PSYCHOLOGICAL FIRST AID

APNS
2017 Webinar
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Material from DEEP Centre

Need

- Natural disasters (e.g., Hurricane season June 1 to November 30: so far this year-Hurricane Harvey, Category 4 strikes Texas; Hurricane Irma as a Category 5 storm devastates Puerto Rico)
- Man-made disasters (e.g., Lac-Mégantic runaway train disaster)
- Acts of terror (e.g., October 1, 2017, Mass shooting at the Route 91 Harvest Festival in Los Vegas)

APNS State of Readiness

- APNS has worked with DoHW to ensure that Volunteer Psychologists will be available for deployment during a major disaster when NSHA is overwhelmed;
- However, well-before such plans get activated there are expected surges of people and patients at hospitals;
- It takes time to set up centres for the medically and psychologically injured and for those seeking information about lost and injured family members and friends.

Background

- The injured and dispossessed in a major disaster will often arrive at local hospitals well before the Nova Scotia Health Authority (NSHA) is ready for the onslaught.
- APNS is ready through its volunteer psychologists to help out at such times that governmental services are overwhelmed.

Components of Hospital Surge

- EMS Processed Medical Casualties.
- Self-Evacuated Medical Casualties.
- Bystander & Family Transporting Self-Evacuees.
- Psychological Casualties.
- Family Members and Friends of MCI Casualties.
- Citizens Searching for Missing Loved Ones/Friends.

Upon Reaching the Hospital

In Canada those in need of care go to hospitals. Hospitals are expected to receive the brunt of the patient surge during a Major Critical Incident (MCI).

- EMS Transported patients and Self-Evacuees are triaged and offered placement.
- Triage becomes necessary when demands for immediate hospital services exceeds capacity.
- Triage process distinguishes patients based on severity of symptoms and urgency of intervention, allowing patients to be sequenced so that survival and recovery are optimized.

TRIAGE is necessary to prioritize those survivors needing help.

Medical Triage: Colour Code

Both medical and psychological casualties are triaged.

- BLACK PATIENTS (deceased/expectant): Patients who are so severely injured that survival is impossible or those already dead.
- RED PATIENTS (CRITICAL): Those patients requiring immediate life-saving intervention. Care is typically provided in a Trauma Centre or Emergency Department Resuscitation/ICU area.
- YELLOW PATIENTS (DELAYED): Patients that may require x-ray or other evaluative services or may include advanced support such as cardiac monitoring.

Hospital Triage continued

- GREEN PATIENTS (MINOR): Many patients who arrive on their own at the hospital have minor injuries, the so-called "walking wounded." Green patients do not need the level of resources of an Emergency Department nor do they need diagnostics or bed resources.

Psychological Casualties

- Patients presenting with physical symptoms are identified as GREEN patients:
  - May includes symptoms of unexplained origin, referred to as Multiple Unexplained Symptoms (MUPS).
  - At times clusters of patients arrive presenting with similar physical symptoms thought to be associated with toxic exposure, this may be Mass Psychogenic Illness (MPI).
- Survivors without physical symptoms are referred to a Support Centre.

Call Out

- Volunteer psychologists will be contacted through the APNS Disaster Response Coordinator (DRC) or by
- Other Post-Trauma Services Committee Members.
- Initial contact is made by the Department of Health and Wellness' Director of Health Services Emergency Management to the DRC whose responsibility it is to contact the psychologist volunteers.

Guidelines

- Expect normal recovery. Most survivors cope without access to professional helpers. Resiliency is the rule, not the exception.
- Promote normal recovery.
- Assume survivors are competent. Most survivors will be able to manage for themselves. You should support them in managing the situation.
- Recognize survivor strength.
- Promote resiliency.
- Support survivors to master the disaster experience.

