Psychological First Aid
A Community Support Model
codeready.org
Get prepared.
Why use PFA?

Principles and techniques of PF meet four basic standards

- Consistent with research evidence on risk and resilience following trauma.
- Applicable and practical in field settings.
- Appropriate to developmental level across the lifespan.
- Culturally informed.
Who Delivers PFA in a Disaster?

- It is designed for delivery by behavioral health specialists who provide acute assistance to those affected as part of an organized response effort.
- These specialists may be imbedded in a variety of response groups (e.g., local public health, human services, primary and emergency health care providers, community and school crisis response teams, first responders).
Psychosocial Consequences of Disasters

Fear and Distress Response

Impact of Disaster Event

Behavior Change

Psychiatric Illness

What is Stress?

The International Federation of the Red Cross defines stress as “A very broad term referring to the effect of anything in life to which people must adjust.”

- For instance, anything we consider challenging causes stress, even if it is something we willingly choose to do.
- The key is that stress requires us to adjust our attention and behavior and makes demands upon our energy.

[Image: codeReady]
Types of Trauma

- Individual Trauma — Stress & grief reactions
- Collective Trauma — Damages the bonds of the communities’ social fabric
Common Physical Reactions - Adults

- Sleep difficulties
- Gastrointestinal problems (Diarrhea, cramps)
- Stomach upset, nausea
- Elevated heart rate, blood pressure and blood sugar
- With extended stress, suppression of immune system functioning
Common Physical Reactions - Children/Youth

- Headaches
- Stomachaches
- Nausea
- Eating Problems
- Speech Difficulties
- Skin eruptions
Common Emotional Reactions - Adults

- Fear and Anxiety
- Sadness and Depression
- Anger and Irritability
- Numb, withdrawn, or disconnected
- Lack of involvement or enjoyment in favorite activities
- Sense of emptiness or hopelessness
Common Emotional Reactions – Children/Youth

- Anxiety & Vulnerability
- Fear of reoccurrence
- Fear of being left alone
  - Particularly if separated from family
- Loss of “Sense of Safety”
- Depression
- Anger
- Guilt
Common Behavioral Reactions - Adults

- Family difficulties (physical, emotional abuse)
- Substance abuse
- Being overprotective of family
- Keeping excessively busy
- Isolating oneself from others
- Being very alert at times, startling easily
- Avoiding places, activities, or people that bring back memories
Common Behavioral Reactions -
Children/Youth

- “Childish” or regressive behavior
  - May not be deliberate acting out
- Bedtime problems
  - Sleep onset insomnia
  - Mid-night awakening
  - Fear of dark
  - Fear of event reoccurrence during night
Common Cognitive Reactions
- Adults

- Difficulty concentrating
- Difficulty with memory
- Intrusive Memories
- Recurring dreams or nightmares
- Flashbacks
- Difficulty communicating
- Difficulty following complicated instructions
Common Cognitive Reactions – Children

- Confusion, memory loss, and disorientation
- Difficulty in concentrating
  - May appear as behavioral problems in classroom
- School may be where child functions best
  - Continuing Structure, sense of control
  - Social group
Common Faith & Spirituality
Reactions
– Adults & Children

- Reliance upon faith
- Questioning values and beliefs
- Loss of meaning
- Directing anger toward God
- Cynicism
Common Sensory Reactions
– Adults & Children

• Sight
• Sound
• Smell
• Taste
• Touch
Event is More Stressful or Traumatic When......

- Event is unexpected
- Many people die, especially children
- Event lasts a long time
- The cause is unknown
- The event is poignant or meaningful
- Event impacts a large area
What assists our Emotional Adjustment?

- Acceptance of the disaster and our losses.
- Identification, labeling, and expression of our emotions.
- Regaining a sense of mastery and control over our life.
What is Psychological First Aid?

Who delivers Psychological First Aid?

Where should Psychological First Aid be used?

