

The ART of Green FLAME

<http://tinyurl.com/ART-of-Green-FLAME>

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“Green Dot” situations are ones that revolve around participants who are in unusual states of mind: grief, disorientation, fear, confusion, sensory or psychedelic overload, and a wide range of related states that are fueled by the intense and challenging nature of Black Rock City.

The Black Rock Rangers have developed experience in the successful navigation of these states over many years of practice. Those skills are grounded in and are an extension of the core Ranger skill set that all Rangers have experience with.

This document attempts to convey that extension so that Rangers can recognize how to use and develop skills they already have to be able to handle a wider range of participants having inner crises in Black Rock City.

This document is a reference manual for some of the core skills used by Green Dot Rangers. It is intended primarily as a self-study guide; perusing it with other Rangers during a 2-hour block of a ROM and trying a few of the exercises is great - so it using it for source material for longer trainings and casual ranger gatherings. There is more here to study after the ART-period is over.

This is a compilation of our best material in Green skills over the last several years. There is a lot of it! When time is limited, make sure to get the major points for each of the five letters in the acronym. The rest of the material has either been included later in each of those sections, or at the end as supplementary resources.

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Introduction

Those who are not confident in handling the intensity of these situations sometimes see others who willingly walk into them and leave peace in their wake as practicing a kind of magic. **The more experience a Ranger develops in this work, the more they realize that there is no magic** - only the application of good sense and kindness that are the hallmarks of Ranger work in any situation.

The difference between this and most Ranger work is largely in the patience required to meet participants who are far from normal conversational capability where they are, and to offer them respect and the same kind of immediate practical support that any caregiver would provide to someone of reduced ability to care for themselves.

What we need to offer them is absolutely NOT magical transformation - it is a sane advocate in an unstable time. That, by itself, is already enough to trigger remarkable changes in many participants.

We do not always succeed in bringing peace and often cannot tell in the moment how much our support means to a participant in crisis. By offering practical support and compassionate presence, we already change their experience for the better, and “kicking it sideways” is always available when an individual Ranger finds themselves at a loss for what to do next.

This Advanced Ranger Training module uses the familiar framework of FLAME to orient veteran Rangers in how to approach and support participants who are experiencing inner chaos.

The following list are some of the things that can be useful to develop:

- A calm, non-judgmental manner when dealing with highly emotional states
- Keen knowledge of must-reports
- Ability to ground yourself emotionally
- Ability to hold a grounding example for others
- Sustainable empathetic response
- Understanding of personal boundaries, and the ability help others find their own
- Mastery of the open-ended question
- Able to summon your compassion at will, even in extreme conditions including stupidity
- Communicate well with Law Enforcement (LE), ESD (Emergency Services Department), including the Crisis Intervention Team (CIT) and hold space for them to do their work
- Self-care awareness
- Sense of humor and an appreciation of the absurd side of life

“Green-fu” is just an extension of standard Ranger skills. The best “magic” is just being kind and Ranger-ly with people who are having remarkable experiences. FLAME is already a great framework to discuss the techniques needed for participants in inner chaos.

These themes of focus, as with any other kind of FLAME, will not progress sequentially: “Fa la-la-la

la, la-la la lame". Pay attention to them in order as you progress through the call, but expect lots of cycles between various parts in no particular order once the situation really gets going.

Some of the exercises and materials go pretty deep. These can be valuable in developing your perspective and mindset before diving into intense work. However, it is uncommon to use them directly with participants. Stretch your own understanding of mental spaces, but stick to methods of support that seem simple to you when dealing with a participant in chaos.

Compiled from material originally presented by BlackSwan, DuneyDan, Grim, Kamshaft, Paragon, Roslyn, Tanuki, Twilight, and Weebles.

Some important ideas have been retained in each of the sections they were originally presented. Please consider the emphasis intentional.

Find Out

... for yourself what the situation is:

- **Stay safe.** Always know who is directly watching your back before interacting with someone who is distressed and disoriented. Hunter S. Thompson said “*You can turn your back on a person, but never turn your back on a drug.*”
- Don't take someone else's diagnosis: most of us and many of our peers are nowhere near as accurate telling one crisis or drug from another as we think. There's no need to pin down the particular sources at this stage anyway. Observe their behavior, demeanor, and speech and **avoid preconceptions about the root causes.**
- **Keep an eye out for medical needs.** Any doubts about their ability to keep breathing require immediate resources - an emergency must-report like any other. Inability to speak should similarly be evaluated by a professional. The most difficult to catch of the important medical needs are diabetes, stroke, and epilepsy. When in doubt, get them checked out. It's often good to ask if there are any medications they normally take, and if they have taken them recently. When did they last have food?
- Learn any details that will help **identify them in the future, and reintegrate them in their home communities.** “What can I call you?”, “Where is your camp?”, “What do your friends and family call you?”, “Where are you from?” are all good questions - just don't badger them with all of them at once. As detail emerge, follow up for specifics.
- Ask if they've had **previous interactions** with the event staff or emergency services. We see a lot of frequent flyers, and are often seeing only a small part of the puzzle. If they've had medical support, or a run-in with Law Enforcement in the last few days, those are valuable pieces of context that can quickly inform what they really need now.

Some things you might do on a Green call:

- Sit, walk, or talk with a participant who thinks his face is melting off.
- Help someone who has been lost on the playa for three days and can't stop crying... and only speaks French.
- Have a conversation with someone having a relationship crisis.
- Talk with someone who has just been raped or assaulted.
- Talk with that person's campmates.
- Talk to a domestic violence victim.
- Narrowly miss sitting in a pee puddle.
- Clean up body fluids.

Remember that Ranger calls are NON-LIFE-THREATENING, and Green Dot calls include

- Non-life-threatening emotional or interpersonal issues
- Non-life-threatening mind altering drug issues

If there is any reason to think that it could be a life-threatening situation, kick it to the right team by calling Khaki and requesting whoever's appropriate - ESD, CIT, LE

Encourage participants to describe what's going on: what they see, hear, and feel. Let them draw or write to help them get it down and all out of their system. If they are with another person, ask them if they feel comfortable having that person remain with them, a question which is best asked in private.

