

Psychological First Aid (PFA)

Joe Ruzek, Bruce Young, Alan Steinberg, Chris Layne

National Center for PTSD

National Child Traumatic Stress Network



Survivor Intervention: Guidelines

- **Expect normal recovery**
- **Promote normal recovery**
- **Assume survivors are competent**
- **Recognize survivor strengths**
- **Promote resiliency**
- **Support survivors to master the disaster experience**

Basics of Psychological First Aid

- **What:** establishing safety and security, connecting to restorative resources, and reducing stress-related reactions.
- **For Who:** individuals experiencing acute stress reactions or who appear to be at risk for significant impairment in functioning
- **By Who:** mental health professionals and others who provide crisis assistance after catastrophic events.
- **When:** Immediate and early phase post-event, in as little as 30 minutes and extended as needed
- **How:** reduce the initial distress caused by traumatic events and foster adaptive short- and long-term coping
- **Where:** in a broad range of emergency settings, in either single or multiple sessions, adapted for use in group settings

Survivor Intervention Guidelines

Match intervention to:

- Disaster phase
- Setting
- Survivor characteristics
- Individual, community, cultural needs



Role of Helpers



Role of Helpers

“The provision of practical help may ultimately be seen as more helpful and positive than the specific psychological care offered.”

Role of Helpers

“The role of helpers is defined by what is best for survivors.”

“Research indicates that helpers should listen actively and supportively when survivors choose to talk about their disaster experiences.”

Role of Helpers

- **“Unless the magnitude of the impairment is such that the individual represents a threat to self or others, crisis intervention should be voluntary.”**
- **“The interventionist must be careful not to interfere with natural recovery or adaptive compensatory mechanisms.”**
- **“Individuals should not be encouraged to talk about or relive the event, unless they are comfortable doing so.”**

Role of Helpers

- **Do not probe for details**
- **Do not probe for emotional responses**
- **Do not push for more information than survivors are comfortable providing**

Role of Helpers

- Be active and direct
- Be calm
- Be firm and interactive
- Listen empathically



Role of Helpers

- Be supportive
- Normalize
- Identify resources
- Assess stressors



Role of Helpers

- **Allow survivors to tell their own story**
- **Clarify what happened**
- **Respect individual beliefs and values**
- **Be non-judgmental**
- **Refer as needed**

Strengths of PFA

- **Incorporates basic information-gathering procedures to help providers make appropriate triage referrals.**
- **Uses a modular format to tailor interventions in a flexible manner in accordance with the experiences, circumstances, and needs of the survivor.**
- **Can be provided in a variety of disaster settings, in several different formats, by disaster relief workers from a variety of backgrounds.**

Specific Goals of PFA

1: To initiate contact, help with immediate comfort, stabilization, and orientation, and introduce psychological first aid.

Specific Goals of PFA

2: To gather and use preliminary information to identify survivors at risk for post-trauma problems, tailor interventions to the specific needs of the individual, and provide appropriate referrals.

Specific Goals of PFA

3: To assist survivors in meeting immediate needs for ongoing physical safety and physical well-being, and to protect them from unnecessary exposure to additional trauma.

Specific Goals of PFA

4: To help survivors acquire knowledge and skills needed to understand and effectively manage their acute distress reactions.

Specific Goals of PFA

5: To help survivors effectively problem-solve post-disaster adversities and maintain functioning.

Specific Goals of PFA

6: To help survivors understand and make effective use of risk-related information

Specific PFA Intervention Objectives for Adults

To assist survivors in:

- Meeting immediate needs for ongoing physical safety and physical well-being
- Shielding themselves from unnecessary exposure to distressing reminders of what happened
- Recognizing and managing event-specific reactions
- Decision-making under post-trauma/disaster circumstances
- Obtaining information and services they need to contend with current or anticipated short-term adversities
- Making use of available services through effective referral

Specific PFA Intervention Objectives for Adults: WMD

To assist survivors in:

- **Adhering** to public health directives
- **Understanding** event-specific features, associated risks, and medical and public health emergency response strategies
- **Developing an information-gathering plan** and to conduct a preliminary assessment of their own event-related risks

The Initial Contact

- Treat the survivor with respect, sensitivity, empathy, and warmth, in ways that encourage mutual trust.
- “Hi, my name is_____. I’m with the _____ crisis intervention team. We’re checking in with people to see if we can be of any help or comfort. Can we find a quiet place to sit down? Can I get you a drink of water? Have you had a chance to call home?”

