis:

- Wellness practices such as exercise and meditation
- Involvement with what supports and nurtures us

Internal eCPR - caring for ourselves in times of stress, and as we assist someone in distress:

- Grounding and centering
- Relaxation and awareness of breathing

Connecting with our intention to open our mind and heart



- **Connecting**

Why is it important to be your real, authentic self?

- Being authentic is a gift. In crisis, it's especially important.
- Often a crisis occurs when we don't feel safe our real selves, and distress builds as we wear a mask day after day.
- When we are genuine, we encourage the other person to feel and be who they really are.
- Being authentic supports our approaching crisis as an opening for growth and change.



Connecting Proficiencies

- a. Cultivating a hopeful and positive attitude towards the future
- b. Willingness to step out of our comfort zone to “be” with another person.
- c. Learning to "be" with the strong emotions expressed by the person in distress.



Connecting Proficiencies

- d. Practicing curious inquiry and open-mindedness
- e. Being attuned to the other person's feelings and emotions while remaining centered in one's sense of self.
- f. Listening and staying present on a deep level



Connecting Proficiencies

g. Taking into account any barriers and opportunities affecting the connecting process.

h. Creating an emotionally safe relationship and communicating care



P = emPowerment

- As the individual in emotional crisis begins to feel safe and is able to communicate it is important that they begin experiencing their capacity to return to life in the community.
- As a supporter we want to invite people to remember that they have power and they can access that power in their lives.
- We are more capable and resourceful than we may feel – this realization enables people to shift from distress to power and passion.



Some em**P**owerment Proficiencies

Demonstrating a capacity to enter into a collaborative “power with” as opposed to “power over”

Facilitating the other person’s access to his or her inner wisdom and tapping into their courage and power

Sensitively reframing crisis as opportunity

Facilitating the person’s planning ability



R = Revitalize

- Soon, we encourage the person to begin to engage in relationships, to resume or begin roles in their family or community.
- “You need to give to life to get a life.”
- Emotional distress provides people with an opportunity to make a change in their lives.
- It may be a time of searching for meaning or purpose.



Revitalizing Proficiencies

- a. Meaning:** Help people to identify the vital center that brings meaning and purpose to their lives.

- b. Dreams:** Encourage people to take small steps in the direction of their dreams.

- c. Relationships:** Facilitate connections in the community to enhance or re-establish roles, relationships, and routines.



Short Video Demonstration of eCPR



A woman angry at her boyfriend, who is helped by a neighbor.



Q & A session

The speakers will now address your questions and comments. You may ask questions either via the “question” function or via the “hand raise” function, if you wish to ask a question verbally.

If we do not get to all questions during this discussion session, questions will be archived and we will respond to you individually.



Resources

Emotional CPR: www.emotional-cpr.org

National Coalition for Mental Health Recovery: www.ncmhr.org

Poem: “Let me Cry” by Micheline Mason. <http://www.emotional-cpr.org/downloads/let-me-cry-micheline-mason-2007.pdf>

Article: “Dialogical Recovery from Monological Medicine” by Daniel B. Fisher
<http://www.power2u.org/articles/fisher/dialogical-recovery-from-monological-medicine.html>

Short Video: Turtles’ Demonstration of R = Revitalization:
http://www.youtube.com/watch?v=Q6Y7iL_BGQk



Speakers

Sandra (Sam) Ahrens

Sam works for Grassroots Empowerment Project providing peer specialist training and technical assistance to peer-run mental health recovery centers across Wisconsin. Her education and career experience include teaching, social work, and advocacy in the areas of mental health, poverty and homelessness. In addition to her own lived experience of mental illness and recovery, Sam's work with people in shelters, mental health and correctional institutions, as well as community-based organizations have led her to have a passionate interest and commitment to eCPR and other practices that promote people being "in full possession of their humanity."



Speakers

Daniel B. Fisher, MD, PhD

Dan's life's purpose comes from his lived experience of recovery from schizophrenia, which inspired him to dedicate himself to helping others find their voice and recover. He earned an MD, and completed his residency in psychiatry at Harvard Medical School and has practiced as a board-certified, community psychiatrist for 30 years. In 1992, he co-founded the federally-funded National Empowerment Center and serves as its executive director. He was a commissioner on the President's New Freedom Commission on Mental Health, 2002-03.



Speakers

Ann Rider, MSW, CPRP

Ann is a social worker and mediator by training, and a writer and gardener by avocation. Using her own experience recovering from psychiatric disability and addiction, Ann developed and implemented Peer Specialist training for two agencies and for the state of Arizona. She worked as the mental health advocate for Arizona's Protection and Advocacy system, and has taught peer support and recovery classes in Arizona, Arkansas, Canada, and New Zealand. Ann is the Executive Director of Recovery Empowerment Network in Arizona, an advocate, and occasionally a faculty associate at Arizona State University.



Speakers

Lauren Spiro, MA

Lauren's vision is to build an inclusive America and as the director of the National Coalition for Mental Health Recovery she advances the values and policy priorities of people with the lived experience of mental health recovery. She co-founded two non-profit corporations and has worked for decades in traditional mental health settings as well as an advocate promoting holistic alternative services and supports. She is an artist, a yoga practitioner, and has run a marathon. She has an M.A. in clinical/community psychology.



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Contact us

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