

Rush University System for Health

Understanding and Applying the Principles of Psychological First Aid

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About Me

Associate Professor of Psychiatry and Behavioral Sciences

- Rush University Medical Center

Research Director

- Road Home Program: National Center of Excellence for Veterans and Their Families

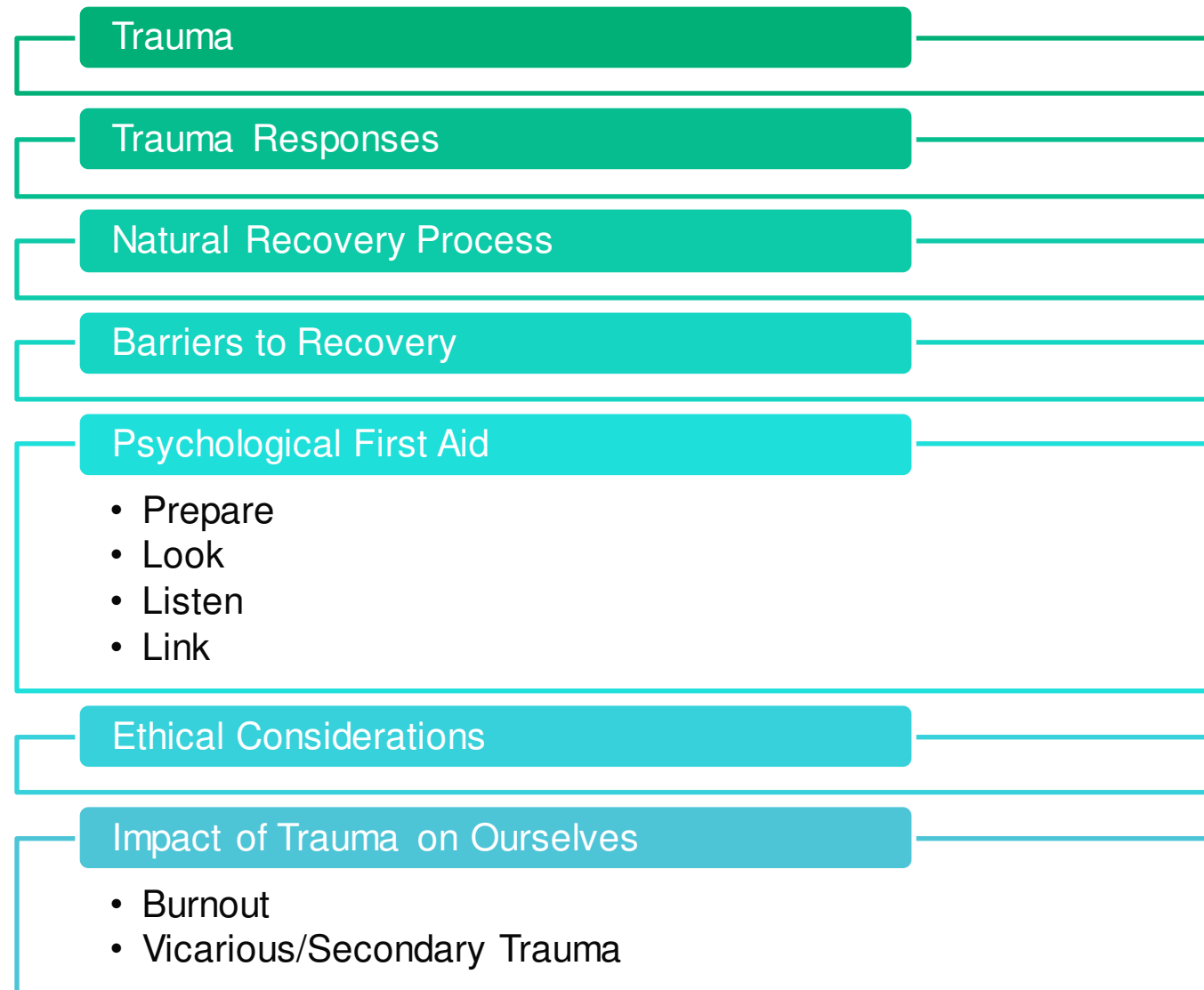
Licensed Clinical Psychologist

- State of Illinois, USA

Research Focus

- Accelerating (massed) treatment for posttraumatic stress disorder (1-, 2-, 3-week treatments)
- Using machine learning and artificial intelligence to predict and improve treatment response
- Testing the combination of novel therapeutic interventions with evidence-based psychotherapies for posttraumatic stress disorder

Overview



General Definition of Trauma



APA Dictionary of Psychology

Search and select a Dictionary term



trauma



n.

1. any disturbing experience that results in significant fear, helplessness, [dissociation](#), confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place.

2. any serious physical injury, such as a widespread burn or a blow to the head. —**traumatic** *adj.*

Types of Traumatic Experiences

Serious Accident
(transportation, fire,
other)

Combat or
Deployment-
Related Events

Sexual or Physical
Assault

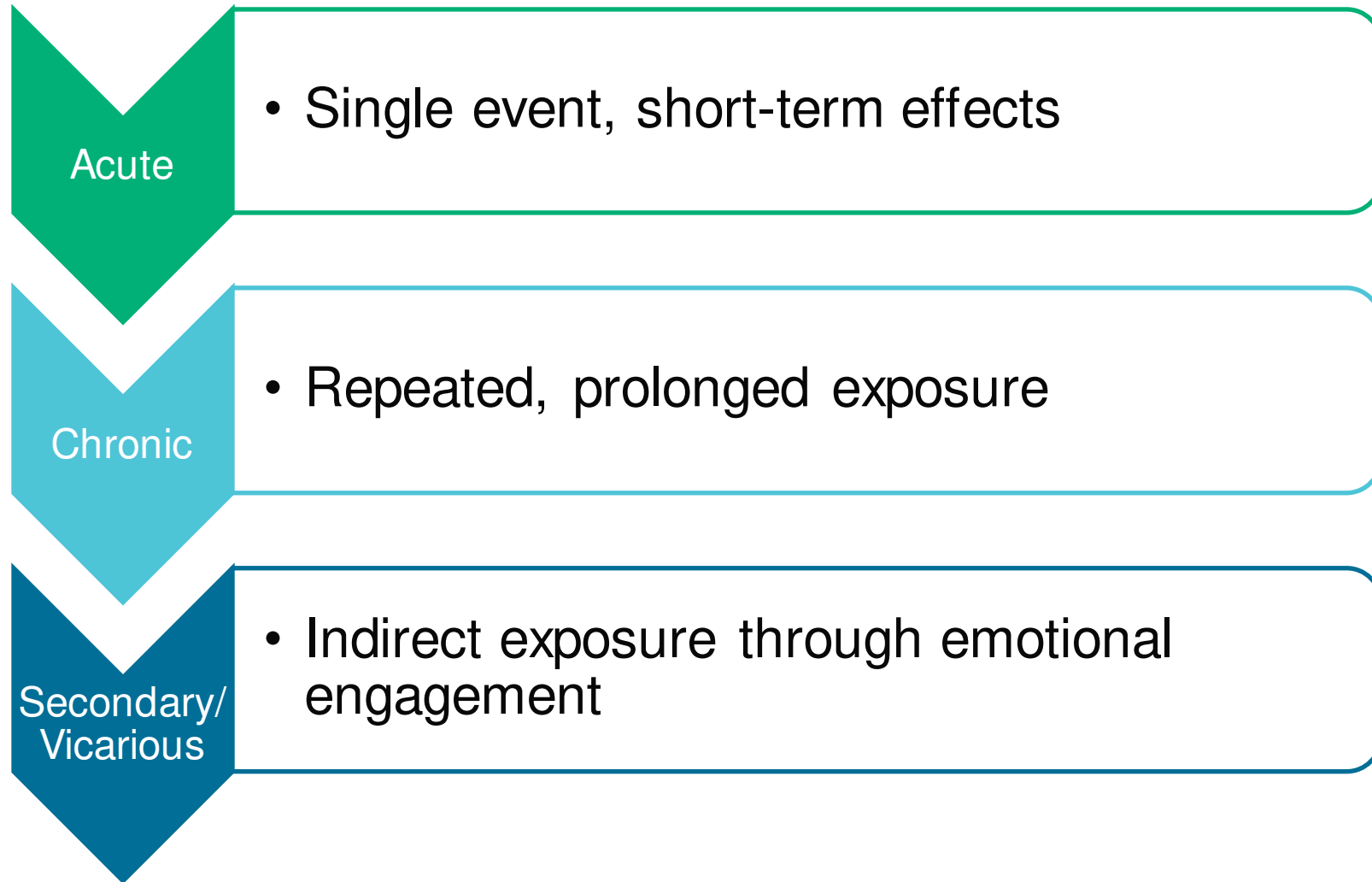
Serious Illness or
Medical Procedure

Natural Disasters

Human-caused
disasters/Terrorism

Infectious Disease
Outbreak

Types and Features of Trauma



Common Acute Trauma Responses

Cognitive Symptoms

- Disorientation or confusion
- Intrusive thoughts or flashbacks
- Difficulty concentrating
- Memory gaps related to the trauma
- Exaggerated startle response

Emotional Symptoms

- Intense fear or anxiety
- Irritability or mood swings
- Feelings of numbness or detachment
- Guilt or shame
- Anger or aggressive behavior

Physical Symptoms

- Hyperventilation or shortness of breath
- Increased heart rate or palpitations
- Trembling or shaking
- Gastrointestinal distress
- Fatigue or exhaustion

Behavioral Symptoms

- Avoidance of trauma reminders
- Social withdrawal or isolation
- Sleep disturbances, including nightmares
- Hyper-vigilance or increased alertness
- Risky or impulsive behaviors

Interpersonal Symptoms

- Difficulty trusting others
- Strained relationships
- Emotional withdrawal from loved ones
- Reduced intimacy or sexual interest
- Overprotectiveness towards loved ones

Everyone Experiences Trauma Differently

Experiences of trauma or stressful situations impact everyone differently

- No/minimal functional impact
 - Minor increases in irritability
- Moderate functional impact
 - Feeling disconnected from others while maintaining some social support
 - Increased absenteeism from work
- Severe functional impact
 - No longer completing Activities of Daily Living
 - Loss of job related to symptoms

Impact of trauma and stressful situations may not be immediately apparent

- Immediate symptom onset
- Delayed symptom onset
 - Processing what happened (voluntarily or involuntarily) takes place at different times for different people

Trauma Can Disrupt Cognitive Schemas

Safety:

- 1. Definition:** The belief in one's ability to remain free from harm and danger.
- 2. Function:** Guides risk assessment and decision-making related to personal well-being.
- 3. Impact of Trauma:** Traumatic experiences can shatter the schema of safety, leading to chronic feelings of vulnerability and hyperarousal.
- 4. PFA Relevance:** Restoring a sense of safety is often the immediate priority in PFA, facilitating the stabilization of the individual.

