Disaster and Crisis Early Intervention

Psychological First Aid Ultra Brief

Participant's Guide

2015 EDITION

COCERN

Colorado Crisis Education and Response Network

Purpose of Disaster Behavioral Health?

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↑ _____ by ↓ _____

Core Actions of Psychological First Aid

1. Contact and Engagement

N_____

A_____

P_____

Three Major Components:

1. Remind yourself to _____.
2. Focus on the _____ in front of you.
3. You can't fix _____ or _____.

2. Safety and Comfort

3. Stabilization

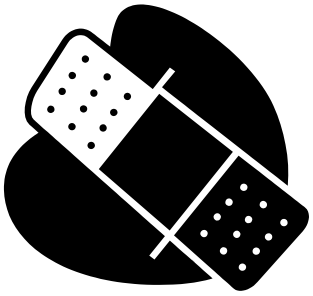
4. Information Gathering

Assessment

Common Issues – Support May Be Helpful	Issues of Extreme Concern – Intervention Required
• _____/Confusion • Frantic/_____ • Extremely _____, apathetic or "_____" • Irritable, _____/Aggressive • Exceedingly _____	• Suicide Ideation or _____ • _____ Intent • _____ abuse • Elder abuse • _____ • In ability to care for _____ or _____

Psychological First Aid

http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp



Psychological First Aid

5. Practical Assistance

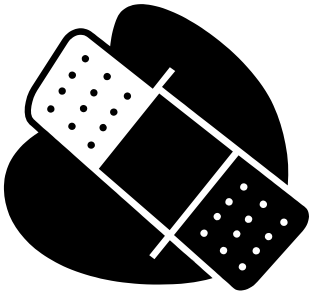
6. Connection with Social Supports

7. Information on Coping

8. Linkage with Collaborative Services

9. Respect Limitations

Psychological First Aid



Notes Page

Psychological First Aid (PFA) is a structured intervention that has been developed over the past few years to replace the various forms of "psychological debriefings". This section is designed to provide a basic overview of what has been developed by the NCPTSD. **Please reference the Field Operations Guide for Psychological First Aid published by the NCTSN and NCPTSD.**

There are eight basic components to PFA. It is designed to provide more direct support and intervention for those individuals who appear overwhelmed, stressed, shocked or shutdown at levels that are impacting their ability to function in the NOW.

1. **Contact and Engagement**: It is very important that we initiate contact with as many people as possible. Stigma of mental health and the issues we address remains strong within our society and we must assume that people are not going to come to us for help. However, it important to maintain respect of the individual, cultural needs and the emotional state the person may be in. Introduce yourself, your role and your team. Inquire into any needs that this person or their family may have. Offer yourself in the spirit of service.

2. **Safety and Comfort**: As with Walk About Support, we want to make sure that the individual's basic needs are met. Ensure the person's immediate physical safety to the extent possible. Contact other response professionals to help address issues of weapons or an unsafe environment. Provide survivors protection from the media, including constant news reporting via radio or TV as well as intrusive behaviors from reports seeking the survivors "point of view." Assess signs of self-harm or other out-of-control behaviors and take immediate action.

3. **Stabilization:** Most people who have survived a major event will not need "stabilization." However, it is important to assure that the person is oriented to person, place, date, event. Remember that all reactions are normal; it is the event that is abnormal. So, make sure that you do not jump to pathologizing responses. Observe individuals for signs of disorientation, dissociation or overwhelmed. If the person is with family/friends, enlist their help to support and comfort the individual, but also provide support in getting them to a quiet place and invite the person to share what they are experiencing right now. Help them address their current primary concern. Help the person understand that intense emotion can ebb and flow strongly like waves on the ocean and that these are normal reactions that can be labeled "alarm reactions," the bodies way of trying to protect the individual. Help the person ground themselves to the here and now, utilizing relaxation techniques such as deep breathing or progressive muscle relaxation.

4. **Information Gathering**: Current Needs and Concerns: Engaging the person in conversation can be a very helpful act, both supportive for the person, but also helping to guide you in further action. Being able to address the needs for referral, other services, the need for follow-up, or other cultural needs are all important assessment processes. However, it is important to note that a formal assessment is not needed and completely inappropriate. It is also important that you approach survivors with respect for their needs, emotional state, and any cultural norms, expectations or expected outcomes. Inquire into the person's experiences with a simple question such as, "Would it be helpful to talk about any of what you have been through?" Create a space for the person to talk about their experiences without being intrusive or asking any probing questions. Within the first hours and days after an event, it is typically too soon for the person to enter an in-depth description of the traumatic experience. Allow the person to guide the conversation. Issues to be on the lookout for include traumatic loss, concerns about immediate threats, separation from loved ones, physical illness or need for medications, feelings of guilt or shame, suicidal or homicidal thoughts, lack of a natural support system, current or past issues with alcohol or drug use, prior traumas, and current or prior mental illnesses.

5. **Practical Assistance**: Having allowed the person to talk and share their experience and concerns, it is now time to attempt action. In a supportive and guiding way, help the person identify what they consider their most pressing need. Clarify with them what the need entails, create an action plan around getting the need addressed, and support the individual in taking action and following the plan. Doing for survivors what they can do for themselves does not aid them—it enforces a sense of dependency and helplessness. Getting a survivor to help themselves and others when appropriate is one of the most powerful things you can do.

6. **Connection with Social Supports**: Shalev (2005) states that reuniting people with their naturally occurring sources of support, like friends and family, is one of the most powerful interventions we can make. The Red Cross usually maintains a message board and other means for locating friends and family; absent that, the support is you.

7. **Information on Coping**: Give people information on what to expect of themselves and of others in the days, weeks and months following an event. The Colorado Mental Health Disaster Response System has several educational brochures that can be helpful; so make sure, prior to being deployed, you have a good supply of these materials. Be able to address issues such as stress reactions, common reactions to trauma and loss such as intrusive reactions, avoidance and withdrawal reactions and physical arousal reactions. Other issues to be prepared for include grief reactions, depression, anxiety, bodily/bio responses to stress, sleep or eating issues, child reactions, positive coping behaviors such as relaxation techniques and problematic responses such as alcohol and substance use or abuse.

Additional Concerns That May Occur Later and require further intervention:

- •Fear and anxiety about the future
- •Disorientation; difficulty making decisions or concentrating
- •Apathy and emotional numbing
- •Nightmares and reoccurring thoughts about the event
- •Sadness and depression
- •Feeling powerless
- •Changes in eating patterns; loss of appetite or overeating
- •Crying for “no apparent reason”
- •Headaches, back pains and stomach problems
- •Difficulty sleeping or falling asleep
- •Increased use of alcohol and drugs

8. **Linkage with Collaborative Services:** In other words, referral. As the Mental Health Disaster Response Team, you cannot be all things to all people. Making sure that you can address peoples’ needs by referring them to other service agencies and experts is a critical part of any response. Promote the individual maintaining helping relationships, emphasizing that recovery is as much a community process as it is an individual process.

9. **Respect Limitations**: While this is not a concept separated out in the NCTSN/NCPTSD guidance for PFA, it is an important concept to be maintained. Just because someone doesn’t respond well to your attempts to be supportive does not mean that they are “in denial” of the impacts of the event or in need of further intervention. We all come to events with our own experiences and our own capacities to respond. Please respect this, not only of the people you are working to support, but of yourself.