If they make strange or patently impossible claims, don't argue with them; instead ask them questions in a calm way to help them find their way back to a consensual reality. Allow them to elaborate upon possible meanings; respond to questions in a way that gives them more room to explore their trip and their emotive and experiential state. If the participant becomes agitated, remain calm; they will be looking to follow your example and may be testing you, their "solid" object. This is normal behavior for participants in this state of mind.

Medical Situations

If there is ANY reason to think that the participant has a medical issue, do not hesitate to call Khaki and request a Medical Response using the LOGIC-B.

L	Location	
O	How Old?	
G	Gender	
I	Illness / Injury	<i>Use a simple description</i>
C	Conscious?	<i>Being unconscious is a medical emergency!</i>
B	Breathing?	<i>Difficulty breathing of any sort is a medical emergency!</i>

If the participant is a danger to themselves or others, call Khaki and request a CIT and LE response, as well as a face to face with the Green Dot Coordinator. Do NOT put yourself in harm's way.

There are a number of medical conditions that can mistaken for pharmacological use. If you see signs of any of these, call for a medical response.

Stroke If they have any difference between the left and right sides of their body: weakness, drooping, a crooked smile that doesn't stop, different pupils, or like that - get medical attention immediately. Those are signs of brain injury, and fast treatment is critical.

Diabetes People in an insulin crash may look like belligerent drunks, and on-playa the usual sweat-signs may not be evident. Some clues that this is the real problem include their campmates saying how unlike themselves they are acting; the "drunkenness" keeps increasing quickly, even though they obviously aren't still drinking; medical bracelets / necklaces are a great clue; if you offer them sweet or carby snacks and their mental state improves quickly. In any of these cases, including improvement with food, get them checked out medically. You can also ask them (or their campmates) - "Do you have any history with diabetes?" Prompt medical care can avoid serious problems.

Epilepsy The effects of a seizure can be hard to read - they may just seem very withdrawn and "out of it", not thrashing nor twitching. There is no great way to recognize this source in the field, but they or their friends may be able to answer "Do you have any history with epilepsy?" ESD should be called to check out someone experiencing a seizure.

Dehydration and electrolyte imbalance If a person is low on either fluids or on electrolytes (the result of drinking too much water and not eating enough food), they can become altered. Find out from the participants or their campmates how much they have had to eat or drink and if they have been urinating normally and if they noticed if the urine was dark yellow or cloudy.

The goal is NOT to provide a diagnosis, but to develop a sense of when someone is acting drunk, high or belligerent could mean "get a professional medic here fast".

If you suspect any of these causes or anything that leads you to believe that medical help might be needed, call for medical immediately. It is much better to call for medical response and then cancel than to wish you had called ten minutes earlier.

If you would like a medical volunteer to give their input on whether or not the participant needs to be evaluated further, you can call for a “welfare check”. For these calls, they can help you decide if the participant needs to be examined by a medical volunteer.

Listen Actively

... let them know they are being heard by someone trustworthy:

- This is the most powerful thing you can do - let them know **they are not alone in the crisis**. The simple fact of another person's compassionate, attentive presence can make a world of difference. Don't commit to outcomes, but do reassure them that you're happy to be listening to them. E.g. "We take turns going out to the edge to see who needs help; you found us tonight, we were just waiting to see who would come by."
- **Be compassionate**. Offer observations, not judgements. Dig deep for your own patience. Remain aware of your own breathing. You can't tell someone to calm down, but your own performance of calm can reassure them. What would it be like to be experiencing that kind of confusion from within it? Be glad you can help from the outside. It may not be obvious how much your attention means to someone having a bad day.
- **Be genuine** - this is no time for games. People in crisis can be acutely sensitive to false fronts. If you can't remain engaged with a particular participant, hand off to someone who may connect better. Be aware of how they see you, and make use of that.
- Reflecting to them what their external reality helps them distinguish for themselves the difference is between their inner world and the one they'll later wake up in. A **reality-anchor** who is attentive, compassionate, and genuine is all many emotional crises need. Let them know, slowly, that they have that in you. E.g. "You seem confused and a little scared, but I don't think you're in any immediate danger. Would you like to go somewhere more safe with me?"
- They may try to test you, or even entrap you, in their confused structure of the world. **You don't need to play along to remain engaged** with them. You may be more "solid" and valuable if you don't, without rejecting them. Don't accept false dichotomies: when presented with an either/or question, it's often a great idea to give them answers that are part-some / part-the-other. E.g. "*Do you believe what I've told you?* I believe you're sincere about it, and many of the themes you've talked about are ones we can almost all agree about; some of your personal private knowledge is outside my ability to judge. Fortunately, I'm here to help you, not to judge you, so I don't need to have an opinion about it."

Listen to the participant in front of you. Listen. Don't interrupt. Wait until the end of a story or a pause in the story to ask a question, clarify a point, or consolidate information. Participants in emotional crisis want an opportunity to talk at length about what they're thinking and feeling. Give them the time. Be aware of body language and gesture; this can provide important clues to a

participant's actual state of mind. Be open, but not coercive or overtly directive. Let the participant tell the story in their own time and style. Give the participant an opportunity to talk in private if desired, away from significant others, friends, and/or campmates. Be aware if whether the participant may want to speak to a Green Dot of a particular gender. This is especially true if sexual assault is a factor. Offer the participant water, a place to sleep or simply stretch out if cots are available. Particularly sensitive Sanctuary guests may be housed in the adjacent tent.

Of course, your first goal in listening is to provide emotional support to the participant. But another important goal is to gather information that may be helpful as we figure out how to care for them. This could include information like what happened, who else was involved, where they are camped, whether they have friends on playa, and pre-existing medical or psychological conditions, etc. Some of these things you may be able to verify, some you probably won't. Take notes so that this information can be shared with other Rangers and care providers.