Trust:

- 1. Definition:** The expectation that others will act in a reliable, fair, and predictable manner.
- 2. Function:** Forms the basis of social interactions and attachment relationships.
- 3. Impact of Trauma:** Trauma, particularly when inflicted by others, can disrupt the trust schema, causing issues in interpersonal relationships and social functioning.
- 4. PFA Relevance:** Establishing rapport and trust is key in PFA interventions, laying the foundation for further psychological support.

Power/Control:

- 1. Definition:** The belief in one's own agency and ability to influence outcomes.
- 2. Function:** Enables goal-setting, decision-making, and problem-solving.
- 3. Impact of Trauma:** Traumatic events often lead to a loss of control, disrupting this schema and inducing feelings of helplessness.
- 4. PFA Relevance:** Empowerment-based strategies in PFA aim to restore a sense of control, enhancing self-efficacy and promoting adaptive coping.

Impact on Sense of Safety

Cognitive

- Trauma may alter prior beliefs about relative safety
 - Skewing perceptions to see the world as more dangerous, hostile, or unpredictable
 - Focus may shift toward threat detection, leading to hypervigilance

Emotional

- May result in persistent fear and anxiety; often generalized beyond the traumatic context

Behavioral

- May lead to increased avoidance of people, places, situations
- May lead to an overreliance of safety seeking behaviors like compulsive checking or seeking constant reassurance

Relational

- May result in withdrawal from social situations and relationships
- May lead to isolation

Impact on Sense of Trust

Cognitive

- Trauma may lead to changes in beliefs around the ability to trust others and oneself
- Individuals may come to expect betrayal

Emotional

- May lead to emotional guardedness; interferes with intimacy and authentic relationships
- Can result in social withdrawal and isolation

Behavioral

- May lead to hesitancy in forming new relationships or deepening existing ones

Relational

- May lead to decreased ability to trust
- Can result in challenges with establishing strong therapeutic relationships

Impact on Sense of Power/Control

Cognitive

- Trauma may lead to a shift in locus of control; individuals may feel they have little influence over events
- May lead to perceptions of one's own ineffectiveness (low self-efficacy)

Emotional

- May lead to increases in fear and anxiety (due to perceived loss of control)
- May lead to increase anger or resentment
 - Anger and resentment may be considered emotional defenses to regain a semblance of control

Behavioral

- May lead to increases in compulsive behaviors, such as following strict routines or ritualistic behaviors
 - Strict routines or ritualistic behaviors may create the illusion of control
- May lead to increase avoidance as an attempt to regain control

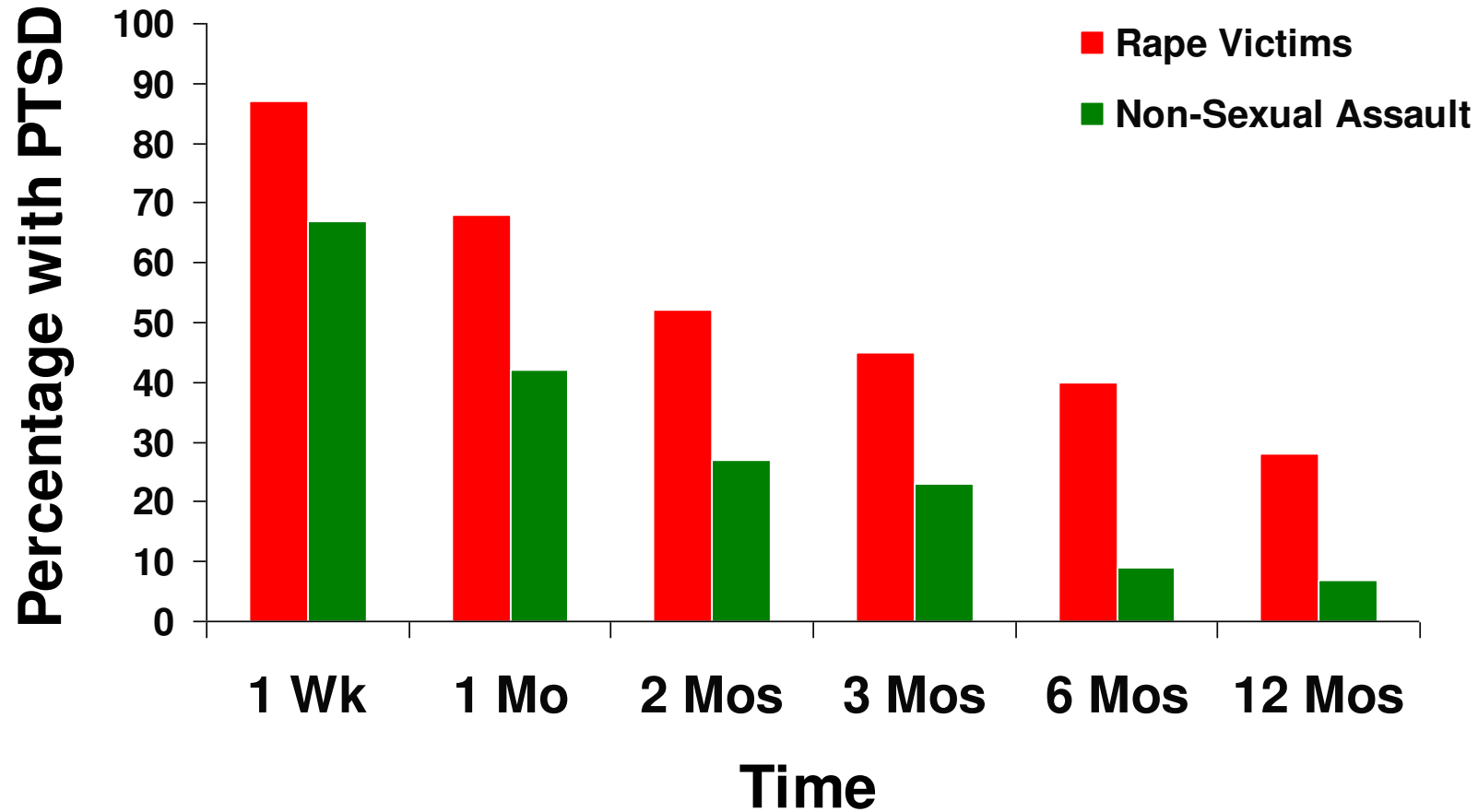
Relational

- May lead to excessive dependence or extreme distancing
- May result in difficulties establishing intimate relationships