How can Psychological First Aid be used by public health workers?
SAFETY, FUNCTION, ACTION:
Psychological First Aid for Disaster Survivors

OUTCOMES

SAFETY
Restoring physical safety and diminishing the physiological stress response.

FUNCTION
Facilitating psychological function and perceived sense of safety and control.

ACTION
Initiating action toward disaster recovery and return to normal activity.

## What Survivors Need:
- Safety
- Security
- Shelter
- Basic survival needs

## What To Do:
- Remove from harm’s way.
- Remove from the scene.
- Provide safety and security.
- Provide shelter.
- Provide food, water, ice
- Reduce stressors.

Medical –vs.- Behavioral Surge
Psychological vs. Medical “Footprint”

In a disaster, the size of the psychological “footprint” greatly exceeds the size of the medical “footprint.”

Source: Shultz JM, et al., Behavioral Health Awareness Training for Terrorism and Disasters, Miami FL, DEEP Center, 2003
Sarin Attack on Tokyo Subways

Examined & discharged 4023

Hospitalized 984
Severely injured 62
Killed 12

Norwood AE, 2002
Some disasters provide warning periods during which distressed persons surge upon healthcare prior to impact.

For every person who is physically injured or directly impacted by a disaster, there are 4 - 10 secondary victims who experience a significant impact on their behavioral health.

Plan for the accompanying or arriving family.
Local Public Health & Human Services: Impact of Behavioral Health Surge

- Psychological Casualties
- Media Influence
- Distressed Clients
- Distressed Staff
- Family Members, Friends, Co-workers of the Deceased & Survivors
- Expectations of the community at large for services
- Family Members of Clients
How do you determine Emotional Trauma exposure?

Psychological Community Disaster Assessment

Assess:
- Physical proximity
- Emotional proximity
- Similar previous experience
- Fragile personality
- Disaster role
Psychological Triage

Identifies those who are distressed or acutely affected; those who demonstrate a disturbed mental state, cognitive impairment, or behavioral disturbance:

- Screening
- Identification of high-risk individuals and groups
- Referral to realistic helping agents
- Access to hospitalization and outpatient treatment if needed
PSYCHOLOGICAL EXPOSURE RISK ZONES

DIRECT EXPOSURE (eye witness)

ON SITE (eye witness)

IN NEIGHBORHOOD

OUT OF VICINITY
### Risk Factors Associated with Psychological Impact

<table>
<thead>
<tr>
<th>Event Characteristics</th>
<th>Individual Exposure</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mass casualties</td>
<td>• Death of a loved one</td>
<td>• Prior or pre-existing mental health or substance abuse problem</td>
</tr>
<tr>
<td>• Prolonged rescue and body recovery</td>
<td>• Serious disaster-related injury (self or loved one)</td>
<td>• Low socioeconomic resources</td>
</tr>
<tr>
<td>• Widespread property damage</td>
<td>• Traumatic exposure: threat of death or injury; witnessing violence, death and carnage; learning of exposure to a noxious agent; panic during event</td>
<td>• Female gender</td>
</tr>
<tr>
<td>• Deliberately human-caused</td>
<td>• Loss of home, community, irreplaceable symbolic objects</td>
<td>• Poor social support</td>
</tr>
<tr>
<td>• Greatly exceeds community emergency response capability</td>
<td>• Membership in targeted group of bias crimes or terrorism</td>
<td>• Prior unresolved traumatization or loss</td>
</tr>
<tr>
<td>• Potential serious environmental or public health effects</td>
<td>• Dislocation and relocation</td>
<td>• Family instability or conflict</td>
</tr>
<tr>
<td>• Familiar disaster type</td>
<td>• Job and financial losses</td>
<td>• Cultural or ethnic group vulnerabilities</td>
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<tr>
<td>• Pre-impact warning period</td>
<td>• Disaster-related hassles and inconveniences</td>
<td>• Age-related vulnerabilities</td>
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</tbody>
</table>
Look for....

