

The background of the slide features a light blue world map with white outlines of continents. A prominent dark blue globe is positioned on the left side. A horizontal red banner with a slight gradient and a reflection effect spans across the middle of the image. The text "Psychological First Aid" is centered within this banner in a white, sans-serif font.

Psychological First Aid



Psychological First Aid (PFA):

An Essential Part of Emergency Responses

What is Psychological First Aid?

- Psychological first aid or “crisis intervention” is the active and temporary entry into an individual’s, family’s, or group’s environment during a period of extreme distress
- Time limited, one-time intervention to support people experiencing acute stress
- **Purposes for Psychological First Aid**
 - Prevention of PTSD and help for person/family/community return to pre-crisis state.
 - Analogous to using a compress to stop the bleeding



Psychological First Aid (PFA):

- Psychological First Aid is promoted by the World Health Organization and Red Cross as the baseline/fundamental international intervention
- Used by first responders around the world as the intervention used immediately following disasters to assist in stabilizing survivors.

World Health Organization (WHO) PFA Field Guide:

[https://www.google.com/search?q=World+Health+Organization+\(WHO\)+PFA+Field+Guide&rlz=1C1GCEA_enUS974US974&oq=World+Health+Organization+\(WHO\)+PFA+Field+Guide&aqs=chrome.0.69i59.1377j0j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=World+Health+Organization+(WHO)+PFA+Field+Guide&rlz=1C1GCEA_enUS974US974&oq=World+Health+Organization+(WHO)+PFA+Field+Guide&aqs=chrome.0.69i59.1377j0j7&sourceid=chrome&ie=UTF-8).

Ukrainian:

<http://apps.who.int/iris/bitstream/handle/10665/44615/9786176150787-ukr.pdf?sequence=72>



Psychological First Aid (PFA):

CRITICAL INCIDENTS: Definition of an Emergency

- A **man-made or natural event** requiring immediate action due to a potential threat to health and safety

- Usually sudden and dramatic, overwhelming, instantaneous or prolonged
- Falls outside the range of ordinary human experience
- Personal psychological reactions are viewed as distressing and painful

- Considered disruptive and stressful to everyone, including:
 - Individuals, families, groups, and communities
 - Trained professionals
- *All of these reactions are considered normal...*
- *Perception is key*



Psychological First Aid (PFA):

Dynamics of a Crises/Traumatic Events

Individual Crisis

- A blow to a person's psyche that breaks through established defenses so suddenly, with such brutal force, that the person cannot react it effectively (Erickson, 1979).

Community/Collective Trauma

- A blow to the basic structure of social life that damages the bonds attaching people together and impairs the prevailing sense of community (Erickson, 1979).



Psychological First Aid (PFA):

The Emotional Impact of Crises

- Many people are frightened by their reactions
- May have never reacted in certain ways before
- Normal coping mechanisms do not work
- **Crisis reactions do not indicate weakness or pathology**



Psychological First Aid (PFA):

Additional Factors Influencing the Emotional Impact of Disasters

Disaster Characteristics

- Warning versus no warning
- Time of day
- Duration
- Geographic location
- Scope of impact
- Natural versus man made
- Condition and recovery of post-disaster environment



Psychological First Aid (PFA):

Additional Factors Influencing the Emotional Impact of Disasters

Individual/Community Characteristics

- Disaster history/experiences and expectations
- Previous trauma experiences
- Physical/emotional health
- Social support systems
- Economics
- Communications/current information/media coverage
- Targeted demographics



Psychological First Aid (PFA):

