Psychological First Aid Training

For Emergency Responders
Overview – What You Will Learn

- Impact of disaster on communities
- Psychological First Aid
- When to refer
- Disaster do’s/don’ts
- Taking care of self and other responders
Disasters are traumatic events—dangerous, overwhelming…. …and usually sudden
Typical Phases of a Disaster

Pre-disaster

(Heroic)

(Community Cohesion)

Honeymoon

Inventory

Disillusionment

Reconstruction

Integration

One to Three Days

One to Three Years

Trigger Events

Comming to Terms, Working Through Grief

Threat

Impact
What is the most usual and expected personal reaction to disaster?

Psychological Resilience
Psychological Resilience

- “Psychological resilience” is a natural ability to adapt well.

- Unpleasant thoughts or feelings occur, but people typically cope well.

- Most survivors cope but effectiveness is diminished.
Psychological Resilience During Disaster

- Disaster stress is a normal response to an abnormal situation
- Emotional reactions may stem from problems of living brought about by disaster
Psychological Resilience During Disaster

- **Most** people manage disaster by usual means of coping

- **Some** benefit from assistance in accessing/applying their natural resilience

- **A few of us** are not successful and may require traditional professional assistance
Who is at Risk for Behavioral Health Impact?
Those **most directly exposed:**

- Saw/heard death or serious injury of others
- Death of family member, friend, schoolmate, pet
- Devastating property loss

*Research shows that these indicators are more important than symptoms or distress indicators*
Those **less** directly exposed:

- Vulnerable populations
- Emergency responders
- The public at large
Nobody exposed to disaster is left untouched by it.
How to help a distressed individual…
…listen to their “story”

Which voice Exercise
Psychological First Aid

“A supportive and compassionate presence designed to reduce acute psychological distress …and foster psychological resilience”

-G. Everly, 2005
Primary Intervention Goals

- Reduce initial distress caused by traumatic events
- Foster short and long-term adaptive functioning
- Provide psychological first aid, not formal therapy and assessments
Who is Psychological First Aid for?

- May help anyone exposed to trauma
  - Children/Adolescents
  - Parents/caretakers
  - Families
  - Adults

*It is the current intervention standard endorsed by experts*

Reference booklet
Who delivers Psychological First Aid?

Can be provided by any caring person...disaster relief workers, emergency responders, mental health professionals...
Much distress stems from the chaos and uncertainty...

…PFA involves finding what is distressing and offering resources.
At the conclusion of psychological first aid, you should be able to answer the following:

1. Is the individual safe, secure, and comfortable?
2. Is the individual functioning adequately?
3. Does the individual have a plan of action?
#1 Safe, secure, & comfortable?
#1 Safe, secure, & comfortable?

- Are they out of harm’s way?
- Are they physically comfortable?
- Are there immediate health/medication needs?
- Do they need to be referred?
- What is their stress level, how to help lower it?
#2 Functioning adequately…
…or emotionally overwhelmed?
#2 Functioning adequately?

- Be a compassionate, non-intrusive presence
- Establish rapport (eye contact, calm manner)
- Attentive observation and appraisal
- Stabilize emotionally-overwhelmed survivors
- Provide “psycho education” regarding survivor reactions

*From: “Surge, Sort, Support by Shultz, et al DEEP Center for Disaster Epidemiology Emergency Preparedness

Grounding exercises
#3 Plan of Action?
#3 Plan of Action?

If amenable, provide problem-solving assistance:

- Help provide focus
- Ask what is needed
- Help prioritize a specific issue
- Evaluate options, help find information, select a course of action
- Establish follow-through
First steps of action may be very small
Something to consider…

“Better than any medication that we know, information treats anxiety during crisis.” *

*Saathoff, et al. 2002
A recap:

At the conclusion of psychological first aid you should be able to answer the following:

1. Is the individual safe, secure, and comfortable?  (Physically ok)

2. Is the individual functioning adequately?  (Functioning)

3. Does the individual have a plan of action?  (Ready to Act on something)
Psychological First Aid....
...helps to assess

1. Physically ok?
2. Functioning?
3. Action-ready?
Communicating with Those Who Are in Crisis:

- Speak in short sentences, use short simple words
- Use simple directives
- Be clear
- Use the person’s name
- Repetition may be necessary
- Remember, your thinking processes may be affected as well
Be a calming presence

- Focus on immediate needs
- Be innovative in helping
- Give reassurance, but don’t over reassure
- Educate and give appropriate information
- Use everyday words, not jargon
  (no puns, sarcasm, irony or cynicism)

Flying by seat of pants
Get help immediately if a person:

- Hints or threatens harm to him/herself or others
- Cannot be calmed after attempts to comfort & reassure
- Behaves erratically, exhibits questionable judgment because he/she is under influence of alcohol or drugs
Get help immediately if a person:

- Acts confused/disoriented, saying or doing things that do not make sense in the context of the situation
- Has lost someone due to the disaster

...Or whenever the situation feels beyond your capabilities

* Modified from Capital Area American Red Cross Chapter [www.cacarc.org](http://www.cacarc.org)
Refer:

- Those who have had family, friend, or pet die and/or
- Those who saw/heard death or serious injury of others

*They are at risk for long term disorders and should be referred for ongoing help*
Observe these behaviors?

- Disoriented
- Highly agitated
- Have pronounced emotional disconnection (dissociated)
- Severely depressed
- Mentally ill
- Unable to care for themselves
- Suicidal or homicidal
- Have problematic use of drugs/alcohol
- Victims or perpetrators of family violence

...Refer to Mental Health Services
Things to remember

Don’t:

- Expect things to be organized
- Assume all problems are disaster related
- Say: “I know how you feel” or “everything will be alright”
- Speculate or offer undocumented information
Things to remember

Do say to survivors:
- “It’s understandable that you feel this way.”
- “Your reactions are normal.”

Do:
- Get help when you’re unsure about what to do.
- Function only within your scope of responsibility.
Steps to Preparedness
Pre-disaster planning for responders

– Family disaster plan
– Deployment disaster plan
– Self-care plan
  • Have individual stress management strategies
  • Have social support network
– Train for & know expectations of your disaster role
During disaster response:
Self care for responders

- Engage in self care practices during disaster
- Regulate yourself
- Engage in team participation
- Maintain personal contact with home, loved ones
- Have an active, mutual “buddy”
Take Care of Your “Buddy”

- Check in with a “buddy” and other responders
- Pay attention to how they’re doing
- Offer support as needed
- Encourage them to take care of themselves
Take Care of Yourself

- Eat well
- Drink water
- Take breaks
- Find opportunities for exercise
- Get sufficient sleep
- Limit caffeine and alcohol
- Monitor yourself, recognize when you are in need, and seek personal support
Remember:

- Disaster responders face challenges of working in situations of extreme destruction and human anguish

- Disaster response may generate compelling emotional reactions

...and...
Disaster work creates the opportunity to provide vital support in a manner that is deeply satisfying and critically important for the community.
Overview

- Typical behavioral health impact of disaster
- Psychological Resilience
- Psychological First Aid
- When to refer
- Disaster do’s/don’ts
- Taking care of self and co-responders
Additional Resources

• Psychological First Aid online:
The National Child Traumatic Stress Network
Learning Center website at:
http://learn.nctsn.org/course/category.php?id=11

• Surge, Sort, Support; Shultz, et al. DEEP
Center for Disaster Epidemiology Emergency
Preparedness, University of Miami Medical Center

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