Notes on the Use of Psychological First Aid

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What is Psychological First Aid?

"A supportive and compassionate presence designed to reduce acute psychological distress and/or facilitate continued support, if necessary."

Everly, & Flynn (2005)

“In the first hours after a disaster, at least 25% of the population may be stunned and dazed, apathetic and wandering-suffering from the disaster syndrome-especially if impact has been sudden and totally devastating...At this point, psychological first aid and triage...are necessary...”

(Raphael, 1986, p.257)
When Do You Use Psychological First Aid?

- Psychological First Aid is an endorsed intervention for the acute stage of trauma when medical needs, basic needs (food, water, shelter) and restoration of safety are of prime importance.
The Acute Stage of Disaster

The stages of disaster are a function of the nature of the disaster and the events that follow in its aftermath. The Acute stage is considered the time immediately following the event which involves rescue and relief efforts. It usually spans a number of weeks to a month but may vary.
Guidelines for Delivering Psychological First Aid (NIMH/SAMSA Conference(2002))

- The Goal of PFA is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
- Psychological First Aid is based on a consensus model and doesn’t expect disclosure or the expression of emotion.
Psychological First Aid Core Actions

- Establish a human connection: non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety: physical and emotional comfort.
- Help survivors to articulate immediate needs and concerns
- Offer practical assistance and information
- Connect survivors to social support networks, including family members, friends, and community helping resources.
- Support positive coping, acknowledge coping efforts and strengths
- Provide psycho-education
- Refer to higher levels of care

National Center for PTSD
In the acute stage of trauma three symptom clusters reflect normal human response to abnormal situations. Symptoms that persist for more than a month may warrant a referral for a higher level of care.

- Hyperarousal – “The persistent expectation of danger”
- Re-experiencing – “The indelible imprint of the traumatic moment”
- Constriction – “The numbing response of surrender”

- Judith Herman’s Theory of Trauma & Recovery (1992)
- The Majority of Individuals Exposed to a Traumatic Event will NOT need Formal Psychological Intervention.

- The nature and level of a person's response is a function of three factors:
  - Characteristics of Event
  - Individual Exposure
  - Resiliency Factors including culture
Differences between:
Traditional Mental Health

and/or

Disaster Intervention Services

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Disaster Intervention</th>
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<tbody>
<tr>
<td>Site-based</td>
<td>Community based (varies)</td>
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<tr>
<td>Diagnosis and treatment</td>
<td>Adaptation of coping skills</td>
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<tr>
<td>Impacts personality</td>
<td>Restores functioning</td>
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<tr>
<td>Probes content</td>
<td>Accepts at Face Value</td>
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<td>Historical issues</td>
<td>Normalizes the present</td>
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<td>Psycho-therapeutic focus</td>
<td>Psycho-ed/ Med-ed) focus</td>
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(Adapted from Extreme Behavior Risk Management, 2005)
Large Group Psychological First Aid

- Provide information
- Provide a sense of leadership
- Reduce sense of chaos
- Enhance credibility
- Rumor control
- Provide coping resources
- Engender unit cohesion, morale
- Re-establish a sense of "community"
- Psychological screening

Everly, 2005
References
