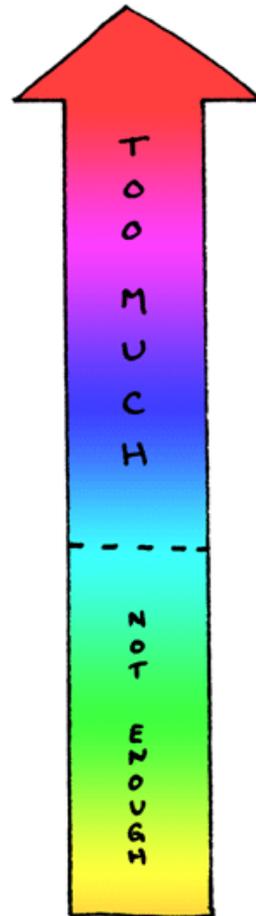


When the Injury is Invisible: Psychological First Aid



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How much did you eat
for lunch today?



Can't stay
awake



STILL
HUNGRY



What is Psychological First Aid?

- Psychological First Aid (PFA) is an evidence based approach to helping people in the immediate aftermath of a crisis or disaster.
- It is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping



- PFA should be as natural, necessary and accessible as medical first aid
- PFA means assisting people with emotional distress resulting from an accident, injury or sudden upsetting event
- Like medical first aid, you don't need to be a highly trained professional to provide immediate care to those in need
- You do need some basic skills



- PFA is based on an understanding that individuals affected by such events may experience a broad range of early reactions
- Reactions may be physical, psychological, behavioral, social or spiritual
- Some reactions may cause enough distress to interfere with adaptive coping



Recovery may be helped by
compassionate and caring
support



Now something about what PFA is *NOT*

- It is not psychotherapy
- It is not counseling
- It is not debriefing
- It is not treatment



Common Stress Reactions - Emotional

- Shock
- Anger
- Despair
- Emotional numbing
- Terror
- Guilt
- Grief or sadness
- Irritability
- Helplessness
- Hopelessness
- Loss of pleasure from regular activities
- Dissociation
(experiences seem “dreamlike”, “tunnel vision”, “auto pilot”, “spacey”)

Common Stress Reactions - Cognitive

- Impaired concentration
- Impaired decision-making
- Memory problems
- Disbelief
- Confusion
- Distortion
- Decreased self-esteem
- Decreased self-efficacy
- Self-blame
- Intrusive thoughts and memories
- Worry

Common Stress Reactions - Physical

- Fatigue
- Insomnia
- Disturbed sleep
- Hyperarousal
- Somatic complaints
- Impaired immune response
- Headaches
- Stomach problems
- Decrease/increased appetite
- Exaggerated startle response

Common Stress Reactions - Social

- Alienation
- Social withdrawal
- Increased conflict in relationships
- Vocational impairment
- School problems
- Desire for retaliation
- Scapegoating

Common Stress Reactions - Spiritual

- Anger at God
- Questioning or Loss of faith
- Cessation of religious practices
- Spiritual guilt
- Fear of spiritual retribution

A “Crisis” can be an *external* event
or an *internal* event



How distressing an event is depends on the meaning that is assigned to the event



Psychological First Aid targets
the *reaction* to the event, not
the *event* itself

