

Introduction

Over the past few decades there has been growing interest in and recognition of the need for evidence-informed, early psychosocial support following traumatic events. Psychological First Aid (PFA) is the approach recommended by many international expert groups, including WHO, the Sphere Project, and the Inter-Agency Standing Committee on Mental Health and Psychosocial Support, to support people affected by crisis events (3, 4, 5).

PFA is an evidence-informed intervention that addresses the practical psychosocial needs of individuals, families, and communities in the immediate aftermath of a disaster. In the early post-disaster phase, PFA facilitates recovery in affected individuals across all age groups by reducing the initial distress caused by traumatic events, helping them to meet their basic needs and connect with social supports and services, providing information, and fostering short- and long-term adaptive functioning and coping. PFA is based on the assumption that all people have innate coping abilities and the capacity to recover from distressing events, especially if they are able to restore basic needs and have access to support as needed.

Current PFA models are designed for delivery by a range of people—health or mental health personnel, disaster response workers, lay volunteers—who can offer early assistance to affected children, families, and adults. In large-scale events, PFA, as a psychosocial response, may be offered as one component of a multi-sectoral disaster management program (6). It may be necessary for a helper or responder to act quickly in an acute crisis situation, but wherever possible, it is recommended that PFA providers work through an established organization or community group to improve the overall coordination of relief efforts. By working through an organization or group, the helper may have access to resources and information that will enable him/her to provide better assistance to those affected, and for their own support and security while providing assistance.

PFA is an immediate, short-term intervention offered to affected people soon after they have experienced a very distressing event—either immediately following exposure to a criti-

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cal event or some days or weeks after, depending on when the helper encounters the person and their needs. Some people who have experienced a crisis may require help and support for a longer period of time, or may require more advanced care and support (health, mental health, legal or social services). Follow-up psychosocial support with families and individuals (see Chapter 12) may be indicated.

PFA is designed to be flexible and adaptable to a variety of settings, contexts, cultures, and needs; it provides an evidence-informed framework for intervention on which to build locally appropriate, acceptable, and responsive programming (2, 5, 7, 8). It is currently being implemented in countries around the globe (7, 9, 10), as a response to events affecting individuals or groups of people. As each crisis situation is unique, PFA must be tailored to the particular context, culture and social situation (see Chapter 6 of this book).

Foundations of PFA

PFA describes a humane, supportive, and practical response to fellow human beings suffering exposure to serious stresses and who may need support. PFA should be distinguished from clinical mental health care, emergency psychiatric interventions, or psychological debriefing. The approach does not require clinical expertise or a discussion of the event that caused the distress. Furthermore, PFA cannot be assumed to prevent longer-term mental health sequelae of trauma or to reliably assist in identifying individuals at risk for developing later mental disorders. Rather, it is an empathic and pragmatic approach to assist persons in distress to stabilize and begin their own practical and emotional recovery (8).

The term “psychological first aid” was first coined at the end of World War II (1). There has been a recent trend to more clearly articulate the PFA approach and its components according to evidence-informed practices. Empirical evidence (2, 5, 11) for PFA draws from two burgeoning areas of behavioral science research: Research on factors influencing individual and community risk and resilience in the aftermath of disaster and research on the factors influencing the restoration of social and behavioral functioning post-disaster (6, 13, 14).

Existing evidence and professional consensus underscore the utility of PFA in the early stages of psychosocial response to crisis events, namely:

- ◆ Certain factors such as perceived poor social support are associated with increased rates of post-traumatic stress disorder following traumatic events (15).
- ◆ The TENTS Delphi study found strong consensus for provision of general support, access to social support, physical, and psychological support (16).
- ◆ NATO Guidelines promote PFA as part of psychosocial emergency plans because “the abilities of people to accept and use social support and the availability of it are two of the key features of resilience” (17).
- ◆ IASC and Sphere Guidelines recommend that PFA be made available to acutely distressed persons following extreme events and that some forms of psychological support should be easily taught to and provided by lay persons (4, 5).

According to experts in the field of disaster response, social care responses—including access of survivors to social, physical, and psychological support—are key aspects of resilience (16, 17). PFA approaches translate these key aspects into actions that can be easily taught to and provided by lay persons, in accordance with humanitarian guidelines (5).

Five empirically supported principles guide practices and programs for psychosocial intervention in the aftermath of disaster. These principles help to form a foundation for the PFA approach described below (6):

- ◆ Promote sense of safety
- ◆ Promote calming
- ◆ Promote sense of self and collective efficacy
- ◆ Promote connectedness
- ◆ Promote hope

In summary, PFA is evidence-informed and consistent with strong professional consensus for social support of persons in the early aftermath of exposure to critical events, and in consideration of the wider socio-cultural context in which those events occur (8).

