

# Psychological First Aid



Mental Health Promotion Team

## Learning agreement

- Everyone has wisdom
- Everyone will hear others and be heard
- Speak with brevity and depth and remember to 'share the air' with other participants
- Speak with sincerity about what has personal meaning
- Respect other points-of-view: welcome differences as a source of creativity and new possibilities
- Suspend judgement as best you can
- Seek to understand rather than persuade
- Embrace curiosity and approach the sessions with an open-minded spirit
- Confidentiality and a respect for privacy are essential

### Reflective Activity:

Discuss with a partner or in small groups the following questions:

- What kind of experiences have you had working with individuals who have experienced trauma?
- What kind of effects of trauma have you noticed with people?
- What have you found that works?
- How do you know what you did worked?
- What are some of the challenges that you are experiencing working with people who have experienced trauma?

### **What is a traumatic event?**

A traumatic event is an extraordinary event that overwhelms ordinary human adaptations to life.

(Judith Herman, 1993)

A traumatic event can be a single experience (associated with simple PTSD), such as a car accident, rape, natural disaster or a repeated traumatic experience (Associated with complex PTSD) such as, child maltreatment, domestic violence, torture, war.

### **Collective Trauma**

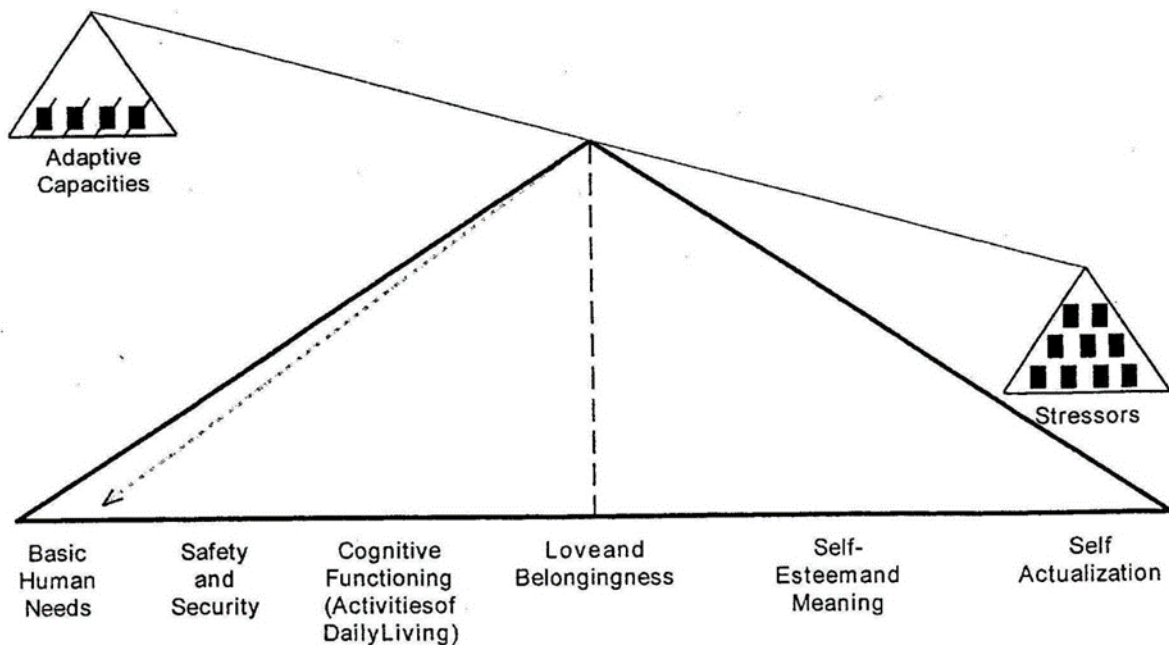
- a traumatic event may impact individuals as well as the larger community (collective trauma)
- collective may be equally as devastating but is often less apparent
- the bonds that once held a community together may be fractured

- OR there may be a new-found sense of community (collective resiliency)

**What event characteristics can heighten the chances that the event may be experienced as traumatic?**

- The event is threatening to physical safety or causes physical harm
- The event is unexpected and uncontrollable
- The event overwhelms the sense of safety and security of the person experiencing it
- The event causes the person experiencing it to feel fear, horror or helplessness

Traumatic events are experienced differently and to varying degrees of trauma for each individual.