Listen to yourself. Be aware of your own emotions. Your feelings of sadness, anger, anxiety, fear, or happiness are often the first clue that a participant is communicating an important emotional message or getting to the heart of a problem. Avoid the trap of quickly acting on your emotions or becoming fixated upon your own response. For example, if you find yourself feeling angry, don't tell the participant you are angry; instead use your feeling of anger as a cue to find out more about what the participant is saying. Remain focused on the participant at hand. Don't assume you know where the situation is going; even if you do know, continue to act and respond as though you don't (up to a point) or the participant will feel patronized.

Reflect thoughts, feelings, and behavior. Reflection here means re-stating what a participant has said using their own words and phrases. Reflection tells the participant that you are listening and care, giving them permission to discuss sensitive topics; it allows the participant to listen to their own thought processes and stories, heightening their self-awareness; and it allows the participant to confirm, correct, or amplify upon your understanding of what you have heard and seen.

Remain grounded. Those in an emotional crisis or mentally over-stimulated by some substance often reach out towards anything they see as "solid" in order to reorient themselves with the world. They may vary their behaviors in an effort to cause you to react: they'll alternately be babbling and then silent, test your boundaries with friendly overtures and then be stand-offish, or even act spitefully towards you. Your job as a good conductor of emotions is to remain "solid;" that is, to remain of this reality, not theirs. You are the bridge between their unaltered perceptive self and their current altered perceptive self. Be engaged, but don't try to act as though you are there with them. If the participant is experiencing the distorting or confusing effects of a particular substance, provide continuous assurance that the experience is temporary.

Exercise: Sharing a Loss

Have people find a partner and choose who will be A and B. Explain the following:

Listening--without interrupting, without being distracted by our own emotional response or need to do something for the speaker--is a skill necessary for communication and emotional support. In this exercise we will learn more about our personal challenges which make it difficult for us to practice the basic skill of listening empathically.

- *First, person A will tell person B about a loss they've had in their life.*
- *Person A will talk for 2-3 minutes while B listens without interrupting.*
- *Next, B will talk for 2-3 minutes while A listens without interrupting.*
- *Then A and B will take a few minutes to discuss the experience.*

I will keep time for you.

As we listen, we may use no words. We can say "uh-huh" or "mm-hm", but no other verbal response. We can use eye contact, nodding, and facial gestures, but we may not touch the other person.

As the listener, we will learn more about why we want to interrupt. Because we must remain silent, we will have to set aside our need to speak, our need to act on emotional responses. Hopefully, we will begin to identify opinions or feelings that can interfere with listening.

As the speaker, we will experience being listened to in a way that allows us to tell our story freely. This might challenge our need for listener input.

Take a moment to reflect and choose a loss that has had a meaningful impact on your life. You may choose not to use an experience that is still too recent or painful. It could be the loss of a loved one, pet, job, home, dream, etc. Choose something you can talk about for 4 minutes.

Have people spend a minute thinking about what challenge they will share. Give person A 2-3 minutes to speak, switch. The facilitator keeps time and announces, "now you should switch, and the listener will become the speaker, the speaker becoming the listener..." The facilitator should give a 30-second warning before time is up so that no one feels cut off. When announcing the 3 minute discussion time, offer the following guidance:

Now, A and B discuss what that experience was like. What was it like for you to tell your story uninterrupted? How could you tell your partner was (or was not) listening? What feelings came up as you listened? What did you want to do or say while you listened? What made it difficult for you to listen?

If there is time after both person A and B have taken turns sharing about a loss and acting as the

listener, and have had the opportunity to debrief about their experiences, it might be valuable to invite a couple of people to share their experiences with the group at large (honoring confidentiality).

To close, allow trainees to notice that we have the power to be extremely effective and present for another person without even saying anything at all.

This exercise reminds of the power of silence. However, this is just one way that we can offer support. There are many times, especially when we first meet someone and we're trying to feel safe with one another, when it's important to share back and forth. But whenever the other person chooses to open up, we need to monitor our own talking so that we do not interrupt or interfere with their process. The important thing is to take our cues from them and to be in tune with when to give and take in the relationship.

Getting solid with “It’s not about you”

- Some ideas on approaching a participant: We know to ask to touch them. We can also ask if they'd like some company, like to talk; ask how they'd like us to be with them, as a listener, a sounding board, peer advisor....
- Try gentling your word choice: Rather than saying things like “You should...”, ask if they “would consider...”
 - “Would you consider picking this conversation up again later, after you try closing your eyes for a while?”
 - “Would you like to try on the idea of letting go of your anger about that?”
- Cultivate awareness of the desire to use examples from your own life when something the participant says stimulates your desire to talk. Building awareness of your feelings of stimulation goes a long way to gaining skill in knowing when sharing your examples could build trust and rapport - maybe your solution would work for them?! and when you just feel like sharing your own story too.
- Let go of attachment to outcomes. It’s not your job to solve their puzzles. Which leads to:
- Agency! (Jargon alert! Agency: The capacity to make one’s own choices)
 - They’ve got it. Don’t take it from them - help them realize it’s theirs.
 - When you “fix” someone’s problem for them, you take away their agency. For a person in real or perceived crisis, that’s frequently the worst thing you can do.
 - Usually, people want and need to retain their agency.
 - Sometimes, people really want you to take their agency:
 - Make a decision for them
 - Reinforce a prior decision (like not eating ice cream, not smoking or drinking)
 - Fix their problem
 - For severely altered participants who have become a danger to themselves or others, be aware that they both functionally and legally lose that agency. These cases require the attention of CIT, LE, the Green Dot Coordinator, and Khaki and may result in a Legal 2000 (5150), a short-term involuntary psychiatric hold.

