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Article 24

Psychological First Aid: An Evidence Informed Approach for Acute Disaster Behavioral Health Response

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Julie A. Uhernik and Marlene A. Husson

Counselors are increasingly called to respond to acute emergency and disaster situations. Immediate counseling interventions in a disaster scenario are by necessity short, population based, and supportive of the natural resiliency of affected individuals and communities. Among a number of response modalities, Psychological First Aid (PFA) is emerging as the preferred response and is now recommended in Federal guidelines as specified in the 2008 National Response Framework (U.S. Department of Homeland Security, 2008). This paper will discuss the origin of PFA, identify eight core concepts of PFA, review current research and evidence-informed practice in Disaster Behavioral Health Response, and direct the counselor towards further training and utilization of components of PFA.

Psychological First Aid is an evidence-informed model utilized in disaster response to assist those impacted in the hours and early days following emergency, disaster, and terrorism. *The Medical Reserve Corp Psychological First Aid Field Operations Training Manual* (National Center for Child Traumatic Stress Network, 2006) stresses that PFA is designed to reduce the initial distress caused by

traumatic events, and to foster short- and long-term adaptive functioning and coping. According to the manual, the principles and techniques of PFA meet four basic standards, including: (a) PFA is consistent with research evidence on risk and resilience following trauma; (b) PFA is applicable and practical in field settings; (c) PFA is appropriate to developmental level across the lifespan; and (d) PFA is culturally informed and adaptable. At the most basic level, counselors who utilize the concepts of PFA will assist, through these early contacts, in helping alleviate survivor's painful emotions and promote hope and healing.

A growing number of counselors are becoming involved in disaster response. Counselors are finding that the principles and recommended actions of PFA provide tools and guidance for response efforts. Many counselors are involved in disaster response efforts through organizations such as the American Red Cross, Salvation Army, and other groups. Some counselors are joining community mental health agency teams as they organize to provide community disaster response. A number of counselors and other licensed mental health professionals have joined Medical Reserve Corps (MRC) teams. The Medical Reserve Corps program is fairly new, created in 2002 by the Office of the Surgeon General, United States Public Health Service (2008). There are presently over 400 individual MRC units with over 73,000 members with teams of responders from disciplines including medical, nursing, public health, and mental health professionals. The Medical Reserve Corps has worked in partnership with the National Center for Child Traumatic Stress Network (NCTSN) and National Center for PTSD to develop a Psychological First Aid Field Operations Guide, adapted from the original PFA manual (National Center for Child Traumatic Stress Network, 2006). Their efforts have provided advisory information, research review and given recommendations based upon current research findings. Counselors, whether MRC members or otherwise, need to familiarize themselves with the theory and application of PFA. Many counselors and other mental health professionals have not been trained or updated in disaster mental

health and may have a difficult time shifting from conventional clinical practice models to the requirements of disaster behavioral health response. New counselors completing Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited educational programs will learn the basics of PFA and emerge as practicing counselors with this knowledge. The new CACREP 2009 Standards include clear language and guidance on incorporation of PFA components into the curriculum of accredited higher education programs in counseling. The 2009 Standards include specific PFA references. An example would be under *Helping Relationships, sec g*, programs are to include "crisis intervention, and suicide prevention models, including the use of psychological first aid strategies" (CACREP, 2008). Current counselors will require training in PFA and a paradigm shift to understand that basic PFA concepts and applications are different than "psychotherapy" as many currently practice.

History

In the late 1970s and 80s, disaster responders typically utilized components of a Critical Incident Stress Management (CISM) model developed originally for military use. This model was expanded on, and subsequently credited to paramedic and EMS Coordinator Jeffrey T. Mitchell, for use by fellow EMS responders. The Mitchell model, as it came to be known, was later widely adopted by police and fire responders for emergency response use. The model included a component called Critical Incident Stress Debriefing (CISD). By the mid 1990s, research protocols began to investigate the efficacy of CISD procedures. The research did not support the efficacy of CISD in reducing symptoms of post-traumatic stress disorder and other trauma related symptoms following disaster (Van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). Debriefing models that included a cathartic ventilation of feelings and emotion in particular were shown to potentially cause harm and re-traumatization of survivors and first responders. In general, the

research showed that CISD participants initially indicated satisfaction with the immediate experience of debriefing within the CISM system. However, further outcome and follow-up studies indicated that this form of early intervention had the potential to actually increase the signs and symptoms of Post Traumatic Stress Disorder as well as Major Depression (Raphael, Meldrum, & McFarlane, 1995; Rose, Bisson, Churchill, & Wessely, 2008; Van Emmerik et al., 2002).