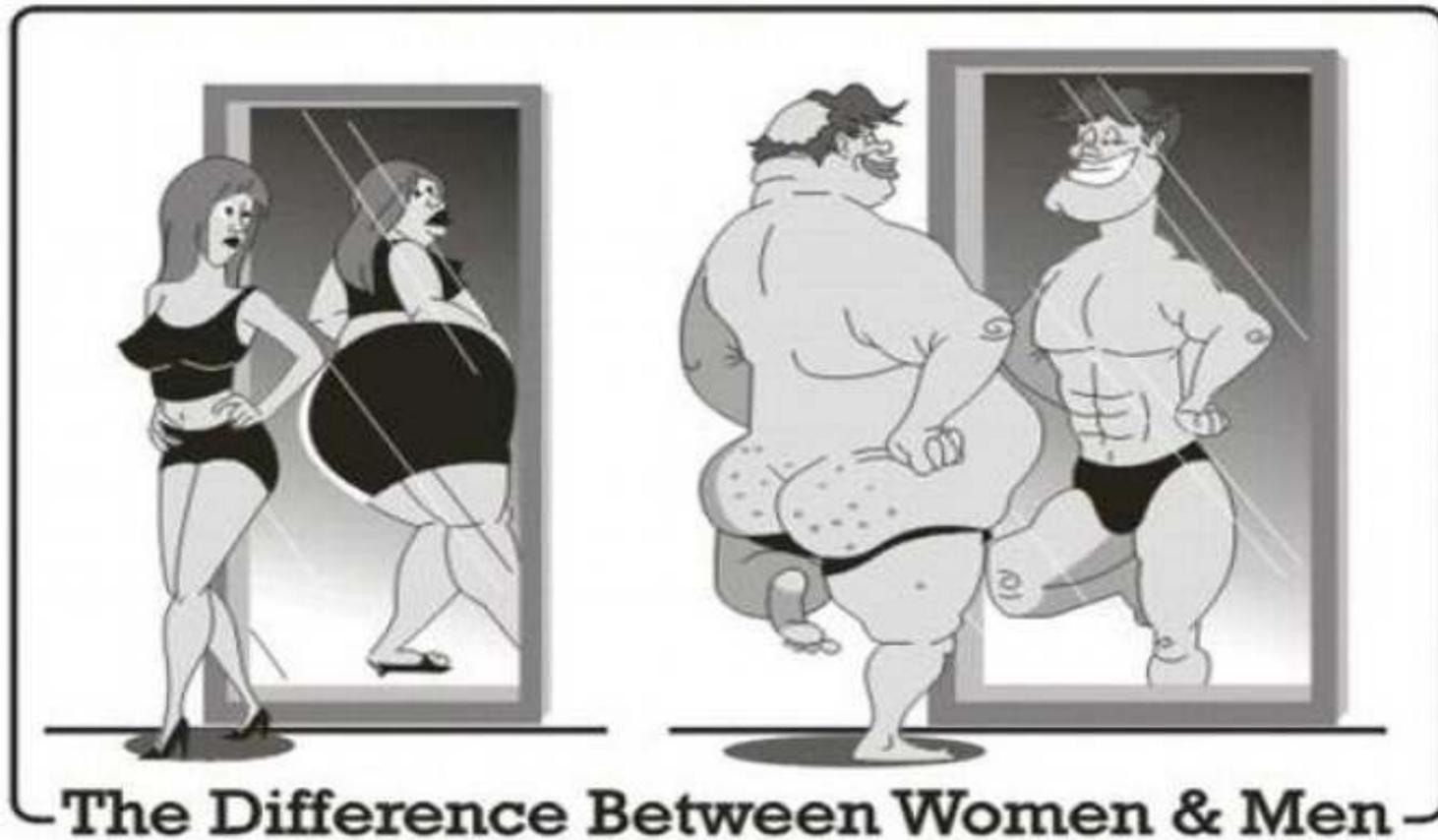


Sometimes our thought process is pretty accurate...and sometimes it's not.



When our thoughts are inaccurate, we call those **cognitive distortions**

Cognitive Distortions



People in crisis are more prone to distorted thinking



Cognitive Distortions

- All-or-nothing thinking (black and white) – thinking of things in absolute terms
- Overgeneralization – “everyone” feels this way
- Mental filter – focusing exclusively on certain aspects, usually negative or upsetting, while ignoring the rest

- Magnification a/k/a “catastrophizing” and minimization – inappropriately understanding the way people or situations truly are
- Emotional reasoning – making decisions based on how one feels rather than objective reality
- Should statements – relying on rigid rules that one believes should be applied no matter what the circumstances

- Labeling – related to overgeneralization, explaining by naming, framing things in absolute and unalterable terms
- Personalization – assuming someone directly caused things. Assigned to self, this causes inappropriate guilt. Assigned to others, this is an example of blame
- Disqualifying the positive – continually “shooting down” positive experiences
- Jumping to conclusions – including mind reading (assuming intentions of others), fortune telling (predicting the future)

A word about the chemistry of stress...

