

Immediate Stabilization Procedure
(ISP®)
Field Manual

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ISP® basic assumptions:

- A. Victim/witness is medically clear. **Take blood pressure and pulse before beginning Phase 1.**
 - 1. The assumption is that the victim/witness is overwhelmed with what has happened and is dealing with a high level of distress and is fully accessing the image of the memory on his own.
- B. Negative Cognition (NC): whatever is said spontaneously- do not ask for NC.
 - 1. "I am in danger," or..." I'm going to die" (might be "My family is in danger").
 - 2. "This is terrible," or "it is horrible".
 - 3. "I cannot handle this".
- D. Positive Cognition (PC):
 - 1. "I am/they are safe now from that event," or...
 - 2. "It's over,"
 - 3. "Even though this is horrible- I can learn to deal with it".
- E. Assumed Emotion: High fear or terror or overwhelming shock and grief.
- F. Subjective Units of Disturbance (SUDs): (0 no disturbance to 10 highest disturbance)
Probably will be 7-10 on a scale of 0 to 10. Can be beyond 10 with either silent terror or screaming agitation, unable to respond to questions.
- G. Body Sensation: Observable body reactions such as muscle tension, catatonia, shaking uncontrollably, rapid breathing, eyes roaming.

Note: Primarily ISP® is used when there is a sense of danger and/or lack of control, otherwise see **special situations page 5.**

Phase 1: Introduction

Introduce yourself to the victim/witness

- 1. **Say**, "Can anyone use my help?" when there is a mass casualty.
- 2. **Say**, "My name is..."
- 3. **Say**, "I'm here to help you."
- 4. **Say**, "What is your name?" _____
- 5. **Say**, "What happened?" (**only need brief description**) *"I only need to hear a very brief description. You do not have to tell me what happened and can still improve."*

Phase 2: Preparation:

Verbal Permission/Informed Consent

- 1. **Say**, *"There is a procedure that could help you. It has helped other people."*
- 2. **Say**, *"I can do this by tapping on your hands, knees or shoulders."*
- 3. **Say**, *"This will help you to feel calmer."*
- 4. **Say**, *"Is this ok with you? I will continue unless you tell me to stop."*

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Say, *"In order to know how best to help you, can you tell me, or just point (on this card) to how disturbed you are feeling now on this scale? 0 means no disturbance, 10 is the worst imaginable. How disturbing is it to you?"* ____

Note:

- If low level of distress (SUDs 6 or under) then apply Psychological First Aid (PFA) and normalization.
- If high level of distress (SUDs 7 and above) then apply ISP®. Once you have started ISP®, continue until SUDs 4 (may continue to SUDs 2 if there is sufficient time).

Explanation of Physical Reactions

- Say**, (state their name if given) *you are stressed right now and that's why your body is shaking so much. It's your body's natural reaction to what is happening."*
- Say**, *"Your heart may also be beating hard and you may be breathing rapidly right now. All of that is your body reacting to what has happened/is happening".*

Non-responsive verbally (Silent Terror or Highly Agitated):

Say, *"I understand you cannot respond yet. I will begin tapping on your hands/knees/shoulders unless you tell me 'no' or raise your hand to stop".*

Phase 3: Stabilization

- Introduce Bilateral Stimulation (BLS) tapping.
- Each set consists of 30-90 passes (right tap, left tap= one pass), one to two passes per second for a duration of 30 seconds to 1 minute. Speed is fast.
Say, *"I will now tap on your hands/knees/shoulders".*
- Begin tapping (BLS).

Note: In the event that the person has a problem with being touched, a pen, tongue depressor, or any other neutral object can be used for **light** tapping. If the victim had been assaulted, consider use of bilateral sounds instead of touch.

- While tapping, **Say**, *"You are here (name the place)." "You are safe and that event is over"* (or appropriate PC). *"Think of being here (name the place), and feel the tapping. You are at (name the place). "You are safe now from that event. That past event is over."* Repeat these sentences as you tap (1-2 minutes).
- Say**, *"Take a breath. Let it go. What are you noticing?"* ____ (a word or two) *"Go with that".*
- If responsive**, **Say** *"Go with that"* and continue to Phase 3.7.
 - If non-responsive verbally:**
 - Say**, *"I understand you cannot respond yet - that is ok - I will continue to tap."*
While tapping, **Say**, *"You are here (name the place) and "you are safe" and/or "the event is over". (or appropriate PC) "think of being here (name the place) and feel the tapping. You are at (name the place). "You are safe now from that event" and/or "that past event is over". Repeat these sentences as you tap. (1-2 minutes).*
Say, *"Take a breath. Let it go. What are you noticing?"* ____
If still not responding, repeat the above paragraph. May take several sets - repeat until responds verbally.
 - When responds verbally, go back to **Phase 1.2 and continue on from there through Phase 3.8.**
- Continue to repeat Stabilization Phase 3.4 through 3.6 as long as the victim/witness remains agitated.