In response to growing concerns, experts at the Center for the Study of Traumatic Stress met to compile new guidelines for behavioral health response that would help to standardize and clarify effective response efforts. At the same time, new studies on the concept of individual and community resiliency determined that the majority of people post disaster do not go on to develop PTSD and other trauma-related mental health sequelae (Reissman, Klomp, Kent, & Pfefferbaum, 2004). Specific components of natural resiliency and supportive functions were identified and developed into the concepts of Psychological First Aid we have today.

PFA Components

Psychological First Aid (PFA) is a structured intervention that has been developed over the past few years to replace the various forms of "psychological debriefings." Reference to the development of PFA can be found in the *Field Operations Guide for Psychological First Aid* published by the National Center for Child Traumatic Stress Network and National Center for PTSD (2006).

Psychological First Aid includes a set of eight interventions that can be used to support survivors after a disaster or traumatizing event. These eight core actions and focus goals include:

1. *Contact and Engagement.* The goal is to respond to survivors and to engage in a non-intrusive and supportive manner.
2. *Safety and Comfort.* The goal is to help meet immediate safety needs and to provide emotional comfort.
3. *Stabilization.* The goal is to reduce stress caused by a traumatic event.

4. *Information Gathering.* The goal is to assess the immediate needs of the survivors.
5. *Practical Assistance.* The goal is to create an environment where the survivor can begin to problem solve.
6. *Connection with Social Supports.* The goal is to assist survivors to connect or re-connect with primary support systems.
7. *Coping Information.* The goal is to offer verbal and written information on coping skills and the concept of resilience in the face of disaster.
8. *Linkage with Collaborative Services.* The goal is to inform survivors of services that are available to them.

Current Research

As outcome data on previous disaster response methods began to surface, a closer scrutiny of efficacy and effectiveness of existing methodology began. This resulted in the need for re-consideration of current response focus and the development of evidence driven theory and approach. The National Center for Child Traumatic Stress Network and National Center for PTSD formed a collaborative team to begin a systematic review of existing data on various components of disaster behavioral health response. When research pointed to efficacy of various individual components (i.e., the importance of contact and engagement, or of fostering social support systems), the team was able to formulate new recommendations that collectively formed eight basic actions of what has become known as Psychological First Aid. This collaboration led to the development of the PFA Field Operations Guide (2006). The beauty of PFA is that it can be used in any location where trauma survivors may be found; it is ideal for immediate response and for the practical administration in field settings. PFA supports the concept of resiliency, in individuals and in communities, which encourages self-efficacy and decreases victimization and dependency. While there is a continuing need for evaluation and research of the application of

PFA principles, the development of Random Controlled Trials (RCTs) in a spontaneous disaster environment poses numerous ethical and research obstacles. Nevertheless, research efforts continue to provide further support on the overall efficacy of PFA. According to Ruzek (2007), "There is a great need for both program evaluation and RCTs that will evaluate the effectiveness of Psychological First Aid principles in a number of contexts" (p. 5). The basic premise of PFA is to support individual and community resiliency, to reduce acute distress following disaster, and encourage short and long term adaptive functioning. Napoli (2007), outlines the characteristics of resiliency to include "inquisitiveness, optimal optimism, active coping and problem-solving, effectiveness despite being fearful, emotional self-regulation, bonding for a common mission, positive self-concept, internal control, desire to improve oneself, altruism, social support, the ability to turn traumatic helplessness into learned helpfulness, humor and meaning" (p. 2). PFA promotes these concepts of resilience among disaster survivors. For disaster responders, the principles of PFA honor the adage of Primum non nocere or 'First Do No Harm' as an appropriate initial guide for the application of PFA.