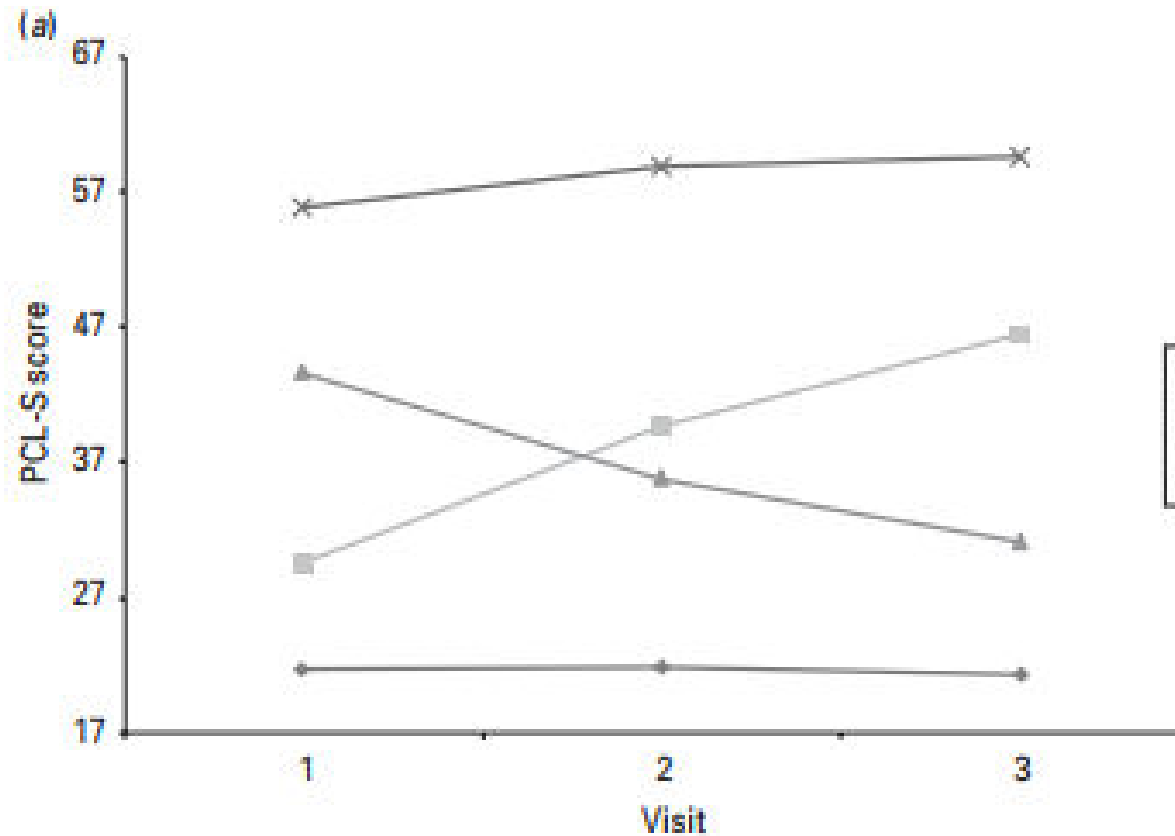
Natural Recovery Process

Humans have the innate ability to recover
from adversity and trauma

Natural Recovery Process



Natural Recovery Process

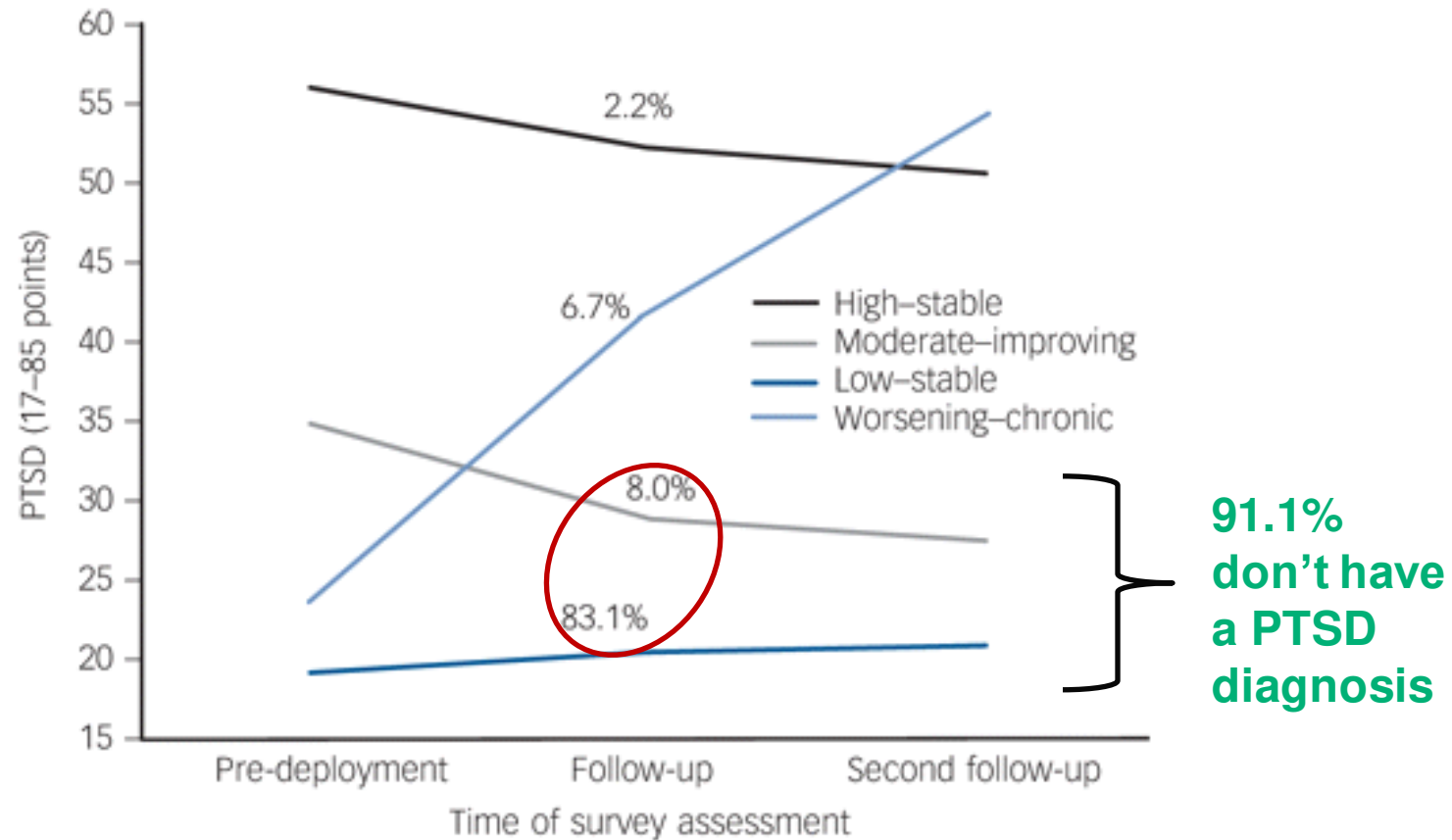


- Resistant (77.8%)
- Delayed onset (8.5%)
- Recovering (8.4%)
- Severe chronic (5.3%)

86.2%
don't have
a PTSD
diagnosis

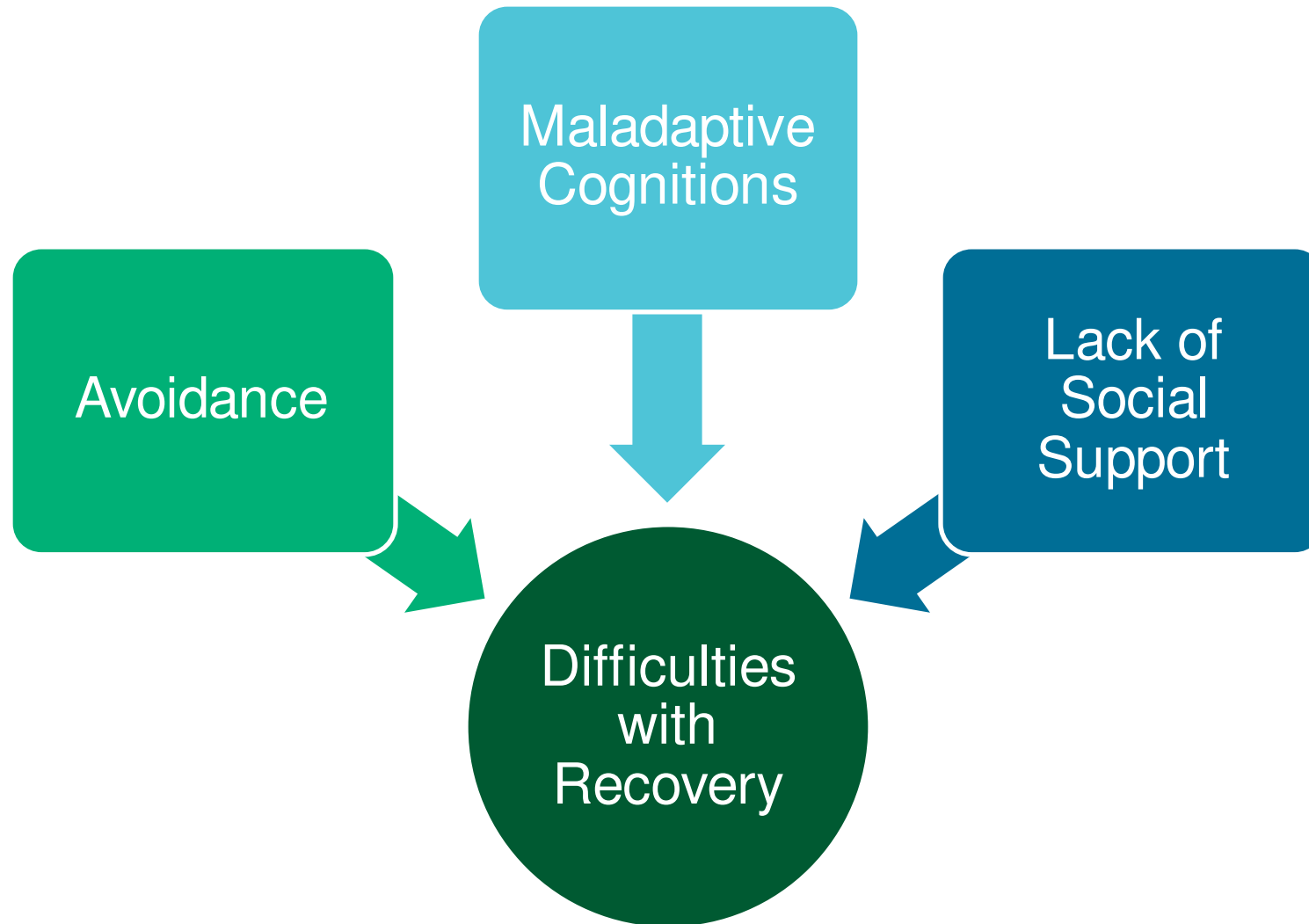
Pietrzak et al. (2014) surveyed about 4,000 police who responded to the World Trade Center attacks.