What to expect

- All people who experience a disaster are affected by it;
- Disasters affect both the individual and the community;
- Most people pull together and function following a disaster, but with diminished capability;
- Most stress and grief reactions are normal responses to extraordinary circumstances;
- Positive adaptation in the face of adversity from individuals and communities is the rule and not the exception;
- Behavioural health support and services need to be tailored to the communities they serve;
- Most survivors respond to active, genuine interest and concern, but you should expect some survivors to reject services;
- Even if a survivor rejects a service at this time assure the survivor that help is available later should they wish it;
- Behavioural health assistance in disasters settings is practical, flexible, and empowering;
- Providers must ensure they do no harm when intervening;
- Legal and disaster relief procedures and protocols may confuse and distress survivors;
- Behavioural health services integrate and support a multi-disciplinary response effort;
- Support from family, friends, and the community helps survivors cope with loss and change.

Components of Early Intervention for Survivors of Disasters

- Secure basic needs.
- Provide psychological first aid.
- Conduct a needs assessment.
- Monitor the rescue and recovery environment.
- Provide outreach and information dissemination.
- Deliver technical assistance, consultation and training.
- Foster resilience and recovery.
- Conduct triage and referral.
- Provide treatment.

Support Centre and Family Centre

- Support Centre is for Psychological Casualties;
- Family Centre is for those Searching for missing family members.
- Function: Support Centre=Psychological support for fearful and distressed survivors; Provision of basic needs, Psychological First Aid; Behavioural triage.
- Family Centre=Practical support for family reunification for searching family members; Provision of basic needs; Psychological First Aid; Support for bereaved family members.

Disaster Behavioural Health

- The field of Disaster Behavioural Health attempts to improve the capability of disaster responders such as Volunteer Psychologists to perform optimally in the face of adversity, and
- to encourage disaster survivors to maintain or rapidly restore function, when faced with the threat or actual impact of disasters and extreme events.

Support Centres and Family Centres continued

- Setting: both focus on safety in a setting away from upsetting sights, chaos, and noise. Both are located apart from Hospital Emergency Department. The Support Centre needs access to small rooms to separate those who are agitated and disruptive.
- Staff: Hospital staff may be supplemented with volunteers such as the APNS Volunteer Psychologists.

Support Centres

- Psychological casualties are referred to Support Centres.
- The principle tool of choice is Psychological First Aid.

Family Centers

- Management of those searching for missing family members may create one of the greatest challenges during a disaster or terrorist event.
- The Family Center activated during a Major Crisis Incident (MCI), provides a designated area where family members and loved ones can congregate and obtain information about survivors – or the deceased.
- The design and function of the Family Centre is pragmatic, focusing on reunification of separated loved ones. This because, separation from loved ones is a major disaster stressor, psychological first aid may be a useful adjunct in the Family Centre.

Strategy: SAFEGUARD Survivors from harm and offer protection
Physical Health Dimension

- Survivors need safety, security, and shelter.
- Ask, "Are you feeling safe here?"

