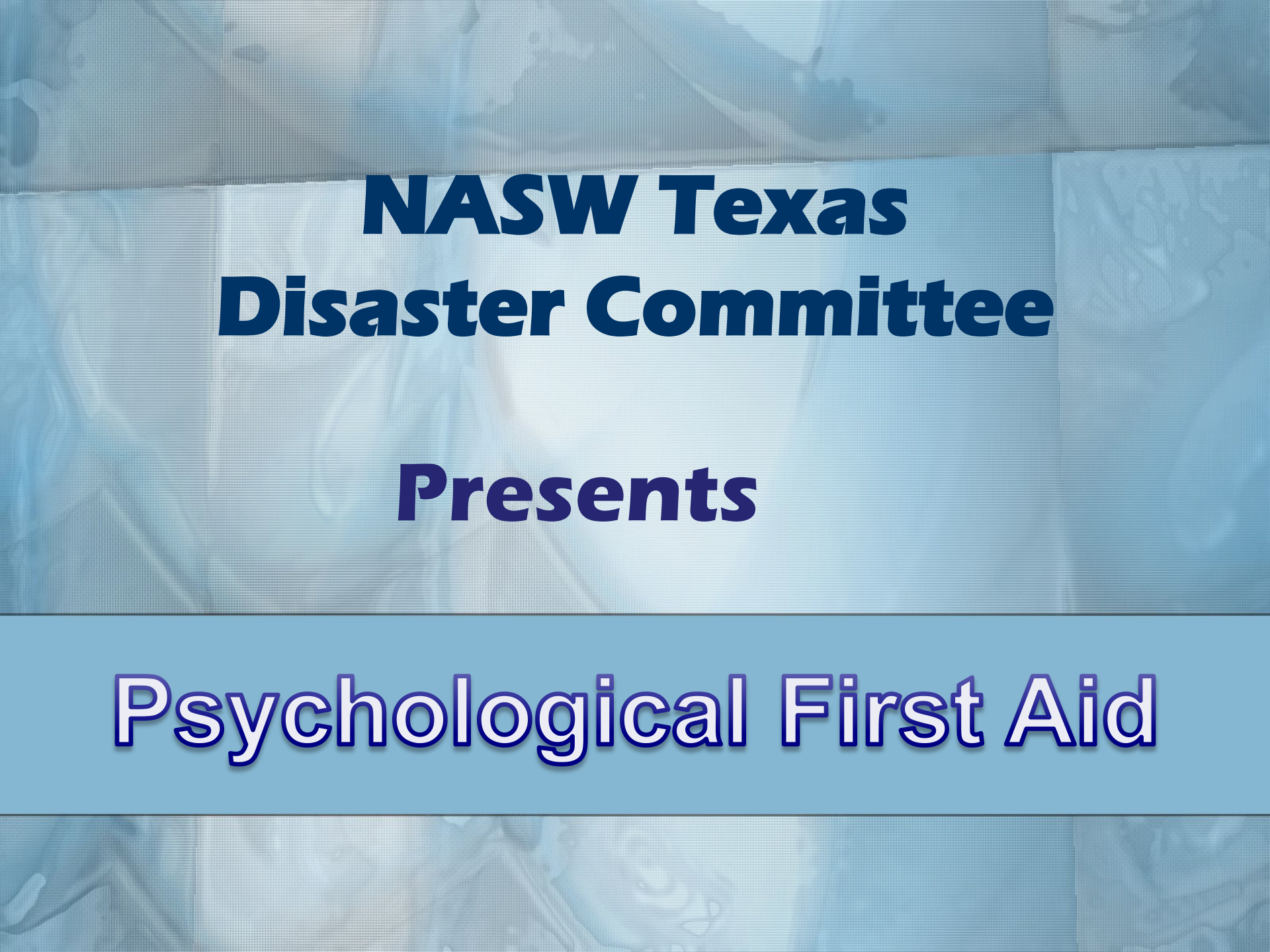




NASW Texas Disaster Committee

Presents

Psychological First Aid

Presenter

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ACSW, BCD, DCSW, CSW-G**

Past Editor: Journal of Religion, Spirituality and Aging

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Presbyterian Disaster Assistance, National Response Team Member

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Assistant Manager, Waco Fire Corp

Member, Waco CERT

PDA representative on the Texas State VOAD

Disaster Mental Health Lead for Central and South Texas Region

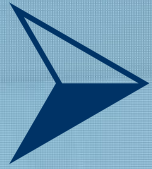
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Psychological First Aid

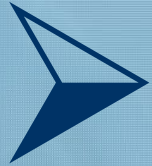
Developed By



National Child Traumatic Stress Network



www.NCTSN.org



**National Center for Posttraumatic Stress
Disorder**



www.ncptsd.va.gov

Acknowledgments

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., et al. (2006). *Psychological First Aid: Field Operations Guide*. Washington D. C.: National Child Traumatic Stress Network and National Center for PTSD.

Klapow, J. (2009) Psychological First Aid: Building Resiliency for "Us" and "Them". Alabama Department of Public Health Video Communications and Distance Learning Division.

Brymer, M., Layne, C., Pynoos, R., Steniberg, A., Vernberg, E., & Watson, P. (2006). *Psychological First Aid: Field Operations Guide (2nd ed.)*. Los Angeles: National Child Traumatic Stress Network.

Post Disaster Crisis, Stress, and Coping



A man is trapped under rubble in Port-au-Prince, Haiti, Wednesday as the Caribbean nation struggled in the aftermath of Tuesday's earthquake.

Tornados
Hurricanes
Pandemic
Dirty Bombs
Earth Quakes
Major floods and fires
Fertilizer Plant Explosions



West, Texas Fertilizer Plant Explosion Picture from Frank Patterson

Unknown (2005). Hurricane Katrina
Disaster Pictures Retrieved January 23,
2009, 2009, from
[http://www.funonthenet.in/content/view/
166/31/](http://www.funonthenet.in/content/view/166/31/)

<http://www.pbs.org/wgbh/nova/dirtybomb/>
[http://news.bbc.co.uk/2/hi/in_depth/photo_gallery/343362
stm](http://news.bbc.co.uk/2/hi/in_depth/photo_gallery/343362.stm)