Source: NOVA Training Manual, 2002

**An acute crisis state consist of three parts:**

- 1) The precipitating stressful or hazardous event.
- 2) The person's perception of the event as the cause of the upset.
- 3) The person's inability to resolve the problem by previously used coping strategies.

**Biological Manifestations of an immediate psychological trauma reaction:**



Fight



Flight



Freeze

**Some immediate physical reactions to psychological trauma:**

- Nausea
- Diarrhea
- Trembling
- Stomach upset
- Chest pain
- Difficulty sleeping
- Loss of appetite

**Some immediate emotional reactions to psychological trauma:**

- Fear
- Anxiety
- Shock

Numbness

Anger

Felling helpless or hopeless

Grief

Vulnerability

**Some immediate cognitive reactions to psychological trauma:**

Disbelief

Denial

Confusion

Trouble making decisions

Trouble concentrating

Intrusive thoughts

Feeling like you are losing control

Self-blame or feelings of guilt

**What may some of these reactions look like?**

Crying

Screaming

Withdrawal

Irritability

Nightmares

Euphoria over having survived

**Other potential effects of psychological trauma:**

Social withdrawal and alienation

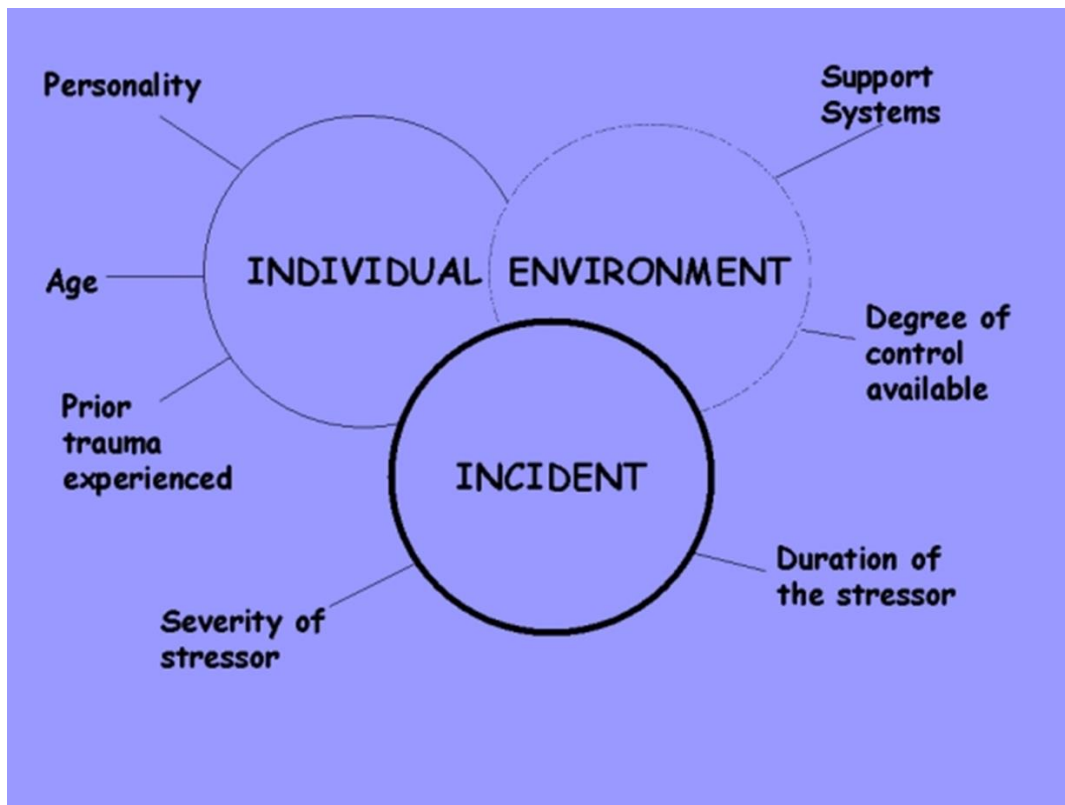
Relationship difficulties

A loss of feeling safe (hypervigilance)

A loss of faith: why do bad things happen to good people?