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8. Being able to communicate and recognize current safety is the goal of the stabilization phase.

Say, *"How disturbed you are feeling now on this scale? 0 means no disturbance, 10 is the worst imaginable*

Point to SUDs card.

SUDs 7, or greater, go to Phase 3.4 and repeat from there.

SUDs 6, or below (if there is time and availability, try to reach SUDs 2), go on to Phase 4.

Note: In ISP® do not ask the victim/witness to think of the incident.

Phase 4: Strengthening of the Positive Cognition

1. Assess the victim/witness' awareness of current safety, location, and presence.

Say, *"Where are you now?"* If they state they are located in the past event **Say,** *"You are (wherever they are) Now (the date and time)."* And go back to phase 3.4.

2. When the victim/witness states the experience of being oriented, say the following:

- a. **Say,** *"Are you able to recognize that you are currently safe and the event is over now?"*

- b. If unable to recognize current safety or that the event is over, go back to **Phase 3.4** and repeat processing.

- c. If victim/witness is able to recognize current safety, location and presence,

Say *"notice that"* and do a single set of BLS to strengthen.

Phase 5: Body Scan

Body Scan is not formally done but the ability to verbalize, cessation of shaking, eyes focused and alert, and noticeable calming of the body will indicate an ability to move to closure. It can be seen as normal for many people to be agitated up to 2-3 days following a traumatic incident.

Phase 6: Closure

1. **Say,** *"It is common to have a reaction to what has happened. You might experience images of what happened, difficulty sleeping, and a number of emotions such as distress, fear, or anger. You may notice that you are more jumpy. If you find those symptoms are not lessening or are lasting longer than 2-3 days, we can direct you to those who can help you handle those reactions."*

2. Measure blood pressure and pulse.

3. Provide them with contact information of others who can help.

4. **Say,** *"Would it be ok for us to contact you in about a month to see how you are doing?"*

If agrees, take down info:

Name _____ Phone _____

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SPECIAL SITUATIONS

A. **Victim/Witness Is Concerned About Control/Choices In The Future:**

1. If the victim/witness says: "But it's still dangerous and another (earthquake, fire, or tsunami, for example) can happen when I leave here," **say the following:** *"Yes, in the future there are many different things that can happen but what we have found is that letting yourself be in the present – here right now -can be helpful to figure out how to deal with those later situations even if it is 5 minutes from now."*

Can you let yourself realize that at this moment you are here and safe now? Because you are safe, right now. What happened is over. We can try to figure out a way to make sure you remain as safe as is possible, but for now just notice that right now you are here and you are safe. All these other things can be dealt with much more easily when you can let yourself just be here, safe, right now."

2. Add BLS.

B. **Sometimes A Person Needs To Be Reminded Of Real Life Solutions:**

1. **Say,** *"What have we been taught to do to keep ourselves safe (when we hear the tsunami warning)?"* Wait for a response, or coach a response (provide recommended information), and then **say,** *"Just think of that."*
2. Add BLS.
3. Once ISP® stabilization has been established and future possibilities have been considered, **DO NOT RETURN** the focus to the original incident. Instead, proceed to closure (**Phase 6**).

C. **Victim/Witness Moves Into Responsibility Concerns (one of the most difficult issues to address):**

Note: Within the time frame that ISP® treatment allows, it is very difficult to find a true, positive cognition when dealing with issues of responsibility. Therefore, after acknowledging the issue of responsibility, it is deferred for now. It will be dealt with at a different time. In ISP®, we then return to the true situation, that no matter how horrible this is –and it is- this event is over. This becomes the first step in the direction of dealing with any of the other issues or actions they may need to address later.

1. Should the victim/witness express comments that reflect self-blame, or a shift to the domain of responsibility, **Say,** *"At times like this, it is common to look for someone responsible for this terrible incident. You might blame yourself or blame others. But right now, whatever the reason that this happened, even though it is a horrible thing that happened, it is over. It is over now."*
2. Add BLS.
3. **Say,** *"For whatever reason, it happened. It is horrible. But you can be here at this moment. Recognizing you are here now can help you deal with the other things you will need to do later. If this issue remains it can be addressed at a later time."*
4. Go back to Stabilization Phase 3.4 and continue through closure.

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