- Body prepares for flight, fight or freeze
- Epinephrine (adrenaline), norepinephrine and cortisol are pumped into the bloodstream
- Sympathetic arousal of the nervous system causes increase in heart rate, blood pressure, perspiration, respiration

Basically, your body is in an *acting and reacting* mode, NOT a thinking mode



One of the values of PFA is helping individuals shift back into or at least toward the thinking mode so they can start accessing their own natural coping mechanisms

Basic Objectives of PFA

- Establish a human connection in a non-intrusive, compassionate manner
- Enhance immediate and ongoing safety, and provide physical and emotional comfort
- Help survivors to tell you specifically what their immediate needs and concerns are, and offer practical assistance and information
- Calm and orient emotionally overwhelmed survivors



- Acknowledge and support adaptive coping efforts; encourage children and adults to take an active role in their recovery
- Provide information that may help them cope effectively with the psychological impact of the event
- Provide resource information about where else they can obtain assistance



How to Provide PFA



- 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)
- Make sure that contact is not intrusive or disruptive
- Speak calmly and slowly in concrete terms
- Be patient, responsive and sensitive

- If survivors want to talk, be prepared to listen. If they don't want to talk, don't force the issue
- Give information that addresses their immediate goals and clarify answers repeatedly, as needed
- Give information that is accurate and age-appropriate
- If communicating through an interpreter, look at and talk to the person you are addressing, not the interpreter

A word about non-verbal communication...

- Understand the power of it
- Use it to your advantage
- Be careful it doesn't bite you



Things to avoid

- Do not assume that everyone exposed to a crisis or disaster will be traumatized
- Do not label acute reactions as “symptoms” or something pathological
- Do not assume that all survivors want or need to talk to you. Often a supportive, calm presence is enough
- Do not ask for details of what happened
- Do not offer possibly inaccurate information. If you don't know an answer, it is best to say so.



Keep Resiliency in mind...

- Most people have at least some fairly decent coping skills
- Most people have faced adversity before
- Most people will find their way through this event, even with little or no assistance from an outside helper
- Most people have some natural supports