Loss of predictability, justice and human rights

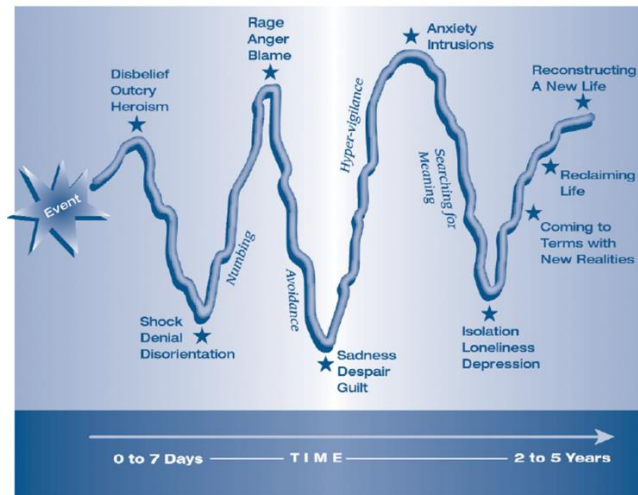
**Event related factors tend to fall into three categories**



Which of these three categories do you think that our intervention can have the greatest impact? \_\_\_\_\_

## Trauma recovery occurs in phases

FIGURE 2: MODEL OF RESPONSES TO TRAUMA AND BEREAVEMENT



(Note. Adapted from CMHS, 1994)

### Reflective Activity:

Think of a past trauma that you have coped with?

What process did you use to cope?

What was it like in the beginning?

Did you go through phases?

Where there people who supported you through the phases and respected where you were at?

Were there people pushing you to move forward before you were ready?

### Coping helps individuals to:

- Gear up their body for survival
- Contain the stress caused by the event
- Preserve interpersonal relationship and self esteem
- Gradually adjust to life after the event

### Coping strategies and resources can be:

- Physical, Using your body

Examples:



- Psychological, Using your mind  
Examples:
- Social, Using your relationships  
Examples:
- Spiritual, Using your soul  
Examples:

**Protective factors related to a traumatic event:**

- Successful mastery of a past event
- Social support
- Provision of regular and appropriate information
- Higher income and education
- Resiliency

**Pre trauma individual risk factors:**

- Pre-existing sleep disturbance
- Female gender
- Pre-existing mental health problem
- Past trauma
- Poorly developed coping strategies
- Age
- Negative attribution style
- Current life stressors
- Poverty
- Poor or no housing
- Relationship status

### **Post Trauma Individual Risk factors:**

- Death or serious injury of a loved one
- Loss of home or community (economic losses)
- Amount of social support available
- The reactions of “helpers”
- An event that relates to a “social taboo”
- Self-blame or overly blaming of others
- Level of threat still present
- Denial and minimization
- Use of drugs/alcohol as a coping strategy
- Lack of early and appropriate psychological intervention

### **Most common mental health disorders that may be related to a traumatic event:**

- Depression
- Substance use
- Generalized anxiety
- Adjustment disorder

### **RECOVERY IS THE NORM!**

- the majority of people will experience a reaction that improves with time
- most will have a normal reaction to an abnormal event
- recovery will be managed through use of existing coping strategies, support networks and material resources

### **How can we support individuals and communities in the immediate aftermath of a traumatic event?**

- emotional and psychological support
- active involvement of individuals and the community in their own recovery process

- rituals that help people come to terms with what has happened (memorials, vigils, renewal projects etc..)

**A community resiliency approach:**

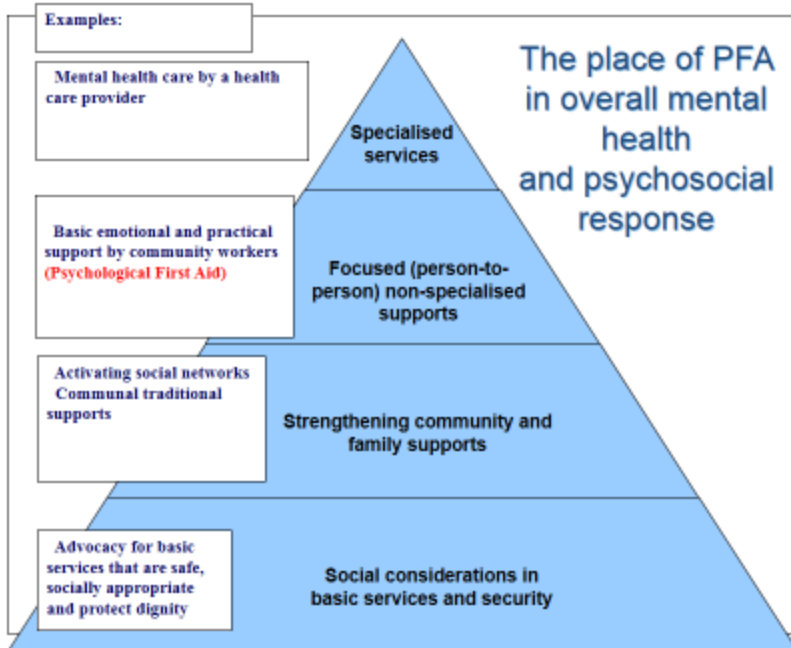
- assumes that all communities have resources and the ability to help themselves
- focuses on the enhancement and promotion of a communities strengths and competencies
- assumes that we are not the experts but instead a partner in helping a community to identify, build upon and utilize their own capacities
- builds capacity for managing future adversity

