



# Psychological First Aid

An Australian Guide



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This guide is based on discussions at the roundtable and material developed in the United States by the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the paper 'Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence' by Stevan Hobfoll and colleagues in 2007.

This guide has been produced by the Australian Psychological Society and Australian Red Cross; the principal authors were Dr Susie Burke, (Australian Psychological Society) and Mr John Richardson (Australian Red Cross).

The guide was informed by participants at the roundtable and those that have provided subsequent comments, including:

**Professor Richard Bryant**  
University of New South Wales

**Ms Brigid Clarke**  
Victorian Department of Health

**Mr Andrew Coghlan**  
Australian Red Cross

**Professor Mark Creamer**  
Australian Centre for Post  
Traumatic Mental Health

**Mr Greg Eustace**  
Queensland Health

**Dr Rob Gordon** Consultant Psychologist  
to Department of Human Services Victoria,  
and Australian Red Cross

**Ms Heather Gridley**  
Australian Psychological Society

**Dr Bob Montgomery**  
Consultant Psychologist, Past President  
Australian Psychological Society

**Ms Charmaine O'Brien**  
Australian Red Cross

**Ms Sally Paynter**  
Australian Red Cross

**Professor Beverley Raphael**  
University of Western Sydney and  
The Australian National University

**Associate Professor Joseph Reser**  
Griffith University

**Dr Kevin Ronan**  
University of Central Queensland

**Mr Craig Wallace**  
Australian Psychological Society

**Dr Sally Wooding**  
University of Western Sydney



## Rationale

The purpose of this guide is to provide an overview for people working in disaster preparedness, response and recovery about best-practice in psychological first aid following disasters and traumatic events. Each state and territory has plans to deal with the health consequences of disasters. Included in these plans are arrangements that cover the mental health consequences of emergencies. There are many types of psychological first aid and it is increasingly being used in the post disaster context. There is an urgent need for this technique to be given an Australian context and packaged in a way that clearly outlines its aims, components, when PFA is used, where it can be applied, and who benefits from its use, and who can deliver it. This guide sets out to achieve this in a simple form.

This guide complements work done by the Disaster Response and Resilience Research Group at the University of Western Sydney. Dr Sally Wooding and Professor Beverley Raphael have written a chapter on psychological first aid that provides an overview of the field, taking this guide a step further by explaining core skills and basic action principles. At the time of printing, this chapter was still in draft format.

**This guide is also in line with resources detailed in the Psychosocial Support in Disasters portal ([www.psid.org.au](http://www.psid.org.au)).**





## Introduction

**Emergency is the generic term used in Australia to describe disruptive and/or destructive events that cause loss of life, property and livelihoods, injury, and damage to communities. For the individual this may mean the loss of:**

- near or significant loved ones
- control over one's own life and future
- hope and initiative
- dignity
- social infrastructure and institutions
- access to services
- property
- livelihoods
- place.

After an emergency, people often lose confidence in the norms, networks, and trust in the society that is supposed to protect them<sup>1</sup>.

Until the late 1970s, the psychosocial aspect of emergencies was often ignored as emergency management activities focused on the actual rebuilding of towns damaged by floods, fire or storms and healing the wounds of those injured.

Disaster mental health and the identification of post-traumatic stress disorder led to a shift in approaches to emergency management and to the inclusion of disaster mental health. However, responses in this period focused on applying clinical mental health skills in emergency settings, for which they were never intended.

It was then recognised that most people did not develop serious mental health issues after emergencies, and with some basic support the majority of people would recover well. This led to the development of psychological first aid as a primary tool after an emergency. It has also been recognised both in Australia and internationally that psychosocial support in emergencies is best delivered as a community-based activity, rather than within a medical health system<sup>2</sup>.

Providing coordinated psychosocial support in emergencies has now become a critical part of preparing for, responding to and recovering from an emergency.

<sup>1</sup> For more information see IFRC 2009.

<sup>2</sup> For more information see IASC 2007; IFRC 2009; van Ommeran, Saxena & Saraceno 2005.

## What is psychological first aid?

Psychological first aid is a proven approach to helping people affected by an emergency, disaster or traumatic event. Psychological first aid is based on the principle of 'do no harm'.