Natural Recovery Process

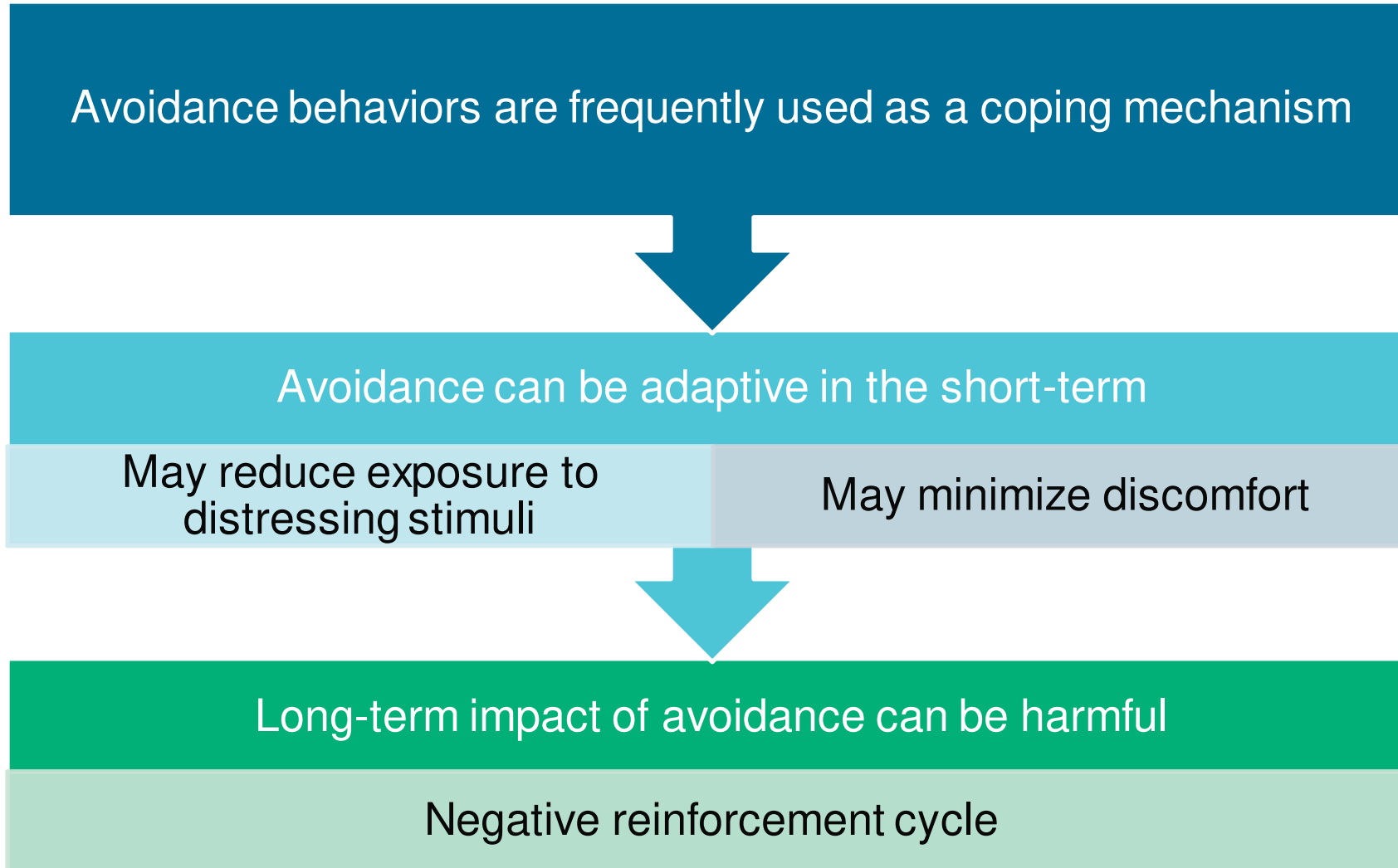


Bonnano et al. (2012) surveyed over 3,000 deployed U.S. military personnel over six years

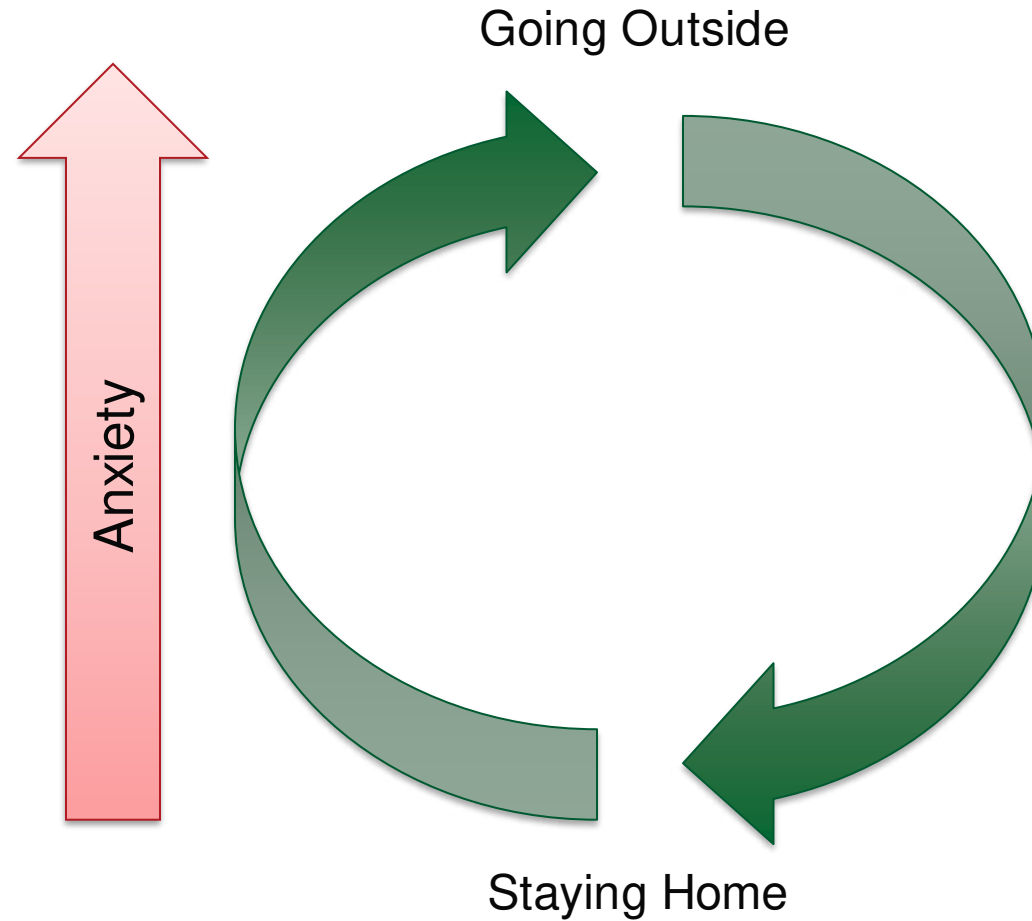
Barriers to Recovery



Role of Avoidance



Role of Avoidance



Role of Cognitions

Cognitive processes can act as mediators between traumatic experiences and psychological outcomes

Trauma can disrupt fundamental beliefs about the self, others, and the world

Cognitive Distortions

- Negative Appraisals
 - Negative beliefs about oneself or one's actions
- Catastrophic Thinking
 - Predicting the worst possible outcome and overestimating danger

Cognitive Avoidance

- Conscious or unconscious attempts to not think about the trauma
- Can increase the event's salience
- Trying not to think about the trauma can lead to increased thoughts about the trauma

Future-Orientated Cognitions:

- Hopelessness about one's own future and/or the future of the world
 - Hope and a sense of self-efficacy can buffer against negative impact