The Emotionally-Overwhelmed Survivor

- Respect the person's privacy, and give them a few minutes alone.
- Remain present, offer a drink or chair.
- Talk to the person to attempt to reduce distress or offer support.



The Emotionally-Overwhelmed Survivor

If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying:

- Ask the individual to listen to you and look at you
- Ask him or her to describe the surroundings, and say where they are
- Ask him or her to describe the surroundings, and say where they are
- Talk, if appropriate, about an aspect of the situation that is under control, or hopeful, or otherwise positive

Goals of Informal Assessment

- Form and maintain an alliance with the survivor
- Remain sensitive to survivor needs and perceptions
- Identify individuals in need of immediate referral
- Identify those who might benefit from referral or need follow-up visit
- Integrate survivor education with informal assessment

Assessment Caveats

- Do not to pressure the survivor to disclose details
- Time and other factors will limit information gathering
- Some questions will be appropriate several days after an event but not during immediate on-scene response
- Take care not to “pathologize” responses
- Consider the relative severity of the indicators, in the context of the event, the person, and the circumstances

Potential Content Domains

- Disaster-related experiences and losses
- Current functioning
- Current safety-related and physical needs and concerns
- Traumatic stress/anxiety reactions
- Depression (and suicidal thoughts if depressed)
- Alcohol and drug use
- Anger and aggression/revenge fantasies
- Psychosocial adjustment and social support
- Stressors still affecting individual
- Prior trauma exposure
- Prior psychological history

Assessment Requirements

- Listening to what survivor wants to discuss
- Asking (assessment) questions/directing conversation to key topics
- Providing information/education
- Problem-solving
- Offer to follow-up to high risk survivors if structures are in place to enable it

Possible Indications of a Need for a Referral

- Inability to maintain work/school, family, relationship functioning
- Suicide ideation
- Heavy or inappropriate use of alcohol, drugs, or medications
- Risk of relapse into pre-existing problematic alcohol or drug use
- Panic attacks (very high anxiety)
- Severe sleeping problems or nightmares most nights
- Post-disaster problems in the context of extreme social isolation
- Symptoms of psychosis
- Inability to provide essential self-care (eating, hygiene)
- Frequent and intense inappropriate expressions of anger/violence
- Worsening of pre-existing mental health problem

Education Points

- It is understandable, common, and expectable for survivors to experience distress reactions.
- How long the reactions last will depend, among other things, on:
 - (a) the severity of trauma exposure and loss
 - (b) the severity of post-trauma adversities
 - (c) how often they are reminded in the future in upsetting ways about what happened.
- Review the roles of trauma reminders, loss reminders, lack of social support, and hardships in contributing to distress.

Education Caveats

Helpers should use judgment as to whether and when to present information:

- Does the individual appear able to comprehend what is being said?
 - Is individual ready to hear the content of the messages?
 - Are other things more important right now?
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- Avoid letting a focus on providing information get in the way of being emotionally present with the survivor.
 - Avoid pathologizing survivor responses
 - Don't use terms like "symptoms."
 - Avoid providing "blanket" reassurance that stress reactions will disappear with passage of time.
 - Distribute written materials

Trauma reminders

- Sights, sounds, places, smells, specific people, times of the day, situations, or even feelings.
- Can bring to mind upsetting thoughts and mental images about what happened that bring up upsetting feelings.
- Depend on the specific type of event
- Can be so upsetting that they make it hard for people to do what they normally do or need to do because they want to avoid being reminded.

Loss Reminders

- Sights, sounds, places, smells, specific people, times of the day, situations, or even feelings.
- Can bring to mind the absence of a loved one and make you miss them.
- Missing them can bring up some strong feeling.
- Can be upsetting to deal with and lead people to avoid activities that people want or need to do.

Coping

- Assess/review
- Identify adaptive and maladaptive coping behaviors
- Support or increase current adaptive coping behaviors
- Decrease maladaptive coping behaviors
- Tailor education to specific problems

Reactions and Psychological First Aid for Adults

Response to Trauma	First Aid
1) High Anxiety/arousal	1) Consider teaching breathing and/or relaxation skills
2) Ongoing triggering by stimuli/reminders	2) Teach coping with trauma and loss reminders
3) Cognitive distortions or disruptive negative beliefs	3) Assist in recognizing and challenging negative self-talk
4) Low social support or negative social reactions	4) Problem-solve improving social support
5) Extreme social isolation or withdrawal	5) Discuss importance and ways of increasing positive social contact
6) Self-medication of reactions	6) Provide alcohol/drug/medication intervention
7) Anger Problems	7) Teach anger management skills