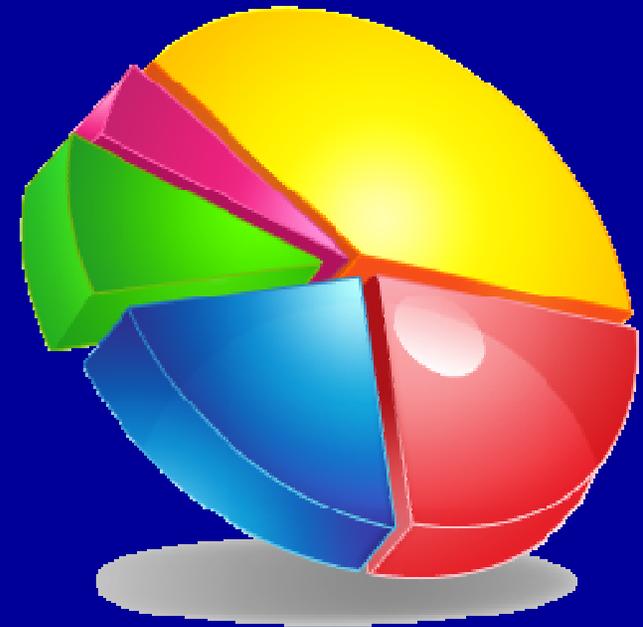


“Core Actions” of PFA

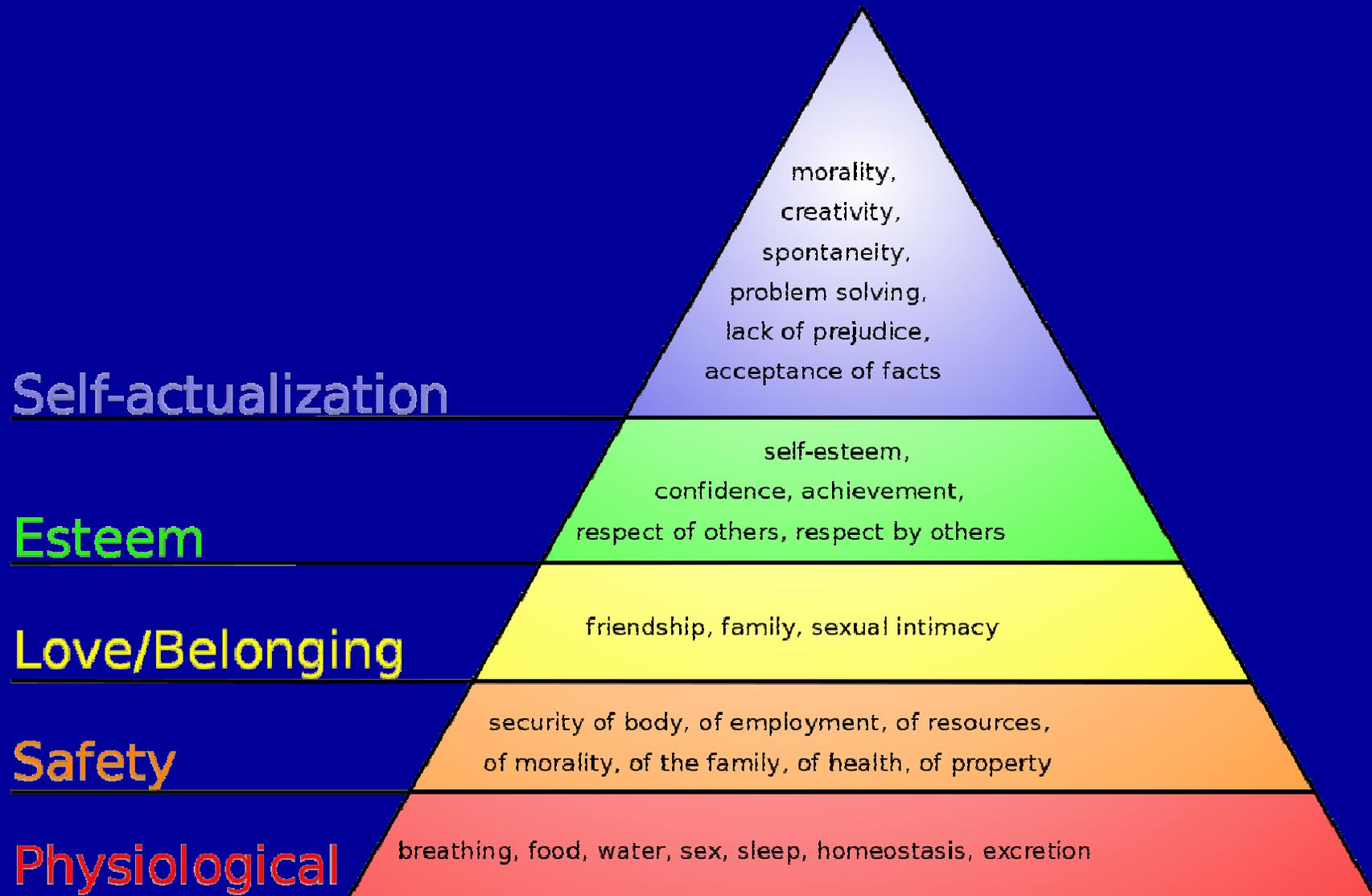
The eight “core actions” of Psychological First Aid are the basic objectives of providing early assistance in the days or weeks following an event. Providers should be flexible and base the amount of time spent on each action on the survivor’s specific needs.

The “Core Actions”:

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering
- Practical assistance
- Connection with social supports
- Information on coping
- Linkage with collaborative services



Maslow's Hierarchy of Needs



Contact and Engagement

Respond to contacts initiated by survivors, or initiate contacts in a non-intrusive, compassionate, and helpful manner

Introduce yourself; ask about immediate needs

- Be aware of cultural issues
- Maintain the highest level of confidentiality possible given the situation



Safety and Comfort

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

- Ensure immediate physical safety
- Help survivors do things that are active, practical and familiar
- Provide accurate information about status of the current situation and available services
- Ask whether survivors need help with health-related issues or daily activities



Stabilization

If needed, the goal of this action is to calm and orient emotionally overwhelmed or disoriented individuals.