**A model which can be used to support these actions is PSYCHOLOGICAL FIRST AID**

**Psychological first aid is:**

A humane and supportive response to fellow humans who are suffering and who may need emotional support after exposure to a serious crisis event.

**Where does psychological first aid fit in response to a traumatic event?**



### The goals of psychological first aid:

- Protect individuals from further harm as well as promote safety
- Ensuring basic needs are met
- Conveying compassion and recognition of what affected individuals have been through
- To provide comfort and reassurance
- Mobilize support for those who are most distressed
- Provide information and foster communication
- Keep families together and facilitate reunions with loved ones
- Promoting connectedness and hope

What is the most important goal of psychological first aid?

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### Does everyone need psychological first aid following a traumatic event?

- Following an event psychological first aid should be available to everyone
- be aware that not everyone will need or want psychological first aid

- It should not be forced on people but made available to those who would like the support

**Key values and beliefs that accompany psychological first aid:**

- All individuals perceive events uniquely
- Crisis intervention utilizes a person centered approach
- Psychic energy and ego strength varies among individuals
- Crisis are a normal part of existence and can foster development and growth
- All individuals are helped best in an environment of acceptance, trust and empathetic understanding
- Sustained change occurs when individuals feel ready and supported to do so
- All individuals have a need for self-mastery and control over their own lives

**Key principals of psychological first aid:**

- Prevention is the best form of crisis intervention
- Crisis can be seen as either a danger or an opportunity for growth
- Crisis intervention is an active process that focuses on the immediate problem
- Crisis intervention is time limited
- Crisis intervention is timely and flexible
- Advocacy is an important component of crisis intervention
- The quality of the therapeutic relationship with an individual affects the outcome of crisis intervention

**Key points to keep in mind when engaged in the process of offering psychological first aid:**

- Recognize the person as a survivor and expect recovery
- Accept that the stressors which accompany a traumatic event are real and legitimate for the survivor
- The survivor must be viewed in relationship to their cultural, sociopolitical and institutional environment

### **Key assumption for the practice of psychological first aid:**

- Empowering survivors with multiple resources and support systems will facilitate better coping and recovery
- Individuals heal at different rates
- A critical incident may be intensified or complicated by physical, emotional, cognitive or financial limitations
- Survivors of previous traumatic events may be retraumatized by a critical incident

### **What might psychological first aid look like?**

- Providing non-intrusive practical care and support
- Assessing needs and concerns
- Assisting people to access basic needs (food, water, shelter, information etc..)
- Listening to people without pressuring them to talk
- Fostering resilience and recovery
- Comforting people and helping them to achieve greater calmness
- Connecting people to information, services and other supports
- Protecting people from further psychological harm
- Referral for further psychological supports if needed

### **Psychological first aid is NOT:**

- Professional counselling
- “Psychological” debriefing
- Helping someone to analyze what happened to them and why
- Pressuring people to talk about their feelings and reactions to the event

### **Psychological first aid “dos”:**

- Be honest about what you know and what you don’t know
- Find as quiet a place as possible to talk