Disaster Mental Health is different from traditional Counseling

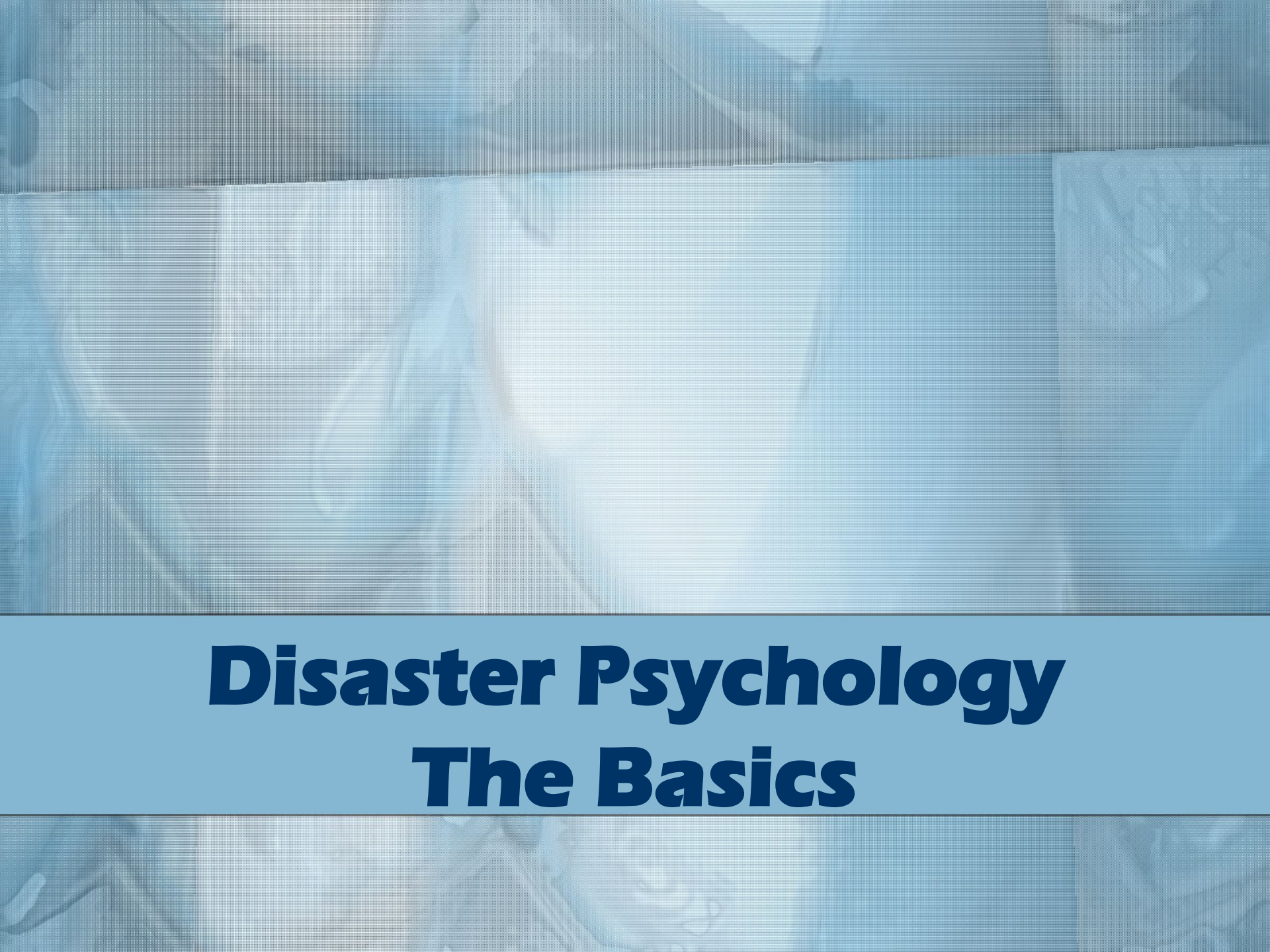
- Disaster mental health starts from Trauma
- Not all disaster have a “bang.” Therefore each is unique and must be responded to as such.
- Response needs to be understood in light of the timing of the Crisis and response.
- Disaster Mental Health is in the here and now.
- The lead agency in any disaster for mental health is always MHMR or the Local CMHA.
- It reduces immediate anxiety and then offers a referral.

TRAUMA PSYCHOLOGY

What do all disasters have in common?



Stress and Anxiety



Disaster Psychology

The Basics

STRESS

- Subjective internal feelings of discomfort
- Impact on emotions, cognitions, physiological functioning, and behavior
- Can result in positive and negative outcomes
 - Adaptive



© Kathleen Reeder/Solent News & Photo Agency

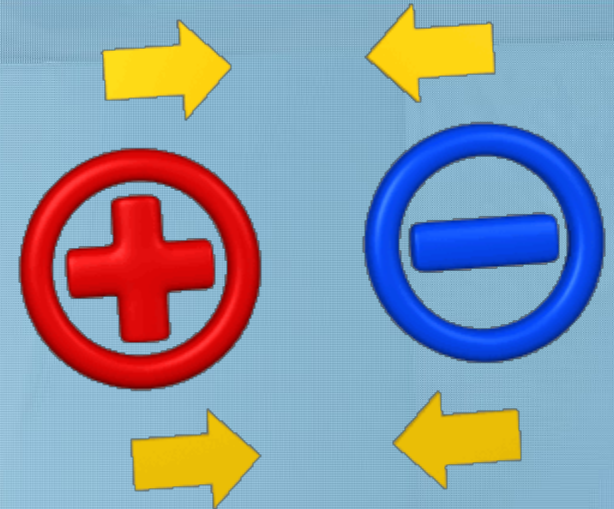
Stress and the Cave Man



Stress is normal ?

Positive & Negative Stress

- Stress is positive when it:
 - Increases awareness of problem areas
 - Forces change in coping strategies
- Stress is negative when it:
 - Exceeds coping capacity
 - Fatigues our systems
 - Results in behavior or physical problems



Girdano, D. A., Dusek, D. E., & Everly, G. S. (2009). *Controlling Stress and Tension (8th ed.)*. San Francisco: Pearson Education Inc.