Positive Coping Methods

- Spending time with others.
- Keeping a journal.
- Participating in a support group.
- Relaxation methods.
- Exercise in moderation.
- Talking to another person for support.
- Getting adequate rest.
- Positive distracting activities
- Trying to maintain a normal schedule (if appropriate).
- Scheduling pleasant activities.
- Eating healthy meals.
- Taking breaks
- Seeking counseling

Maladaptive coping actions

- Use of alcohol or drugs to cope
- Social isolation and withdrawal
- Extreme avoidance of thinking or talking about the event
- “Workaholism”
- Anger or violence

Reducing Anxiety

- With physical sensations of anxiety say to yourself: “these sensations are not dangerous to me,” “I am not in danger.”
- Use some other tools to keep calmer:
- Controlled breathing
- Muscle relaxation
- Grounding by turning attention from thoughts to outside world
- Thought stopping technique.

Coping with Trauma and Loss Reminders

- If triggers can be identified, this can help the survivor cope more effectively, because:
 - Distress may feel more predictable, even if not controllable
 - The survivor can plan ahead for situations that will involve exposure to these triggers
 - The survivor can identify and practice what he or she wishes to do to cope with the triggers

Trauma Reminder Questions

- What is triggering me?
- How is this situation different from my traumatic situation?
- How can I feel better?
- What do I choose to do now?
 - staying focused on what doing before trigger
 - seeking support from someone
 - finding a positive distraction
 - going out for a walk or other exercise
 - listening to music
 - journal-writing

Identify Distressing Beliefs

- Beliefs about acute stress reactions
- Beliefs about behavior before, during, or after the event
- Beliefs about personal power and ability to cope
- Beliefs about coping with reactions
- Beliefs about the future

Encourage Alternative Beliefs

- “How else could you look at the situation that would be less upsetting and more helpful to your recovery?” “What’s another way of thinking about this?”
- “How might you respond if your friend were saying this to you?”
- “What evidence do you have for this belief?”

Sleep Management Strategies

- Going to sleep and rising at the same time
- Environment is as quiet and calm as possible
- Reducing alcohol consumption
- No caffeinated beverages in the afternoon or evening
- Increasing regular exercise, not too close to bedtime
- Keeping the bed only for sleep
- Winding down before bedtime
- Limiting daytime naps to 15 minutes
- Not napping later than 4pm

Improving Social Support

- Discuss the ways in which support from other people might help the survivor.
- Discuss what they might want to talk about:
 - **“Some people choose not to talk about the traumatic experience at all. At times, just spending time with people you feel close to, without having to talk, can feel best. Only you can decide whether talking would feel helpful and when that time would be.”**
- If the individual is reluctant to seek support, explore and discuss reasons.

“Do’s and Don’ts” About Support:

Do:

- Decide carefully who to talk to
- Decide ahead of time what you want to discuss
- Choose the right time and place
- Start by talking about practical things
- Let others know you need to talk
- Tell others what you need or how they could help
- Ask others if it’s a good time to talk
- Talk about painful thoughts and feelings even if it’s scary
- Tell others you appreciate them listening

“Do’s and Don’ts” About Support:

Don’t:

- Keep quiet because you don’t want to upset others
- Assume that others don’t want to listen
- Keep quiet because you’re worried about being a burden

Anger Management Skills

- Taking a “time out” or “cool down”
- Reminding yourself that being angry will not help you achieve what you want, and may harm important relationships
- Increasing exercise or other tension-reducing habits
- Talking to a friend about what’s angering you
- Seeking anger management counseling

Coping with Current and Anticipated Adversities

- Identify high-priority adversities.
- Enquire about and evaluate the success of current attempts.
- Select the problem for which the survivor is most likely to benefit from assistance.

Coping with Current and Anticipated Adversities

Three-step problem-solving strategy:

- Specify the problem
- Generate a list of possible responses.
- Select and implement best choices.
 - Take relatively small steps.
 - Do not make an unrealistic commitment.
 - Follow through with tackling the problem.
 - Explore, as appropriate, any anticipated difficulties.

Decision-Making

- Identify and discuss imminent and anticipated decisions during the post-trauma/disaster period.
- Identify decisions that need to be made in various timeframes, including immediate, next two weeks, next month, and next six months.
- Prioritize the decisions within these timeframes.
- Provide education about making decisions following crises or stressful events.
- Discuss how stress makes decision-making difficult and that decisions made hastily during and after crises may prove to be imprudent and counter-productive. Give examples.
- Discuss specific decisions that may be postponed and decisions that may be vulnerable to stress.

