#### Psychological First Aid: Building Resiliency for "Us" and "Them"

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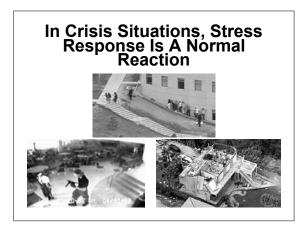
# Faculty

Joshua Klapow, Ph.D. Department of Health Care Organization and Policy South Central Center For Public Health Preparedness University of Alabama at Birmingham

# Acknowledgments

Dr. Brenda Wiens University of Florida

Dr. George Everly Johns Hopkins Bloomberg School of Public Health Johns Hopkins Center for Public Health Preparedness



#### How Common is Post-disaster Stress?

- 7 40% of people have emotional or psychological reaction (this includes first responders)
- Majority of people experience at least one type of stress symptom
- Symptoms peak within the first year (often in the 1<sup>st</sup> few months), only a minority continue to have long-term problems

# **Challenge to Helpers**

- Being part of the collective crisis
- Repeated exposure to grim experiences
- Carrying out physically difficult, exhausting or dangerous tasks
- Lacking sleep and feeling fatigued
- Facing the perceived inability to ever do enough

#### Dr. George Everly's 21st Century Disaster Worker Burnout Club

- Be a perfectionist, never accept excellence.
- Never exercise!
- Remember, the glass is always half empty! Empathize with ALL disaster victims, you MUST "feel their pain."

#### Dr. George Everly's 21st Century Disaster Worker Burnout Club

- Eat as much "fast food" as possible; only eat things that had faces (chickens don't count--no lips). Never eat breakfast. If forced to do so, purge!
- Blame all of your failures in life on your parents, your lack of friends, your coercive unethical money-grubbing outsourcing capitalistic boss, or the great right-wing conspiracy.

#### Dr. George Everly's 21st Century Disaster Worker Burnout Club

- Accept responsibility for everything and everyone, all the time!
- Engage in an endless process of controlling everything and everyone, especially those people/ things over which you have no actual control. It is YOUR responsibility to make all disaster victims "happy."

#### Dr. George Everly's 21st Century Disaster Worker Burnout Club

- Strive to sleep as little as possible!
- NEVER desire to return home, if forced to do so, feel guilty.
- Seek out a routine: Sleep until you are hungry, eat until you are tired; use ETOH to relax, stimulants to get going.

# **Psychological First Aid (PFA)**

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

Everly, GS, Jr. & Flynn, BW. (2005). Principles and Practice of Psychological First Aid. Johns Hopkins Center for Public Health Preparedness.

#### Caring for Psychological Wounds

- All of us can apply a bandage to a wound
- All of us can practice basic first-aid
- The psychological impact of crisis can be approached in a similar manner
- Public health professionals must recognize and be able to manage the basic symptoms of psychological distress

#### Why Psychological First Aid is the Foundation of Communication

· Communication during disaster situations involves the understanding and management of individual, group and population emotional and cognitive reactions

#### Why Psychological First Aid is the Foundation of Communication

- Understanding how and why people behave during emergencies allows for improved communication
- · If we don't address the emotional bleeding- we can't have a discussion

# If The Oxygen Mask Drops, Place The Mask On Your Face First....

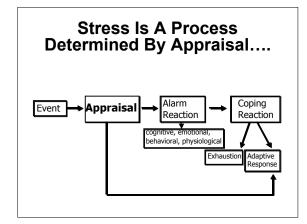
- · Caring for yourself is critical
- · Psychological First Aid for others is not possible if you are an emotional casualty
- · Bottom line: Your stress response in a crisis can turn you into a liability

#### The Culprit Is Stress But If We Can't Find It, We Can't Fix It...

- · Subjective internal feeling of discomfort
- · Impact on emotions, cognitions, physiological functioning, and behavior
- · Adaptive in evolutionary sense
  - Fight or flight response

in

- BUT can have negative impact



#### **Appraisal Of Events** Situation **Appraisal** Response Stuck I'm going to be late Nervous I should have left earlier Irritable traffic Anxious I might as well get Relax comfortable 'cause Enjoy music there's nothing I can do about it

# **Appraisal Of Events**

- Events can be categorized on two dimensions:
  - Important . . . . . . Unimportant
  - Changeable . . . . Unchangeable

#### Appraisal Of Events In Crisis Settings

- Important Changeable
  - Attending to distressed children
  - Attending to distressed co-workers
  - Assessing extent of damage to school
  - Fatigue
  - Poor sleep

#### Appraisal Of Events In Crisis Settings

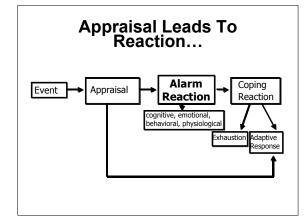
- Unimportant Changeable
  - Phone solicitors
  - Errands
  - Laundry, yard work, etc.
  - Kids bickering

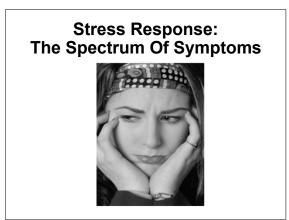
#### Appraisal Of Events In Crisis Settings

- Important Unchangeable
  - Injury or death to children,
    - colleagues
  - Destruction of school
    Hurricanes, tornados
  - Terrorist attack

#### Appraisal Of Events In Crisis Settings

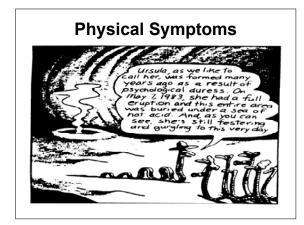
- Unimportant Unchangeable
  - Traffic jams
  - Spilled food on clothes
  - Stranger's criticism