Being (and staying) present

- Being 100% present is about all of you being engaged with whoever you're with – and being in the moment.
- It is NOT necessarily a 100% focus on the person you're with at the time. This may drive them away or creep them out.
- It IS about learning how to calm and soothe yourself so you can:
 - Fully **listen** to others
 - **Think** and **respond**.
 - **Connect** on a deeper level.
- For the rest of the day, try these:
 - Focus on your breath. A trick to dealing with anger and stress: see if you're holding your breath. If you are, finish letting it in or out, and focus on good, consistent breathing for a few minutes.
 - Focus on what's right in front of you. Or around you. Or on you. Listen to the sounds around you. Feel the fabric of your clothes and focus on how they feel. Use the feeling of the ground below you, or the sun or rain and how they feel on your skin to connect with the present. If you're walking, find your feet and stay where your feet are.
 - Pick up the vibe from other present people.
- We say that we just find Rangers and give them hats, but tend to gloss over the fact that Rangers tend to live their default lives in such a way to have a hat-shaped head - which means years and years of practice - being themselves. We can't wave a magic wand and give you the uber-power of 100% presence over the course of one training.
- So try this at home:
 - Practice becoming more aware of your own level of presence as you go throughout your day. Make a point of checking in with yourself.
 - When you talk to someone on the phone, try to focus on their words exclusively and don't do anything else while talking.
 - When you engage with someone in person, practice being still and listening. You don't have to engage and respond right away, after all you're not in a tennis match with them – you're in a conversation. Silence and pauses are okay.
 - Don't walk away in the middle of a conversation. In other words, don't end the conversation prematurely. Make sure the other person feels they got their point across and feels heard.
 - Instead of multitasking, embrace the idea of sequential-tasking. Whatever it is you're doing or involved in, commit completely to it. Then disconnect and move to the next thing and fully connect there.
 - Try being present with someone else in 100% silence - for example, take a walk - without either of you saying a word, while being present the whole time.

Holding space.

Holding space is a term we bandy about all the time. But what do we actually mean? It has strong components of other things we know to do as rangers, it's not about you, Situational Awareness, being present, self monitoring, Agency.

We keep saying that we're not "Guiding". Guiding can assume the person *can't* find their way out of their situation. With Holding Space, we try to sit in the calm faith that they certainly can. It's holding the calm, the confidence, the patience, that things will work out fine, that you are solid enough to hear whatever they have to speak, or sit for hours without speaking.

Over the course of living a life, we each get tangled up in our brains sometimes. It can be wonderfully helpful to sit peacefully as they figure it out; unbothered by their messiness, their imperfection. You're not going to be pulled down by their attempts to pull themselves up, and you radiate quiet confidence that they can, in fact do it (whatever 'it' is)

They can relax into their own process, safe in the space created, any pain they need to share is consensual, (expand on this) any rude turn of phrase is understood to be venting. They can explore free from having to worry about being judged or changed. (They might still worry you're judging. If this seems to be the case, you can say something like, 'We all have stuff to process. You're safe here, now. Go for it.' The words likely don't matter as much as the way in which they are conveyed.)

You don't join them in the emotions they're feeling. Some people have rarely experienced this, and might mistake it for lack of interest or lack of empathy. They might have gotten used to 'level of upsetness in a partner correlates with level of caring'. This is a nasty fallacy.

While it's not about you, it is wise to set yourself up some safeties when holding space. Perhaps visualize the worst of it rolling off, or passing through you, perhaps give yourself little pep talks along the way, and remember, you might need to clear yourself of it after.

Decompress by talking to a Green Dot, write it out and burn it, or whatever works for you. You're a guiderail, not a safe deposit box. Also remember, this is a practice. If you find yourself unable to hold down this safe ground after a while, maybe because of the subjects that have come up, maybe because this person is altered, and you've been going for 9 hours now with no end in sight, whatever. It is ok to hand them off. Of course, not by drop kicking them sideways, but by gently transferring them to another Ranger. If you realize you need to do that, and you do it well, you haven't let them down, you've held them safe.

LISTEN: Summary

The most important Green FLAME skill is Listening.

Participants in crisis often have an acutely keen sense for immediacy and sincerity. You need to bring your full authentic presence and focus to the situation. Balancing that with your Ranger radio skills can be the hardest part of the job - when you can, let your partner monitor the radio while you work with someone in crisis. This is a good thing to decide before you engage with the participant if you can.

The simple fact that someone safe, sane, and sensible is paying close attention to them provides a powerful anchor in their internal turbulence. It can be hard to remain focused there, but compassion and patience are critical.

You don't need to "talk them down", and attempts at manipulation usually backfire. Neither confront

nor confirm their unrealistic perceptions. Instead, keep your own center and make your heart available to them. Reflecting how their situation seems to a sympathetic and balanced peer back to them is often immensely powerful.

You may not see the effect of your compassionate presence in their immediate presentation, but we are social creatures, and do not fail to notice when another human gives us their focused attention. If that attention is genuine and benevolent without attempting control, the internal effect can be powerfully reassuring.

Beyond that, as you gain input from the participant, there are a wide variety of considerations that can make a difference. These will be discussed in more detail later in the training session and make for great conversation between calls when you're working with other Rangers.

For example:

- Awareness of gender complexity and reactions
- Attention to environment around you, including the content and emotional tone that could affect the participant's state of mind (sounds, pictures on the walls, any symbology, etc)
- Understanding the wide range of responses that participants can experience from the same physical, chemical, or psychological stressors.
- Assessing their history in the situation can make critical differences - what is their experience as a burner, and community of support both locally and at home?
- What medications have they taken, or not taken?
- What powerful psychological events in their past have memories of been triggered?
- What kind of framework for understanding do they bring to their experience?

Analyse the Need

... what will make the situation better?

- The goal is to get them **reintegrated with a supportive community**. This is a catch-and-release game. What do they need before they can safely return to participation without Ranger support? We just need to support them through their crisis; don't try to "talk them down" to a baseline that much of the City may not share anyway, nor to maximize the value of the experience.
- **Care for the body to care for the mind**. This is the most quick and powerful "magic" in the kit - if their body knows it's not dying in the desert, their emotions can wind down and their train of thought will settle down with them. You don't need special "talk" to settle a disordered mind - see to the person's warmth, hydration, and ability to relax and rest, and most mental crises will unwind themselves. Don't try to get fancy with mental games.
- **Get advice** - your partner is a great resource. So are any available Green Dots or senior Rangers. Just call Khaki if you don't know what to do, and briefly describe the core of what you need. Other departments and playa communities may help. Being engaged in finding a solution doesn't mean you need to come up with it yourself.
- **Use limited resources carefully**. Some people need the shelter of Sanctuary for a few hours, and it's only available and useful to them if it isn't packed with others who are less appropriate for it. It's a big playa and city out there - there are many places to sleep if they're just tired and lost, or drunk and medically stable. Demonstrate the generosity of Burner camps for them when you can. Additional costuming is particularly easy to find.
- **Reflect on how they see you, and the character of that interaction**. Would your partner or someone else be more successful in gaining their trust? What aspects of yourself are useful in this situation's chemistry? How can you use those characteristics to send the scene in a useful direction?

