

Psychological First Aid

Psychological First Aid (PFA) was developed jointly by the [National Child Traumatic Stress Network](#) and the [National Center for PTSD](#) (a section of the US Department of Veterans Affairs)

The following is drawn, and slightly adapted, from the National Child Traumatic Stress Network.

*“PFA is designed to reduce the initial distress caused by traumatic events and to **foster short- and long-term adaptive functioning and coping. PFA 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 (e.g., 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”.*

“PFA core actions constitute the basic objectives of providing early assistance during, and within days or weeks following an event. Providers should be flexible and base the amount of time they spend on each core action on the survivors’ specific needs and concerns. The core skills are designed to be helpful in addressing the survivors’ and responders’ needs and concerns”.

Importantly, while PFA has been used with disaster survivors, the same strategies can be used with colleagues-- and you don’t have to be a mental health provider to employ them.

What PFA is NOT:

*“It is **not something that only professionals can do.** It is not professional counselling. It is not ‘psychological debriefing’ in that PFA does not necessarily involve a detailed discussion of the event that caused the distress. It is not asking someone to analyze what happened to them or to put time and events in order. Although PFA involves being available to listen to people’s stories, it is **not about pressuring people to tell you their feelings and reactions to an event”***

PFA is an alternative to single session group psychological debriefing (PD) whose efficacy is questionable at best. In a document endorsed by WHO, the UN, the American Red Cross, and Médecins Sans Frontières, among others, they state that **“psychological first aid, rather than psychological debriefing, should be offered to people in severe distress after being recently exposed to a traumatic event”**. In contrast to PD, PFA is individualized to a person’s needs and involves factors that seem to be most helpful to people’s long-term recovery. These include: feeling safe, connected to others, and calm and hopeful; having access to social, physical and emotional support; and feeling able to help themselves, as individuals and communities.

PFA has eight core actions that are provided at the end of this document. We will focus here on the skills that can be used in contact, engagement, and emotional support of your colleagues and your patients.

Following is excerpted and adapted from the WHO- PFA: Guide for Field Workers

The way you communicate with someone in distress is very important. Colleagues who have been through a crisis event may be very upset, anxious or confused. Some may blame themselves for things that happened during the crisis. Being calm and showing understanding can help people in distress feel more safe and secure, understood, respected and cared for appropriately. Someone who has been through a distressing event may want to tell you their story, and listening to someone’s story can be a great

support. **It is important, however, not to pressure anyone to tell you what they have been through.** Some people may not want to speak about what has happened or their circumstances. However, they may value it if you stay with them quietly, let them know you are there if they want to talk, or offer practical support like a meal or a glass of water. Don't talk too much; allow for silence. Keeping silent for a while may give the person space and encourage them to share with you if they wish. To communicate well, be aware of both your words and body language, such as facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person.

Below are suggestions for things to say and do, and what not to say and do. They are drawn from the WHO PFA and the VA guide.

Most importantly, be yourself, be genuine and be sincere in offering your help and care. Try to find a quiet place to talk and minimize outside distractions if you can.

- » Respect privacy and keep the person's story confidential.
- » Be free of expectations or judgments
- » Be patient and calm.
- » Let them know you are listening; for example, nod your head or say "hmmm...."
- » Allow for silence.
- » Acknowledge how they are feeling and any losses or important events they tell you about. "I'm so sorry. I can imagine this is very sad for you."
- » Show respect for individuals' reactions and ways of coping
- » Help brainstorm positive ways to deal with their reactions
- » Acknowledge the person's strengths and how they have helped themselves.
- » Acknowledge that this type of distress can take time to resolve and offer to talk or spend time together as many times as is needed

What not to do

- » Don't pressure someone to tell their story.
- » Don't interrupt or rush someone's story
- » Don't rush to tell someone that he/she will be okay or that they should just "get over it"
- » Don't think and act as if you must solve all the person's problems for them.
- » Don't judge what they have or haven't done, or how they are feeling.
- » Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
- » Don't talk about your own troubles.
- » Don't give false promises or false reassurances.
- » Don't tell them they were lucky it wasn't worse
- » Don't take away the person's strength and sense of being able to care for themselves.

Recognize when people need more advanced support than you can provide. Of course, if someone has thoughts of hurting themselves or others, they need professional care. In addition, if their ability to function appears impaired, they need help from professionals if available.

Finally and importantly, believe that the person is capable of recovery. For people who have experienced significant trauma such as first responders to 9/11 and natural disasters, the incidence of PTSD has been consistently less than 20% and in studies of Iraq war veterans, post traumatic growth was significantly more common than PTSD. In addition, suicide rates in NYC in the weeks following 9/11 actually dropped, likely because of the solidarity and sense of connection and unity people felt.

Resources:

WHO's [guide](#) to PFA for fieldworkers

- This manual has been **endorsed by 23 international agencies** including Médecins Sans Frontières, American Red Cross, and the United Nations.

PFA mobile [app](#) from the National Center for PTSD and National Child Traumatic Stress Network

VA's PFA Manuals [here](#)

PFA- Eight core actions

- **Contact and Engagement:** To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
- **Safety and Comfort:** To enhance immediate and ongoing safety, and provide physical and emotional comfort.
- **Stabilization (if needed):** To calm and orient emotionally overwhelmed or disoriented survivors.
- **Information Gathering on Current Needs and Concerns:** To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
- **Practical Assistance:** To offer practical help to survivors in addressing immediate needs and concerns.
- **Connection with Social Supports:** To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
- **Information on Coping:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
- **Linkage with Collaborative Services:** To link survivors with available services needed at the time or in the future.