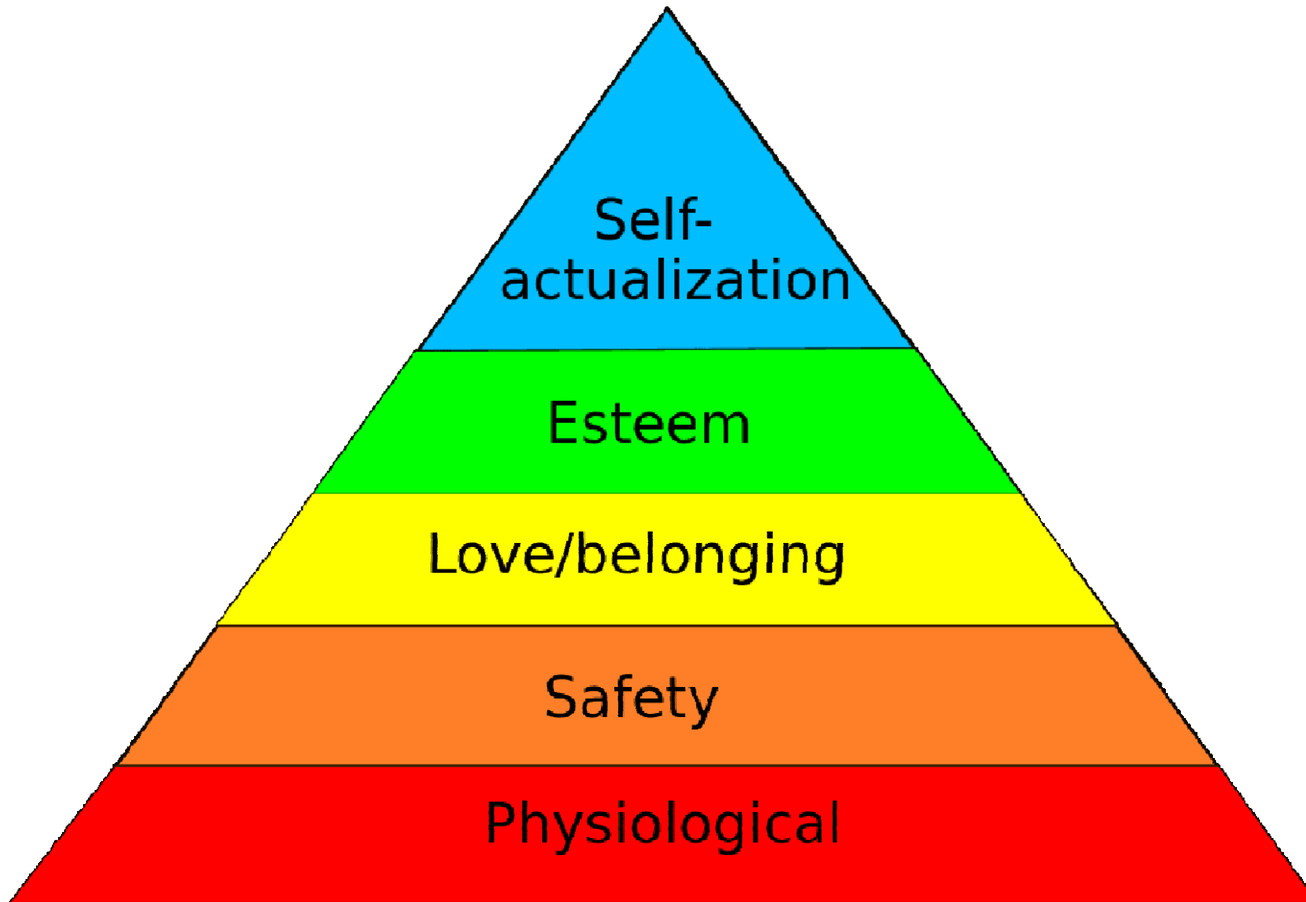
  Do not reassure that the Survivor is safe unless you have definite factual information that this is the case;

  Need to watch Survivors for those that might harm themselves or others (e.g., expressions of extreme anger)

Strategy: Sustain Survivors by providing basic needs
Physical Health Dimension

- Maslow's Hierarchy of Needs indicates that basic survival needs come first.
- Basic needs must be provided before proceeding to higher-order needs.
- Therefore, focus on basic needs such as safety, security, shelter, food and water.

PFA & Maslow's Hierarchy of Needs



Subgroups of Survivors who may need special attention or consideration

- Those who are physically injured,
- Those who have been intensely exposed,
- Those who were displaced from home or worksite,
- Those sustaining damage or loss of property,
- Those who are bereaved.

Special Populations

- Children & adolescents
- Older adults (65+ old/85+ oldest old)
- Those with a previous history of trauma
- Those with a clinical psychiatric diagnosis
- Those with substance abuse
- People with chronic medical conditions or illnesses

PFA: Premise

- PFA developed to help provide service to trauma victims that would ameliorate initial distress and, like CISD, to help people in the long run to adapt better.
- PFA and CISD differ in that PFA attempts to use only those components of CISD that work while avoiding those that potentially could cause harm.