PFA approach

The goals of PFA are pragmatic and constructed around practical areas of action. Several guides and manuals exist for the provision of PFA to various groups of people. Annex 11.1 to this chapter contains a list of relevant resources developed in various international settings. Although the different resources vary in the principles, actions or steps they define in their approach, they share certain elements basic to the provision of PFA. Also appended to this chapter (Annex 11.2) is the ‘Psychological first aid pocket guide’, excerpted from the WHO Psychological first aid: guide for fieldworkers (8). According to this guide, the main principles of PFA are to:

- ◆ Provide practical care and support which does not intrude
- ◆ Assess needs and concerns
- ◆ Help people to address basic needs (for example, food and water, information)
- ◆ Listen to people, without pressuring them to talk
- ◆ Comfort people and help them to feel calm
- ◆ Help people connect to information, services, and social supports
- ◆ Protect people from further harm

Good communication skills are key to offering PFA effectively and respectfully to people in distress. Guidance on active listening, empathy, and socio-cultural considerations in communication are described in most PFA resources. Effective communication is based on an understanding of the cultural and social norms of the people being helped, and how to speak and behave in ways that are respectful and appropriate. For example, the helper or responder begins by introducing themselves by name and their organizational affiliation. It is

often helpful for people learning about PFA to practice active listening, i.e., how to ask about people's needs and concerns, how to listen and respond without judging the affected person (i.e., about how they feel or things they did or did not do during the crisis), and how to offer assistance in ways that respect and promote the ability of affected people to help themselves. Being able to listen well and to be calm and caring in one's verbal and non-verbal communication (i.e., body language, eye contact) can be a great support to people in distress.

PFA does not involve pressuring people to tell details of the story of what happened to them or their feelings about the event. The helper or responder can be supportive also by sitting quietly with someone in distress or who does not want to talk; by offering practical comfort, such as a glass of water or a blanket, if possible. The helper or responder must also remember that their assistance will be time-limited. Therefore, it is important that those offering PFA aim to help affected people to mobilize their own coping resources, and know how to connect with available services and supports that they may need in the course of their recovery.

Practical support, information, and connection with loved ones and services are also basic elements in the provision of PFA. People impacted by crisis events may have a range of basic needs such as food, shelter, and health services. By learning about available services and supports, the responder can help affected people to link with those services in order to meet their basic needs. People affected by crisis events are almost always in need of accurate information about the event, any plans being made by people in charge of the response (i.e., shelter arrangements in disasters), and the welfare and whereabouts of friends and loved ones. Those providing PFA should be well-informed and be able to offer accurate information to affected individuals and groups. People affected by crisis events may also be separated from their family or community. Although the helper should not force social support, it is often useful to offer to help affected people to connect with loved ones and persons they trust.

Certain people in crisis situations may be particularly vulnerable, and may need extra assistance to be safe, to access basic needs and services, and to connect with loved ones and social support. According to the Psychological first aid: guide for field workers (8), people who may need special attention in a crisis include:

- ◆ Children and adolescents, especially those separated from their caregivers;
- ◆ People with health conditions or physical and mental disabilities (i.e., frail older persons, pregnant women, people with severe mental disorders, or people with vision or hearing difficulties);
- ◆ People at risk of discrimination or violence, such as women or people of certain ethnic groups.

The helper or responder should be aware of people who may need special assistance or referral to professional health or mental health care. By knowing their limitations in providing assistance, the responder can best provide care and support in ways that ensure the well-being and safety of both themselves and the people they are helping.

Good practice

To offer PFA in a responsible way, it is important for any helper or responder to be aware of and to follow guidelines of good practice. The first is the principle of “do no harm.” Helpers, responders, or any person or agency involved in humanitarian response will interact with people who may have experienced severe and traumatic events, and who may be facing new challenges in their lives without the supports and resources they normally rely on. In all of their actions, those providing assistance must strive to avoid causing further harm to affected people. It is important for any helper or responder to know about and adhere to any ethical codes of conduct that their organizations or agencies follow. According to the Psychological first aid: guide for field workers (8), the following principles help to ensure that helpers or responders offer PFA in a way that respects people’s safety, dignity and rights:

Safety

- ◆ Avoid putting people at further risk of harm as a result of your actions.
- ◆ Make sure, to the best of your ability, that the adults and children you help are safe and protect them from physical or psychological harm.

Dignity

- ◆ Treat people with respect and according to their cultural and social norms.

Rights

- ◆ Make sure people can access help fairly and without discrimination.
- ◆ Help people to claim their rights and access available support.
- ◆ Act only in the best interest of any person you encounter.

These principles may have particular meanings in different socio-cultural contexts and how they are applied should be considered carefully. For example, acting ‘only in the best interest of the people one is helping’ means that the helper or responder should not ask for any money or favor in exchange for the assistance he/she provides. Ensuring people are safe and protected from further harm may be challenging in some situations and require the helper or responder to take decisions using his or her best judgement. Treating people with respect also involves communicating with them in a non-judgmental way, particularly about their feelings or actions during the crisis situation.

It is also essential for the helper or responder to take into account the culture of the people he or she is assisting. Culture shapes how we think, behave, and relate to people around us—including what is and is not appropriate to say and do. For example, the gender of the responder must be considered when offering assistance (e.g., in some cultures, it is only appropriate for women to speak with women). It is essential that any model of PFA be adapted to be acceptable and appropriate to the people who are being helped, and that responders are aware of their own beliefs so they can set aside any biases as they offer support to survivors (8).