Decision-Making

- Select one current decision that is important.
- Present and demonstrate the 3-step decision-making process:
 - ***Specify*** the issue needing a decision. If the problem is formulated in concrete way, it will be easier to identify practical steps toward solution.
 - ***Generate*** a list of possible decisions/responses/solutions.
 - ***Select*** and implement best decision/choices for action.
- Coach the individual through the strategy while applying it to the selected decision.

Summary: PFA Goals

To assist survivors in:

- Meeting immediate needs for ongoing physical safety and physical well-being.
- Caring for physical needs
- Shielding themselves from unnecessary exposure to distressing reminders of what happened.
- Recognizing and managing WMD-specific reactions
- Decision-making under post-trauma/disaster circumstances
- Obtaining appropriate information and services they need to contend with current or anticipated short-term adversities
- Making use of available appropriate services through effective referral

Burnout

- Psychological strain of working with different populations
- Gradual wearing down over time
- Contributing Factors:
 - Professional isolation, emotional drain of empathy, difficult client population, long hours with few resources, ambiguous or lack of therapeutic success, non-reciprocated giving and attentiveness, failure to live up to one's own expectations for effecting positive change
- Symptoms:
 - Depression, cynicism, boredom, loss of compassion, discouragement

Compassion Stress / Fatigue

- **Compassion Stress:**
 - The stress of helping or wanting to help a trauma survivor
 - Natural outcome of knowing about trauma experienced by client / friend / family
 - Can be sudden onset
 - Symptoms: Helplessness, confusion, isolation, STS
- **Compassion fatigue:**
 - A state of exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress

Vicarious Traumatization (VT)

- Permanently transformative, inevitable changes as a result of trauma work
- Meaning and adaptation, versus symptoms
- Lasting, pervasive schema alterations
 - Dependency/Trust
 - Safety
 - Power
 - Independence
 - Esteem
 - Intimacy
 - Frame of Reference
- Disruptions in Memory/Imagery
- Cumulative over time with multiple trauma survivors in caseload
- Pervasive in its effects on an individual's life

Possible Changes from VT

- Taking on others problems
- Developing overly rigid, strict boundaries
- Changes in getting psychological needs met
- Altered Self-concept
- Decreased willpower
- Change in or decrease of sense of humor
- Ability to make self-protective judgements
- Altered sense of safety of loved ones
- Avoidance of social contact
- Avoidance of professional contact



Caring for the Caregiver

Before Critical Incidents Occur

- Personal Preparation
 - Monitor and manage stress and strain
 - Relaxation, recreation, intimacy
 - Manage personal resources
 - Plan for family/home/work safety
- Team and Organizational Preparation
 - Define roles and rehearse intervention
 - Educate coworkers and management

▶ Caring for the Caregiver:

During Event Response

- ◆ Self Management Improbable
 - Need management structure to reduce hours
 - Peer/Supervisor monitoring, pacing
 - Time-out: personal recharging and health critical for long term
 - Adjust attitudes (e.g., empathy vs. saving)
- ◆ Team Management
 - Regular check-ins
 - Ongoing communication



Caring for the Caregiver:

Following the Critical Incident

◆ Personal Revitalization

- Seek out and share social support
- Schedule and pace a gradual transition
- Defuse informally and debrief formally
- Self-monitor and manage stress and strain



Caring for the Caregiver:

Following the Critical Incident

- ◆ Making the Team a Learning System
 - Responder personal review
 - Team operational lessons learned
 - Review feedback
 - Team planning for future incidents



Caring for the Caregiver:

Following the Critical Incident

- ◆ Fostering Organizational Learning
 - Briefing management
 - Sponsoring education for employees
 - Reporting positive and negative findings

Making Meaning of Trauma

- Posttraumatic growth begins when the foundations of the individual's worldview are severely shaken or shattered
- Trauma work can impart a sense of:
 - Inspiration, honor, privilege
 - Understanding of paradox
 - Challenge to worldviews / philosophies
 - Reevaluation and shift in life priorities
 - Appreciation of life
 - Stronger connection to other persons
 - Empathic connection to all humans who suffer

Compassion Satisfaction

- There is an satisfaction in the work that is very powerful
- People sometimes insulted by the implication that there is something wrong with them
- Doing trauma work over time can lead to sense of strength, self-knowledge, confidence, meaning, spirituality, joy