

Integrated Emergency Volunteer Training Conference

Psychological First Aid

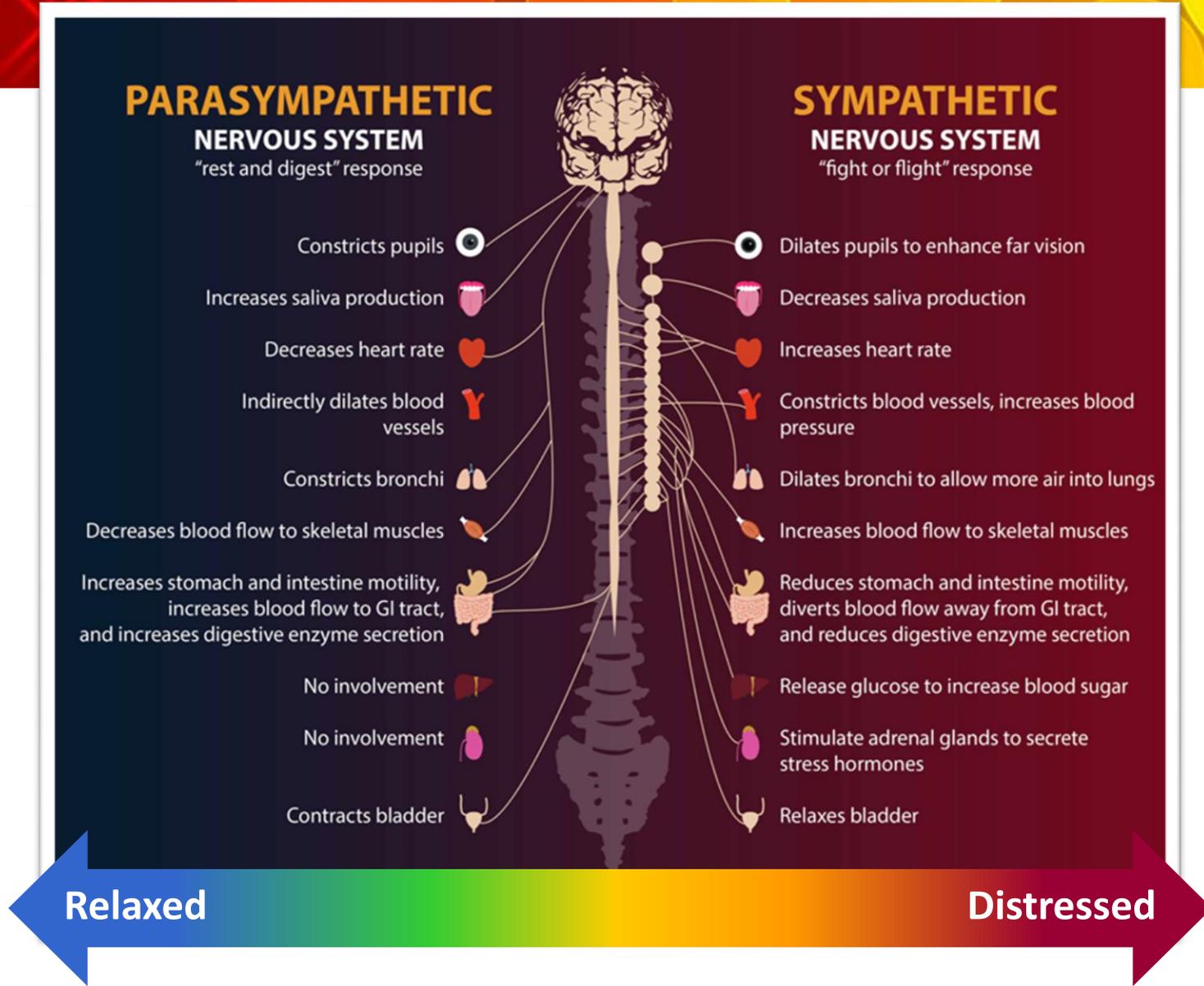
**Jennifer Schirmer, LCMHC NCC CCTP
Disaster Behavioral Health Coordinator**

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Critical Considerations

- There may be scenarios in which the outcome is not what you hoped
- Distress is more than an emotional state
- The more you know about yourself, the more opportunities you have for effective communication
- Operating from a position of curiosity helps prevent assumptions from impacting interactions and levels the playing field
- The road to individual and community resilience is paved with self-care

The "Mechanics" of Stress...