PFA Premise continued

- PFA neither enforces participation nor does it encourage the emotional expression of trauma memories during the immediate aftermath of the trauma experience.
- PFA is directed to individuals or family groups rather than to homogenous groups as would be found in the Mitchell-Everly CISD model.
- PFA attempts to ensure that no harm is done.

Psychological First Aid
Key Components

Designed to:

- Protect survivors from further harm.
- Reduce physiological arousal.
- Mobilize support for the distressed persons.
- Reunite and keep families together.
- Provide information.
- Foster communication and education.
- Communicate risk effectively.

PFA: Key Points

- Psychological first aid parallels medical first aid.
- Involves the application of practical help.
- Based on evidence-**informed** strategies (strategies believed to be helpful and harm-free).
- Providers include mental health and non-mental health personnel.

What is PFA?

PFA is an evidence-informed modular approach for assisting youth, adults and families in the aftermath of disaster and terrorism. PFA is designed to reduce the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning.

Principles and techniques of PFA meet four basic standards:

1) consistent with research evidence on risk and resilience following trauma;
2) applicable and practical in field settings;
3) utilizes interventions geared to the developmental age of children and adolescents; and
4) Is culturally informed.

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Who is PFA for?

PFA interventions are intended for use with children, adolescents, parents/caregivers, families, and adults.

Who delivers PFA?

PFA is intended for delivery by non-mental health disaster relief workers and mental health professionals who provide acute assistance to affected children and families as part of an organized disaster response effort.

When should PFA be used?

In the immediate aftermath of disasters.

Where should PFA be used?

- Shelters.
- Schools.
- Hospitals.
- Homes.
- Staging areas.
- Feeding locations.
- Family assistance centres.
- Community locations.

Following weapons of mass-destruction (WMD) events or during infectious disease pandemics – PFA may be delivered in:

- Mass casualty collection points.
- Hospitals.
- Field decontamination sites.
- Mass prophylaxis sites.

Core Action of Psychological First Aid

- Contact and engagement.
- Safety and comfort.
- Stabilization (if needed)
- Information gathering: current needs and concerns.
- Practical assistance.
- Connection with social supports.
- Information on distress reactions and coping.
- Linkage with collaborative services.

Strengths of Psychological First Aid

- Information gathering to facilitate rapid assessment.
- Field-tested, evidence-informed strategies.
- Developmentally and culturally appropriate.
- Practical tools provided to survivors.

Strategy: SAFEGUARD Survivors from harm: Offer protection

- Survivors need to be removed from harm's way and from the scene of ongoing stressors and traumatizing reminders. Volunteer psychologists will likely be deployed in centres where safety is assured (as much as possible). To the extent possible, survivors need to be provided with some degree of privacy and personal space, shielded from the scrutiny of onlookers and intrusion from the media. Thus, expect survivors to be in Support Centres or in Family Centres once they have gone through triage.

- **Urgent Medical concerns**. PFA providers in the field need to be alert to medical concerns requiring urgent attention. Such patients are to be referred to medical triage.

- Ensuring safety diminishes the physiological stress response.

Target: Facilitate Function

Encourage Psychological Health by

- Enhancing perceived sense of safety and control.
- Comfort, support, validate, and orient distressed survivors.
- Connect survivors to family, friends, and social supports.

Target: Empower Action

Encourage behavioural health functioning by:

- Initiating action towards disaster recovery and a return to normal activity,
- Educate and inform survivors about the disaster.
- Orientate to available options for action and
- Resources for support.

Action

- Offer practical assistance, “May I get you a bottle of water?”
- Help survivors to identify basic needs. Ask, “Describe your immediate needs.” or, “What problems are you facing now?”
- Try to have the survivor make decisions about their safety. “Who might be able to help you?”