Group Discussion: "What kind of unusual situations and participants have you dealt with in the past? Everyone else - what kind of solution is needed?"

Encourage answers that are practical and immediate for someone off their balance in the desert - warm, safe, home community, and that make use of other immediate elements like their partner and the very distracting and generous city they're in.

Best location to apply Green FLAME:

- Ideally, try to handle the situation at the participant's camp, where they have a familiar atmosphere and, with any luck, supportive friends and campmates.
- If the person's camp is not an option, a burn barrel, friendly random couch, or walking around could be very appropriate for assistance. There are many potential safe spaces in our city.
- Do you guys have any favorite locations?
- Sanctuary is available as a last resort.
 - Contact the Sanctuary Host first to verify that this is appropriate and that there is space.
 - Respect that a participant may not want to go to Sanctuary for assistance.

When to use Sanctuary:

- Sanctuary is a limited resource – most situations can be and should be handled outside of Sanctuary.
- Not appropriate for anyone violent or rowdy.
- Is not meant as a medical tent or as a “drunk tank” – what does that mean?
- Of course, we don't mean if the person has had any alcohol, they may not come to Sanctuary.
- If the person needs to mentally process, Sanctuary might be the place. But alcohol intoxication doesn't usually require mental processing, just needs physical processing to get the alcohol out of their body. Water and time are the cures.
- If they are so drunk they're passed out, call ESD. Unconsciousness is a medical emergency; they can not protect their airway.
- Still ambulatory but obnoxious and lost? Walk around with them through the city, try to find their friends and camp, or just let them go, if they don't seem too vulnerable.
- Sanctuary IS appropriate for participants who need close (non-medical) observation, isolation from the stimulation of the event, removal from other external adverse circumstances, and/or highly focused peer counselling attention.
- Remember, a very important function of Sanctuary and Green Dots in general is to provide support to volunteer staff across all departments who may have participated in a traumatic or difficult event and would like to talk about it, who are experiencing volunteer burn-out, or who just want to vent or share. This includes you.

What do you do with a drunken burner?

"[Alcohol] causes "a state of shortsightedness in which superficially understood, immediate aspects of experience have a disproportionate influence on behavior and emotion." Alcohol makes the thing in the foreground even more salient and the thing in the background disappear. That's why drinking makes you feel attractive when the world tells you otherwise: the alcohol removes the little constraining voice from the outside world that normally keeps our self-assessments in check. Drinking relaxes the man watching football because the game is front and center, and alcohol makes every secondary consideration fade away. But in a quiet bar his problems are front and center - and every potentially comforting or mitigating thought recedes. Drunkenness is not disinhibition. Drunkenness is myopia."

from Malcolm Gladwell's article "Drinking Games" The New Yorker, Feb. 15 & 22, 2010

In the hyper-sensory world of BRC, this disconnect about the effects of alcohol can be especially problematic. People overindulge because it is what they imagine is expected or necessary to fully enter the intensity they are seeking or the less-inhibited self they are searching for. Instead, they frequently confront their problems, which come to meet them against one of the biggest examples of solitude they have ever encountered. No wonder many folks are undone by alcohol consumption on the playa, especially when dehydration, unfamiliar food schedules, and high expectations are added to the mix.

So, what to do with a Drunken Burner? (No, put the Sharpie away...) If the problem appears to be exclusively alcohol-related, don't bring them to Sanctuary! The only things that can help someone deeply into their cups are distraction and sleep (with water in either case).

In the intensely introspective atmosphere of Sanctuary, the mental myopia induced by alcohol actually may become worse. They may also pose a difficulty towards any other mental work going on in the dome - if the drunken person is excessively weepy or belligerent, they can become a real distraction for others who are in a very emotionally malleable state. What to do?

Look for a distraction to point the person toward, and some friends, old or new, to keep them focused upon something exterior to themselves and drinking water. Moving and walking can also help by being a focus point and keeping the metabolism up. If at all possible campmates or other friends should be enlisted in this venture, if they are unknown, enlist the help of the community.

In the end, the participant will need a place to sleep, make sure that any helpers are prepared to help the participant find a place to sleep. Just a reminder: As many of us know all too well, drunken myopia can make a person very suggestible. Exercise good judgement in leaving a drunk in the company of new folks: we don't want anyone taken advantage of in any way.

Sanctuary beds are a limited resource, it is better if they are taken up with someone who can benefit from the introspective vibe of the dome. If the person is simply in need of sleep, a suitable place should be found. Ideally, this should be in their camp. If at all possible, their camp should be located and campmates enlisted to help the ailing citizen. (The finding of the camp can be enlisted as a

distracting game of sorts if done right...) If this is impossible, another place to sleep should be sought, preferably in a low-traffic area that is open to the public at large with couches or hammocks.

A space like Center Camp Cafe is unsuitable for sleeping - the staff there will regularly wake those who seem to be using the place as a personal campsite, causing a new call for the Rangers.

If a person seems to be suffering in a very bad way - unable to walk and/or completely disoriented, then you should call Khaki and request a medical response.

Care and Feeding

Caring for the body of the person in crisis is often the most effective way to change their experience. The usual assumption is that the mind is a mystery, and its train of thought drives the emotions, and the body then reacts to the emotional impulses and situations the mind directs it into. Our experience is that the reverse is often a more accurate and effective perspective: the health of the body in its situation drives the emotions toward either flight-or-fight when survival is in jeopardy, or relaxation when safety is assured; the mind then reacts to the emotional tone with a train of thought in either confused crisis response (often ineffective), or introspection, philosophy, joy, or slumber when they have the freedom to explore those more pleasant modes.