It includes basic commonsense principles of support to promote normal recovery, such as helping people to feel safe, connected to others, calm and hopeful, with access to physical, emotional and social support, and able to help themselves<sup>3</sup>. Psychological first aid aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

Psychological first aid is useful as the **first** thing that you might do with individuals or families following a disaster. It is most widely used in the **first** hours, days and weeks following an event. Psychological first aid is based on an understanding that people affected by disasters will experience a range of early reactions (physical, psychological, emotional, behavioural) that may interfere with their ability to cope<sup>4</sup>.

These reactions are normal and understandable given people's experiences. In this situation, recovery may be helped by psychological first aid.

For a small part of an affected population, further support and mental health support may be necessary to assist recovery, but most people recover well on their own, or with the support of compassionate and caring disaster workers, family and friends.

While psychological first aid is most commonly used immediately after a disaster, its use is not limited to this time period. Sometimes the first contact people have with psychological first aid comes months or even years after the emergency. Outreach visits conducted by Red Cross nine months after the 2009 Victorian bushfires, for example, was the first time many people received psychological first aid. Psychological first aid skills can also be applied to public inquiries and anniversaries of emergencies or traumatic events, all of which may take place years after the event.

Psychological first aid has a long history<sup>5</sup>, but has become more popular following research showing the dangers of critical incident stress debriefing<sup>6</sup>. Since 2002, psychological first aid has been recommended as a key part of the provision of psychosocial support following disasters.

<sup>5</sup> For more information see Drayer, Cameron, Woodward & Glass 1954; Raphael 1977a&b and 1986.

<sup>6</sup> For more information see National Institute of Mental Health 2002; Rose, Bisson & Wessley 2003; Bisson, Brayne, Ochberg & Everly 2007; Bisson & Lewis 2009.

<sup>3</sup> For more information see Hobfoll et al. 2007.

<sup>4</sup> For more information see Brymer et al. 2006.



“Psychological first aid is a human, caring and compassionate response that addresses practical needs and concerns above all else”





## Who benefits from psychological first aid?

While the sudden disruptive nature of emergencies means that we are all exposed to uncertainty and stress, people will experience different degrees of distress. Whenever possible, any person in distress should have access to psychological first aid. This includes adults, adolescents and children, as well as disaster relief workers and first responders.

How people respond and cope depends on a variety of factors, including their experience of the emergency, their health, their personal history and their available supports. Some people may be at more risk of negative consequences. These may include those people who:

- have had previous traumatic experience
- have underlying mental illnesses
- were exposed to events where the horror element was high
- thought they were going to die
- experienced traumatic bereavement
- have had serious losses of property, livelihoods, or disruption to communities and networks.

There will also be some situations where people need more care than can be provided by psychological first aid and need to be immediately referred to other people and services that provide specialised support. This includes people who are:

- seriously injured and needing emergency medical care
- so distressed that they are unable to perform the basic activities of daily life
- threatening harm to themselves or others.

It is important also to remember that not everyone who experiences an emergency will have emotional distress or problems during or after the crisis. Not everyone who experiences a crisis will need psychological first aid. Some protecting factors include<sup>7</sup>:

- good level of functioning
- social support
- ability to cope
- strong moral belief systems
- returning to normal life (i.e. reducing disruption).

<sup>7</sup> For more information see Johns Hopkins School of Public Health & IFRC 2008.

## **What is psychological first aid aiming to achieve?**

**Psychological first aid is human, caring and compassionate, and addresses practical needs and concerns above all else.**

An important aim of psychological first aid is to build people's capacity to recover by helping them to identify their immediate needs, and their own strengths and abilities to meet these needs. One of the most important findings in the literature is that one's belief in their ability to cope can predict the outcome. Those who are optimistic, positive and feel confident that life and self are predictable, or they display other hopeful beliefs, typically, do better after experiencing mass trauma<sup>8</sup>.

The goals of psychological first aid include efforts to:

- calm people
- reduce distress
- make people feel safe and secure
- identify and assist with current needs
- establish human connection
- facilitate people's social support
- help people understand the disaster and its context
- help people identify own strengths and abilities to cope
- foster belief in people's ability to cope
- give hope
- assist with early screening for people needing further or specialised help
- promote adaptive functioning
- get people through the first period of high intensity and uncertainty
- set people up to be able to naturally recover from an event
- reduce the chance of post traumatic stress disorder.