# Recognizing Symptoms is Critical

- A broad range of stress related symptoms
- Varying manifestations
- Stress symptoms often discounted or perceived as unrelated to stress
- Acknowledgment of stress related symptoms is necessary if management is to take place



# **Physical Symptoms**

- Muscle aches
- Fatigue
- GI distress
- Headache
- Dermatitis
- Dizziness



#### Cognitive/Emotional Symptoms

- Trouble remembering things
- Easily distracted, poor concentration
- Lack of interest in things
- Hopelessness, "nothing will ever get better"

#### Cognitive/Emotional Symptoms

- Irritability
- Depressed, morose, brooding
- Worry, nervousness, anxiety
- Anger easily

# **Behavioral Symptoms**

- Increased or decreased appetite
- Increased alcohol and drug use
- · Increased smoking
- · Less efficient on the job
- Isolate self
- Yell, scream, physical aggression

#### Stress Response: Children

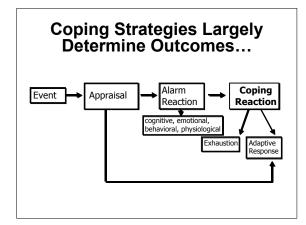
- Behavior problems
- Emotional symptoms
- Nightmares

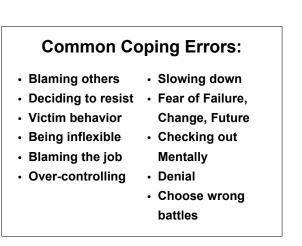


- Fighting with friendsSchool difficulties
- Trouble eating or sleeping
- Physical complaints

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# Activity

• List 3 strengths that help protect you in times of stress

# Psychological First Aid For The Self

- Step 1: Recognize symptoms
- Step 2: Identify source(s)
- Step 3: Intervene
  - Change the situation
  - Change your thoughts about the situation
  - Change your physiological stress response

# Step 1: Recognize Symptoms

- Symptoms may be subtle or pronounced:
  - Emotional
  - Cognitive
  - Behavioral
  - Physical

# Step 2: Identify The Source

- · What are the symptoms telling me?
- Where is this coming from?

#### Step 3: Intervene

- Break task down into "bite-sized"
   pieces:
  - -Set reasonable goals
  - -Create an action plan for each situation
  - -Focus on what you can vs. can't do
  - -Write about your feelings
  - Seek support and talk about your feelings

#### Step 3: Intervene

- Break task down into "bite-sized"
   pieces:
  - -Use relaxation/breathing to reduce stress response
  - Tell yourself to let it go, it is not important, not worth getting worked up over
  - -If this doesn't work, efficiently change your situation

# Yes... Breathing Works...

• Time out for breathing......

#### Prevention

- Incorporate relaxation/breathing techniques into your workday
- Meditation, yoga, quiet time (no TV, radio, etc)

# Prevention

- Avoid "avoidance" as a strategy
- Think about stress as something to be managed, not eliminated
- Recognize that your stress level affects those around you

# Prevention

- Use good prevention/"inoculation" strategies
  - -Exercise
  - -Eat right
  - -Get enough sleep
  - Quit smoking, decrease alcohol intake

#### Psychological First Aid For Others





Most people will not have long-term psychological problems after a crisis but, recovery times vary, and some people may still struggle years later.

# **Complicating Factors**

- Exposure to death and injury
  - Identifying with victims
- No prior crisis experience
- Exposure to hazards and long hours
   Desistance to relief shifts
  - -Resistance to relief shifts
  - Extreme environments (weather, toxins, debris)

# **Complicating Factors**

- Emotionally challenging work
- Prior psychological adjustment
- Avoidance of help

# The Special Case Of PTSD

- Post-traumatic Stress Disorder (PTSD) characterized by three symptom clusters:
  - Re-experiencing (nightmares, flashbacks)
  - -Avoidance or emotional numbing
  - -Physiological Arousal (exaggerated startle response, hypervigilance)

# The Special Case Of PTSD

- Symptoms present for more than 1
  month
- Lifetime prevalence rates: roughly 8% of US adults
- Rates vary greatly in disaster studies (2-50% of people)
- PTSD requires professional intervention

# Applying The Basics Of Psychological First Aid



#### Attend To Basic Physical Needs

- Food, clothing, shelter, medical care
  - Addressing these needs will reduce distress

# **Provide Emotional Support**

- Console
- Allow individual to talk about their feelings if they choose to do so
- Listen

# **Provide Social Support**

Reunite individual with family, friends, community to re-establish social network

#### **Talking With Children**

- Allow them to explain their understanding of events
  - -Look for misunderstandings
- Allow questions
  - It is okay to say you don't know an answer
  - Remain open to further questions at a later time

# **Talking With Children**

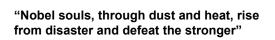
- Ages 5-10
  - Focus on positive aspects of recovery
  - -Address rumors or fears
- Ages 11 and up
  - Similar guidelines as you would use with adults
  - Be careful not to make children confidants

# **Referral For Additional Help**

- People may be reluctant
  - Use supportive communication

  - debriefings – Provide confidential
  - access and referral information
  - Support at-risk
  - individuals





Henry Wadsworth Longfellow

#### Resources

- Center for Mental Health Services (CMHS) www.mentalhealth.samhsa.gov/cmhs/Emerg encyServices/progguide.asp
- American Red Cross
   www.redcross.org/services/disaster.html
- American Psychological Association
   www.apa.org
- South Central Center
   www.southcentralpartnership.org