Role of Cognitions



Role of Social Support

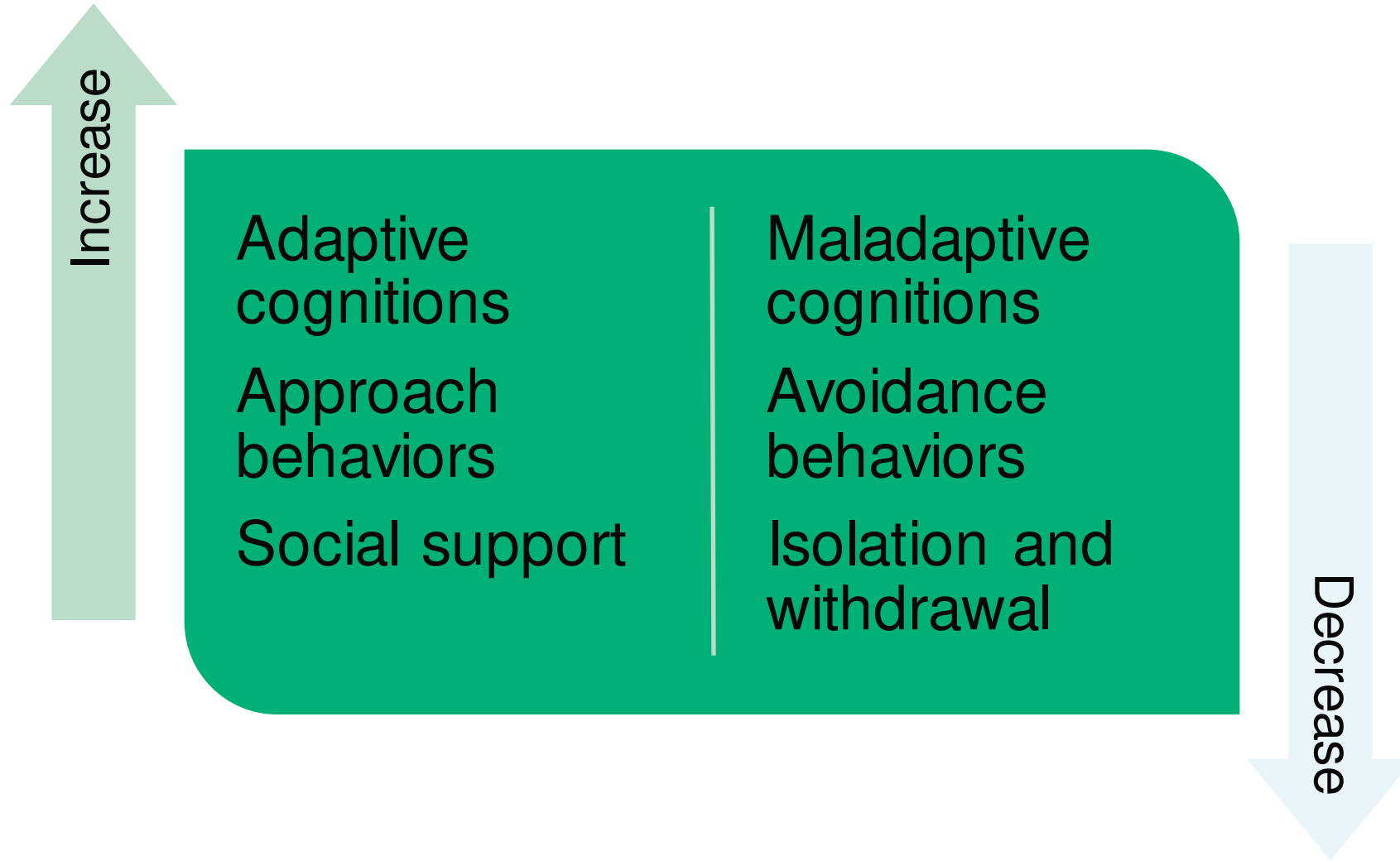
What can social support provide?

- Emotional comfort (e.g., validation, active listening, and empathy)
- Cognitive restructuring (e.g., reframing and problem-solving)
- Practical aid (e.g., mobilizing resources and assistance with immediate needs)

How does social support help?

- Social connection can buffer against adverse impact of trauma
- Observational learning and social reinforcement can aid in coping mechanisms

Facilitating Recovery



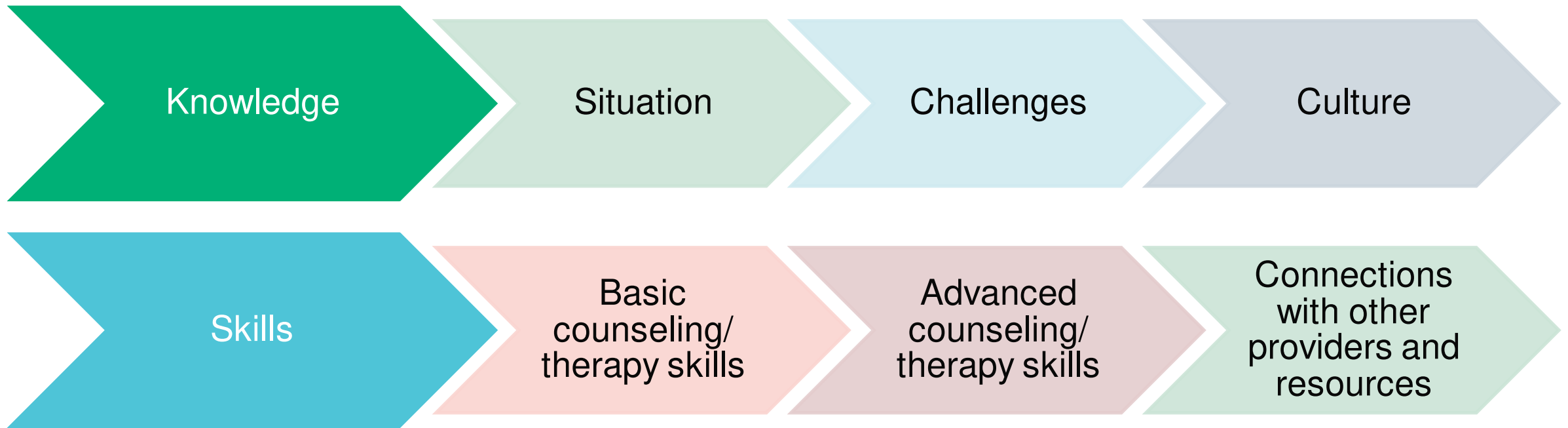
Psychological First Aid

Psychological First Aid is a humane and supportive response to a fellow human being who is suffering and who may need support. It is an acute intervention of choice when responding to the psychosocial needs of children, adults, and families affected by disaster.

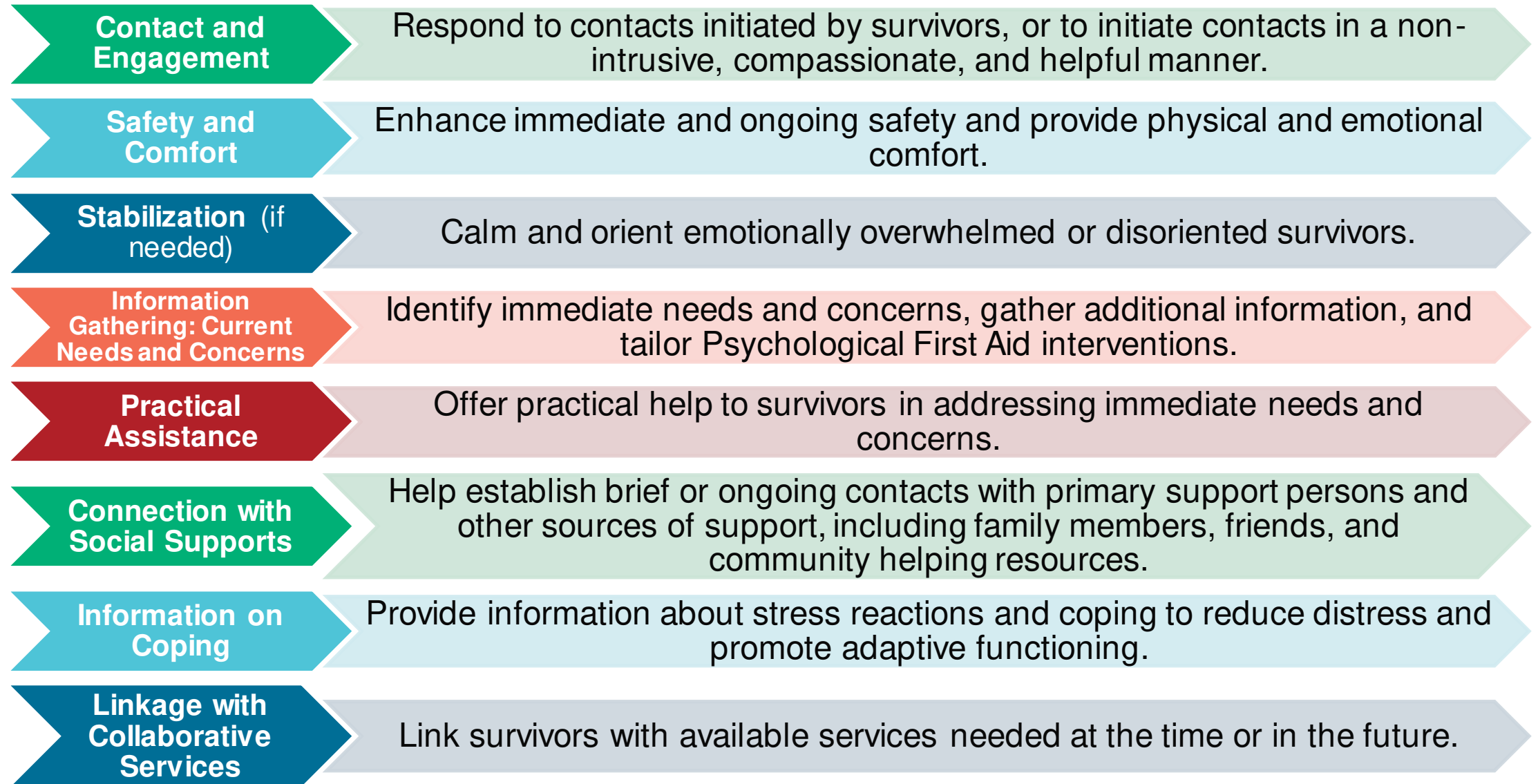
Psychological First Aid for All, WHO

You Are Well-Suited for Psychological First Aid

You already possess:



PFA Principles



PFA Action Principles

Prepare

- Learn about the crisis event
- Learn about available services and supports
- Learn about safety and security concerns

Look

- Observe for safety
- Observe people with obvious, urgent, basic needs
- Observe for people with serious distress reactions

Listen

- Make contact with people who may need support
- Ask about people's needs and concerns
- Listen to people and help them feel calm

Link

- Help people address basic needs and access services
- Help people cope with problems
- Give information
- Connect people with loved ones and social support

Prepare

Learn about the crisis event

- Consider reviewing available information, media reports, and listening to direct accounts if they are available
- Your knowledge about the event will allow you to approach those impacted with a baseline understanding of what they may have experienced