The Emotional Impact of Crises

Common signs and indicators of a crisis reaction

- Physical
- Cognitive
- Emotional
- Behavioral
- Spiritual

COMMON CRISIS REACTIONS

Physical	Cognitive	Emotional	Behavioral
Chills, thirst Fatigue	Confusion, nightmares, uncertainty, hyper-vigilance	Fear, guilt, grief, panic Denial, anxiety, agitation	Withdrawal, antisocial acts, inability to sleep or rest
Nausea, fainting, twitches	Suspiciousness, Intrusive images, blaming someone	Irritability, sadness or depression	Intensified pacing, erratic movements
Vomiting, dizziness, weakness	Poor problem solving Poor abstract thinking	Intense anger, apprehension	Changes in social activity, changes in speech pattern
Chest pain, headaches, Elevated blood pressure	Poor attention Poor decision making	Emotional shock & overwhelm	Loss or increase of appetite Hyper alert to environment
Rapid heart rate, muscle tremors, rashes or hives	Disorientation of time, place or person	Emotional outbursts Inappropriate emotional response	Increased alcohol use, change in usual communication
Grinding of teeth, visual difficulties	Difficulty identifying objects or people	Argumentative, paranoid symptoms	Spiritual (Simpson 2004)
Profuse sweating difficulty breathing	Heightened or lowered alertness	Apathy	Spiritual questions and/or Deepening of ones beliefs
	Increased or decreased awareness of surroundings	feeling of hopelessness and helplessness	Leaving, seeking or strengthening ties to a community of faith
(Adapted from Everly and Mitchell, 2001)		Cynicism or negativisms	Development of spiritual values previously unexplored



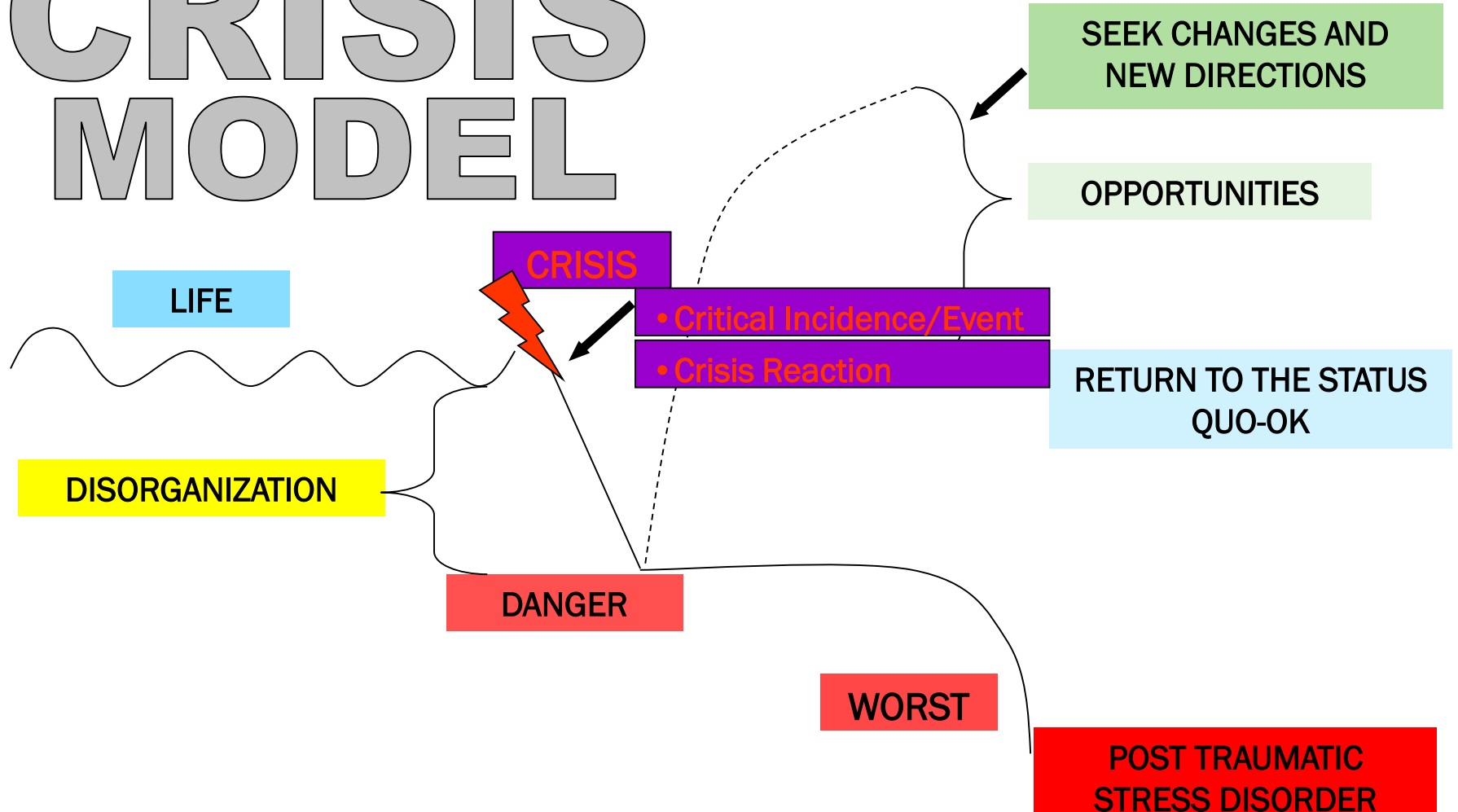
Emotional Responses

Relationship to Stages of a Crisis/Disaster

Seven phases of a disaster (Mitchell, 2002)