Stress Reactions

Physical

- Headaches, other aches & pains
- Fatigue, exhaustion
- Sleep disturbance
- Gastrointestinal problems
- Vision, hearing disturbances
- Changes in appetite
- Sweating or chills
- Tremors or muscle twitching
- Being easily startled
- Immune system disorders
- Worsening of previous medical or mental health problems

Emotional

- Denial
- Anxious, fearful
- Sadness
- Grief
- Guilt
- Self-doubt
- Feeling heroic, invulnerable
- Euphoria
- Apathy, numbness, or disconnected
- Hopeless, despair
- Unpredictable mood swings
- Anger

Cognitive

- Difficulty remembering
- Difficulty concentrating
- Difficulty making decisions
- Difficulty setting priorities
- Disorientation or confusion
- Loss of objectivity
- Recurring dreams or nightmares
- Preoccupation, intrusive thoughts

Behavioral

- Difficulty communicating or listening
- Irritability, outbursts, increased conflict
- Uncharacteristic behavior
- Inability to rest or relax
- Increase or decrease in activity level
- Decline in job or school performance
- Absenteeism
- Hypervigilance
- Excessive worry
- Avoidance
- Substance use or misuse

Spiritual

- Hyper-religiousness
- Questioning spiritual beliefs (spiritual crisis)
- Shattered sense of assumptions or worldviews
- Shattered sense of meaning
- Questioning values or belief systems

From another Angle...



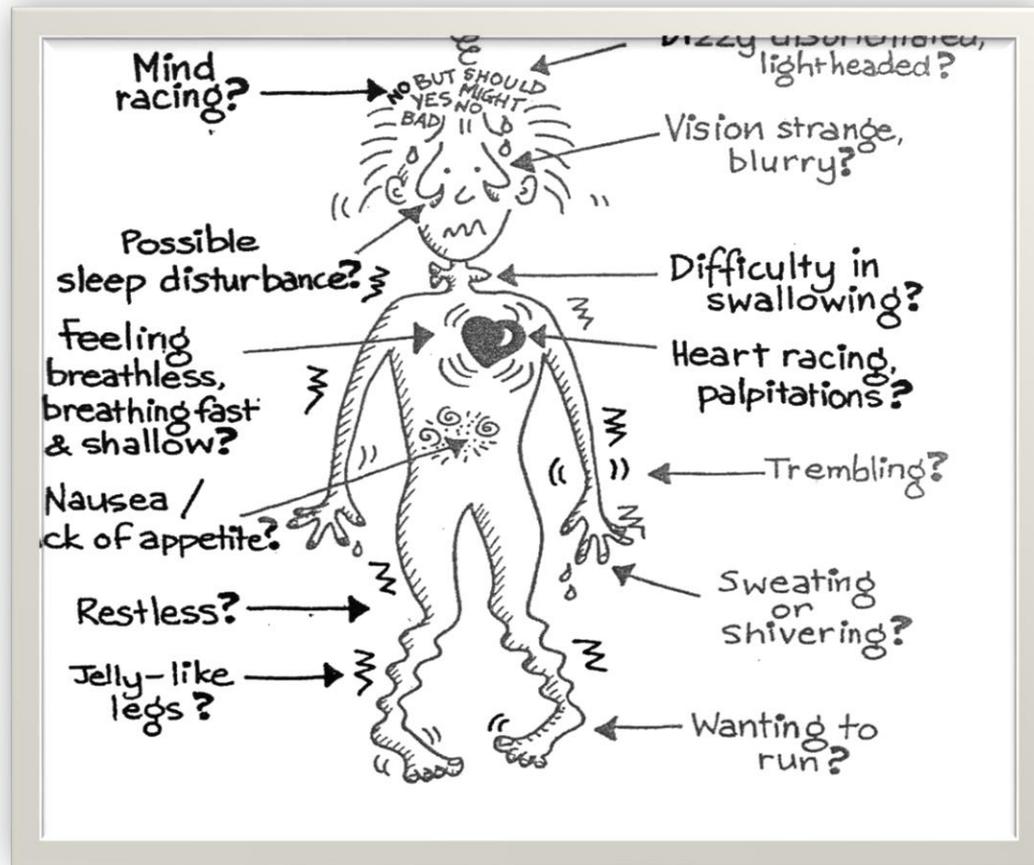
Demand

Stress Response

Control



Distress: emphasis on “stress”



Distress: emphasis on “stress”

T + E = B



Distress: emphasis on “stress”



Anger serves a purpose...