- Unresponsiveness to verbal questions or commands
- Glassy eyed and vacant stare – unable to find direction
- Disorientation (aimless disorganized behavior)
- Strong emotional responses - uncontrollable crying, hyperventilating, rocking
- Regressive behavior
Alarm Bells/When to Refer

- Harm to self
  - Saying they want to: "End it all"
  - "Go to sleep and never wake up again"
- Excessive use of substances
  - Driving under influence
  - In some cases working under influence
- Harm to others
  - Child abuse
  - Spouse abuse
Alarm Bells/When to Refer

- Loss of control
- Significant withdrawal (as change in behavior)
- Behavior is unusually (for that individual) confused or bizarre
- Unable to care for self (cannot eat, bathe etc. - Vulnerable)
Address Special Needs

- Incident dependent: Anyone may have special needs
- Essential Functional Needs (CMIST)
  - Communication
  - Medical
  - Functional Independence
  - Supervision
  - Transportation
Where do we provide PFA
Soothing human contact
Validation that reactions are “COMMON”.

What Survivors Need:

Establish compassionate “presence.”
Listen actively.
Comfort, console, soothe, and reassure.
Apply stress management techniques.
Reassure survivors that their reactions are “COMMON” and expectable.

What To Do:

Adaptive Coping Strategies

- Acknowledgement of increased dependency and seeking assistance
- Reacting constructively to environmental challenges and recognizing potential for growth
- Use of non-destructive defenses such as humor, exercise, good eating habits, time management, relaxation exercises (example-3X3X3)
Maladaptive Coping Strategies

- Excessive withdrawal, retreat, avoidance
- High use of fantasy; poor reality testing
- Impulsive behavior
- Venting on weaker individuals
- Over-dependent behavior
- Lack of empathy for others
What Survivors Need:
- Social supports/keeping family together
- Reuniting separated loved ones
- Connection to disaster recovery services, medical care, work, school, vital services

What To Do:
- Keep survivor families intact.
- Reunite separated loved ones.
- Reunite parents with children.
- Connect survivors to available supports.
- Connect to disaster relief services, medical care.
Psychological First Aid Don’ts

- Avoid asking for in-depth description of traumatic experiences.
- Follow the lead of the survivor in discussing what happened during the event.
- Individuals should not be pressed to disclose details of any trauma or loss.
- Don’t promise something you cannot deliver.
- Criticize existing services or relief activities in front of people who need those services.

Source: Center for the Study of Traumatic Stress
Psychological First Aid for Disaster Survivors

**What Survivors Need:**
- Information about the disaster
- Information about what to do
- Information about resources
- Reduction of uncertainty

**What To Do:**
- Clarify disaster information:
  - what happened
  - what will happen
- Provide guidance about what to do.
- Identify available resources.

SAFETY, FUNCTION, ACTION: Psychological First Aid for Disaster Survivors

ACTION

What Survivors Need:
- Planning for recovery
- Practical first steps and “do-able” tasks
- Support to resume normal activities
- Opportunities to help others

What To Do:
- Set realistic disaster recovery goals.
- Problem solve to meet goals.
- Define simple, concrete tasks.
- Identify steps for resuming normal activities.
- Engage able survivors in helping tasks.

Phases of Disaster

1 to 3 Days ---------------------------------- TIME --------------------------------- 1 to 3 Years

Warning
Threat
Impact
Honeymoon
Heroic
Predisaster
Inventory
Disillusionment
Coming to Terms
Reconstruction
Triggers for Anniversary Reaction

Zunin/Meyers
Psychological Reactions to Disaster

- Disbelief
- Outcry
- Heroism
- Shock
- Denial
- Disorientation
- Rage
- Anger
- Blame
- Sadness
- Despair
- Guilt
- Disbelief
- Outcry
- Heroism
- Reconstructing
- A New Life
- Reclaiming
- Life
- Coming to
- Terms with
- New
- Realities
- Event
- Time
- 0 to 7 Days
- 2 to 5 Years
- Numbing
- Avoidance
- Hypervigilance
- Searching for Meaning
- Isolation
- Loneliness
- Depression
- Get prepared.
Psychological First Aid Core Competencies for Public Health Workers

- Public health workers should be sensitive to behavioral health issues as they deliver public health services.

