Psychological First Aid Training Coordinator Guide

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Introduction

What is the guide and how do I use it?

The Psychological First Aid (PFA) Training Coordinator Guide is a tool to help you coordinate PFA training for agency staff and other public health preparedness and response partners. This guidebook has been created to assist local public health and healthcare emergency preparedness training coordinators, emergency managers, human resources staff, and other workforce development personnel to develop sustainable policies and practices around PFA Training.

Background

Training curricula for PFA have been developed and delivered to different groups of responders over time. However, the capacity to provide PFA training to new members of the workforce and refresher training to existing members of the workforce hasn't been sustained. Research suggests that a flexible, modular and multifaceted approach that can be adapted to site-specific needs is more likely to be sustainable.[1] There is a need for a much more standardized and systematic approach to ensure the effective and sustained delivery of such training, as outlined below.

The Albany Center for Public Health Preparedness (CPHP) Preparedness and Emergency Response Learning Center (PERLC) has worked extensively with most members of the four New York State Department of Health-sponsored regional Health Emergency Preparedness Coalitions (HEPCs) and other partners to deliver emergency preparedness trainings. These partner organizations include local health departments (LHDs), hospitals, nursing homes and other health care and human services providers. Discussions with these partners have revealed that very few, if any, have adopted a formal training plan or policy to increase capacity for PFA among their individual workforces. These discussions have identified a number of challenges to wider adoption of existing PFA training. Many partners are not fully aware of the need for PFA training, are not fully aware of the available resources, and do not have the time nor expertise to select the most appropriate courses for their agency or organization.[2] Partners have also identified general and innovation-specific barriers to implementation including lack of resources (staff time), lack of expertise in training content, lack of organizational support (leadership buy-in and competing priorities), lack of expertise to tailor training to the cultural needs of their organization, lack of technical support for training and exercise activities, and lack of in-person interactive sessions to practice skills learned during training since many existing trainings are offered online. Similar challenges to translating research into practice have been identified in the literature.[3,4,5]

PFA Training Guide Development

This PFA Training Coordinator Guide is based on a comprehensive review of online PFA training resources, including online courses, webinars, manuals, training plans, exercises, training policies and other interactive training materials. The Guide is structured to provide training coordinators with the resources and information they need to tailor a PFA training program to meet their agencies' needs. The core of the Guide is the review of online PFA courses that will provide training coordinators with guidance on selecting the most appropriate course for their staff.

Utilizing online resources to develop PFA training programs can be a great first step to building capacity at the local level. But it's also important to provide agency staff with opportunities to practice PFA skills in a safe setting to build confidence and competence. The Guide also includes a section on facilitating in-person interactive practice sessions using a variety of disaster scenarios. The Guide also outlines

strategies for collaborating with local behavioral health staff who can provide assistance with the implementation of practice sessions and the conduct of drills and exercises.

The remaining sections of the Guide provide information on how to develop and evaluate your training program, how to develop a sustainable PFA training policy, and other resources to enable agencies to have an ongoing quality improvement approach to their training programs. This includes model evaluation forms and other materials that can be downloaded and modified to fit agencies' needs.

This Guide is a work in progress. We welcome feedback on the content and suggestions for other materials to include. Please send comments and suggestions to cphp@albany.edu

What is Psychological First Aid?

The National Institute of Mental Health defines Psychological First Aid as:

> Evidence-informed and pragmatically oriented early interventions that address acute stress reactions and immediate needs for survivors and emergency responders in the period immediately following a disaster. The goals of psychological first aid include the establishment of safety (objective and subjective), stress-related symptom reduction, restoration of rest and sleep, linkage to critical resources, and connection to social support. (NIMH, 2002)

PFA interventions are meant to address the interrelated practical, physical, and psychological needs of survivors. These interventions are universal, meaning they're appropriate for children, adolescents, adults, and entire families – anyone who has been exposed to disaster or terrorism, including first responders and other disaster relief workers. At its core, the practice of PFA is meant to remove any barriers to survivors' natural recovery processes – to provide the emotional equivalent of treating a small wound before it has a chance to develop into a more serious problem. In practice this means focusing on survivors' immediate needs, both physical and psychological, in order to help them return as quickly as possible to their level of pre-disaster functioning.