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<sup>8</sup> For more information see Carver 1999, Ironson et al. 1997, Solomon 2003.





## Core principles

Psychological first aid is not prescriptive. However, there are basic elements to providing psychological first aid that have been drawn from the literature on risk and resilience, research, field experience and expert agreement<sup>9</sup>.

The core principles of psychological first aid are to promote:

- safety
- calm
- connectedness
- self-efficacy and group efficacy
- hope
- help.

Each of these principles has developed into key strategies<sup>10</sup>.

### Promote safety

- Remove from or reduce exposure to threat of harm.
- Help people meet basic needs for food, water, shelter, financial and material assistance and obtain emergency medical attention.
- Provide physical and emotional comfort.
- Provide repeated, simple and accurate information, in a range of methods, on how to get these basic needs.



<sup>9</sup> For more information see Hobfoll et al. 2007, IFRC 2009, SAMHSA 2010, Queensland Health (2008).

<sup>10</sup> For more information see the NCTSN, National Center for PTSD and SAMHSA websites.

**Promote calm**

- Stabilise people who are overwhelmed or disoriented.
- Provide an environment, as far as practical, that is removed from stressful situations or exposure to sights, sounds and smells of the emergency.
- Listen to people who wish to share their stories and emotions, without forcing them to talk.
- Remember that there is no right or wrong way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or trauma and the relief efforts underway to help survivors understand the situation.

**Promote connectedness**

- Help people contact friends and loved ones.
- Keep families together.
- Keep children with parents or other close relatives whenever possible.
- Help establish contacts with support people (friends, family or community helping resources).
- Respect cultural norms regarding gender, age and family structures.

**Promote self-efficacy**

- Engage people in meeting their own needs.
- Assist with decision making, help them to prioritise problems and solve them.
- Reassure people that their feelings are normal.

**Promote help**

- Find out the types and locations of government and non-government services.
- Provide information and direct people to those services that are available.
- Link people with available services.
- When they express fear or worry, remind people (if you know) that more help and services are on the way.
- Offer practical help to people to address immediate needs and concerns.
- Provide information on stress and coping.

**Promote hope**

- Convey expectancy that people will recover.
- Be there/be willing to help.

## Who delivers psychological first aid?

### Psychological first aid should be delivered by appropriate agencies as part of state, regional/district or local emergency management plans.

This means responses can be undertaken in a coordinated manner, and that psychosocial support can be provided as a key part of the emergency response. In Australia, this could include: health and allied health professionals, teachers and other education professionals, members of the clergy and other faith-based organisations, Red Cross personal support volunteers and other trained responders from community organisations, and local government staff.

The principles of psychological first aid, however, also mean that it can be offered by a wide variety of people in the community – from emergency personnel to neighbours and volunteers – in addition to trained responders.

Psychological first aid is a humane, supportive and practical response to people who have been exposed to serious stresses and may need support<sup>11</sup>. Most people responding to an emergency are able to provide this type of assistance, comfort and support to people in distress<sup>12</sup>. The principles of psychological first aid are, therefore, an important grounding for all emergency personnel responding to an emergency. While their primary focus will be on responding to the emergency, these people are usually the first contact survivors have with the ‘system’, and they have an important role to play in assisting in safe and effective ways that promote recovery.

It is useful to differentiate between general psychological and personal support and the way all emergency responders help in responsible ways – ways that respect the dignity and capacity of survivors –, and psychological first aid as a service delivered by trained responders whose primary role is to protect and promote mental health and psychosocial wellbeing.

<sup>11</sup> For more information see IASC 2007.

<sup>12</sup> For more information see WHO 2010.





## Where is psychological first aid delivered?

Psychological first aid can be delivered in diverse settings. Psychological first aid could be delivered at the scene of the emergency or at places where affected people gather, such as:

- evacuation centres
- recovery centres
- hospitals
- humanitarian assistance centres
- homes
- schools
- businesses
- shopping centres
- airports and
- train stations
- memorial services
- community centres.