Learn about available services and supports

- Consider creating lists, bringing printed materials, and making sure you have up-to-date information about existing resources
- It is also important to acknowledge current gaps in services, so that you can give accurate information about resources that are not currently available

Learn about safety and security concerns

- Review any available information about the area(s) in which you will be meeting those impacted by the traumatic event
- Take appropriate precautions

Look



Each person will present with a unique combination of needs across several domains

Cognitive

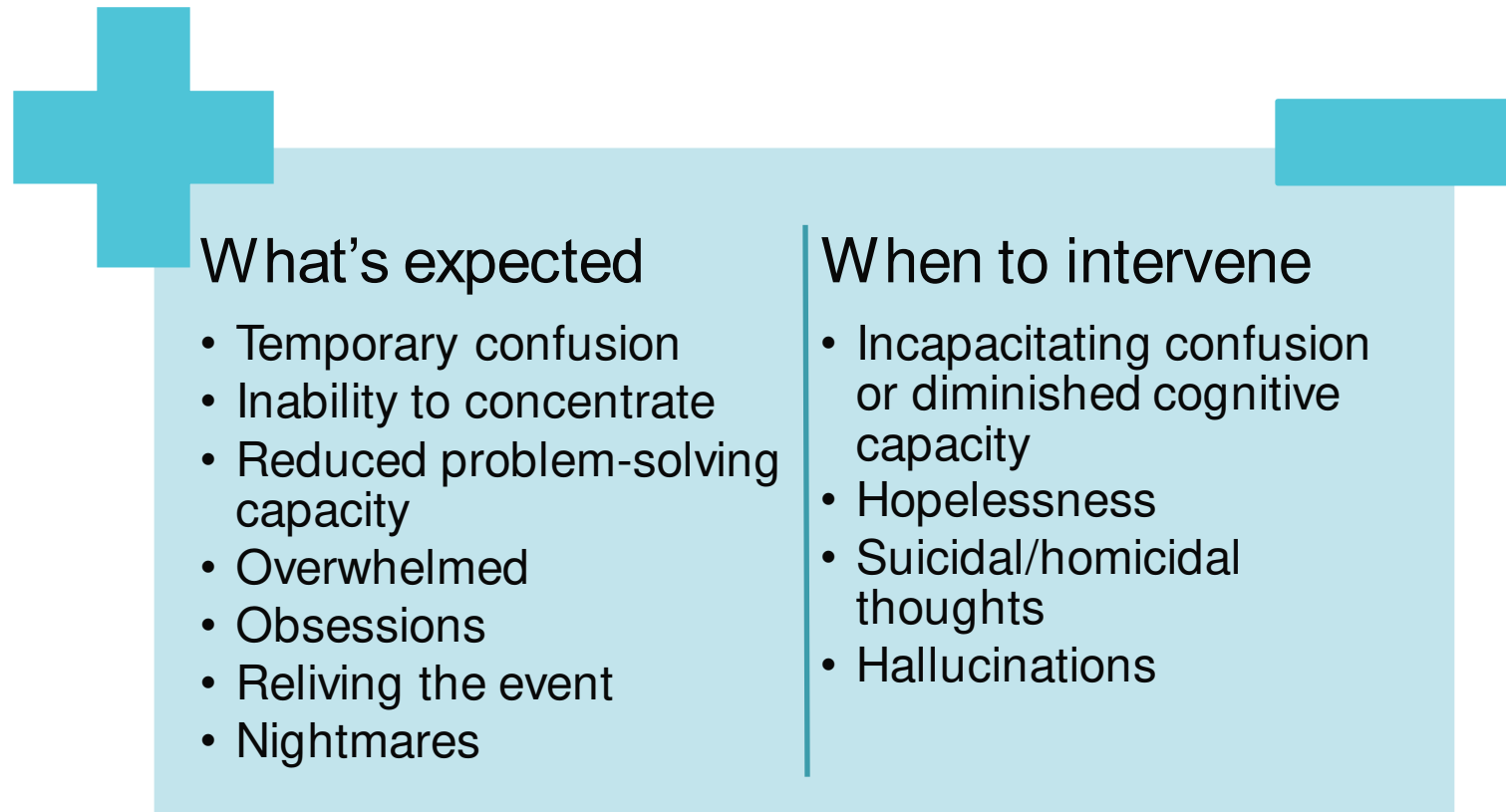
Emotional

Behavioral

Spiritual

Physiological

Look – Cognitive Impact



Look – Emotional Impact



What's expected

- Fear
- Sadness
- Irritability
- Anger
- Frustration
- Bereavement
- Anxiety

When to intervene

- Panic attacks
- Depression
- Emotional numbness

Look – Behavioral Impact



What's expected

- Change in sleep habits
- Change in eating habits
- Temporary avoidance
- Compulsions or rituals
- Startle response

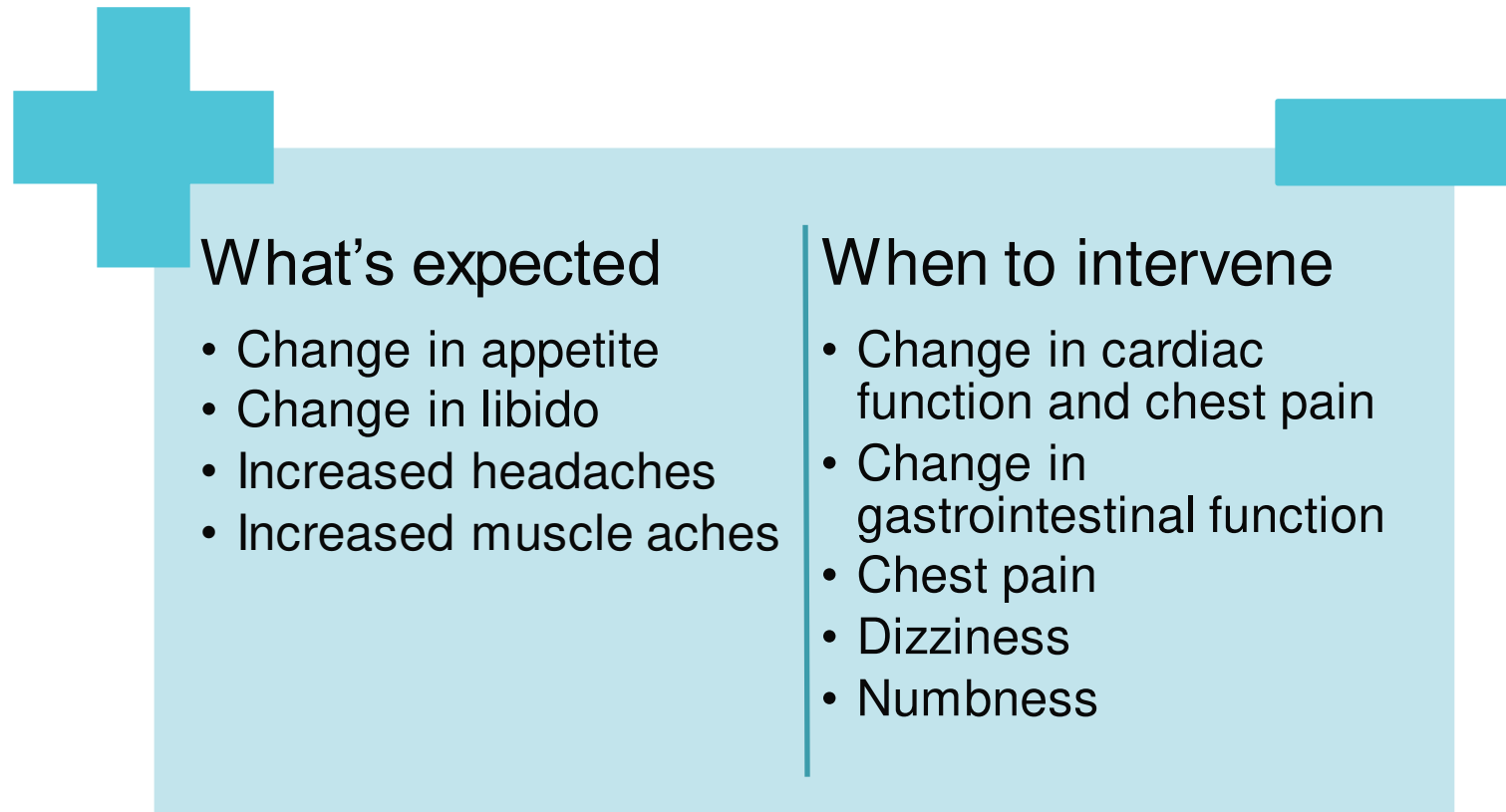
When to intervene

- Persistent avoidance
- Immobilizing compulsions
- Aggression or violent behaviors
- Social withdrawal
- Impulsiveness and risk-taking
- Self-medication (e.g., alcohol and drug use)