Examples of Stressors

❖ Physical

- ❖ Pollution, chemicals**
- ❖ Injury, illness**
- ❖ Heavy physical labor**

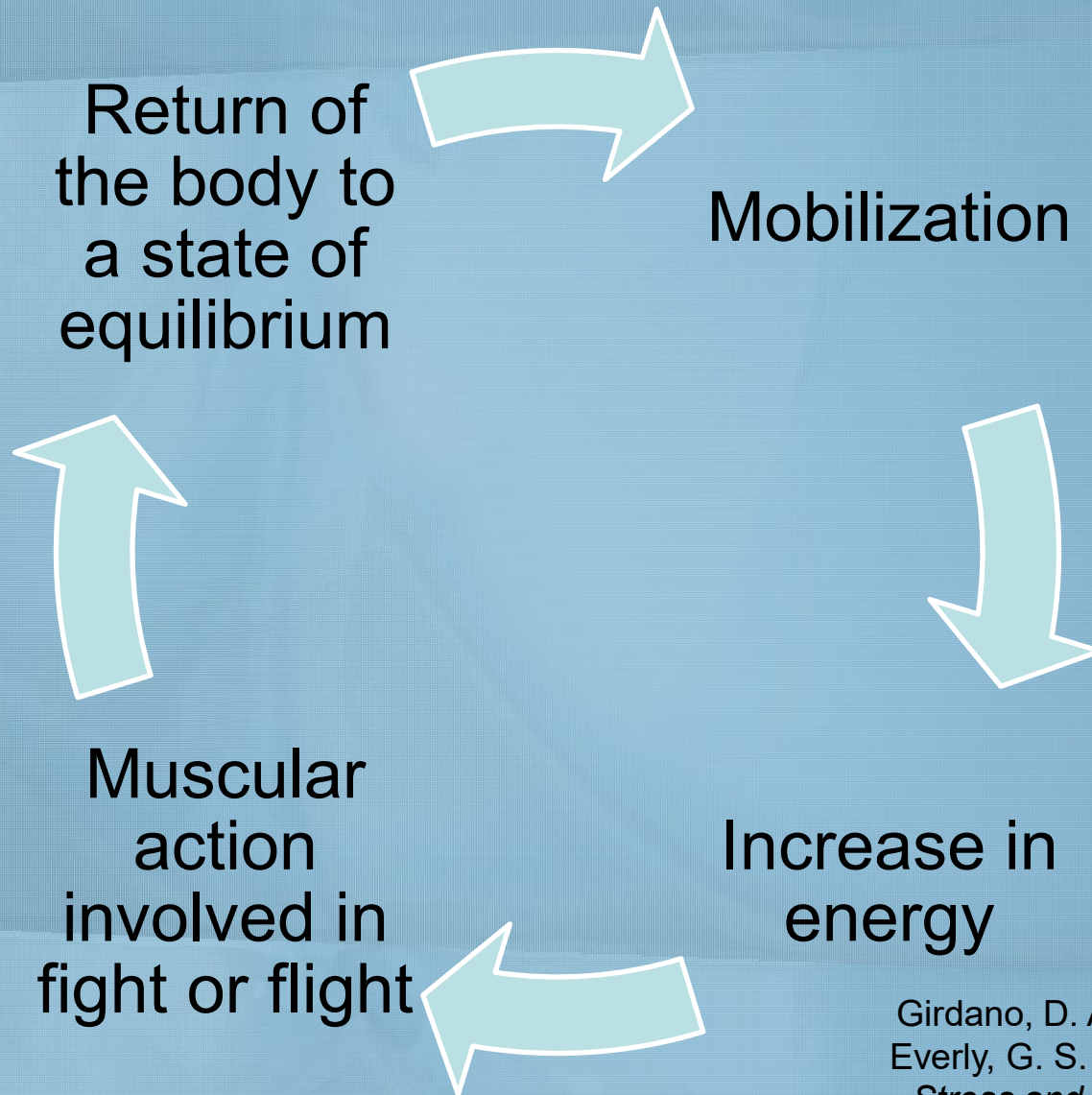
❖ Social

- ❖ Significant losses**
- ❖ Change in relationship status**

❖ Psychological

- ❖ Guilt**
- ❖ Worry**
- ❖ Significant frustration**

Stress Cycle

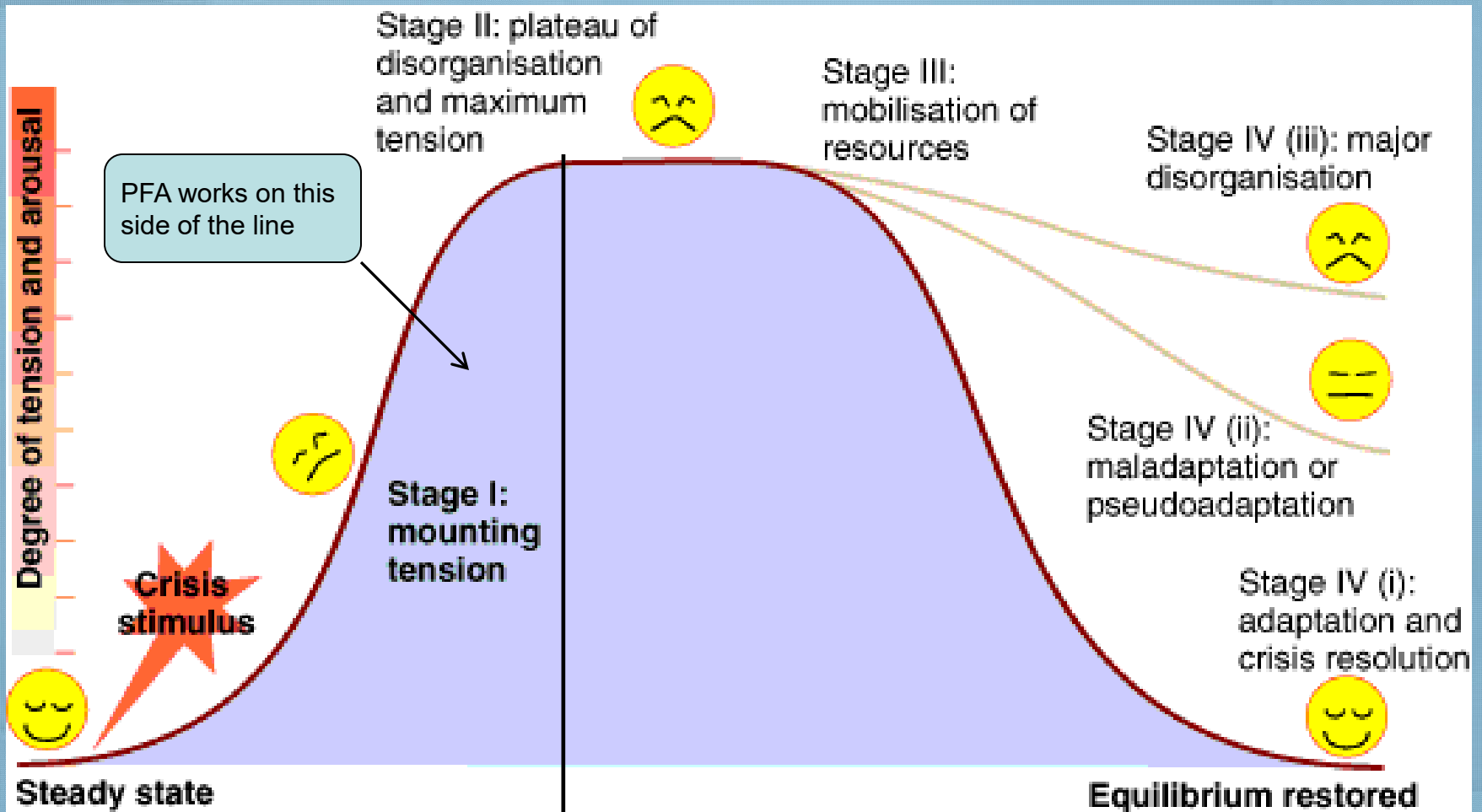


Girdano, D. A., Dusek, D. E., & Everly, G. S. (2009). *Controlling Stress and Tension* (8th ed.).