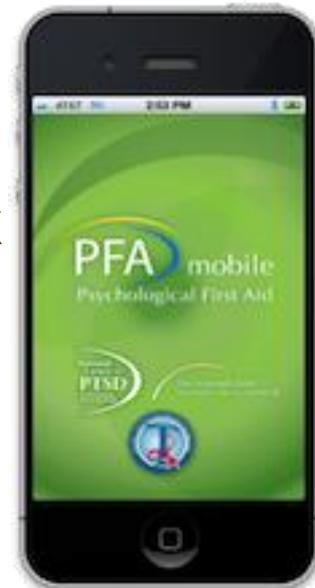
What is Psychological First Aid?

- Short-term, solution-focused behavioral health intervention
- Consistent with research involving risk / resilience
- Applicable and practical in all settings
- Appropriate for all developmental stages
- Culturally-informed and flexible
- Evidence-informed



Intervention of Choice DMH Experts:

- National Child Traumatic Stress Network
 - <http://www.nctsn.org/>
- National Center for PTSD
 - <http://www.ptsd.va.gov/>
- Substance Abuse & MH Services Administration
 - <http://www.samhsa.gov/>
- American Psychological Association
 - <http://www.apa.org/topics/trauma/index.aspx>
- Center for Disease Control
 - <http://www.cdc.gov/>
- National Institute for Mental Health
 - <http://www.nimh.nih.gov/>



Objectives for Psychological First Aid

- Establish a **non-intrusive, compassionate** presence
- Enhance immediate & ongoing safety, while providing physical & emotional comfort
- **Calm & orient** distressed or overwhelmed survivors
- Assist survivors in identifying immediate needs
- Offer practical assistance & information to address identified needs
- **Connect** survivors to existing support networks
- Support **adaptive coping**
- **Normalize** reactions through psychoeducation

Compare to Medical First Aid

- Stabilize immediate wounds
 - keep from getting worse
 - reduce stress level, de-escalate
 - meet basic needs
- Prevent further exposure or injury
- Maintain status until professional care is available
 - keep vitals stable
 - keep calm, oriented, and hopeful
- Facilitate transition to professionals as needed

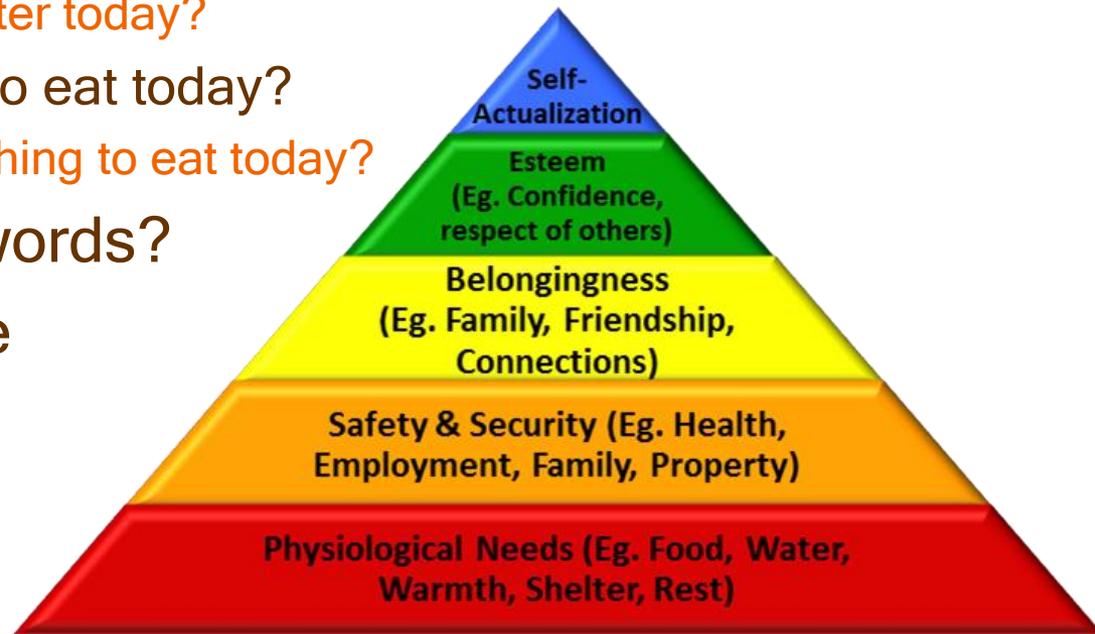


Psychological First Aid: Core Actions

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

Core Action 1: Contact & Engagement

- First impressions...
- Open vs. Closed - ended questions
 - How are you feeling today?
 - Are you feeling better today?
 - What have you had to eat today?
 - Have you had anything to eat today?
- What are your first words?
- Minimizing exposure