Conversing with the Altered - "Looping"

Looping in the participant's train of thought and speech is quite common. They are processing a set of considerations linearly, but the complexity of the processing leads them to take repeated "passes" through the set of considerations, and so they end up saying the same thing over and over (and over again).

Do not be surprised, nor distressed, that the conversation is looping - this is actually a powerful advantage when you notice it. It allows you "rehearsal" time internally - when you see the same thread coming around again, you can reflect on other ways to respond to it, and keep trying variations in your approach till you find one that helps.

Also, the length and complexity of the loop can give you indications of the direction their mental integration is proceeding: if they are losing the capacity to communicate, their cycles will become shorter, tighter, and more urgent; if they are gaining mental and expressive capacity, their cycles will become longer and contain more complex material. In the former case, be prepared to escalate their level of care; in the latter, you have the opportunity to help them find perspectives that lead them back to reintegration.

Mediate a Solution

... help them find their own solution:

- **Narrate your own action** in advance - give them a sense of predictability that they can see your actions coming. Be polite. E.g. "I'm going to sit down now, and get a bottle of water from my pack for you. You can open it yourself. Would you like some food too?"
- **Keep your language simple**, and appropriate to their emotional understanding. If they (or you) are worried for their medical safety, tell them that you'll call for "a medic", rather than using more complex terms like "ESD" or "medical professionals". The less they have to react against, the easier it is to include other resources. Other Rangers can usually be introduced simply as "my friend" (as in "I need to call my friend", to take a break for a radio call). That helps extend their trust in you to the rest of the team.
- As with most participants - **involve them in the decisions** of what to do whenever you reasonably can: if they have chosen something, then they're in control of at least part of their lives, and won't have a reason to resist your control of them. Guiding them to choices that are helpful is better than making those choices for them. However, don't offer open-ended choices if it really matters which way they'll pick and you're not sure of it. Leave them space to be humans with self-respect, without encouraging them toward any further danger. Distraction can still help lots if they're not focusing on the solution.
- **For Must Reports - use your partner to call in** as soon as you can, and return your focus to the participant. We don't need to mediate the legal process for them, and shouldn't make things harder for other services on-playa. If, for example, you come to think from their on-going story that a recent sexual assault may be causing their level of distress, you don't need to dig into that with them nor give them advice around it. You do need to get your partner's attention, and say something like "Khaki should come hear about this", then return to providing a comforting presence for them in the immediate situation. These calls can emerge from other emotional crises later along the way.
- **The solution may involve multiple departments**. If the situation becomes violent, back out and get Law Enforcement. If their medical condition gets worse, call Khaki for ESD or CIT. Likewise, recognize that those other departments will want to hand participants off to us to see them safely home. Give and expect professional courtesy and plenty of details in those handoffs, and stay aware of the shifting responsibilities and capabilities in an evolving situation.

Often, participants will solve their own problems.

As you explore possible solutions with participants, you can have them try out a scenario of what each solution might look like. Be generous but truthful as to your own opinions regarding these solutions. Always ask the participant about what they realistically think the outcome of their proposed action will be, and whether it will be helpful to the situation at hand. If the participant doesn't know what to do about their situation, suggest some possibilities or engage in a little brainstorming. Remember, we are trying above all to help identify options for people so they can solve their own entanglements.

If the participant suggests behavior or solutions that are bizarre, detrimental, or violent, don't disagree; instead ask them what the chain of consequences from the proposed behavior might be, and whether it will really solve their problems or improve their situation. Be patient, even if the participant rambles. Rambling is common for many of the participants assisted by Rangers. They're using the time to organize and process events, emotions, and memories. There is often substantial iterative mental processing going on, which does not necessarily lend itself to coherent, linear trains of thought. People have been going to the desert for centuries to find this type of experience; however, not all those who have such experiences planned on having one.

Some useful expressions: Keep in mind, this isn't useful expression bingo. You probably won't want to use all of them. But most have been used, to great effect, by Rangers at some time.

- Breathe
- Hum
- You took a drug. It will end.
- You will not die now (if they're talking about fearing it, but probably don't be the first to mention death. If they are *really* worried, maybe call ESD!)
- The way down is up
- Let it happen
- Let's go for a walk
- Did you take anything today? What have you taken?
- [This substance] is not your bitch.
- You will come back to your unaltered self
- Use this as an opportunity to explore, you came to BM to experience something big, maybe this is it?
- You're in a safe space
- You feed your fear by trying to stop it.
- Are you on any medication(s)?
- Surrender to what is happening
- You will not go insane forever
- It's OK to throw up, here's a bucket
- I hear you.
- What are some others that you've found?

Who are we? Happy people with friends who love us!

- We tend to color our perception of reality, disproportionately, with most recent events. For example, if you've been arguing with a partner this morning, you might find yourself thinking "We always fight!" But when asked to describe how things were yesterday, you might remember 'We went for this amazing walk, marveled at how often we think the same things about a piece of art, and ended up at a random sunset tea, gazing lovingly into each other's eyes. We are so in love!' Don't like the weather? Wait 24 hours.
- Ask the participant things like: Can you describe yourself as you were before the contentious event? What do you feel in your body right now? Would you be willing to release your worry about this event?
- These questions can help people remember that the problems and confusion of this moment are temporary and only a small part of who they are.

Objective reality audit, fair witness practice:

- Human brains are really good at reading into a situation. Historically, if the bushes rattled, the guys who imagined a tiger behind them could take defensive action. It's a great trait. ...and it can lead us to make up what's happening.
- Inviting a participant to describe only the bare facts can sometimes help them to realize there might be additional interpretations of a given situation.
- Ask things like:
 - Can you describe exactly what happened?
 - Describe only the physical events without interpretation.
 - What can you be really sure happened?
- You can use this to describe what the situation looks like to you from the outside. E.g. "I'm dying!" "The medic just checked you out, I think you'll be with us tomorrow. Would you like to get checked again? I can see you're concerned. You're breathing well."