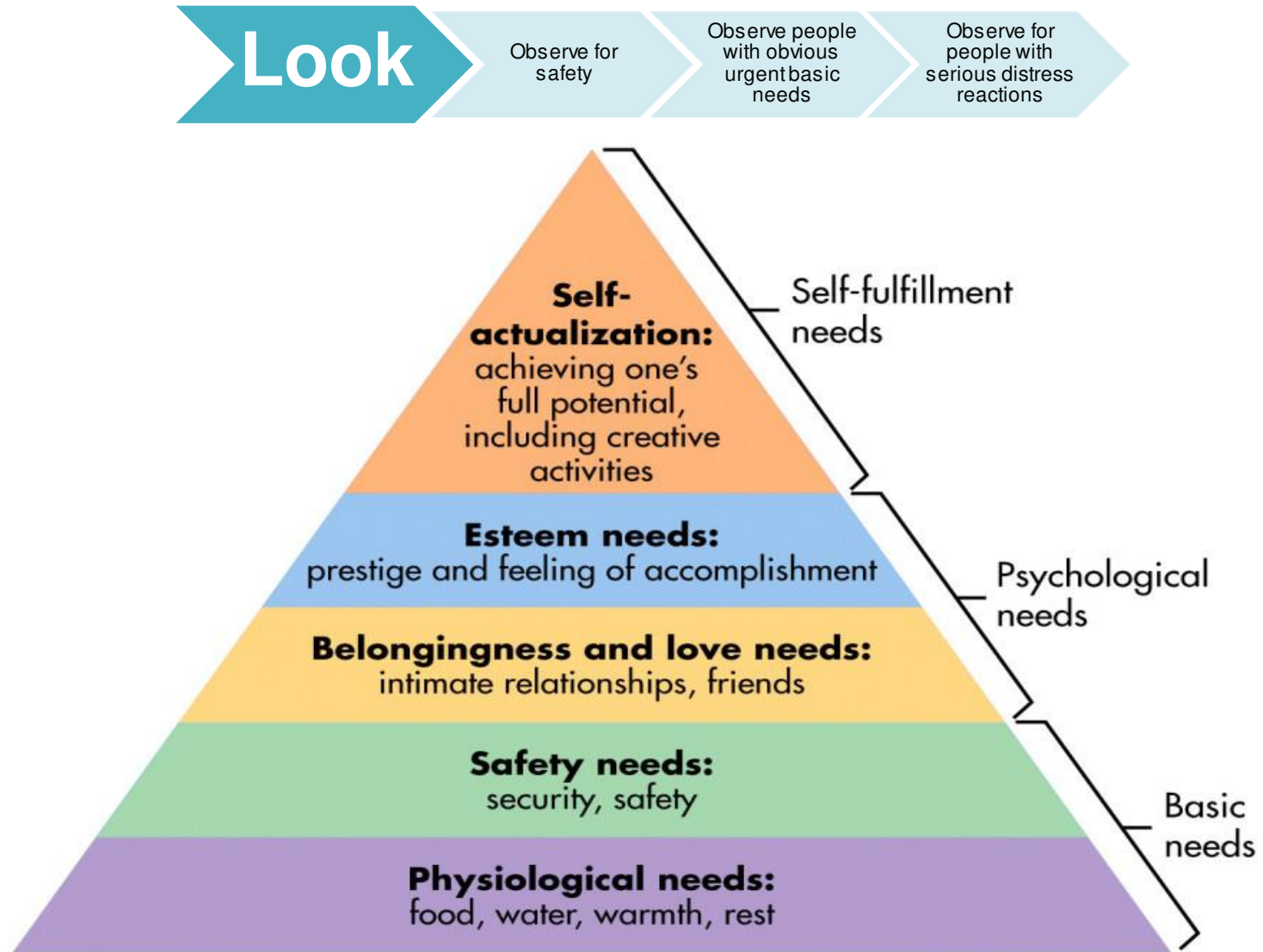
Look – Spiritual Impact



Look – Physiological Impact



Look – Follow Maslow's Hierarchy



Look – Performing Psychological Triage



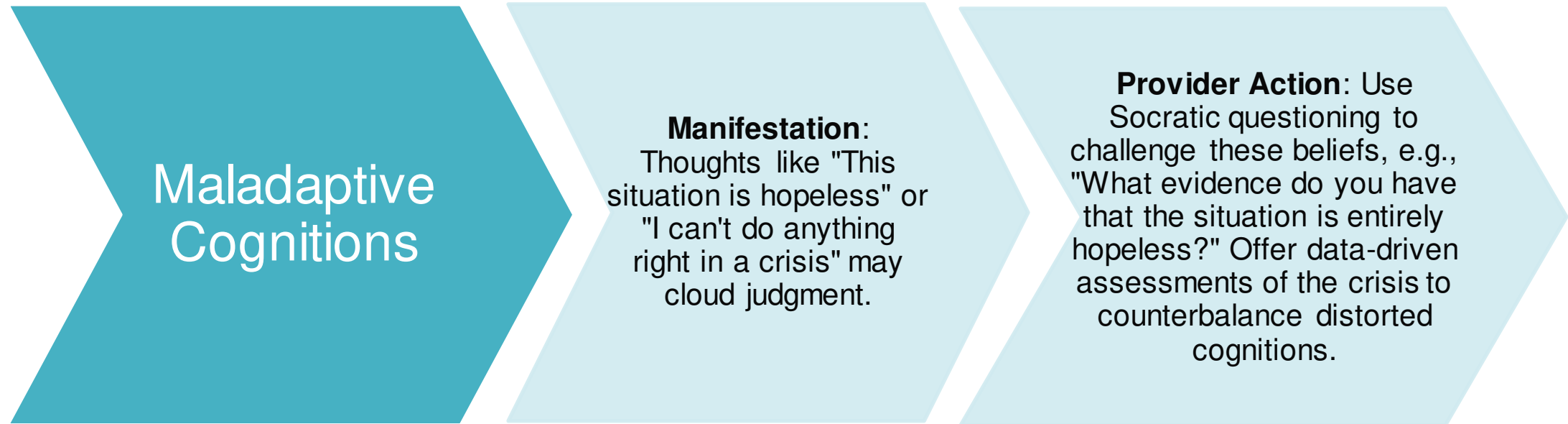
Prioritize individuals who demonstrate diminished cognitive capabilities (e.g., minimal insights, recall, or problem-solving abilities)

Individuals with diminished ability to understand consequences of one's actions, including impulsivity (e.g., attempting to engage in risky behaviors)

Individuals who have lost their future orientation (e.g., depressed thoughts)

Individuals who are no longer able to perform necessary functions of living

Challenges in “Look” Stage



Challenges in “Look” Stage



Challenges in “Look” Stage



PFA Action Principles

Prepare

- Learn about the crisis event
- Learn about available services and supports
- Learn about safety and security concerns

Look

- Observe for safety
- Observe people with obvious, urgent, basic needs
- Observe for people with serious distress reactions

Listen

- Make contact with people who may need support
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- Listen to people and help them feel calm

Link

- Help people address basic needs and access services
- Help people cope with problems
- Give information
- Connect people with loved ones and social support

Listen - How to Engage Individuals



Ask simple respectful questions

Maintain a calm presence

Be prepared to listen, but be mindful that some individual may wish not to talk about their experiences

Give information that addresses immediate goals

Acknowledge what the individuals have done to stay safe

Speak slowly in simple terms, no acronyms or jargon

Give information that is accurate and age-appropriate

When communicating through a translator, look at the survivor

Listen



1. Introduce yourself (name and organization).
2. Explain the purpose of reaching out.
3. Ask for permission to talk and inquire about their names.
4. Identify any immediate needs.

1. Hi, my name is Philip Held. I work for Rush University Medical Center.
2. I am reaching out to people to see how they are doing. I am also here to see if I can help in any way.
3. Would it be okay if we talk for a moment?
What would you like me to call you?
4. Thank you [NAME], how can I be of help?
Do you need anything like water or a snack?

Open- vs. Closed-Ended Questions

Listen

Make contact with people who may need support

Ask about people's needs and concerns

Listen to people and help them feel calm

Closed-Ended Questions

Purpose: To obtain specific, factual information quickly.

Examples:

- "Do you have any immediate medical needs?"
- "Are you able to reach your family?"

When to Use:

- In the "Look" phase for rapid assessment of safety and urgent needs.
- During the "Link" phase when confirming access to services or supports.

Open-Ended Questions

Purpose: To encourage dialogue, explore feelings, and gather nuanced information.

Examples:

- "Can you tell me more about what you're experiencing right now?"
- "How are you feeling about the support you're receiving?"

When to Use:

- During the "Listen" phase to encourage emotional expression.
- In the "Link" phase when discussing potential coping strategies or resources.

Open- vs. Closed-Ended Questions



Balancing the Two:

Use closed-ended questions for quick assessments and immediate needs, transitioning to open-ended questions for emotional support and detailed understanding.

Situational Awareness:

Be mindful of the individual's emotional state and the urgency of the situation to determine the most appropriate type of questioning.

Reflective Listening

Listen

Make contact with people who may need support

Ask about people's needs and concerns

Listen to people and help them feel calm

Survivor: "I can't stop thinking about what happened. It's always in my head."

Provider: "You're finding it hard to escape those thoughts."