PFA: Function

Psychological Health Dimension

- The desired outcome is to facilitate psychological functioning and enhancing perceived sense of safety and control.
- Make non-intrusive contact. "Would you like me to sit with you?"
- Listen with compassion and be non-judgmental
- Be reassuring (if possible) but do not offer false assurances.

PFA: Function
Psychological Health Dimension

- Use your body language to convey calm, reassurance, and support.
  - Maintain good eye contact
  - Speak in a calm supportive manner
    - Slow even tone of voice
    - Low in volume
    - Be slow to react
  - Remain as outwardly calm as you are able even in threatening situations

PFA: Function
Psychological Health Dimension

- Maintain active attentive listening.
- ASAP: Connect survivor to available support systems, family members, neighbours, friends
- Do teach stress management techniques such as:
  - Deep breathing
  - Muscle relaxation
  - Cognitive reframing.

PFA: Function
Psychological Health Dimension

- Listen respectively with compassion.
- Survivors may wish to tell their stories repeatedly. Do not stop them. Do not be judgmental.
- Teach that their reactions to the disaster are expectable given what they had experienced.
- Remember that your compassionate presence is nearly always helpful.

Active Listening

- Allow Survivor to Take the Lead: Some may want to talk about their traumatic experiences. Putting terrifying and tragic experiences into words and having them heard while receiving emotional support can contribute to the healing process.
- Others may choose to focus on concrete tasks or seemingly inconsequential matters, temporarily avoiding direct discussion of trauma and loss.

Active Listening

- Allow silence: Silence can give a person time to reflect and become aware of feelings.
- Attend Non-Verbally: Eye contact, head nodding, caring facial expressions, and being at the same physical level (e.g., sitting/standing) let the person know that the worker is listening.
- Paraphrase: To convey understanding, interest, and empathy. Also allows checks for accuracy and clarifies misunderstanding

Active Listening

- Reflect Feelings: You can successfully use reflection to determine the survivor's feelings. "You seem afraid of spending the night home alone. Is that true?"
- Allow Expression of Emotions: Communicating intense emotions through tears or venting is an important part of healing. It often is a way of working through feelings to address immediate tasks.

Attentive Observation & Appraisal

- Identify those who are not coping well – Ask about the availability of supportive persons who may be readily accessible to the survivor. Look for those who are:
  - Disoriented
  - Confused
  - Frantic
  - Panicky
  - Extremely withdrawn, apathetic or “shut down”
  - Extremely irritable or angry
  - Individuals who are exceedingly worried

Stabilize Emotionally-Overwhelmed Survivors

Look for signs of being disoriented or overwhelmed:

- Looking glassy eyed and vacant – unable to find direction
- Unresponsiveness to verbal questions and commands
- Disorientation (e.g., engaging in aimless disorganized behaviour)
- Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, regressive behaviour)
- Excessive shaking or trembling
- Exhibiting frantic searching behaviour
- Feeling incapacitated by worry
- Engaging in risky activities

Provide Psychoeducation

- Normalize survivors' reactions by explaining that their responses are "expectable" and "understandable" given what was just experienced.
- Do say:
  - "You have temporarily lost your sense of safety and security. You will feel better over time."
  - "This is your body's and mind's way of dealing with what you have experienced. Your reactions are normal."

Psycho-Education continued

- Do say:
  - "Feeling intense emotions and having thoughts that you may never have had before is normal in these situations. You are not going crazy."
- Do NOT say:
  - "It could have been worse. You're lucky that …."
  - "You should count your blessings. It will make you feel better."
  - "I know just how you feel."

Dealing with Emotionally Overwhelmed Survivors

- If the person is too upset, agitated, withdrawn, or disoriented to talk, or shows extreme anxiety, fear or panic consider:
  - Is the person alone or in the company of family and friends?
  - If family or friends are available it may be helpful to enlist their aid in comforting the survivor or in providing emotional support.
  - Alternatively you may remove the survivor to a quiet place, or speak quietly to the person while family/friends are nearby.