Disaster Stage	What is Happening	Emotional Reaction
1. Warning	Signs emerge, authorities warn	Denial, vague anxiety
2. Alarm	Situation imminent, avoidance	Anxiety, denial, fear
3. Impact	Event occurs, hiding, shelter	Shock, anxiety, fear, denial
4. Inventory	Evaluation of losses, resources	Shock, denial, anxiety, fear
5. Rescue	Citizens help each other, call for help	Relief, euphoria, disillusioned
6. Recovery	Danger down, basic services restored	Relief, apprehension
7. Reconstruction	Rebuilding lives and community	Anger, frustration, rage, grief, depression, apprehension, resentment, hope

CRISIS MODEL





Psychological First Aid (PFA):

Emotional Response Phases—When to apply Psychological First Aid

Emotional response phases include:

- Pre-Crisis Phase—life, normal events, on-going multiple challenges for some individuals and communities
- Crisis Phase—crisis event and crisis reaction- Apply Psychological First Aid
- Disorganization Phase—emotional pain, mental confusion, disorganized attempts to adapt—Resiliency- and Trauma-Informed interventions
- Reorganization Phase—immediate danger is passed, attempts become more organized, less confusion, people are recovering gradually—Resiliency- and Trauma-Informed interventions
- Post-Crisis Phase—people begin to adjust to changes, are grieving losses, some permanent physical and emotional scars Resiliency- and Trauma-Informed interventions



Psychological First Aid (PFA)-Preparation

- Be knowledgeable of the nature and extent of the disaster
- Be aware of circumstances within the area prior to disaster
- Learn and follow the command center rules and processes
- **Be aware of current circumstances of survivors (food, water, shelter, medical care)**
- **Be knowledgeable of the type and availability of relief and support services**
- **Consider your own current circumstances, health, family and work circumstances, ability to engage in appropriate self-care and care for others**



Psychological First Aid (PFA)-Preparation

Preparation to provide services:

- Knowledge of coordinating organization and their incident command structure
 - *Organizational and leadership structure, policies and procedures, etc.*
- Gain additional in-depth knowledge of the populations affected by the event
 - *Including special populations*
- Knowledge of services provided by coordinating organization and other participating relief groups
 - *Important to helping survivors receive the correct and timely services*
- Expectations for the delivery of all services
 - *e.g., everyone is to be seen, or only individuals with severe symptoms*



Psychological First Aid (PFA)-Providing Services

Entering the Setting:

- Report to coordinating organization
- Be sure that all team members understand that they are to respect the authority of the coordinating organization
- Ask for assignment
- Services can be provided in central locations or providers may be asked to circulate with other emergency personnel.



Psychological First Aid (PFA)-Providing Services

Key Principles

Listen, Protect, Connect, Model, Comfort and Teach

•Outline of Services

- Contact and Engagement
- Safety and Comfort
- Stabilization (if needed)
- Information Gathering: Needs and Current Concerns
- Practical Assistance
- Connection with Social Supports
- Linkage with Collaborative Services
- Information on Coping

Successful PFA Interventions

The most successful PFA interventions have the following characteristics:

1. Focuses on the immediate situation
2. Actions are carefully thought out by worker
3. Practical
4. Short Term
5. Immediately applicable
6. Developed with the cooperation of the person in crisis
7. Developed in light of the resources immediately available
8. Likely to produce at least some positive effects instantly
9. Developed in cooperation with other agencies when possible
10. **Includes a process for follow-up or referral**



Psychological First Aid (PFA)-Providing Services

Start with an overall assessment—Prioritize who to see first:

- Make a general assessment of the type of reactions exhibited by survivors to get a sense of the impact of the disaster on the emotions overall
- For example: Individuals are disoriented, confused, frantic, agitated, panicky, withdrawn, worried, angry