Core Action 1: Contact & Engagement

Engagement tips:

- Observe first
- Ask if OK to “sit, maybe talk”
- Introduce yourself & your role
- Compassionate presence
- Ask simple respectful questions
- Be prepared to repeat yourself
- Be patient, responsive, and sensitive
- Maintain appropriate confidentiality
- Speak calmly and slowly without jargon
- Pay attention to your own reactions
- If “not ready to talk” say you will be available if he/she needs you or that you will check back with him / her (AND GO BACK)



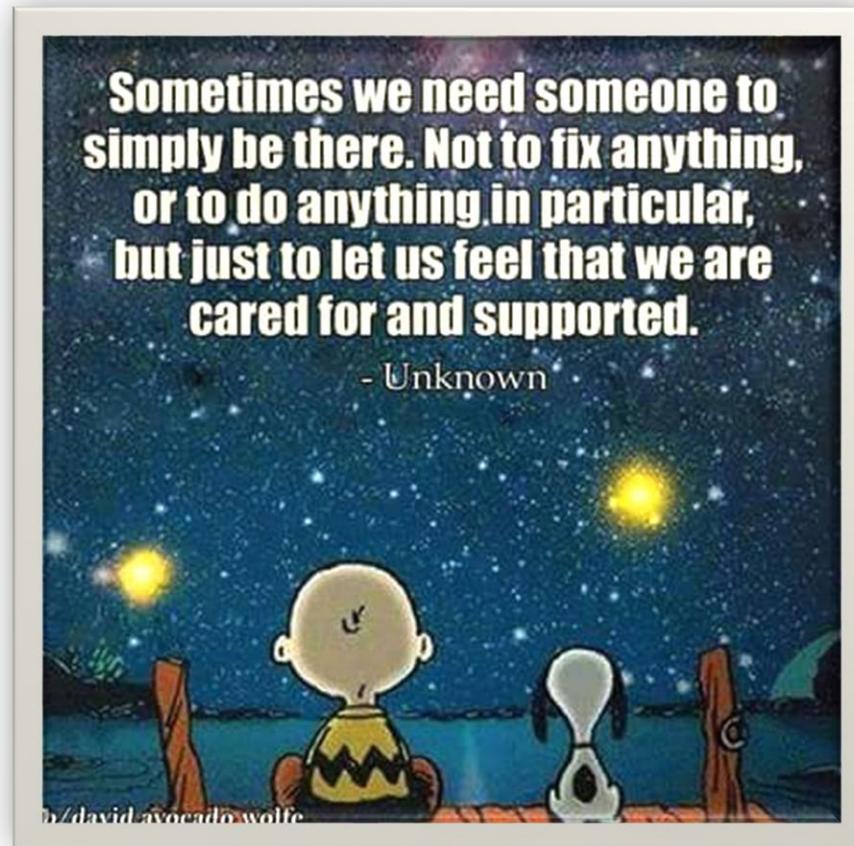
Core Action 1: Contact & Engagement

Some things to avoid...

- Making assumptions about experiences
- Assuming everyone will be traumatized
- Labeling reactions as “symptoms,” or speaking in terms of “diagnoses”
- Patronizing (may be unintentional)
- What is your opening line??



Core Action 1: Contact & Engagement



Core Action 2: Safety & Comfort

- Inquire about **basic needs** including eyeglasses, medication, medical equipment, or other devices
- Promote **involvement** in activities (rather than passive waiting)
- Provide current **information** (while limiting exposure to repetitive media coverage or visual reminders of the traumatic scene)
- Offer information about how responders are working to make the situation **safer**
- Seek assistance for any medical needs to address injuries
- Be prepared to **repeat** information
- Avoid statements meant to reassure that minimize survivor reactions & experiences (i.e. it could be worse)

Core Action 3: Stabilization

- Observe signs of significant distress
 - Shock, disorientation, unresponsiveness
 - Intense emotional reactions, physical reactions (i.e. shaking)
 - Excessive worry
 - Engaging in risky-behaviors
- Encourage connection to social supports
- Promote adaptive coping, calming routines
 - Grounding techniques
 - Purposefully direct attention away from thoughts to the present
 - For example, five sounds you can hear or five things you can feel
 - Captain Phillips: “I need you to look at me and I need you to breathe...”