San Francisco: Pearson

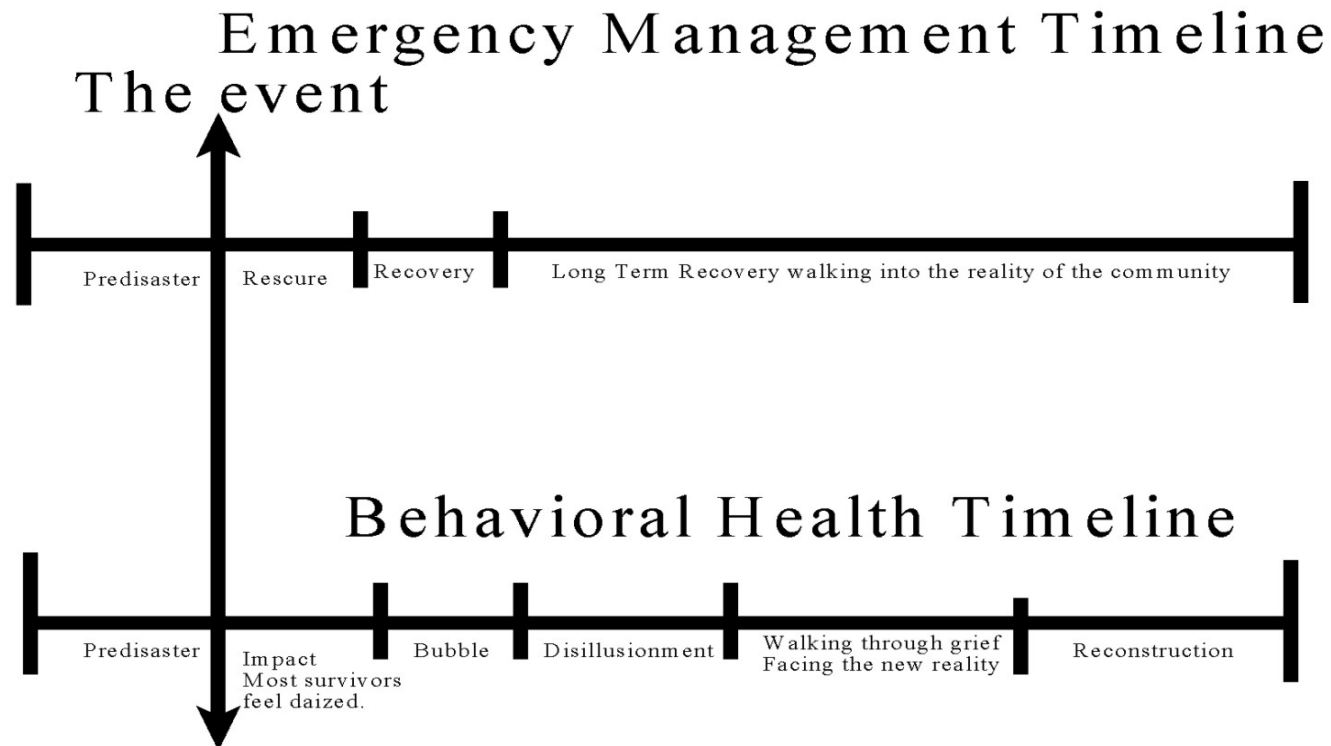
Education Inc. 14.

Stages of a Crisis



Rosen, A. (1997). Crisis management in the community.
The Medical Journal of Australia, 167, 633-638.

ICS and Behavioral Health Timelines



Ellor, J., Dolan, S. (2015) Lessons Learned from Disaster: **Behavioral Health for Social Workers and Congregations, Social Work and Christianity.**

3 groups of persons in disaster impacted community



Ursano, R. J., Fullerton, C. S., Weisaeth, L., & Raphael, B. (2007). Individual and Community Responses to Disasters. In R. J. Ursano, C. S. Fullerton, L. Weisaeth & B. Raphael (Eds.), *Textbook of Disaster Psychiatry*. New York: Cambridge University Press.

Physiological Response

- ☐ **Muscles tighten**
- ☐ **Breathing changes**
- ☐ **Alertness changes**
- ☐ **Circulation increases**
- ☐ **Digestive juices and other fluids react to protect the person from dangerous Bodily Reactions**
- ☐ **Nervousness**
- ☐ **Trembling**
- ☐ **Dizziness**
- ☐ **Pounding heart**
- ☐ **Inability to slow down**
- ☐ **Abnormal breathing**
- ☐ **Memory loss**



Cognitive / Emotional Symptoms

- **Trouble remembering things**
- **Easily distracted, poor concentration**
- **Lack of interest in things**
- **Hopelessness, “nothing will ever get better.”**
- **Irritability**
- **Depressed, morose, brooding**
- **Worry, nervousness, anxiety**



Behavioral Symptoms

- **Increased or decreased appetite**
- **Increased or decreased sleep**
- **Increased alcohol and drug use**
- **Less efficient on the job**
- **Isolation**
- **Increased aggression**

Stress Response: Children

- **Behavior problems**
- **Emotional symptoms**
- **Nightmares**
- **Fighting with friends**
- **School difficulties**
- **Trouble eating or sleeping**
- **Physical complaints**



Coping Strategies

When confronted with stress we can:

- 1. Conquer: Attempt to master the situation and get the better of the situation.**
- 2. Submit: Accept the situation for what it is.**
- 3. Adapt: Adjust to the situation (partially accepting and mastering).**

Dysfunctional Coping

- 1. Drugs & Alcohol**
- 2. Acting out, impulsivity**

Coping Mechanisms

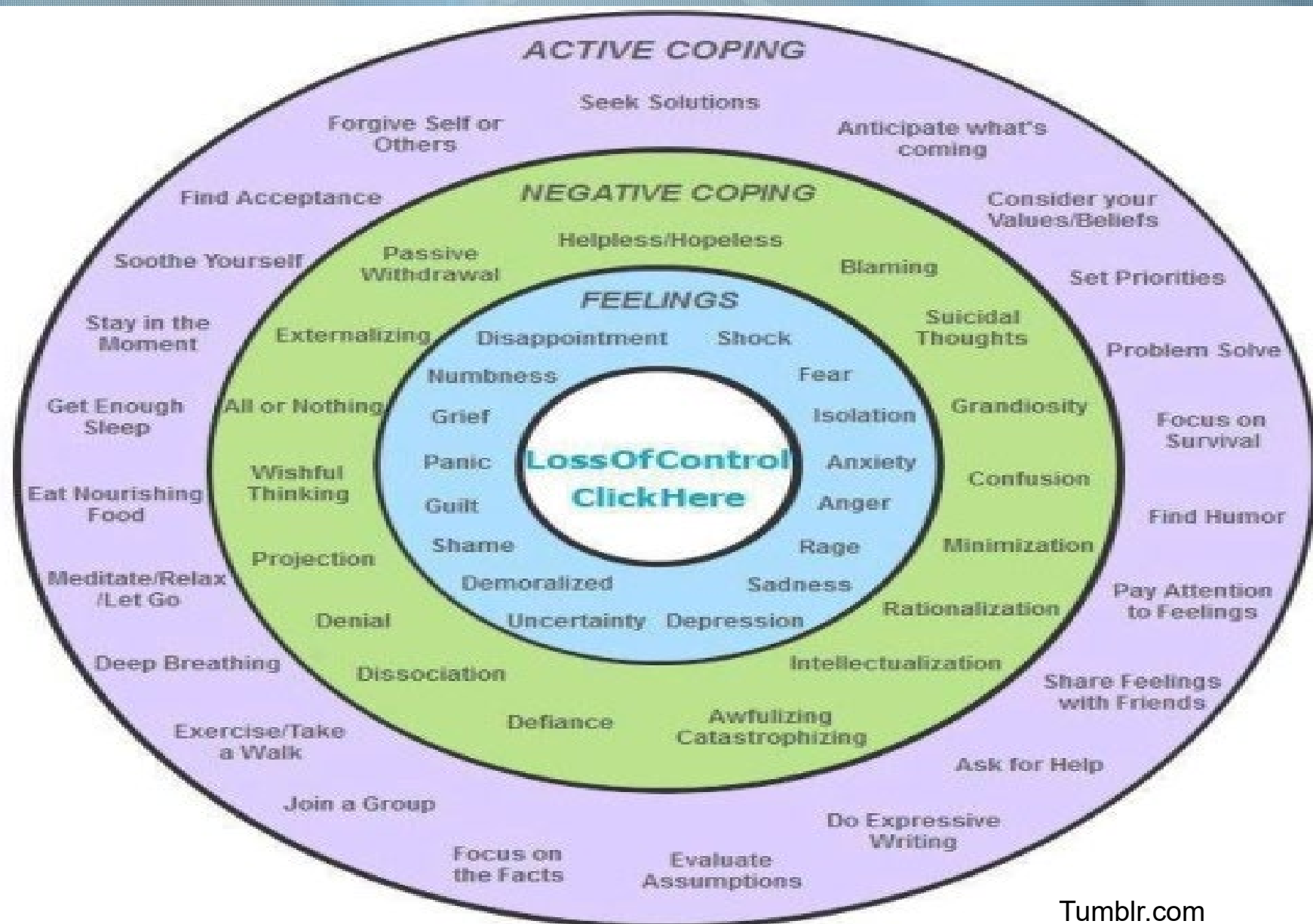
- **Defense** - the unconscious ways of coping stress. Examples: reaction formation, regression
- **Adaptive** - tolerates the stress. Examples: altruism, symbolization
- **Avoidance** - keeps self away from the stress. Examples: denial, dissociation, fantasy, passive aggression, reaction formation.
- **Attack** - diverts one's consciousness to a person or group of individuals other than the stressor or the stressful situation. Examples: displacement, emotionality, projection.
- **Behavioral** - modifies the way we act in order to minimize or eradicate the stress. Examples: compensation, sublimation, undoing.
- **Cognitive** - alters the way we think so that stress is reduced or removed. Examples: compartmentalization, intellectualization, rationalization, repression, suppression.
- **Self-harm** - intends to harm self as a response to stress. Examples: introjection, self-harming
- **Conversion** - changes one thought, behavior or emotion into another. Example: somatization.