- Respect people's right to make their own decisions, even if it is not the decision that we would make for ourselves
- Be aware of your own prejudices and biases and try to set them aside
- Make it clear that even if an individual does not want support right now they can access it later if they want
- Respect privacy and keep the individual's story private unless there is a serious safety concern (abuse, suicidal or homicidal intent)
- Be respectful of the individuals age, culture, religion and gender
- If using a translator look at the individual when speaking not the translator
- Show nonverbal cues that you are listening (i.e. nodding your head)
- Acknowledge and validate expressed feelings, reactions and losses
- Acknowledge the individuals strength, courage and the things that they have done to help themselves
- Find out what the individuals most important need is right now and assist with it if possible

#### **Psychological first aid "don'ts":**

- Make false promises or give false information
- Force your help on someone or be pushy
- Touch the person if you are not sure if it is appropriate
- Pressure people to talk if they don't want to
- Judge individuals for their actions and feelings
- Use technical words and jargon in your conversation
- Tell the person's story to someone else without their permission
- Think and act like your job is to solve all their problems
- Minimize the person's strengths or sense of being able to care for themselves
- Agree with or reject the person's interpretation of the event

#### **The use of psychological first aid in a multicultural context:**

- Respect the individuals religious and/or spiritual beliefs, including attributions and taboos
- Respect culturally based helping practices and cultural community help giving networks both formal and informal

- Value language and do not view the use of other languages as barriers to helping

### **Communication skills for the use of psychological first aid:**

- Be as calm as possible yourself to help distressed people to feel more safe and secure
- People may sometimes find comfort from you just quietly staying nearby letting them know that you are available if they want to talk
- Offering some type of practical support such as water or food can be a communication starter
- Do not talk too much
- Allow for silence if appropriate
- Listen with your eyes, ears and heart

Discussion point:



How can we listen with our eyes?



How can we listen with our ears?



How can we listen with our heart?

**Can all of this can be put in a psychological first aid model that is easy to remember?**

**The three “L” model:**





**LOOK**



**LISTEN**



**LINK**

## **LOOK**

- Check for safety
- Look for people who have obvious and urgent basic needs
- Look for people who appear to be in serious distress

## **LISTEN**

- Approach people who may need support
- Respectfully listen to their needs and concerns
- Listen to people's story if they want to share it and help them to feel more calm

## **LINK**

- Help people access resources to meet their basic needs
- Help people with ideas for coping
- Give accurate and honest information
- Connect people with available social supports
- Be aware of those who may need special attention

**What are some indicators that an individual may need support beyond what can be offered by psychological first aid and should be linked with more specialized supports?**

- Ongoing heightened arousal and stress responses including being incapacitated by worry and unable to make simple decisions for themselves
- Ongoing abnormal behaviour and disorientation (given the circumstances)
- Ongoing cognitive impairments
- Exhibiting strong emotional reactions such as uncontrollable crying, hyperventilating, rocking etc...
- Exhibiting frantic behaviour or unable to find direction to start helping themselves

Discussion point:

What are some reasons that you can think of as to why an individual may be reluctant to access further supports?

**Passing on important information to individuals affected by a traumatic event:**

- Explain the source of the information and how reliable it is
- Keep your message as accurate and simple as possible
- If needed, repeat the information to ensure that it has been understood

- Be aware that you may possibly become a target of people's frustration and anger
- Try to remain as calm and understanding as possible

**Important points to remember:**

- avoid "mental health" terms and labels
- assume competence and capability
- respect differences in coping styles
- focus on strengths and potential
- encourage the use of already established supports
- be flexible

**What does research say about the provision of psychological first aid in the immediate aftermath of a potentially traumatizing event?**

- An enhanced sense of safety Helps people to feel connected to others and less isolated
- It helps people access needed social, physical and emotional supports that are suited to their particular needs
- It can give people the opportunity to help themselves and their community

**After engaging in the provision of psychological first aid TAKE CARE OF YOURSELF TOO!**



- **Talk about your experiences providing psychological first aid with your colleagues or a supervisor that you trust**
- **Acknowledge how you have been able to help others no matter how small**
- **Engage in reflective practice, acknowledging what went well, what did not go very well, what you might do different next time and the realities of the limits to what you were able to do under the circumstances**
- **Take some time to relax and rest if possible before returning to your regular work duties**

**Other Resources:**

- [http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)
- <http://www.disaster-relief.org/pdf/psychological-first-aid.pdf>
- <http://www.psychology.org.au/assets/files/red-cross-psychological-first-aid-book.pdf>
- <http://www.nctsn.org/content/psychological-first-aid>