Finally, helping responsibly also means that those providing assistance practice good self- and team-care strategies. Helpers and responders are often exposed to the traumatic stories of the people they are helping, and may witness destruction, injury, and death. They and their families may also be directly impacted by the crisis situation, or to similar events in their past. Providing assistance to others in difficult circumstances can be emotionally and physically stressful and requires helpers and responders, as well as the organizations and agencies with whom they work, to pay particular attention to their own health and emotional well-being. For example, helpers should consider:

- ◆ Their motivation and readiness to help in each crisis situation.
- ◆ Personal considerations (e.g., health problems, family stresses) that may affect their ability to respond and their well-being.
- ◆ How to cope in healthy and adaptive ways with stress (e.g., getting enough rest) and minimizing negative coping strategies (e.g., avoiding working excessive hours or days without time off).
- ◆ How best to support their fellow helpers and responders (e.g., having a buddy system for support and safety).
- ◆ Taking time to rest and reflect with a supervisor or persons they trust after ending their assistance.

Summary

PFA is the recommended approach for offering humane, practical and empathic support to people in the aftermath of crisis events. It is designed to reflect the realities of diverse cultures, settings and contexts in which it is to be applied and promotes the strengthening of natural healing practices, social networks, and self-efficacy. PFA can be employed by trained health workers, disaster responders, and lay volunteers to provide individuals and families with immediate psychosocial support that facilitates adaptive coping. Within a larger framework of emergency or humanitarian response, PFA can promote the efficient use of available resources by linking psychological first aid to the broader, comprehensive crisis response involving multiple sectors and a range of interventions. When linked to the broader network of supports available to survivors in their own communities, as well as within the health and social sectors, PFA can assist in the provision of a continuum of care across multiple domains of need.

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Annex 11.1: PFA Resources

The following list of PFA manuals is taken from the PFA Anthology of Resources developed by War Trauma Foundation and World Vision International. The full list of resources, including articles, informational materials and guides can be accessed at: www.wartrauma.nl/.

Freeman, C., A. Flitcroft, P. Weeple (2003). *Psychological first aid: a replacement for psychological debriefing. Short-term post trauma responses for individuals and groups*. The Cullen-Rivers Centre for Traumatic Stress, Royal Edinburgh Hospital.

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- *Psychological first aid (PFA) for students and teachers: listen, protect, connect—model & teach;*
- *Family to family, neighbor to neighbor: PFA for the community helping each other;*
- *Model and teach: psychological first aid for students and teachers;*
- *Psychological first aid for children and parents.*

U.S. State of Indiana, Family & Social Services Administration, Division of Mental Health and Addiction *Disaster mental health intervention field guide*. Available at: <http://tinyurl.com/8ysoyp5>.

War Trauma Foundation and World Vision International (2010). *Psychological first aid anthology of resources*. Available at: www.interventionjournal.com/ and www.psychosocial-network.net/.

World Health Organization, World Vision International and War Trauma Foundation (2011). *Psychological first aid: guide for field workers*. Geneva: WHO, 2011. <http://tinyurl.com/3pd9deg>.

Annex 11.2 Psychological First Aid Pocket Guide

Providing Psychological First Aid responsibly means:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

Prepare	<ul style="list-style-type: none"> • Learn about the crisis event. • Learn about available services and supports. • Learn about safety and security concerns.
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Action Principles of PFA:

Principle	Action
LOOK	<ul style="list-style-type: none"> • Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions.
LISTEN	<ul style="list-style-type: none"> • Approach people who may need support. • Ask about people's needs and concerns. • Listen to people and help them to feel calm.
LINK	<ul style="list-style-type: none"> • Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support.

Ethics:

Ethical do's and don'ts are offered as guidance to avoid causing further harm to the person, to provide the best care possible and to act only in their best interest. Offer help in ways that are most appropriate and comfortable to the people you are supporting. Consider what this ethical guidance means in terms of your cultural context.

Do's	Don'ts
<ul style="list-style-type: none"> • Be honest and trustworthy. • Respect people's right to make their own decisions. • Be aware of and set aside your own biases and prejudices. • Make it clear to affected people that even if they refuse help now, they can still access help in the future. • Respect privacy and keep the person's story confidential, if this is appropriate. • Behave appropriately by considering the person's culture, age and gender. 	<ul style="list-style-type: none"> • Don't exploit your relationship as a helper. • Don't ask the person for any money or favor for helping them. • Don't make false promises or give false information. • Don't exaggerate your skills. • Don't force help on people and don't be intrusive or pushy. • Don't pressure people to tell you their story. • Don't share the person's story with others. • Don't judge the person for their actions or feelings.

People who need more than PFA alone:

Some people will need much more than PFA alone. Know your limits and ask for help from others who can provide medical or other assistance to save lives.

<p>People who need more advanced support immediately:</p> <ul style="list-style-type: none"> • People with serious, life-threatening injuries who need emergency medical care. • People who are so upset that they cannot care for themselves or their children. • People who may hurt themselves. • People who may hurt others.