## What psychological first aid isn't

It is important to clarify what psychological first aid isn't, and to differentiate it from earlier forms of post-disaster support, most notably critical-incident stress debriefing. Psychological first aid is:

- NOT debriefing
- NOT obtaining details of traumatic experiences and losses
- NOT treating
- NOT labelling or diagnosing
- NOT counselling
- NOT something that only professionals can do
- NOT something that everybody who has been affected by an emergency will need.

It is not useful – and may be harmful – to directly encourage a disaster survivor to discuss their responses initially. If a person wants to discuss their experiences, it is useful to provide them with support but only in a way that does not push them to discuss more than they want<sup>13</sup>.

Post-emergency settings are not clinical environments and it is inappropriate to conduct a clinical or psychological assessment within the setting.

It is important to limit contact at this point to simple support, as outlined by psychological first aid. People who display marked signs of risk (e.g. suicidal tendencies) should be referred to formal mental health services.

<sup>13</sup> For more information see Watson et al. 2002; Ruzek et al. 2007; McNally, Bryant, & Ehlers 2003.

## What are the core skills and action principles required to deliver psychological first aid?

Disaster response organisations that offer training in psychological first aid define sets of core skills and action principles as part of their manuals<sup>14</sup>.

These vary from one organisation to another. Wooding & Raphael<sup>15</sup> provide a useful summary of the core skills defined by leading disaster response organisations and make recommendations about the core skills for Australia.

<sup>14</sup> For more information see Brymer et al 2006, Stevens & Raphael 2008a&b, WHO 2010.

<sup>15</sup> For more information see Wooding & Raphael 2010., Queensland Health (2008).



## Core skills and action principles in the Australian context

### **Be prepared**

Be prepared: know the situation, who your team members are and who is in charge; have a basic first-aid qualification.

### **Assess and prioritise**

Assess and prioritise: assess the situation and prioritise need; don't rush in.

### **Safety, security and shelter**

Safety, security and shelter: ensure people are warm, protected and have access to water or other suitable drinks etc.

### **Engagement**

Engagement: make contact, introduce yourself in a non-intrusive way, explain who you are and why you are there.

### **Calming and Comforting**

Calming and Comforting: 'be' with people, acknowledge their situation, validate their thoughts and feelings; practical strategies (breathing, grounding techniques) to calm.

### **Practical assistance**

Practical assistance: what is their most pressing concern? How can you help with this? What information is available to them?

### **Finding solutions**

Finding solutions: encouraging people to identify their needs and consider ways of meeting them, help them to do this or find information/relevant people who can assist.

### **Moving on to assist others**

Moving on to assist others: ensuring that linkages have been established for the previous person and then moving on, once again, to assess for greatest need.

## What are the core competencies required to deliver psychological first aid?

In addition to knowledge about core skills and action principles, individuals and organisations offering psychological first aid need some core competencies to effectively support others.

The core competencies include:

- understanding of the disaster context
- ability to stay calm and focused
- listening skills
- communication skills
- warmth, empathy and compassion for others
- flexibility
- problem solving skills
- knowledge about how to provide practical help
- self-care for helpers<sup>16</sup>.

## Psychological first aid training

### Training for responders

Various psychological first aid training programs are offered across Australia, some provided by independent (often private) organisations selling the courses, and others run within organisations for their own staff. None of these programs are accredited and the content of these courses varies across organisations.

Some quality international training programs are currently being trialled for psychological first aid responders by organisations such as the Australian Centre for Posttraumatic Mental Health, Red Cross (both the ICRC and IFRC), National Child Traumatic Stress Network (US) and the World Health Organization<sup>1</sup>. These programs vary widely and cannot be easily compared. Usually, psychological first aid training follows a set of principles, but is adapted to the specific needs of the group being trained. Some training models are being developed for delivery via the internet, for example:

- NCTSN (<http://learn.nctsn.org/index.php>) offers a six-hour psychological first aid course online

<sup>16</sup> The Psychosocial Support in Disasters portal ([www.psid.org.au](http://www.psid.org.au)) provides links to further information about psychological first aid skills, competencies and training information.