Dysfunctional Coping

- **Assigning blame**
- **Resistance, Denial**
- **Helplessness**
- **Inflexibility**
- **Becoming over-controlling / choosing the wrong battles**
- **Slowing down / “checking out”**

Alcohol and substance abuse

- Explain that many survivors choose to drink, use medications, or drugs to reduce their bad feelings
- Ask the survivor to identify what he/she sees as the “pros and cons” of using alcohol or drugs to cope
- Mutually agree on abstinence as a safe pattern of use.
- If you are in a shelter or other family intervention location. In McLennan County it is illegal to drink or do drugs at these sites. Survivors will be asked to leave if they do.



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, hyper vigilance)**
- **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 and would NOT be diagnosed in a crisis**

The Special Case of TBI/Concussion

An injury to the head that results in a change in cognitive abilities

Attention, Memory, Speech/Language, Motor

May be accompanied by loss of consciousness

Implications during a crisis/disaster

May need IMMEDIATE medical attention (altered consciousness, headache could mean hemorrhage internally)

Confusion, memory loss, inattention may make it difficult for first responders to engage and assess

Most recover with physical and cognitive rest. If symptoms last more than a few days, go to neurologist

BREAK



PFA

Psychological First Aid

- Operates in the here and now
- Pays attention to safety for all concerned
- Listens to the client and what she or he needs
- Therapeutic goal is focused on the reduction of stress and the fostering of positive coping in the moment.
- Does not attempt to address long term problems even when easily identified
- Seeks to link person to more permanent resources
- Is invested in self care for you, not just the client



Referral for Additional Help

- **People may be reluctant**
 - Use supportive communication
 - VOLUNTARY debriefings
 - Provide confidential access and referral information
 - Support at-Risk individuals
- **NOTE**
 - At no time have we discussed diagnosis
 - At no time have we talked about doing goal directed counseling
 - At no time have we discussed your doing follow-up beyond the time of the trauma intervention
- **In Waco we work closely with MHMR**

Professional Behavior

- **Operate only within the framework of an authorized disaster response system.**
- **Model healthy responses; be calm, courteous, organized, and helpful.**
- **Be visible and available.**
- **Maintain confidentiality as appropriate.**
- **Remain within the scope of your expertise and your designated role.**
- **Make appropriate referrals when additional expertise is needed or requested by the survivor.**
- **Be knowledgeable and sensitive to issues of culture and diversity.**
- **Pay attention to your own emotional and physical reactions, and practice self-care.**

Psychological First Aid is Evidence Based

The principles, objectives, and techniques of PFA are designed to meet four basic standards:

- **Consistent with research evidence on risk and resilience following trauma.**
- **Applicable and practical in field settings**
- **Appropriate for developmental levels across the lifespan.**
- **Culturally informed and deliverable in a flexible manner.**

Reference: Vernberg, E. M., Jacobs, A. K., Watson, P. J., Layne, C. M., Pynoos, R. S., /Steinberg, A. M., et al. (2008). Innovations in Disaster Mental Health: Psychological First Aid. *Professional Psychology Research Practice*, 39(4), 382.

Psychological First Aid

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

G. S. Everly, J., & Flynn, B. W. (2005). *Principles and Practice of Psychological First Aid*. Baltimore: Johns Hopkins Center for Public Health Preparedness.