There are many models of PFA that list different elements, but all are generally consistent in spirit. In each model, the elements are intended to address the range of needs any individual survivor has at a given point. It's less a process of steps to follow than a toolkit of components that can be drawn on as needed for each specific survivor.

What is it not?

Returning to the physical first aid analogy, everyone in a community can and should be trained in basic first aid skills, and by implementing those skills they can do a great deal to help others in need. For example, if a neighbor falls off her bicycle and scrapes her knee, anyone can learn to disinfect and bandage that small wound and hopefully prevent it from getting infected and turning into a more serious problem. But if infection does set in – or if she didn't just scrape her leg, but broke it – she's going to need care from a trained healthcare professional. Similarly, everyone in a community, hospital, agency, etc. can learn to practice PFA, and in many cases that will be enough to calm disaster survivors and activate their natural recovery processes so they don't need any further formal intervention. But for some people that won't be sufficient; they'll need help from a mental health professional with specialized training in the specific needs of disaster survivors.

Therefore, people who become trained in PFA need to recognize their limits. This training doesn't qualify them to provide counseling, but it can help them notice when a referral to a mental health professional may be warranted. PFA also isn't meant to fix every problem in a person's life, only to address needs generated by the disaster or traumatic experience. It's not case management with the expectation of follow-up or long-term interaction but is entirely focused on the here-and-now. A PFA intervention could consist of giving a survivor a blanket or a bottle of water if their most pressing need is being cold or thirsty, or it could mean treating an angry and frustrated survivor with kindness and patience while helping them fill out paperwork.

The vast range of interactions that qualify as PFA also means that it can't really be described as "evidence-based" since there's intentionally no consistency in the way it's practiced with different

survivors. While that means it's adapted to individual needs, it makes it very difficult to compare effects in any standardized way, so it's usually described as "evidence-informed" since it draws on basic principles of helping.

Why is PFA Important?

> *"It is estimated that for every one physical casualty caused by a terrorism incident, there are four to 20 psychological victims".* [6]

Psychological distress is pervasive in disasters, with 25% or more of survivors experiencing "disaster syndrome". In this condition, survivors often appear dazed and present with a range of emotional symptoms. Regardless of the type of disaster, psychological distress is common among disaster survivors. Research suggests that symptoms of psychological distress can be found with any type of disaster, including natural disasters, epidemics, or terrorism, intentional incidents and accidents. Some examples are included below:

Natural Disasters:

- Significant increase in Emergency Room visits reported on hottest days for mental and behavioral disorders.[7] During heat waves average daily hospital admissions increased 9.8 percent in Toronto, Canada. [8]
- Survivors experienced post-traumatic stress and depression in areas heavily impacted by Hurricane Sandy.[9]
- Increased anxiety, depression and PTSD symptoms associated with flooding disasters.[10]
- Children exposed to Hurricane Katrina were nearly 5 times as likely to exhibit serious emotional disturbance. [11]

Epidemics

- High levels of PTDS symptoms reported during and after SARS, H1N1 and Ebola epidemics.[12]

Terrorism and intentional Incidents

- Substantial increase in stress and other symptoms reported following the attacks of 9-11 and the Boston Marathon bombing. [131415]
- 44% of respondents from a national survey post 9-11 reported substantial stress.
- 10 to 36% increase in the prevalence of post-disaster PTSD diagnoses following mass shooting events.[16]

Accidents

- 29 percent of survivors of plane crash into hotel experienced Acute Distress Disorder and/or PTSD.[17]

- In Gonai, Brazil, a radioactive accident prompted 120,000 individuals to seek medical screening for radiological contamination – Only 249 of 120,000 screened had been contaminated.[18]

Psychological reactions to disasters tend to increase in severity when the disaster occurs without warning, causes sudden changes to a scene, creates serious injuries or fatalities, is of long duration, and disrupts social support systems. Prolonged psychological distress may lead to Post-Traumatic Stress Disorder (PTSD) in 11 to 40 percent of victims of disaster. [19]

The Importance of Early Interventions:

"It has been said that when a disaster strikes there are really three traumatic events that take place. The first, of course, is the disaster itself, but the damage doesn't stop there.