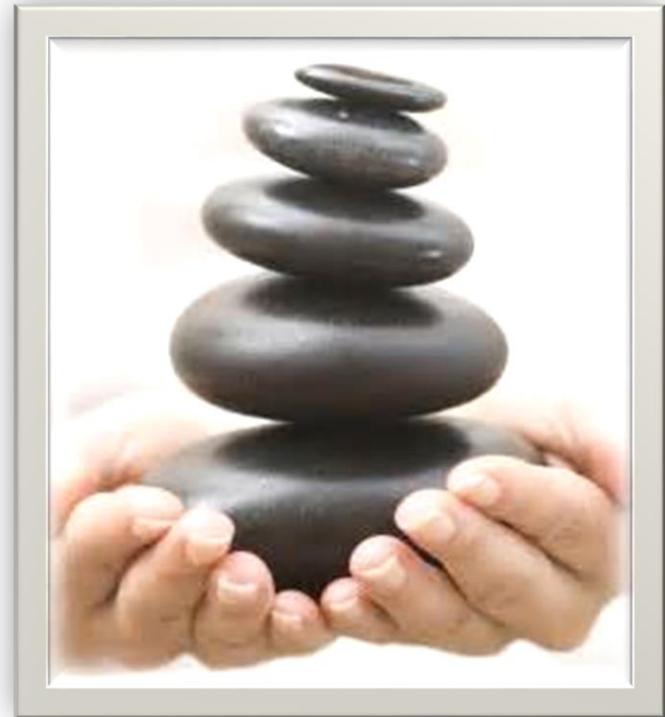
Captain Phillips - Hijacking of the Maersk Alabama off the Somali Coast 2009



Core Action 3: Stabilization

Stabilization Skills:

- Stress recognition
- Active Listening
- Grounding
- De-escalation



Core Action 3: Stabilization

Grounding and Orienting:

- Ask the person to
 - Listen to and look at you
 - Orient them to the surroundings
 - Breathe in and out slowly and deeply
 - Name five non-distressing things they can see, hear, and feel
 - Talk about an aspect of the situation that is under control, hopeful, or positive

Core Action 3: Stabilization

Verbal De - escalation Skills

- Speak calmly and slowly
- Maintain empathy and respect
- Keep it simple - Avoid acronyms, complicated sentences or directions
- Avoid absolutes (“always” or “never”)
- Open ended questions and statements
- Reframe if the message sent is not the message received



Core Action 4: Information Gathering

- Inquire about the nature and severity of experiences, while avoiding interrogation
- Ask about their location at the time of the event
- Inquire about their understanding of the situation
- Seek information about immediate concerns (i.e. missing loved ones, feelings of safety)
- Ask about losses
- Assist in identifying and labeling emotions
- Inquire about availability of social support

Core Action 4: Information Gathering

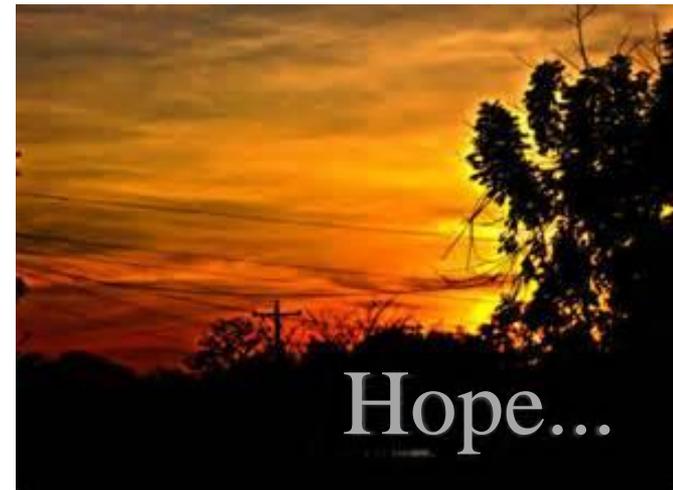


Clarifying Experiences:

- Avoid probing for in-depth description of traumatic experiences; this is not therapy or an interrogation
- Follow the lead of the survivor / responder in discussing the event; stay within his / her comfort level
- Individuals should not be forced to disclose details that may worsen their traumatic reaction

Core Action 5: Practical Assistance

- Summarize the information gathered - restate, clarify the immediate need(s)
- Assist in prioritizing needs
- Develop an action plan - what can be done to address a need
- Take action - help connect to a resource, complete paperwork, etc.
- Strive to empower
 - What have you done in the past to help yourself through difficult times?
 - Are there any things that would help you to feel better?