Caring for Psychological Wounds

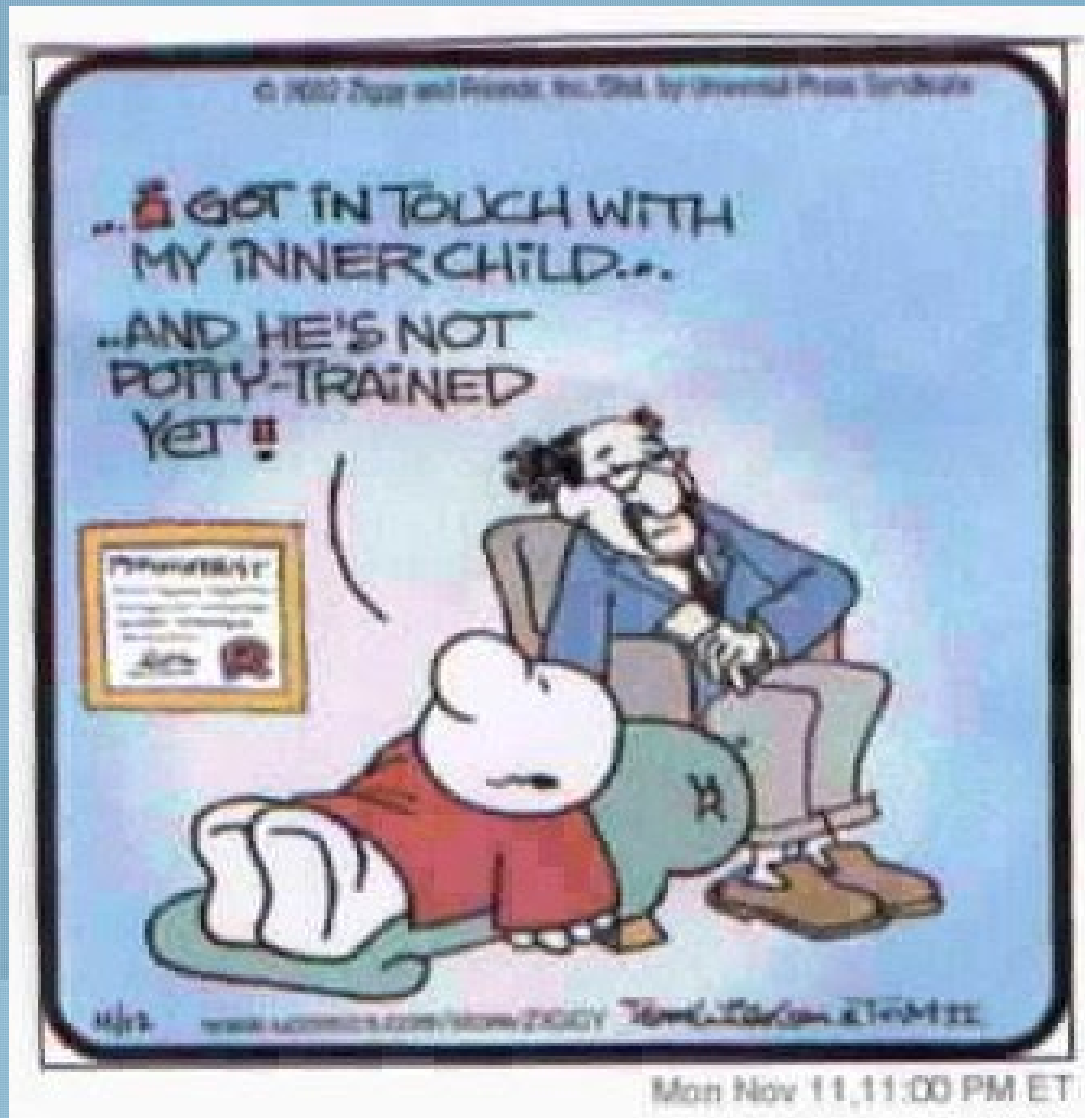
- All of us can apply a bandage to a wound
- All of us can practice basic first-aid
- The psychological impact of crisis can be approached in a similar manner
- Crisis professionals must recognize and be able to manage the basic symptoms of psychological distress.



Attend to Basic Physical Needs

- **Food, clothing, shelter, medical care**
 - **Addressing these needs will reduce distress**
 - **This includes:**
 - **Finding relatives and notifying relatives as to where they are.**
 - **Making sure that evacuees have all of their medicines**
 - **Be sure that evacuees are all in the right type of shelter**

Is this what we mean by Crisis Listening?



PFA Core Actions

- 1) Contact and Engagement**
- 2) Safety and Comfort**
- 3) Stabilization (if needed)**
- 4) Information Gathering: Current Needs and Concerns**
- 5) Practical Assistance**
- 6) Connection with social supports**
- 7) Information on Coping**
- 8) Linkage with collaborative services**

Core Action # 1 Contact and Engagement

- Establish a connection with clients in a non-intrusive and compassionate manner
 - Introduce yourself and describe your role
 - Ask for permission to talk
 - Explain objectives
 - Ask about immediate needs
- Personal contact varies from person to person
- If you are not familiar with the culture of the survivor be careful of
 - Approaching too closely
 - Making prolonged eye contact
 - Touch

Core Action # 2 Safety and Comfort

- The goal is to enhance immediate and ongoing safety and provide physical and emotional comfort.
- Ensure immediate physical safety
- Provide information about disaster response activities and/or services accurately and honestly
- Protect from additional trauma as much as possible
- Discuss media viewing

Unaccompanied children

- **Ask basic information**
- **Notify appropriate authorities immediately**
- **Provide the child with accurate information in simple terms about:**
 - **Who will be supervising him or her**
 - **What she or he can expect**
 - **Make sure there is a continual plan for care**
- **Stay in contact with agencies working to reconnect the child with their parents.**

Acutely Bereaved Individuals

- **Listen carefully with sympathy**
- **Be informed about cultural norms**
- **Know that grief reactions vary from person to person**
- **Help family members to respect differences in grieving**

Acutely Bereaved Individuals, Things to Say

- **Tell them what they are experiencing is understandable and expectable**
- **Depending on their culture, it is okay to use the deceased person's name**
- **Inform them that they will most likely continue to experience periods of sadness, loneliness, or anger.**

Acutely Bereaved individuals:

Things not to say



“I know how you feel”



“It’s good he passed away quickly”



“It was his/her time to go”



“Let’s talk about something else.”



“It’s good that you are alive.”



“I’m sorry” (can be said too often.)

Grief and Spiritual Issues

- **Ask survivors if they have religious or spiritual needs**
- **Refer them to a clergy member of their choice**
- **Do not judge, contradict, or correct what they say about their religious beliefs**
- **If survivors want to pray, help them to find a suitable place, remember that suitable places are different for different traditions.**
- **Honor the symbols of survivor's beliefs.**

Care Action 3 Stabilization

- The goal is to calm and orient emotionally overwhelmed and distraught survivors
- Signs a person may need stabilization
 - Glassy eyed and vacant
 - Unresponsive
 - Disoriented
 - Exhibiting strong emotional responses
 - Uncontrollable physical reactions
 - Frantic searching behaviors

Steps toward stabilization

- **Respect survivor's privacy**
- **Give him/her a few minutes without active attempts to intervene**
- **Remain calm, quiet, and present**
- **Tell him/her that you will be available if he/she needs you or that you will check back with him/her in a few minutes.**
- **Offer Support and help him/her focus on specific manageable feelings, thoughts and goals**

More steps

- **Enlist support from family/friends**
- **Speak directly to his/her immediate concern or difficulty**
- **Give information that orients him/her to the surroundings.**

Grounding

- **Ask the person to:**

- Listen to you and look at you
- Orient him/herself to the surroundings
- Talk about the aspect of the situation that is under control, hopeful, or positive
- Breathe in and out slowly and deeply
- Name five non-distressing things he/she can see, hear, and feel.
- Younger children may find it easier to identify colors that they see around them
- Get medical consult when the situation is secure