Psychological First Aid (PFA)-Basic Processes

Listen, Protect, Connect, Comfort, Model and Teach

- **Introduce self and stabilize immediate situation**
 - Make it clear who you and who you work for
 - State that you are there to assist
 - Do things that are active instead of passive
 - Provide information about disaster response activities and services
 - Assure confidentiality
- **Ensure immediate physical safety and comfort**
 - Ask about immediate needs
 - Assure that basic needs (water, food, clothing, shelter) have already been met
 - Ask about medications and assistive devices (glasses, hearing aids, physical aids, etc.)
- **Stabilize Overwhelmed or Disoriented Survivors:**
 - Calm the individual
 - Calibrate emotional state (i.e., fear & hyper arousal)
 - Observe individuals for signs of being disoriented
(EX: glassy eyed, unresponsive to verbal questions or commands, aimless/disorganized behavior, uncontrolled screaming or crying, rocking, hyperventilating, uncontrolled physical reactions such as shaking, or engaging in risky behavior)
- **Enlist family or friends in comforting the individual—if available**
- **Take to a quiet place**



Psychological First Aid Intervention

Listen, Protect, Connect, Comfort, Model and Teach

Gather information on needs and current concerns:

- Identify the immediate needs and concerns
- Tailor Psychological First Aid to the individual's needs
 - Consider the nature and severity of unique experiences during the disaster
 - Separation from loved ones
 - Death of loved ones
 - Concerns about immediate post-disaster circumstances and on-going threat
 - Medications for pre-existing conditions
 - Loss of home, school, business, personal memorabilia
 - Developmental/educational impact—loss of future
 - Extreme feelings of guilt or shame
 - Thoughts of causing harm to self or others
- (see list of additional risk factors)



Psychological First Aid (PFA)

Be Aware of At-Risk Populations

Children

Separated from parents/caregivers

Whose parents/caregivers, family members, or friends have died

Whose parents/caregivers were significantly injured or are missing

Pregnant women

Mothers with babies and small children

Adolescents who may be risk-takers

Adolescents and adults with substance abuse problems

Other

Individuals who have been injured

Medically frail children, adults, and older adults

Those with serious mental illness

Those with physical disabilities or sensory deficits

Those who have had multiple relocations and displacements

Individuals known to have lost homes, pets, family, memorabilia)

Individuals exposed first hand to extreme life threatening experiences or scenes

The extremely economically disadvantaged (often have prior traumas, and personal tragedies, possible higher level of stress)

Disaster response personnel

At high risk for lack of basic self care during a disaster



Psychological First Aid Intervention

Things to avoid

- Avoid asking for details of what happened
- Avoid making assumptions about what the individual has experienced
- Do not assume that everyone will be traumatized
- Do not try create pathology where it doesn't exist
- Do not assume that everyone wants or needs to talk to you
- Avoid focusing on helplessness, weakness, or mistakes



Psychological First Aid Intervention

Listen, Protect, Connect, Comfort, Model and Teach

Provide practical assistance:

- Identify the most immediate needs
- Clarify the need
- Discuss the action plan (how to address need)
- Individuals may present what they want to do first
- Suggestions and support can be offered if they are not sure
- Act to address the need
- Help the survivor to act on their own behalf whenever possible
- Allow them to make their own appointments
- Allow them to complete their own paperwork
- Follow up to assure that the need is met



Psychological First Aid Intervention

Listen, Protect, Connect, Comfort, Model and Teach

Connection with social supports:

- Model supportive behavior
- Help individuals establish brief or ongoing contacts with primary support persons where available
 - (e.g., family, friends and community helping resources)
 - Take practical steps to enhance contact with primary relationships (e.g., phone calls, emails)
 - Encourage engagement of immediately available support persons
- Examine reluctance to seek support
 - Feeling embarrassed or weak
 - Feeling guilty about being a burden to others
- Shelter support networks and activities
 - Activities for children, adolescents, adults, older adults



“Normal Reactions Abnormal Events”

It is not unusual for individuals to experience varying degrees of transient issues:

- Sleep disturbance
- Increased anxiety
- Preoccupation with the event
- Traumatic reminders
- Emotional numbness
- Social withdrawal

These issues normally dissipate over time.



Psychological First Aid Intervention

How to Normalize....

“It’s a normal reaction to an abnormal situation.”