Emotionally Overwhelmed cont’d

- What is the person experiencing? Is s/he crying, panicking, experiencing a flashback?
- When intervening, address the person’s primary immediate concern or difficulty, rather than simply trying to convince the person to “calm down” or to “feel safe.”

Emotionally Overwhelmed cont’d

- Respect the person’s privacy
- Give the individual some time alone
  - Tell the individual that you will be available should they wish and that you’ll check back on them to see how they are doing.
- Remain present
  - Offer a drink, place to sit rather than trying to engage
  - Use small talk, or talk to others in the vicinity (Modeling), do paper work

Emotionally Overwhelmed cont’d

- Offer support and help the survivor focus on specific manageable feelings, thoughts and goals.
- Talking points:
  - Intense emotions may come and go like waves
  - The alarm reactions, even though strong, are healthy
  - Sometimes the best way to recover is to take a time-out (e.g., breathe deeply, go for a walk)
  - Friends and family are very important sources of support to help you to become calm

Extremely Agitated Survivors

- Ask the individual to listen to you and to look at you
- Find out if they know who they are, where they are, and what is happening
- Ask the individual to describe the surroundings, and say where both of you are
- Clarify what has happened and the order of events (without graphic detail)

Strategy: Connect Survivors to Family, Friends, and Social Support

- Family members who arrive together need to stay together.
- Family members who are separated need to be located and reunited.
- Survivors will benefit from connection to disaster recovery and psychosocial support resources as these become available.

Foster Access to Primary Support Persons

- Social support is known to facilitate recovery from trauma.
- Take practical steps to enable the patient to make contact (in person, by phone, by email) with their primary support persons.
- Encourage use of available support persons:
  - It is generally soothing and reassuring to be around other people who seem to be coping adequately with the situation.
  - Encourage those coping to talk to others who are currently distressed or not coping well.

Foster Access to Primary Support Persons cont'd

- Place children near adults or peers who appear relatively calm given the circumstances and shield them from close contact with highly distressed individuals.

- You can help survivors understand the value of social support, and how to be supportive to others. Explain how social support is a powerful aid in disaster recovery.

Strategy: Educate

- Target Outcome PFA: Empower Action

Behavioural Health Dimension

- Provide effective risk communication
  - Give specific information about what has happened and what to expect
  - Suggest what to do
  - Provide information about any disaster recovery resources
  - Provide contact numbers and sites of operation

Strategy: Educate cont'd

- Enhance predictability and control through education
  - What is currently known about the unfolding event
  - What to do next
  - What is being done to assist survivors
  - Available Services
  - Stress reactions
  - Self-care, family care, and coping

Strategy: Educate cont'd

- Validate the stress-reactions that the survivors experience: normalize
- Inform survivors about what to expect: Ask, "Do you have any questions about what is going to happen?" Give simple, accurate information about they can expect
- Ask, "Do you feel safe or are you worried that you are not as safe as you would like to be?" Try to connect survivors with information that addresses any concerns.

Risk Communication Principles

IMMEDIATE

- Am I OK? Am I safe?
- Are my family and loved ones OK?
- What do I need to do?

SUBSEQUENTLY

- What has happened?
- What is likely to happen?
- What do I need to do?
- What resources are available?

Risk Communication for the General Public

- Tell the truth as it is known, when it is known.
- Explain what is being done to deal with the problem.
- Avoid withholding bad news or disturbing information.
- Be forthright about what is <u>not</u> known.
- Provide practical guidance for citizen protection.

Risk communication with individual survivors

When presenting education and accurate information consider the following:

- Use your judgment as to whether and when to present information. Does the individual appear able to comprehend what is being said? Is the individual able to hear the content of the message?

Risk communication with individual survivors continued

- The most useful information is that which provides assistance in addressing immediate needs, reduces fears, answers pressing questions, addresses current concerns, and supports coping efforts.
- Use clear and concise language.