Care Action 4: Information Gathering

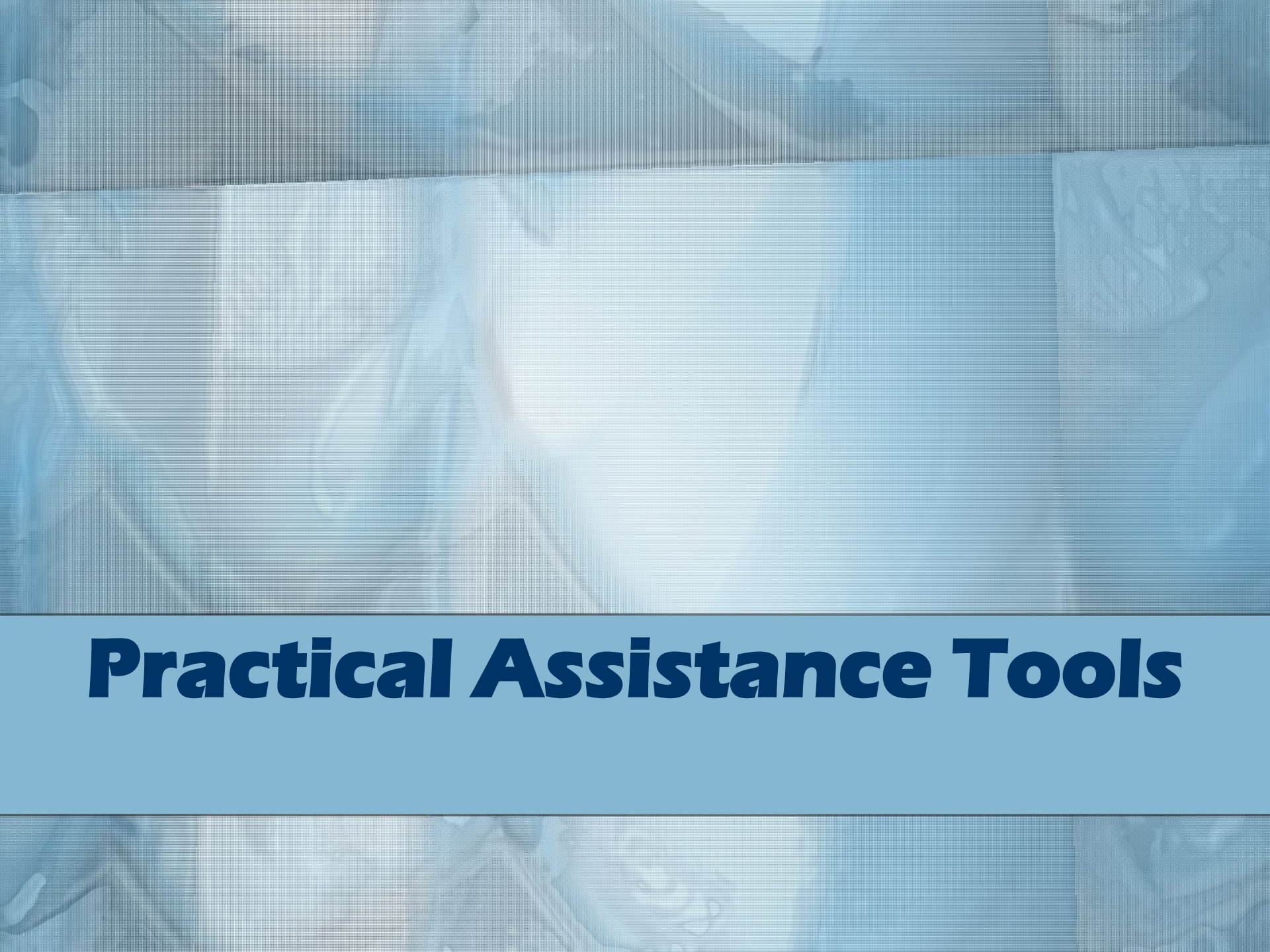
- The goal is to identify immediate needs and concerns, gather additional information, and tailor PFA interventions
- It is used to determine:
 - Need for immediate referral
 - Need for any additional available ancillary services
 - Which components of PFA may be helpful
 - Nature and severity of experiences
 - Death of a loved one
 - Concerns about the post-disaster circumstances
 - Separation from or concerns about the safety of loved ones
 - Losses especially physical losses

Clarifying Disaster – Related Experiences

- **Avoid asking for in-depth description of traumatic experiences**
- **Follow the lead of the survivor in discussing the event**
- **Individuals should not be pressed to disclose details of any trauma or loss**
- **If survivors are anxious to talk about their experiences, tell them:**
 - **For now, the basic information to help with current needs is the most helpful**
 - **That they can discuss their experiences in a proper professional setting in the future**

Core Action 5: Practical Assistance

- Offer practical help to survivors in addressing immediate needs and concerns
 - Identify the most immediate need
 - Clarify the need
 - Discuss an action response
 - Act to address the need
- Set achievable goals
 - Reverse feelings of failure and inability to cope
 - Help individuals to have repeated experiences of success and efficacy
 - Help to reestablish a sense of control over one's environment



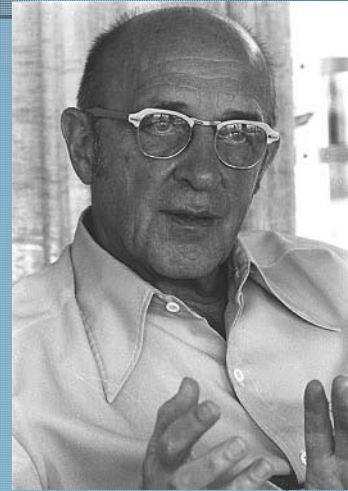
Practical Assistance Tools

Acceptable?



Active Listening/Reframing

- “I was hoping the pain would be gone by today-but boy, it keeps hurting!”
- “I’m awfully afraid of needles. Please don’t give me any shots that I don’t absolutely need.”
- “But what will I do if I have to spend the rest of my life in a wheelchair?”
- “Please make this pain go away. I can’t stand it any longer.”
- “If I wasn’t a little scared I guess I wouldn’t be normal.”
- “It sounds like you Are discouraged because the pain has not stopped yet.”
- “You’re terrified of shots and worried about us giving you any more than necessary.”
- “You’re frightened of the prospect of never walking again.”
- “You hurt so much that you can’t take any more.”
-



Provide Emotional Support

- **Listen to the person's story**
- **Allow the person to express their feelings, be careful not to put words in their mouth**
- **Stay calm yourself even if they are agitated or extremely anxious**
- **Listen**
- **Listen**
- **Listen**



Dereflection

- **Dereflection: The therapist diverts the patients away from their problems toward something else meaningful in the world. It is not useful to tell some patients to stop thinking about something, better to substitute something.** (Frankl, V. E. (1967). *Psychotherapy and Existentialism: Selected Papers on Logotherapy*. New York: Washington Square Press. P 57.)

Yes ... breathing Works...



It slows your respiration and heart rate down. Under stress slowing down is key!

Core Action 6: Connection with Social Supports

- **Goal: Help establish brief or ongoing contacts with primary support persons, such as family members and other sources of support**
- **Encourage use of immediately available support persons**
- **Discuss ways to seek and give support**
 - **Identify possible support persons**
 - **Discuss what to do/talk about**
 - **Explore reluctance to seek support**
- **Address extreme social isolation or withdrawal**

Persons who are Withdrawn

- **Talk to the survivor about when they would like to talk about identifying a support system and the follow through by coming back.**
- **Take the lead from the person as to when the right time or place might be to talk**
- **If time is available, sometimes persons who are withdrawn will come out to talk if they can rest and cope on their own for a bit. However, follow up is generally a good idea.**

Core Action: 7 Information on Coping

- **Provide information about stress reactions and coping to reduce distress and promote adaptive functioning**
 - Explain what is currently known about the event
 - Inform survivors of available resources
 - Identify the post-disaster reactions and how to manage them
 - Promote and support self-care and family care practices
- **Provide simply information about stress actions and coping**
 - Avoid pathologizing their behavior
 - Build around simple things that can be done.