The second traumatic event is the negative messages that survivors can receive from community members and bystanders. Some survivors of Hurricane Katrina were asked why they lived in New Orleans, an unsafe place, or why they didn't follow the warnings to evacuate. Some 9/11 survivors were asked why they worked in the World Trade Center, an obvious target for terrorists. Such questions and negative bystander reactions can be harmful to survivors. Being the target of such negative remarks, when added to the injuries caused by the disaster, is one predictor of long-term emotional distress of disasters.[20]

*The third trauma is the self-talk that can result from the first two traumas. For weeks, months, and even years after the original disaster, survivors can be critical of themselves. They can view themselves in unhelpful and distorted ways, seeing themselves as inadequate, helpless or inferior. This negative self-talk is another long-lasting form of trauma."**

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Early interventions, such as PFA, can help provide a positive recovery environment for disaster survivors. While most people exposed to disasters will recover on their own, creating a positive recovery environment is crucial. Disaster workers can help ensure a positive recovery environment by providing support to the survivors and making sure that they are not exposed to negative blaming reactions of others. PFA provides disaster workers with tools to help survivors reduce anxiety, promote positive coping skills and develop a more positive attitude toward themselves, which may prevent long-term problems and promote healing.

Building Workforce Resilience

Helping others during a crisis can be difficult work but many disaster workers find it a positive and satisfying experience. Learning the skills to promote a positive recovery environmental can improve worker self-efficacy. Just as disaster survivors may have a variety of emotional reactions to their experiences, disaster workers may also be impacted by stress and other similar emotions. Effectively identifying and managing stress can positively impact staff mental health. Psychological First Aid Training is applicable for out in the field or workplace settings and can be adapted for diverse

populations. Organizations that have provided PFA training to their staff and leaders, report increased knowledge, skills and capacity to implement a PFA response.[21] Workforce development programs which include PFA training can provide disaster responders, leaders, and supervisors with the tools to build a resilient workforce.[22]

Principles of Early Interventions

The actions used to establish this positive recovery environment stem from principles that have received broad empirical support from research on stress, coping, and adapting after disasters and mass casualty events. According to a landmark study by Hobfoll et al, 2007, there are five essential elements (promote safety, calming, efficacy, connectedness and hope) that should be included in any comprehensive psychosocial response to disaster or mass trauma. Put into action, these principles can improve the lives of staff and or survivors.

PFA in an Evidence Informed Practice:

A recent review of PFA in the literature indicated that psychological first aid is widely supported by objective observations.[23] PFA has been reported as helpful in a number of responses, including the following:

- Flight 3407 crash - PFA was found to help mitigate stress symptoms and encouraged positive coping strategies.[24]
- The 2011 mass shooting at Utøya Island, Norway and Sandy Hook shooting 2012 – Lessons learned from the disasters suggest that the implementation of PFA principles early was helpful in promoting a positive recovery for survivors.[25]
- Traumatized schoolchildren - Students who received the Listen, Protect, Connect intervention based on PFA principles had reduced depressive and posttraumatic stress symptoms.[26]

Identified Training Gap:

Staffs with PFA and DMH training are a critical component of any disaster or emergency response. PFA is recognized nationally as an important component of the Public Health Emergency Preparedness Capabilities, the Public Health Preparedness Core Competencies, and the National Preparedness Goals. In order to create and sustain community-wide emergency preparedness systems, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends that emergency preparedness plans must include strategies to address the psychological needs of disaster survivors.

Yet, a NACCHO survey found that LHDs often do not have expertise in this area.[27] Nationally, less than one-third of public health departments routinely offer mental health related services and only those serving large populations (over 500,000) are likely to have a behavioral health specialist on staff. A CDC-funded research grant to the NYS DOH following Hurricane Sandy, as well as the NYS DOH After Action Report for the storm, found that lack of trained staff to deal with mental health issues was a continual gap throughout the storm response.[28] The Ebola crisis identified similar unmet needs.[29] The *New York State Homeland Security Strategy for 2014-2016* and the Joint Commission on Accreditation of

Healthcare Organizations also recognize the need for increased knowledge and training on the psychological impacts of disasters on survivors and responders. [30,31]

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