“It’s ok not to be ok right now”

“You’re not losing it, you’re not going crazy”

- Remember–A crisis reaction does not indicate weakness or psychopathology!
- Use grief vs. depression analogy (i.e. after losing a loved family member) as similar to acute stress disorder vs. PTSD
- **Learning wellness skills to help with normal responses is also important.**



Psychological First Aid (PFA)

Persons with greater needs:

In addition to medical emergencies the most frequently referred individuals have one or more of the following:

- Pre-existing mental health problems
- Need for acute mental health intervention
- Danger to self/others
- Severe or persistent symptoms (suicidal or homicidal talk or actions)
- Significant disturbance of memory
- Inability to perform necessary everyday functions, including care of self
- Inability to make simple decisions
- Preoccupation with a single thought
- Repetition of ritualistic acts
- Abuse (not misuse) of alcohol or drugs
- Extreme pressure of speech



Psychological First Aid (PFA)

Triaging Persons with Greater Needs

Most frequently referred individuals continued:

- Severe or persistent symptoms
- Psychotic symptoms (positive psychotic symptoms of hallucinations and delusions, and also negative symptoms of disorganized thought processes)
- Excessively “flat” emotions, inability to be aroused to action, and serious withdrawal
- Frequent and disturbing occurrence of flashbacks, excessive nightmares, and excessive crying
- Inappropriate anger and/or abuse of others
- Episodes of dissociation
- Regression to an earlier stage of development
- Severe reactions to triggering events



Psychological First Aid (PFA)

Acute Stress Disorder (ASD) vs. Post Traumatic Stress Disorder (PTSD)

ACUTE STRESS DISORDER

- Lasts minimum of 2 days to max of 1 month
- Onset within 1 month of traumatic event
- Most people exposed to trauma will have some symptoms of ASD
- ~50% will have ASD
- Even in those with ASD, most symptoms will subside with time
- T.O.R.A.D. + impaired functioning

POST-TRAUMATIC STRESS DISORDER

- Lasts longer than 1 month
- ~8-10% with ASD will develop PTSD
- ~8% lifetime prevalence
- T.O.R.A.D +impaired functioning
- High comorbidity! At least 2/3rds have at least 2 other disorders!!



Psychological First Aid (PFA)

Post Traumatic Stress Disorder (PTSD)

Information on Coping Skills:

Provide information on the importance of good coping skills (empowering via education, teach coping skills)

Most people recover from critical incident stress.

- However, for some, if interventions are not effective, available, or utilized, they are at increased risk of PTSD.
- WHO endorses EMDR and Trauma-Focused CBT as the two evidenced-based interventions to be use to treat PTSD.
 - The challenge of this endorsement is that both approaches require multiple sessions under the guidance of a qualified (usually advanced) behavioral health professional. These professionals are not always available.



Psychological First Aid (PFA)

Other promising research-informed interventions post disaster

- **Community Resource Model (CRM)** is a promising practice that supports individual and community resiliency with self-care tools following traumatic experiences as can occur because of natural and human-made disasters
 - Unlike interventions that require weekly treatment and result in increased stigma, CRM is not pathologizing and sustainable without the required presence of an advanced behavioral therapist.
 - Can be easily learned by all ages
 - Is easily shared among families, groups and communities
 - Adaptative to diverse languages, cultures, religions
 - Used all over the world and is now the primary tool of the United Nations
- **Trauma Resiliency Model (TRM)**
 - Builds on CRM and is a promising clinical intervention for professionals
 - Supports trauma reprocessing



Psychological First Aid (PFA)-Providing Services

Important things to remember:

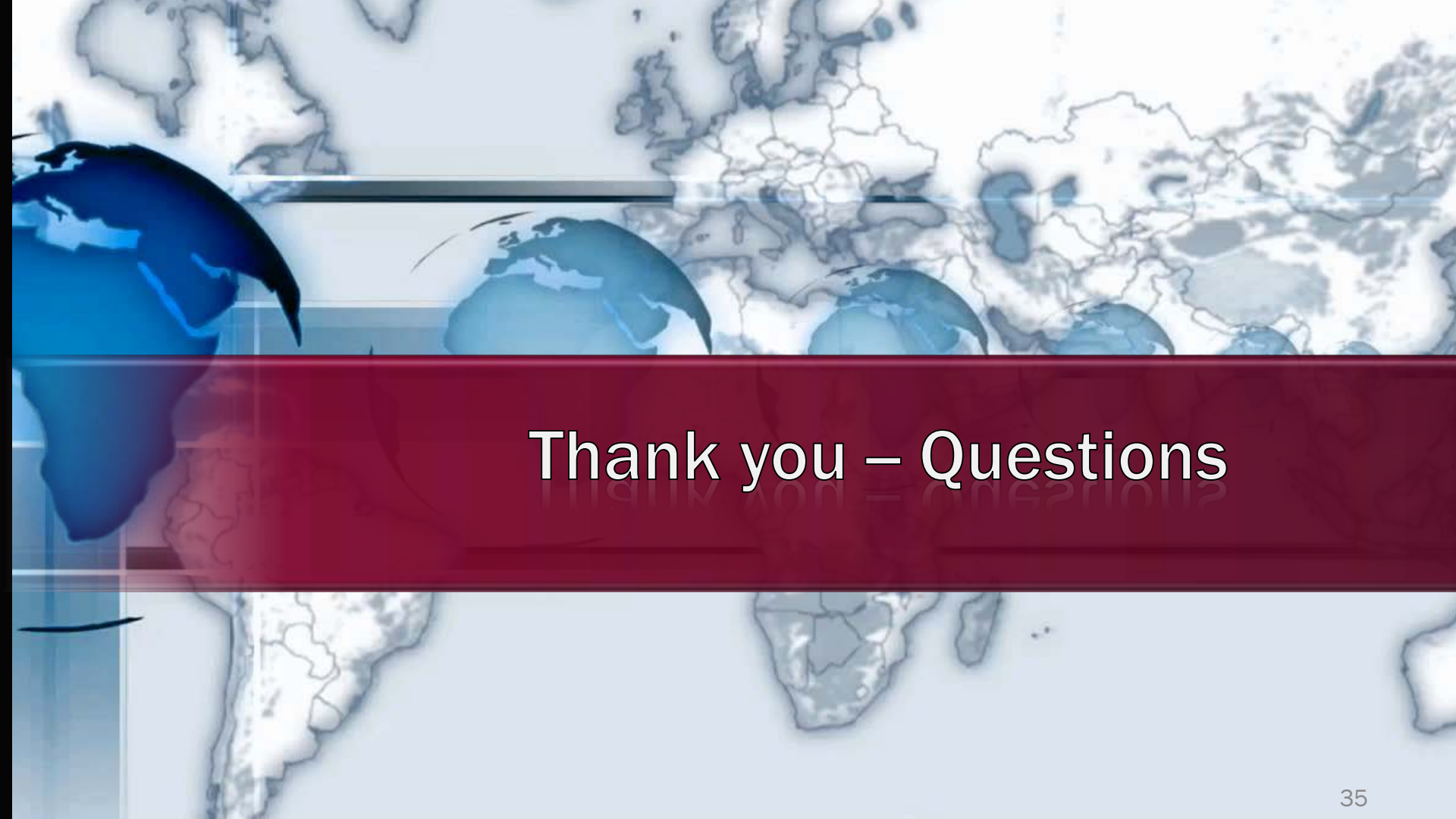
- **Maintain a calm positive presence**
 - People are affected by how others react to the disaster
 - Demonstrate calmness and clear thinking, and survivors will feel they can rely on you
 - People will follow your lead and remain focused even when they don't feel calm, safe, or hopeful
- **Be sensitive to culture and diversity**
- **Be aware of at-risk populations and their special needs**
- **Model hope**
- **Know when to triage/refer if possible**



Psychological First Aid (PFA)-Remember!

Important things to remember:

- Self-care –you and colleagues (buddy system), know your limits
- Don't force help
- Never pressure people to tell their story
- If you have a crisis story –deal with as part of your self-care –do not use it to help others or try to prove your preparedness or expertise
- Respect privacy
- Maintain confidentiality
- Be alert to situations which look or sound like exploitation
- Never promise what can't be accomplished/no false promises
- **Never judge what people have done during a disaster (automatic responses during a crisis/guilt can increase risk for emotional dysregulation)**
- Follow the rules set up by organizing command structure
- Avoid committing administrative abandonment

A world map in light blue and white tones serves as the background. Several semi-transparent globe icons in shades of blue and teal are scattered across the map. A prominent dark red horizontal band spans the width of the slide, containing the text.

Thank you – Questions