Negative Coping

- These forms of coping may have unintended negative outcomes:

- Social isolation and withdrawal
- Extreme avoidance of thinking or talking about the event
- Work-a-holism
- Anger and violence
- Frequent use of alcohol or drugs

Positive Coping

- **Adaptive coping actions**

- **Social Support**

- **Positive distracting activities**

- **Setting and achieving goals**

- **Changing expectations/priorities**

- **Breathing / relaxation / rest**

- **Exercise**

- **Counseling**

Duration of Reactions

- How long the reactions last will depend on (among other things)
 - The severity of the trauma exposure and loss
 - The severity of post-trauma adversities
 - How often they are experiencing reminders
- Duration is NOT an exact science. No one knows how long you “should” have a reaction.

Definitions of Reminders

- **Trauma reminders:**

- Can evoke upsetting thoughts and feelings about what happened

- **Loss reminders:**

- Bring to mind the absence of a loved one

- **Change reminders:**

- Things that remind a survivor how life has changed as a result of the disaster

Helping with Reminders

- **Discuss the potential impact of trauma, loss and change reminders**
- **Identify current and potential reminders**
- **Remember that physical objects can be reminders**
- **Identify ways of coping with reminders**

Developmental Issues

- **The many stresses and adversities in the aftermath of a disaster may result in key interruptions, delays, or reversals in developmental progression**
- **The loss of developmental opportunities or achievements can be experienced as a major consequence resulting from disaster**

Helping with Developmental Issues

- Ask if there are any special events, goals, or things that the family was looking forward to, such as starting school, celebrating marriage, or birthday.
- Increase awareness of each family member of the impact of the interruption or loss

Anger Management Skills

- **Remind survivors that being angry will not help them achieve what they want and may harm important relationships**
- **Encourage survivors to distract themselves with positive activities**
- **Encourage survivors to have another adult temporarily supervise their children if they are feeling angry.**

Addressing Highly Negative Emotions

- **Help to clarify misunderstandings, rumors, and distortions**
- **Help survivors understand how thoughts influence emotions**
- **Identify and offer other ways of looking at the situations that are less upsetting**

Coping with Sleep Problems

- **Encourage the survivor to:**

- **Keep regular sleep routines**

- **Reduce alcohol consumption**

- **Eliminate caffeinated beverages in the PM**

- **Increase regular exercise**

- **Relax before bedtime**

- **Limit naps to 15 minutes, prior to 4:00 pm**

- **Get support for immediate concerns**

Coping with children's sleep problems

- **Remind parents that it is common for children to want to remain close to their parents at night.**
- **Temporary changes in sleeping arrangements are okay, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements early in the change.**

Talking with Children

- ❖ **Allow them to explain their understanding of events**
 - ❖ **Look for misunderstandings**
 - ❖ **Encourage parents and grown ups to not explain it for them**
- ❖ **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 by age

❖ Ages 5-10

- ❖ Focus on positive aspects of recovery**
- ❖ Address rumors or fears, no matter how bizarre**

❖ Ages 11 and up

- ❖ Similar guidelines as you would use with adults**
- ❖ Be careful not to make children confidants**

Honesty

The key to successful intervention is to be honest with survivors.

If you don't know, say so and then try to find out.

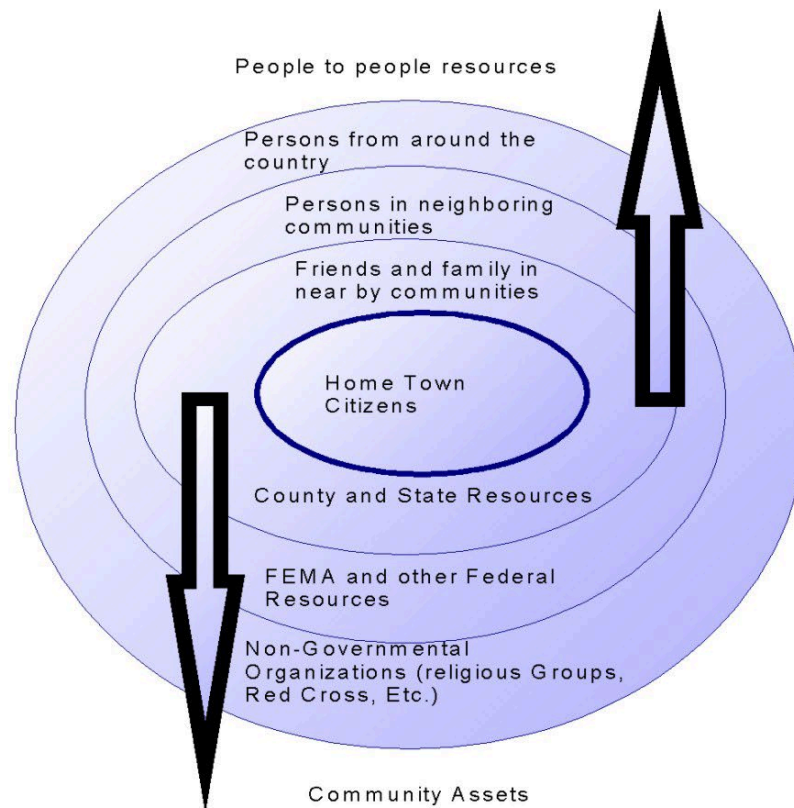
If you do know try to answer their questions honestly...which may not always be easy.

Do not “fudge the truth” with clients, even when “it is for their own good.”

Survivors know when your lying without having to see your nose grow...thank you Pinocchio.

Core Action 8: Linkage with Collaborative Services

- The goal is to link survivors with available services needed immediately or in the future.
- Connect or reconnect survivors with
 - Mental health services
 - Medical services
 - Spiritual support
 - Alternative healers
 - Child welfare services
 - Schools
 - Drug and alcohol support groups



Provide Social Support

Reunite individuals with their families, friends, community to re-establish social network



If referral to Mental Health Care is Refused

- **Suggest an evaluation, rather than treatment**
- **Normalize the idea of treatment**
- **Give educational materials**
- **Give information about different ways to seek assistance**
- **Consider involving the person's spouse or partner in the discussion**
- **Follow-up on the issue**

Develop Resources

Resource lists and referral sources should be developed prior to a disaster so that they can be accessed easily when the critically needed

BREAK



TAKING CARE OF OURSELVES

If the Oxygen Mask Drops, Place the Mask on your face first

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

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 1st 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.**

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
- ☐ Is this normal for me?
- ☐ Could changes be due to stress

Step 2: Identify the Source

- ☐ **What are the symptoms telling me?**
- ☐ **Where is this coming from?**
- ☐ **Is this normal to me?**

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 (continued)

- ☐ 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
 - ☐ Does Breathing Work for you?

Prevention

- **Incorporate relaxation/breathing techniques into your workday**
- **Meditation, yoga, quiet time (no TV, radio, etc.)**
- **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 victim**
- **No prior crisis experience**
- **Exposure to hazards and long hours**
 - **Resistance to relief shifts**
 - **Extreme environments (weather, toxins, debris)**
- **Emotionally challenging work**
- **Prior psychological adjustment**
- **Avoidance of help**
- **Addictions**

**“NOBLE SOULS, THROUGH
DUST AND HEAT, RISE FROM
DISASTER AND DEFEAT THE
STRONGER”**

HENRY WADSWORTH LONGFELLOW

DISCUSSION



**THANK YOU FOR THE GIFT
OF YOUR TIME.**