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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

National Center for PTSD

VA’s National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. Mandated by Congress in 1989, the Center is a consortium of seven academic centers of excellence providing research, education and consultation in the field of traumatic stress.

The views, opinions, and content are those of the authors, and do not necessarily reflect those of SAMHSA or HHS.

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Psychological First Aid

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Introduction and Overview:
- What is Psychological First Aid?
- Who is Psychological First Aid for?
- Who Delivers Psychological First Aid?
- When Should Psychological First Aid Be Used?
- Where Should Psychological First Aid Be Used?
- Strengths of Psychological First Aid
- Basic Objectives of Psychological First Aid
- Delivering Psychological First Aid
Introduction and Overview

What is Psychological First Aid?

Psychological First Aid is an evidence-informed\(^1\) modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner

Psychological First Aid does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

Who is Psychological First Aid For?

Psychological First Aid intervention strategies are intended for use with children, adolescents, parents/caretakers, families, and adults exposed to disaster or terrorism. Psychological First Aid can also be provided to first responders and other disaster relief workers.

Who Delivers Psychological First Aid?

Psychological First Aid is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort. These providers may be imbedded in a variety of response units, including first responder teams, incident command systems, primary and emergency health care, school crisis response teams, faith-based organizations, Community Emergency Response Teams (CERT), Medical Reserve Corps, the Citizens Corps, and other disaster relief organizations.

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\(^1\)Psychological First Aid is supported by disaster mental health experts as the “acute intervention of choice” when responding to the psychosocial needs of children, adults and families affected by disaster and terrorism. At the time of this writing, this model requires systematic empirical support; however, because many of the components have been guided by research, there is consensus among experts that these components provide effective ways to help survivors manage post-disaster distress and adversities, and to identify those who may require additional services.
When Should Psychological First Aid Be Used?

Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorism.

Where Should Psychological First Aid Be Used?

Psychological First Aid is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide Psychological First Aid in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (for example, Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings. For more information on the challenges of providing Psychological First Aid in various service settings, see Appendix B.

Strengths of Psychological First Aid

- Psychological First Aid includes basic information-gathering techniques to help providers make rapid assessments of survivors’ immediate concerns and needs, and to implement supportive activities in a flexible manner.

- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.

- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.

- Psychological First Aid includes handouts that provide important information for youth, adults, and families for their use over the course of recovery.

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.

- Enhance immediate and ongoing safety, and provide physical and emotional comfort.

- Calm and orient emotionally overwhelmed or distraught survivors.

- Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate.

- Offer practical assistance and information to help survivors address their immediate needs and concerns.
Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.

Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.

Provide information that may help survivors cope effectively with the psychological impact of disasters.

Be clear about your availability, and (when appropriate) link the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.

**Delivering Psychological First Aid**

**Professional Behavior**

- Operate only within the framework of an authorized disaster response system.
- Model healthy responses; be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.
- Make appropriate referrals when additional expertise is needed or requested by the survivor.
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

**Guidelines for Delivering Psychological First Aid**

- Politely observe first; don’t intrude. Then ask simple respectful questions to determine how you may help.
- Often, the best way to make contact is to provide practical assistance (food, water, blankets).
- Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be intrusive or disruptive.
- Be prepared that survivors will either avoid you or flood you with contact.
- Speak calmly. Be patient, responsive, and sensitive.
Guidelines for Delivering Psychological First Aid - continued

- Speak slowly, in simple concrete terms; don’t use acronyms or jargon.
- If survivors want to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you, and how you can be of help.
- Acknowledge the positive features of what the survivor has done to keep safe.
- Give information that directly addresses the survivor’s immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Some Behaviors to Avoid

- Do not make assumptions about what survivors are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have experienced. Do not label reactions as “symptoms,” or speak in terms of “diagnoses,” “conditions,” “pathologies,” or “disorders.”
- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people feel safer and more able to cope.
- Do not “debrief” by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a survivor’s question, do your best to learn the facts.
Working With Children and Adolescents

- For young children, sit or crouch at the child’s eye level.
- Help school-age children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Do not use extreme words like “terrified” or “horrified” because this may increase their distress.
- Listen carefully and check in with the child to make sure you understand him/her.
- Be aware that children may show developmental regression in their behavior and use of language.
- Match your language to the child’s developmental level. Younger children typically have less understanding of abstract concepts like “death.” Use direct and simple language as much as possible.
- Talk to adolescents “adult-to-adult,” so you give the message that you respect their feelings, concerns, and questions.
- Reinforce these techniques with the child’s parents/caregivers to help them provide appropriate emotional support to their child.

Working with Older Adults

- Older adults have strengths as well as vulnerabilities. Many older adults have acquired effective coping skills over a lifetime of dealing with adversities.
- For those who may have a hearing difficulty, speak clearly and in a low pitch.
- Don’t make assumptions based only on physical appearance or age, for example, that a confused elder has irreversible problems with memory, reasoning, or judgment. Reasons for apparent confusion may include: disaster-related disorientation due to change in surroundings; poor vision or hearing; poor nutrition or dehydration; sleep deprivation; a medical condition or problems with medications; social isolation; and feeling helpless or vulnerable.
- An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings. If you identify such an individual, help to make arrangements for a mental health consultation or referral.

Working With Survivors with Disabilities

- When needed, try to provide assistance in an area with little noise or other stimulation.
- Address the person directly, rather than the caretaker, unless direct communication is difficult.
Working With Survivors with Disabilities - continued

- If communication (hearing, memory, speech) seems impaired, speak simply and slowly.

- Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you.

- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.

- When possible, enable the person to be self-sufficient.

- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.

- If needed, offer to write down information and make arrangements for the person to receive written announcements.

- Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person.
Preparing to Deliver Psychological First Aid:

- Entering the Setting
- Providing Services
- Group Settings
- Maintain a Calm Presence
- Be Sensitive to Culture and Diversity
- Be Aware of At-Risk Populations
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