- Address the individual's primary immediate problem rather than simply trying to convince the person to "calm down" or "feel safe" (which usually isn't effective)

Information Gathering



Identify immediate needs and concerns and gather additional information needed to assist the individual. You may need to assess:

- Separation from or concern about safety of loved ones
- Physical illness, mental health conditions, need for medication
- Losses (home, school, pets, personal property)

- Extreme feelings of guilt or shame
- Concerns about ongoing danger or circumstances
- Thoughts about hurting self or others
- Availability of social supports
- Prior alcohol or drug abuse
- Prior exposure to trauma or death of loved ones
- Prior coping skills – what usually works?



Practical Assistance

Offer practical help to survivors in addressing immediate needs and concerns

- Identify the most immediate needs
- Clarify the need
- Discuss an action plan
- Act to address the need



Connection with Social Supports

Help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources

- Help individual clarify needs
- Discuss support seeking and support giving
- Model supportiveness



Information on Coping

Provide information about stress reactions and coping to reduce distress and promote adaptive functioning

- Provide basic information about stress reactions
- Review common reactions to traumatic experiences and loss
- Provide basic information on positive coping

Positive Coping Skills

- Talking to another person for support
- Getting needed, *accurate* information
- Getting adequate rest, nutrition, exercise
- Engaging in positive, distracting activities (sports, hobbies, reading)
- Trying to maintain a close-to-normal schedule
- Taking breaks
- Using relaxation techniques
- Seeking counseling
- Keeping a journal



Negative Coping Skills

- Using alcohol or drugs to cope
- Withdrawing from activities
- Withdrawing from family or friends
- Working too many hours
- Getting violently angry
- Excessive blaming of self or others
- Overeating/under-eating
- Doing risky or dangerous things
- Not taking care of yourself



Discussing positive and negative coping can help:

- Individuals consider different coping options



- Identify and acknowledge personal coping strengths

- Think about negative consequences of maladaptive coping actions
- Individuals make goal-oriented choices about how to cope
- Enhance a sense of personal control over coping and adjustment

Linkage with Collaborative Services

Link survivors with available services needed at the present time, or in the future

- Provide a direct link to needed services if at all possible
- Reconnect individuals to agencies that provided services before the disaster
- Pay special attention to the potential need for referrals for children and older adults

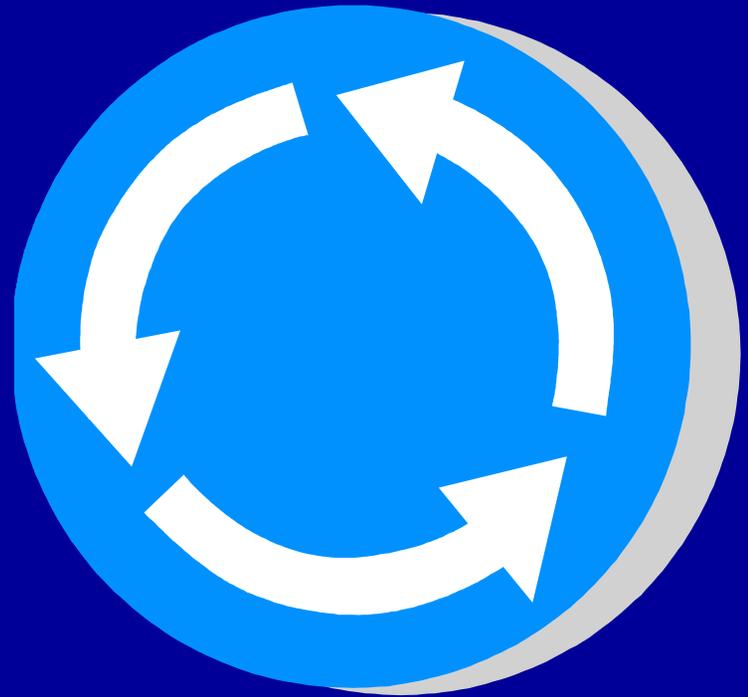


A brief focus on stabilizing an
emotional crisis...