Applications of PFA

The concept of Psychological First Aid has evolved to make PFA applicable for working with specific subgroups of individuals who may have special needs during a disaster. Some of these subgroups include children and adolescents, first responders, groups of disaster survivors, the military and their families and those who may require additional assistance beyond PFA.

There is a recognized need for use of appropriate disaster responses with children and adolescents, based upon the increasing recognition of PTSD in children (Pfefferbaum, 1997). The core concepts of PFA are applicable for working directly with vulnerable populations of children and adolescents in disasters. PFA assists families by providing safety and comfort, by supporting a calm

environment of adults who are better able to care for and aid their children, and assisting in connecting with social supports and community resources. Further, the extent to which counselors can provide assistance and support to parents can make a critical difference in post-disaster functioning for many families. While there is an ongoing need for research in this area, the PFA manual draws on the available research to provide responders with specific and effective tools which focus on this population.

First Responders are an often overlooked population that may benefit from the application of PFA principals. According to Phillips and Kane (2006), PFA is considered "best practice" for intervention with First Responders in the aftermath of a disaster. First Responders have unique needs for support following a disaster. For example, First Responders operate under a "Mission First" perspective placing the group goals and focus ahead of the individual. First Responders knowingly enter into traumatic situations in order to assist others in need. The basic principles of PFA can be applied as appropriate support for First Responders. For example, the PFA action of 'connection with social supports' could be extended to the First Responder by the encouragement of buddy care and peer support following the trauma of disaster response. The PFA action of 'safety and comfort' can include providing information on and encouragement of self-care behaviors for First Responders.

Psychological First Aid basic tenets have now been incorporated into a training course designed to reach out to military families. As the use of PFA has been shown to be effective in promoting resilience and increasing healthy coping in the face of disaster, a training course entitled "Coping with Deployment / Psychological First Aid for Military Families" (2008) has been developed collaboratively by the American Red Cross and Armed Forces Department. This new course will enable military family members to provide emotional support for themselves and outreach to other military families.

Another area of PFA application includes a focus on developing "Secondary Psychological Assistance" as follow-up to

identified higher-risk subgroups who might benefit from more specialized and subsequent therapeutic support. According to Ruzek (2007), Secondary Psychological Assistance will provide "additional interventions focused on psychoeducation, developing and practicing coping skills and a greater focus upon promoting calmness, connectedness, self and collective efficacy and hope" (p. 9).

Research into the utilization of theoretic approaches such as CBT after the immediate phase of the disaster is being explored (Ruzek, 2006). Adapting PFA theory to a small group format is being considered. According to Everly, Phillips, Kane and Feldman (2006), "clinically, it may be argued that in situations where groups of individuals were exposed to the same amplitude and chronicity of traumatic exposure, there may be strong rationale for implementing PFA practices in that natural homogeneous cohort" (p. 2).

Finally, the concepts behind PFA are being extended to apply to international disaster relief efforts, bringing to bear PFA tenets of support and resiliency of the individual and communities throughout the world (Van Ommeran, Saxena, & Saraceno, 2005).

Recommendations for the Counselor

As Psychological First Aid has become the recommended evidence-driven disaster response, and as the call for counselor expertise in disaster response continues to grow, counselors should familiarize themselves with Psychological First Aid. The counselor should understand how disaster behavioral health response fits into the larger disaster response system by review of the National Incident Management System (NIMS) and the operational management and structure of the Incident Command System (ICS). Basic level ICS courses are available online through http://training.fema.gov/IS/crslist.asp. In addition, disaster field response trainings that include PFA can be taken through agencies or groups such as the American Red Cross and local or state public health departments. Counselors in all settings will need to become familiar with PFA, whether they are new to counseling or are veteran counselors. Recognition of the

unique approach of PFA and incorporating PFA tenets may initially challenge the counselor with a paradigm shift, but ultimately bolster the assistance role of the counselor to reach out to populations in their time of greatest need.

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