Exercise: “Voices”

This highlights the distraction of trying to have a focused meaningful conversation with someone whose inner dialog is adding to the situation. It doesn't directly involve Ranger Mediation, but is an extension of Listening that focuses on the participant. This is part of the terrain you may need to negotiate while working toward a solution: their own distraction while working with you. The particular type of “voices” in this are an exaggeration in most cases, but the principle of distraction due to inner dialogue is common.

Rotate through three roles, about 5-8 min each, with a little discussion at the very end:

- 1) The Boss - conducting a job interview, unaware of anything except the Interviewee's actual responses. A little tired and grumpy, and skeptical - ready to weed candidates out, but giving them a fair shake before hitting happy-hour / the golf course. Feel free to use somewhat nonsensical questions to keep the conversation moving. Feel free also to comment on anything odd that the Interviewee does.
- 2) The Interviewee - wants to make a good impression, needs the work. Sit facing the Boss, about 3 feet away. Try to keep it together.
- 3) The Voices - in the Interviewee's head: constantly critical, sometimes harshly so - “He knows you'll never do that. Why can't you act normal? You've never done anything right. You should give up and go home now.” etc. Feel free to be at least a little bit “out there”. Bonus if you can make the Interviewee laugh uncomfortably.

This is a contrived exercise, but the point is about self-doubt, inner dialog, and self-presentation. The participants we deal with aren't in exactly this situation, but the emotional tone of trying to hold it together while facing an authority figure and struggling with inner demons is something that we interact with often.

Without supporting those voices with acknowledgement, what kind of presence on the other end would support the person doubting themselves?

This is mostly about empathy for those people in doubt about their own worth and capability - how hard it is to even talk to someone coherently.

Explain What Happened

... *Communicate, communicate, communicate:*

- **Close the loop with the participant themselves:** re-narrate your understanding of their situation in brief gentle terms to them as part of your farewell. They may have trouble tracking the whole thread of the crisis on their own - this wrap-up gives them a stable transition, and helps frame how they'll look back on it.
- **Check back in with Khaki** or other Rangers who are looking out for you. Let them know that the situation is resolved safely and where you're headed next.
- **Get as much detail as you can and write it down** - you can usually get Green Dot field report forms from HQ, or otherwise get the useful details into the Operators' Log. When a repeat customer comes along later in the week, identifying who they are and what we learned about them last time can be the key to solving even more sticky situations later. Even if you escort them to Sanctuary, make sure that whatever you learned about them gets into a record that people can search a few days from now.
- When handing off with other services, give **a concise summary**, and expect the same when receiving a handoff. They will be filling out reports - get them into the groove with the basics, even if they could see them for themselves, then proceed to the most important nuggets of information, including anything practical you've done for them, and keep it short and focused. E.g. "This is John. He also goes by SaberKitten. He seems to be in his early thirties and has a European accent. He hasn't been taking his Klonopin, but has taken some GHB and vodka, and his breathing is getting slow. I've given him a bottle of water, but he doesn't remember the last time he had water before that. He's camped at Opulent Temple." That kind of focused communication is not only good for the participant, it builds respect and trust between departments.
- **Decompress** - these can be emotionally intense calls, and swallowing them all alone is more foolish than heroic. We all have home camps, rangers we respect, and the Green Dot team are happy to help Rangers find their own inner footing before it becomes a crisis. Give yourself time to sit down and run through the parts that bug you with someone else. These can be complicated. Privacy matters, as usual, but the participants names are almost never the part that you'll be chewing on later anyway. Don't do all that work alone. We all get into tough calls from time to time, and are there to help each other back into our various Ranger grooves when we come out the other side of them. Being there for one of the biggest nights of someone's life can be quite an honor, and quite exhausting too. Respect the work you've done, and allow yourself some support.

Verbal Hand offs

There is an art and a learnable skill to describing a situation in a clear, concise manner to someone who has just arrived to the scene, whether it is another Ranger or someone from another department,.

Deliver a brief narrative that gives them a sense of what's going on. Get to the point quickly and clearly, in a few good sharp sentences. Think of it as speaking in bullet points rather than in paragraphs:

- Who is the participant?
- Why they're there: what's the chief complaint?
- What condition did you find them in? How are they doing now?
- What kind of care have they received so far?
- Do they have any known immediate needs?
- Is there anything else to be aware of?
 - relevant backstory
 - medical conditions
 - violent tendencies
 - what/where is their camp?
 - Names and location of supportive campmates / friends?

Example:

This is Bobby. Bobby is 39 years old.

He was brought in this afternoon at three o'clock by his friend Joe.

He thinks he's taken some mushrooms about five hours ago.

He's been having a pretty intense experience, but has calmed down and has been sleeping for about 20 minutes.

We gave him some water and a little bit of jello.

His friend says they're camped at Camp GeoDucky at 9:45 and C, and that he'll come back in about an hour to check in on him.

Be clear and to the point, like a radio transmission.

Be respectful. If you are doing the handoff within earshot of the participant, try to acknowledge their presence and include them as appropriate. Don't talk over them as if they weren't there or unable to understand.

Don't dehumanize. *No medicalese.*

Summary

We catch & release. Our goal is to return the participant to their natural habitat as soon as we can. We don't keep pets. Love them, then send them back into the fray.

- We don't provide therapy. We don't have enough information about them to know where their lives need to go, nor do we have their consent to try to make them better people. We offer supportive care to make tomorrow better.
- Remind and help the participants to take care of their bodies. Taking care of the physical needs will often settle the mind.
- When in doubt, err on the side of getting additional resources, such as ESD. Any services given on playa are free.

Listen

- Don't interrupt. Wait until the end of a story or a pause in the story to ask a question, clarify a point, or consolidate information. You're in no hurry.
- Participants in emotional crisis want an opportunity to talk at length about what they're thinking and feeling (and not about what you're thinking or feeling).
- Give the participant an opportunity to talk in private if desired, away from significant others, friends, and/or campmates.
- Be aware of body language and gestures; this can provide important clues to a participant's actual state of mind.
- Don't assume you know where the situation is going; even if you're very sure, continue to act and respond as though you don't (up to a point) or the participant will feel patronized.