Crisis Escalation Cycle

- Uncertainty
- Questioning
- Refusal
- Demanding
- Generalized Acting Out
- Specific Acting out
- Recovery
- Rapport
- Cooperation



The tools you use can stop the crisis escalation cycle, speed it up, or just keep it spinning



Working with Children and Adolescents

- For young children, sit or crouch at eye level
- Help school-age children verbalize their feelings, concerns and questions
- Provide simple labels for common emotional reactions (mad, sad, scared, worried)
- Match your language to the child's developmental level; be concrete and direct
- Talk to adolescents adult-to-adult. They get the message you respect their feelings and concerns

Working with Older Adults

- Recognize strengths as well as vulnerabilities. Many older adults have acquired effective coping skills over a lifetime of dealing with adversity
- For those with difficulty hearing, speak clearly and in a low pitch
- Be aware that apparent confusion may be due to disorientation due to a change in surroundings, poor vision or hearing, poor nutrition or dehydration, sleep deprivation, feeling helpless or vulnerable, social isolation, or problems with medication



Working with Individuals with Disabilities

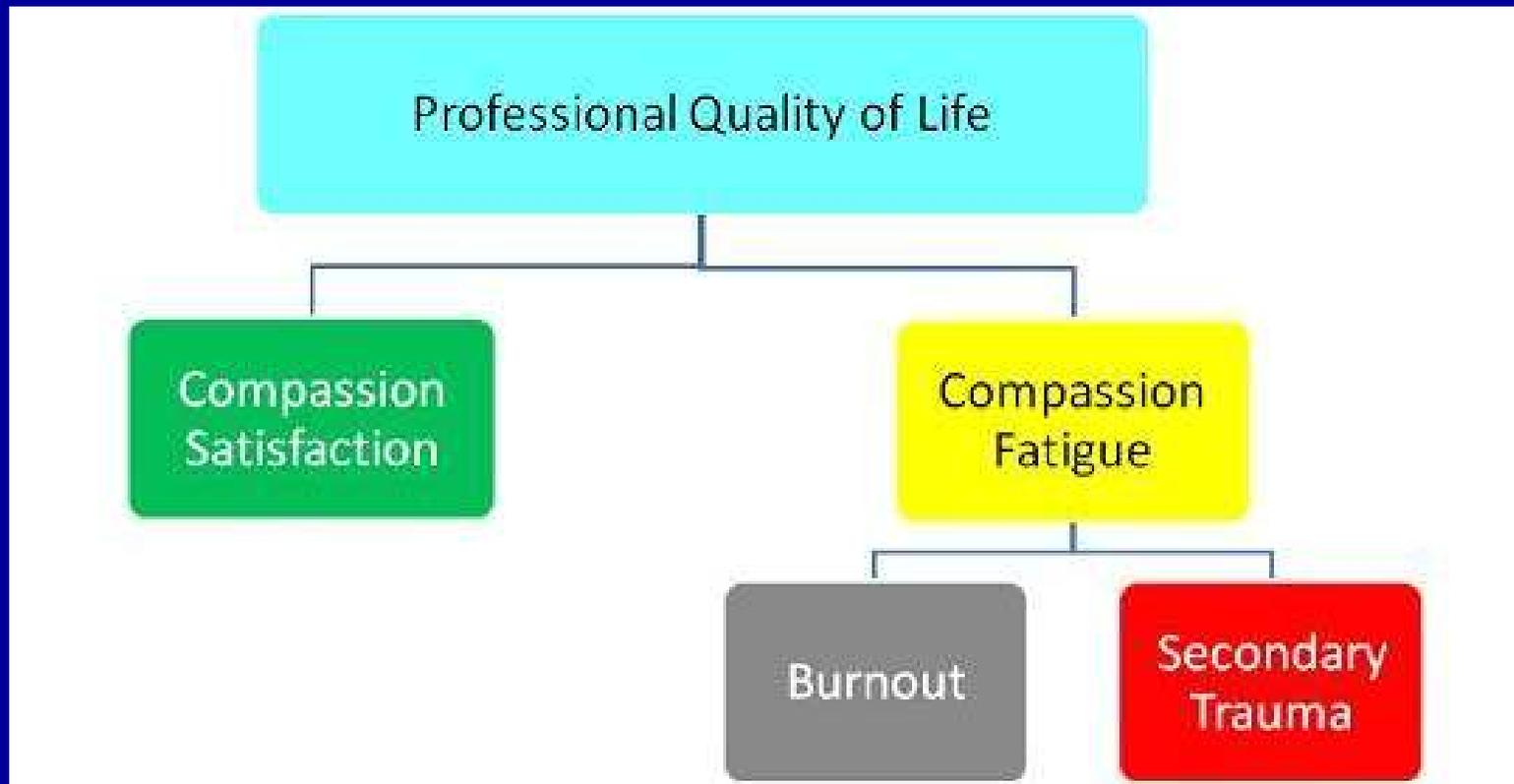
- Try to provide assistance in an area with little noise or stimulation
- Address the person directly rather than a caretaker, unless direction communication is difficult
- If communication appears impaired, speak simply and slowly
- When you are unsure of how to help, ask the individual
- When possible, allow the person to be self sufficient