In order to provide a competent workforce, the authors of this manual strongly recommend that an introduction to psychological first aid be a standard part of the training and briefing of trained responders working in an emergency in a variety of capacities. The basic principles of psychological first aid can be helpful for all trained responders. It can help them to comfort and calm survivors, do no harm and look after themselves. A basic introduction should be given by people who are experienced in the delivery of psychological first aid and in emergency settings. It could take a few hours or a half-day.

More advanced training in psychological first aid is recommended for people who are working, or intend working, in an emergency situation with the specific task of meeting people's psychosocial support needs. A one-day training, at least, is recommended, to both provide an introduction to psychological first aid as well as detailed information about how to apply psychological first aid in the context in which someone is working.

## **Training for the public**

As well as training people who are working in disasters in how to deliver psychological first aid, there are also programs that teach the general public the basic skills of psychological first aid. Some disaster mental health experts maintain that the effect of psychological first aid is related to the extent to which it has spread throughout the population<sup>17</sup>. The aim is to deliver psychological first aid training widely throughout communities that are vulnerable to disasters. The core components of community-based psychological first aid training include skills like<sup>18</sup>:

- understanding traumatic stress
- active listening skills
- how to make referrals and when
- self-care.

<sup>17</sup> For more information see Jacobs 2010.

<sup>18</sup> For more information see Jacobs 2010; ACPMH 2009.

## Useful organisations

Australian Child & Adolescent Trauma,  
Loss & Grief Network (ACATLGN)  
**[www.earlytraumagrieff.anu.edu.au](http://www.earlytraumagrieff.anu.edu.au)**

Australian Centre for Posttraumatic  
Mental Health (ACPMH)  
**[www.acpmh.unimelb.edu.au](http://www.acpmh.unimelb.edu.au)**

Australian Psychological Society (APS)  
**[www.psychology.org.au](http://www.psychology.org.au)**

Australian Red Cross  
**[www.redcross.org.au](http://www.redcross.org.au)**

beyondblue  
**[www.beyondblue.org.au](http://www.beyondblue.org.au)**

Department of Human Services (DHS),  
State Government of Victoria  
**[www.dhs.vic.gov.au/emergency](http://www.dhs.vic.gov.au/emergency)**

Department of Health (Queensland)  
**[www.health.qld.gov.au/mentalhealth/  
useful\\_links/disaster.asp](http://www.health.qld.gov.au/mentalhealth/useful_links/disaster.asp)**

Disaster Response and  
Resilience Research Group,  
University of Western Sydney  
**[www.uws.edu.au/disaster\\_  
response\\_resilience/disaster\\_  
response\\_and\\_resilience](http://www.uws.edu.au/disaster_response_resilience/disaster_response_and_resilience)**

Emergency Management In Australia  
**[www.ema.gov.au](http://www.ema.gov.au)**

Inter-Agency Standing Committee (IASC)  
**[www.humanitarianinfo.org/iasc](http://www.humanitarianinfo.org/iasc)**

International Committee of the  
Red Cross (ICRC)  
**[www.icrc.org](http://www.icrc.org)**

International Federation of Red Cross  
and Red Crescent Societies (IFRC),  
Psycho-social Support Reference Centre  
**<http://psp.drk.dk>**

National Center for PTSD  
**[www.ncptsd.va.gov](http://www.ncptsd.va.gov)**

National Child Traumatic Stress  
Network (NCTSN)  
**[www.nctsn.org](http://www.nctsn.org)**

National Institute of Mental Health (NIMH)  
**[www.nimh.nih.gov](http://www.nimh.nih.gov)**

Psychosocial Support in Disasters Portal  
**[www.psid.org.au](http://www.psid.org.au)**

Sphere Project for Minimum Standards  
in Humanitarian Response  
**[www.sphereproject.org](http://www.sphereproject.org)**

Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
**[www.samhsa.gov](http://www.samhsa.gov)**

World Health Organization (WHO)  
**[www.who.int](http://www.who.int)**

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**Australian Psychological Society**

Level 11, 257 Collins Street,  
Melbourne VIC 3000

Phone: (03) 8662 3300

Toll free: 1800 333 497

[www.psychology.org.au](http://www.psychology.org.au)

**Australian Red Cross  
National Office**

155 Pelham Street,  
Carlton VIC 3053

Phone: (03) 9345 1800

[www.redcross.org.au](http://www.redcross.org.au)