Remain grounded

- Individuals undergoing overstimulation or emotional crisis often reach out towards anything they see as "solid" in order to reorient themselves with the world.
- If the participant becomes agitated, remain calm; they will be looking to follow your example and may be testing you, their "solid" object. Sometimes distracting them, with calm redirection of their attention will help, which can be good. But sometimes a person does best focusing on and working through whatever is agitating them.
- If the participant is experiencing the distorting or confusing effects of a particular substance, remind them that the experience is temporary.
- Encourage participants to describe what's going on: what they see, hear, and feel. Invite them to draw or write to help them get it down.
- Narrating your own action can help a participant feel in control, creating a sense of a predictable world. Ex: "I'm going to sit down now. Would you like to sit too? I'm thirsty; I'll have a drink of water. Do you want some? This bottle is sealed - you can open it yourself. I need to

call my friend on the radio.” Reality anchor is partly showing them what the situation looks like to a sane and caring person; which isn’t always how they’re seeing it themselves.

- Be engaged, but don’t try to act as though you are there with them. You don’t “know how they feel”.
- Don’t try to guide a participant’s experience. Let their experience guide your questions. Talk through, not down.
- If YOU are uncomfortable (tired, hungry, bored), the participants will pick up on it - so self-care is vital . They can also smell disingenuity: keep it real, and focused on their tomorrow being okay. Being present really is often enough.

Reflect thoughts, feelings, and behavior.

- Reflection means re-stating what a participant has said using their own words and phrases.
- Reflection tells the participant that you are listening and care, giving them permission to discuss sensitive topics;
- It allows the participant to listen to their own thought processes and stories, heightening their self-awareness;
- It allows the participant to confirm, correct, or amplify upon your understanding of what you have heard and seen.
- Reflection can be a good way to handle unexpected disclosures.

The participants will usually solve their own problems.

- If the participant suggests behavior or solutions that are bizarre, detrimental, or violent, don’t disagree; instead ask them what the chain of consequences from the proposed behavior might be, and whether it will really solve their problems or improve their situation.
- Rambling is a common occurrence for many of the participants assisted by Rangers. They’re using the time to organize and process events, emotions, and memories. Be patient.
- If the participant doesn’t know what to do about their situation, suggest some possibilities or engage in a little brainstorming. Again, rather than saying “you should...” say “You could...” What do you think of...?” or “Would you consider...? Observe the possibility without requiring the choice. They can decide to choose in their own time.

Stay Safe! Both within a scene, and get the support you need from the rest of the team to process the crazy you’ve dealt with. Remember, you can always kick it down (the shit funnel) or sideways.

Wind down after, and stay part of the solution when on-shift. Use Commissary and Deep Freeze after you get off shift.

Final notes

There is no single way. This is an art within an art, and relies on some of our deepest skills to succeed. Get support from your other rangers – the point of the team is to have others who can help. A particular situation may need diverse, and changing, skills and characteristics to resolve well. Take care of your own physical, mental, emotional, and spiritual state. Green Dots help not only the participants, but each other and any other Ranger who is overwhelmed by their participation on-playa. Be well, stay centered.

Additional Resources

Meeting the Divine Within

http://www.enlightenment.com/entheo_manual.pdf

Treating Difficult Psychedelic Experiences

http://www.maps.org/ritesofpassage/treat_difficult_psychedelic_experiences.html

When to call a Medic <https://docs.google.com/file/d/0B4s-C79NuweJbWZfblVwSzFKQ2c/edit>

Genderbread person identity graphic

<http://itspronouncedmetrosexual.com/wp-content/uploads/2012/03/Genderbread-2.1.jpg>

Domestic Violence Safety Plan Handout

<http://www.ndvh.org/wp-content/uploads/2008/10/Safety-Planning-2.pdf>

Nevada DV protocol <http://www.leg.state.nv.us/NRS/NRS-033.html#NRS033Sec018>

Cycle of violence handout www.hruth.org/files/library/CycleofViolence.pdf

Domestic violence wheel <http://www.domesticviolence.org/storage/PhyVio.jpg>

Another cycle of violence wheel www.bfwc.org/pdf/Cycle%20of%20Violence.pdf

WHO suicide statistics table

http://www.who.int/bulletin/volumes/86/9/0042-9686_86_07-043489-table-T1.html

Methods of suicide study <http://www.who.int/bulletin/volumes/86/9/07-043489/en/>

How will you get hurt at BM <http://thejailbreak.com/wp-content/uploads/2010/08/Burning-Man.jpg>

Rites of Passage Project: How to treat difficult psychedelic experiences -- MAPS (Multidisciplinary Association for Psychedelic Studies)

http://www.maps.org/ritesofpassage/treat_difficult_psychedelic_experiences.html

Sojourner Recovery Services' on-line training on De-Escalation

<http://www.sojournerrecovery.org/staff/training/de-escalation.htm>

Psychedelic Crisis Frequently Asked Questions

http://www.erowid.org/psychoactives/faqs/psychedelic_crisis_faq.shtml

About Emotional Intelligence -- Website covering emotional intelligence, "the innate potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand and explain emotions." <http://eqi.org/eidefs.htm>

Mental Health -- An encyclopedia of mental health information by Canadian psychiatrist, Dr. Phillip Long. <http://www.mentalhealth.com/>

Conflict Resolution Skills <http://www.crnhq.org/twelveskills.html>

Emotions -Working with Anger <http://www.buddhanet.net/emotions.htm>

Handling Fear -- Alexander Berzin http://www.berzinarchives.com/sutra/sutra_level_3/hand_fear.html

Wiki on abnormal conditions of the mind: <http://en.wikipedia.org/wiki/Psychosis>

Dee Hurlbert - Sexuality and Gender 101 <http://www.youtube.com/watch?v=QZ9-qQ68EnQ>

Suicide Risk resource <http://counselingoneanother.com/2013/04/10/slap-dirt-suicide-assessment-2/>

Even more - <http://tinyurl.com/ART-of-Green-FLAME-Appendix>