- Take the word of a person who claims to have a disability, even if the disability is not apparent to you
- 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 necessary aids (medication, oxygen, respiratory equipment, wheelchair) with the individual

Before I forget... You're human, too



Your job WILL affect you...the question is HOW?



Compassion Satisfaction

- **Compassion satisfaction** is about the pleasure you derive from being able to do your work well.
- For example, you may feel like it is a pleasure to help others through your work.
- You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

Compassion Fatigue

Compassion fatigue breaks into two parts.

- The first part concerns things such as exhaustion, frustration, anger and depression typical of **Burnout**.
- The second part, **Secondary Traumatic Stress**, is driven by fear and work-related trauma

Burnout

- Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively.
- These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

Secondary Traumatic Stress

Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. In other cases, work-related trauma can be a combination of both primary and secondary trauma.

Primary and Secondary Trauma

These are about work-related exposure to extremely stressful events.

- Primary Trauma is experienced when your work puts you directly in the path of danger, such as being assaulted
- Secondary Trauma occurs when you repeatedly hear stories about the traumatic things that happen to other people or repeatedly coming into direct contact with traumatized individuals.

Whether it's Primary or Secondary...

The symptoms of traumatic stress are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

- Sometimes these reactions are intense but short-lived. They are a normal reaction and pass with time, leaving only unpleasant memories

OR

- These reactions can stick with you, don't fade over time and can even become Post Traumatic Stress Disorder

- We tend to recognize primary trauma, whether we acknowledge its impact and seek assistance or not (CISM Team, Employee Assistance Program)
- Secondary trauma most often goes unrecognized and yet the impact can be far more damaging. “It’s just part of the job” or “That’s what you get paid to do” are common ways of shrugging it off

Risk Factors

- High caseload demands
- Personal history of trauma
- Nature of trauma commonly encountered (children, elderly, vulnerable populations)
- Unsupportive work environment/inadequate supervision
- Insufficient work environment safety



Most Common Problems Seen in Front Line Workers

- Social withdrawal (damaged relationships)
- Loss of empathy (emotional withdrawal)
- Increased alcohol use or other negative coping skills
- Genuine cynicism
- Depression

More About Social Withdrawal

- Keeping to yourself
- Not wanting to talk/share about work
- No/limited contact with friends
- Only socialize with coworkers
- Being cranky at home
- Negative view of self
- Negative view of world
- Negative view of people in general
- Cutting out hobbies

Self Care is the Antidote

- Healthy coping
- Constructive hobbies
- Taking time away from the job
- Adequate sleep/rest
- Healthy diet and exercise
- Adequate hydration
- Valuing/nurturing relationships

You can't help others if you're not helping yourself

- “Put your own mask on before assisting other passengers”



Am I supposed to remember all that?!



Be Kind, Be FLEXIBLE

Flexibility is the key to effective interventions. The helper must decide how much time to spend on each of the “core actions” based on the individual’s specific needs and concerns.

Kindness provides an affirmation that no matter how bad the situation, there are still caring people in the world.



Remember, the goals of Psychological First Aid are...

- Reduce distress
- Assist with current needs
- Promote adaptive functioning



*Thank you, and
have a great day!*



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