Communication Guidelines in a Crisis

- Be credible, succinct, authoritative, and clear.
- Provide continuous information early and often,
- Limit the number of voices.
- Be constructive. Direct people regarding what to do.
- Be consistent. Provide the same message to all personnel.
- Be community focused. Know your cultural group.

Strategy: Empower Survivors to Take Steps Toward Disaster Recovery

- Survivors need simple plans, guidance, and practical first steps toward recovery.
- Resuming normal activities requires small building blocks and “do-able” tasks.
- Opportunities to engage survivors in helping others may create moments of personal empowerment.

In hospital settings, the time available for patient interaction is likely to be quite brief for psychological casualties.

Strategy: Empower Survivors to Take Steps Toward Disaster Recovery cont'd

- Empower and encourage adults, children, and families to take an active role in their own recovery.
- Help them to set realistic disaster recovery goals.
- Problem solve solutions to the challenges survivors face.
- Define simple, "bite-sized" tasks to recovery.
- Survivors who do not have overwhelming personal recovery issues may be used to help others who are facing greater challenges.

Making Referral to Health

- Summarize your discussion with the person about their needs and concerns.
- Verify the accuracy of your summary.
- Describe the option of referral, including how this may help and what will take place if the individual goes for further help.
- Ask the survivor about their reaction to the suggestion of a referral.
- Give written referral information, when possible, give an appointment then and there.

When to Refer to Mental Health Services

DISORIENTATION: The person is dazed and unable to give date and time, location, and events of the past 24 hours, or to understand what is happening.

ANXIETY & HYPERAROUSAL: The individual is highly agitated, restless, jumpy, and on edge; is unable to sleep; has frequent disturbing nightmares, flashbacks, and intrusive thoughts; or broods over circumstances surrounding the event.

When to Refer to Mental Health Services continued

- DISSOCIATION: The person exhibits pronounced emotional disconnection, an incomplete awareness of the traumatic experience, (dissociative experiences) a sense of seeing him/herself from another perspective, a perception that the environment is unreal or that time is distorted.

When to Refer to Mental Health Services continued

- DEPRESSION: The person exhibits pervasive feelings of hopelessness and despair; unshakeable feelings of worthlessness, guilt, or self-blame; frequent crying for no apparent reason; withdrawal from others; or inability to engage in productive activity.
- MENTAL ILLNESS: Symptoms include hearing voices, seeing things or people that are not there, delusional thinking, appearing out of touch with reality, and excessive preoccupation with an idea or thought.

When to Refer to Mental Health Services continued

- INABILITY TO CARE FOR SELF: The person does not eat, bathe, or change clothing; is apathetic, isolated from others, and unable to manage activities of daily living.
- SUICIDAL OR HOMICIDAL IDEATION: The person makes statements like, “I can’t go on,” “I just want to end this terrible pain I’m feeling,” “I wish that I had died,” “I want to join my husband in heaven,” or “I’m going to get even.” The person feels pervasive self-blame or sense of responsibility for another person’s death.

Five Elements of Early Intervention

- Sense of safety
- Calming
- Connectedness to others
- Sense of self- and community-efficacy
- Hopefulness

(fact sheet from Centre for the Study of Traumatic Stress)

When to Refer to Mental Health Services continued

- PROBLEMATIC USE OF ALCOHOL OR DRUGS: The person makes references to getting drunk, getting high, or not being able to stop drinking, blocks out pain with mood-altering substances; relapses from previous abstinence; misses work or other obligations due to alcohol or drug use; or expressed concern about a family member's substance use.

When to Refer to Mental Health Services continued

- DOMESTIC VIOLENCE, CHILD OR ELDER ABUSE: The person mentions instances of inappropriate anger or violence toward family members.

On-Line Resources American Psychological Association

- www.apa.org/helpcenter/mass-shooting.aspx?utm_content=1506951022&utm_medium=social&utm_source=twitter

- Document to assist survivors of a shooting. Good advice on helping children cope.