- These core competencies are not the result of extensive behavioral health expertise or extensive training and experience in Psychological First Aid.

- How can public health workers employ Psychological First Aid approaches?
Competency 1

Demonstrate Active Listening Skills.

• Be able to demonstrate good non-verbal listening skills.
• Be able to demonstrate effective paraphrasing.
• Be able to demonstrate the ability to accurately label expressed emotion.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 2

Normalize Reactions

• Demonstrate the ability to identify at least three common psychological stress reactions.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 3

Demonstrate the ability to teach stress management techniques.

- Describe a relaxation technique.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 4

Demonstrate the ability to distinguish adaptive from maladaptive coping mechanisms.

- List at least two signs of symptoms requiring immediate triage to higher levels of care.
- List at least two adaptive coping mechanisms.
- List at least two maladaptive coping mechanisms.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 5

Identify and mobilize sources of interpersonal support.

• Be able to demonstrate the ability to assist a person in distress in the recognition of existing interpersonal support systems.

• Be able to demonstrate the ability to offer suggestions on how to activate such resources.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 6

Apply crisis communication techniques to individual disaster survivors and disaster workers.

- Explain strategies for improving communication during a crisis.

Source: Johns Hopkins Center for Public Health Preparedness
Competency 7

Explain the potential to create greater distress in those we seek to assist.

- List at least two mechanisms by which greater distress may be caused in individuals.

Source: Johns Hopkins Center for Public Health Preparedness
Compassion Fatigue

• “There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”

• “Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”

Charles R. Figley, Ph.D.
Psychological First Aid will be provided with:

- Limited resources
- Atmosphere of chaos
- Environmental pollution
- Continued threats
- Organizational and operational realities
Building Responder Resilience

• **Pre-event**
  - Educate and train
  - Build social support systems
  - Instill sense of mission & purpose
  - Create Family communications plan

• **Response**
  - If possible, deploy as a team or use the “buddy system”
  - Focus on immediate tasks at hand
  - Monitor occupational safety, health, and psychological well-being (individual & team)
Building Responder Resilience cont’d

- “Got to know your limits…”
- Activate Family (social support) communications plan
- **Post-event** (Recovery)
  - Monitor health and well-being
  - Delayed reactions with increased demand for services seen in general public and emergency responders (onset >5 weeks later)
  - Give yourself time to recover
  - Seek support when needed
## SAFETY, FUNCTION, ACTION: Psychological First Aid for Disaster Survivors

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<th>FUNCTION</th>
<th>ACTION</th>
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<td>SAFEGUARD</td>
<td>COMFORT</td>
<td>EDUCATE</td>
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<tr>
<td>Goal: SAFEGUARD</td>
<td>Goal: COMFORT</td>
<td>Goal: EDUCATE</td>
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<tr>
<td>survivors from harm and offer protection.</td>
<td>support, validate, and orient distressed survivors.</td>
<td>and inform survivors about the disaster, available options for action, and resources for support.</td>
</tr>
<tr>
<td>SUSTAIN</td>
<td>CONNECT</td>
<td>EMPOWER</td>
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<tr>
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<td>survivors by providing basic needs.</td>
<td>survivors to family, friends, and social supports,</td>
<td>survivors to take first steps toward disaster recovery and foster self-efficacy and resilience.</td>
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Psychological First Aid
Field Operations Guide

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MDH Behavioral Health Web Sites:  
www.health.state.mn.us/oep/planning/mhimpact.html  
www.health.state.mn.us/mentalhealth/mhep.html  
www.health.state.mn.us/emergency/