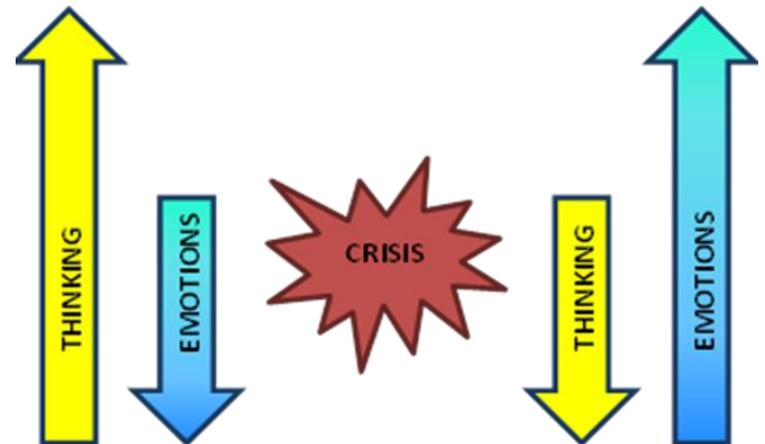
Core Action 6: Connection

- Social support is positively related to well-being, recovery following a disaster, and resilience
 - Feelings of belongingness, shared experience
 - Feeling needed
 - Reassurance of confidence and ability to face challenges
 - Advice and information
- Help to identify barriers to making connections, seeking help, or receiving assistance (i.e. feeling overwhelmed and unclear about needs, embarrassment, guilt, fear, etc.)
- Normalize reactions to withdraw, while encouraging connection when possible

Core Action 7: Information on Coping

- Provide information about common stress reactions

- Behavioral
- Physical
- Psychological / emotional
- Cognitive
- Social
- Spiritual

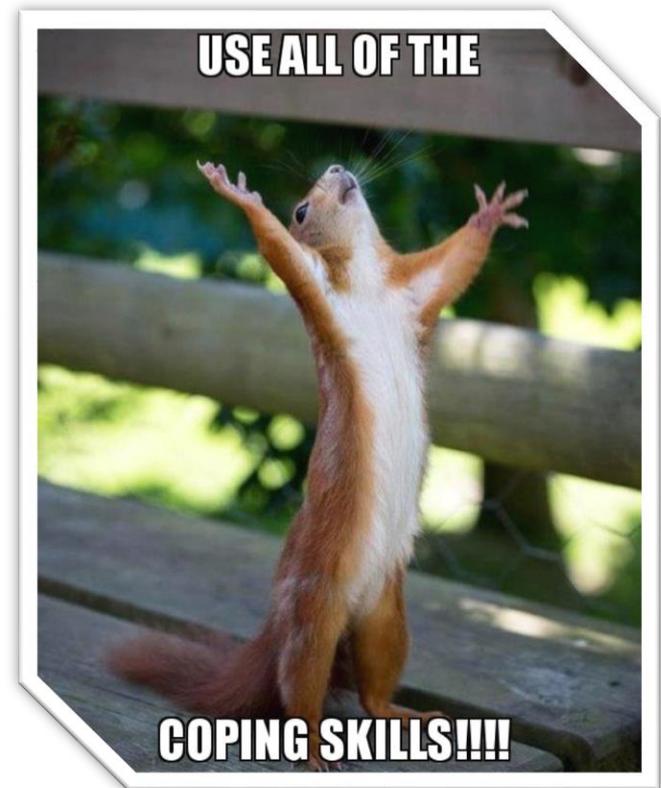


- Provide information about strategies for coping (living with intention)
- Assist with anger management when needed...

Core Action 7: Information on Coping

Coping Skills:

- Movement
- De-stressing nutrition
- Relaxation
 - Deep breathing
 - Progressive relaxation
 - Grounding / orienting
- Cognitive reframing
- Meditation, prayer
- Music, art, crafts
- Journaling, yoga, being in nature



Core Action 8: Linkage and Referral

- Whenever possible practice a “warm hand - off”
 - Mental health services
 - Medical services
 - Social services
 - Schools
 - Substance abuse services
- Restate the identified needs, check for accuracy, describe the option of referral, take action



Psychological First Aid

Message: Expect Recovery



Jennifer Schirmer, LCMHC, NCC, CCTP
Disaster Behavioral Health Coordinator
Phone: 603-271-9454
Email: Jennifer.L.Schirmer@dhhs.nh.gov



Bureau of Emergency Preparedness, Response, & Recovery

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

~Maya Angelou~