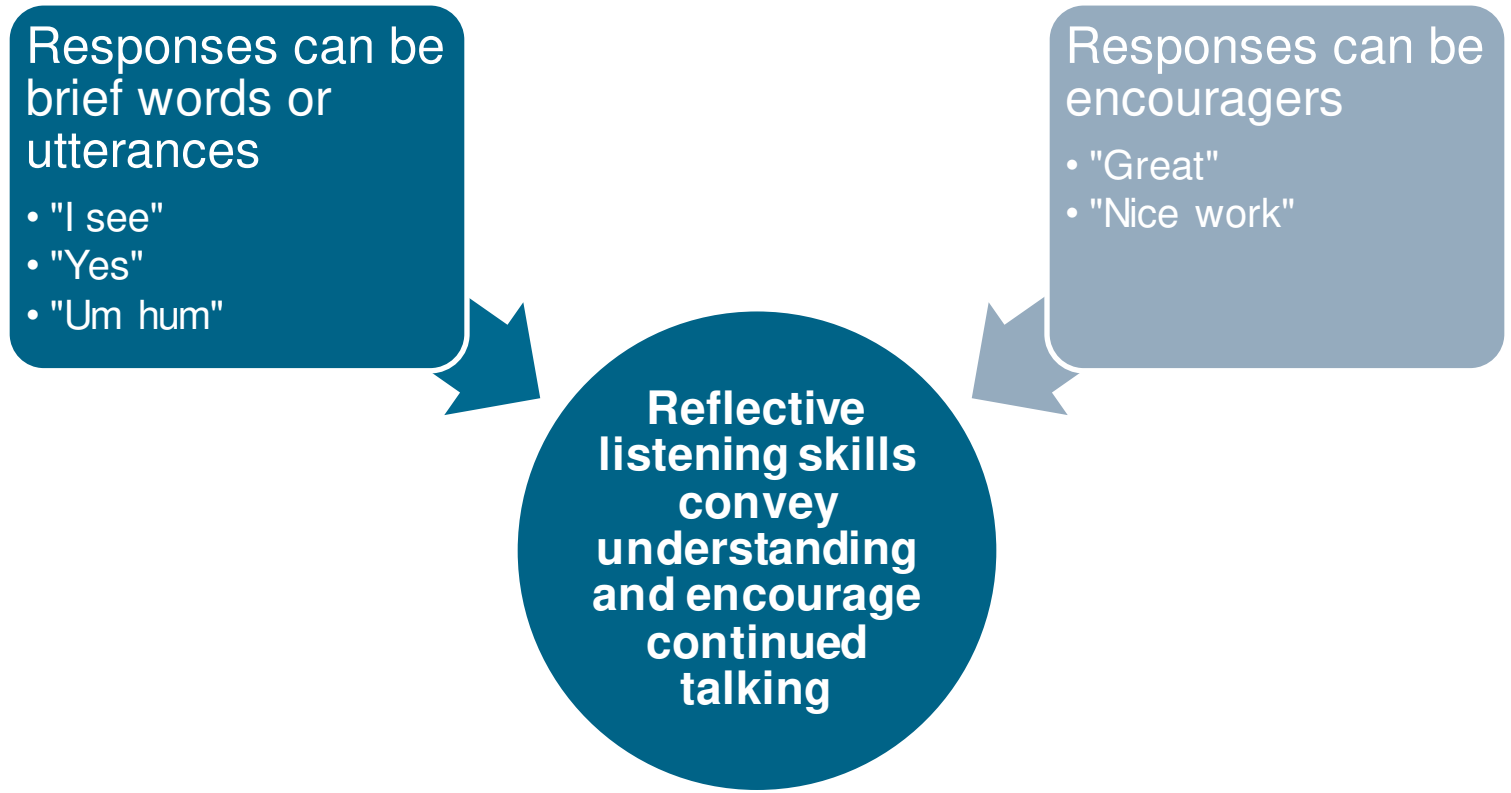
Survivor: "Yes, it's like a loop that won't stop."

Provider: "It feels like a never-ending loop for you."

Purpose:

- To validate the individual's experience, demonstrate understanding, and encourage further exploration of feelings and thoughts.

Reflective Listening



Reflective Listening

Listen

Make contact with people who may need support

Ask about people's needs and concerns

Listen to people and help them feel calm

Facial expression

- Neutral to positive

Eye contact

- Engaged but non-intrusive; be mindful of cultural norms
- Look at camera during virtual sessions

Gestures

- Open posture
- Nodding

Body orientation

- Lean forward; acknowledge personal space
- Limit use of physical touch; seek explicit consent prior to applying touch

Cultural awareness

- Adapt non-verbal behaviors to align with cultural norms and individual preferences

Non-verbal behaviors can facilitate (or hinder) establishing connections.

Listen - Intervene on acute psychological distress



Intervene on acute psychological distress

- Provide education on current situation and experience of symptoms
 - Validate and normalize (i.e., reassure that symptoms are normal in the immediate aftermath of traumatic and stressful events)
- Reassure and instill hope
- Provide guidance on what to expect in hours, days, and weeks to come
- Delay impulsive actions
- Teach or help practice stress management techniques
- Assist with problem solving
- Correct misinformation or false understanding of information
- Be honest and avoid false reassurance (e.g., “Don’t worry, everything will go back to how it was”)

Listen – Provide Education



Survivor: "I feel like I can't catch my breath, and my heart is racing."

Provider: "What you're experiencing are common symptoms of acute stress. They're your body's way of responding to a traumatic event."

Provide education on current situation and experience of symptoms

Listen – Validate and Normalize



Survivor: "I feel so lost all the time. Is it normal to feel this way?"

Provider: "Yes, it's completely normal to have strong emotional or physical reactions following a traumatic event."

Validate and normalize

Listen – Reassure and Instill Hope



Survivor: "Will I ever feel okay again?"

Provider: "Many people find that with time and support, they do start to feel better. You're not alone, and help is available."

Reassure and instill hope

Listen – Provide Guidance on What to Expect



Survivor: "Everything is so confusing!"

Provider: "In the coming hours and days, you might experience a range of emotions. It's important to monitor how you're feeling and seek help if needed."

Provide guidance on what to expect

Listen – Delay Impulsive Actions



Survivor: "I just want to quit my job and leave everything."

Provider: "It's understandable to have strong reactions, but making major life decisions right now might not be in your best interest. Let's take things one step at a time."

Delay impulsive actions

Listen – Teach Stress Management Techniques

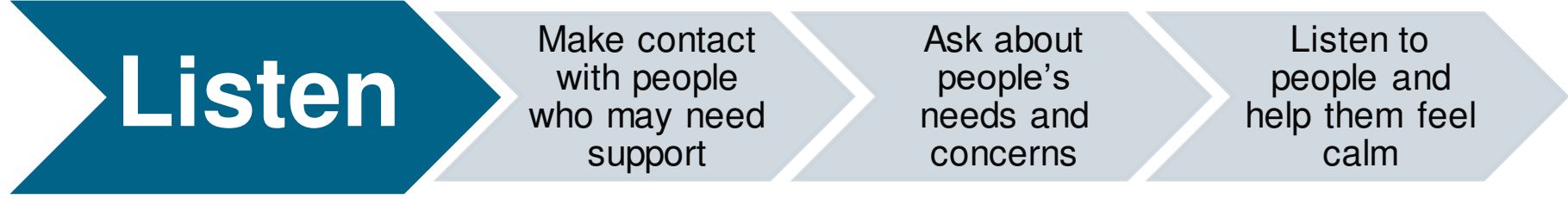


Survivor: "I think I am having a panic attack."

Provider: "Would you like to try a deep breathing exercise with me? It can help calm your nervous system."

Teach stress management techniques

Listen – Teach Stress Management Techniques



Provider: “Hi [NAME], it’s me, Philip. Can you please look at me?
Thank you. Do you know where you are?

After frightening experiences, we can sometimes find ourselves feeling overwhelmed with emotions or unable to stop thinking about what happened. Would you be willing to practice a technique called “grounding” with me? It can help us feel less overwhelmed.

Great. Try to sit back and uncross your arms and legs. Breathe in and out slowly. Great. Now look around and tell me what you see.
Great. Now tell me what you hear...

...

Listen – Assist with Problem Solving



Survivor: "I don't know how to tell my family about this."

Provider: "Let's think through how you might approach that conversation and what you'd like to say."

Assist with problem solving

Listen – Correct Misinformation



Survivor: "I heard that if you're feeling this way, it means you're weak."

Provider: "That's a misconception. Emotional reactions to trauma are not a sign of weakness; they are a human response to extraordinary circumstances."

Correct misinformation

Listen – Be Honest and Avoid False Reassurance



Survivor: "Is everything going to go back to how it was?"

Provider: "I can't guarantee that, but what I can say is that support and resources are available to help you navigate the challenges ahead."

Be honest and avoid false reassurance

Listen – What to Avoid Doing and Saying



Things to avoid doing

- Making assumptions about what survivors are experiencing
- Assuming that everyone will be traumatized
- Assuming all survivors want to talk to you
- Labeling reactions as “symptoms” or speaking in terms of “diagnoses” / “disorders”
- Talking down to or patronizing survivors
- “Debriefing” by asking for explicit details and reactions to what happened
- Speculating or offering possibly inaccurate information

Things to avoid saying

- I know how you feel
- It was probably for the best
- They are better off now
- It was their time to go
- At least they went quickly
- Let's talk about something else
- You should work towards getting over this
- You are strong enough to deal with this
- That which doesn't kill us makes us stronger
- You'll feel better soon
- You did everything you could
- You need to grieve
- You need to relax
- We are never given more than we can handle
- It could be worse, you still have your children/spouse

Listen – Gathering More Information



Area	Reflective Statement/Question to Assess
Nature and severity of experiences	"Can you help me understand what you've been through?"
Death of a loved one	"I'm so sorry for your loss. Would you like to talk about your loved one?"
Concerns about ongoing threat	"Do you feel safe right now? Are there immediate threats you are worried about?"
Separation from or concern about loved ones	"Are you able to get in touch with your family or friends? Are you concerned for their well-being?"
Physical illness, mental health conditions, need for medications	"Do you have any medical or mental health conditions that we should be aware of? Are you in need of any medications?"
Losses (home, school, business, property, pets)	"I can't imagine how difficult this must be. What are some of the losses you're currently grappling with?"
Feelings of guilt or shame	"Sometimes people blame themselves for things that happen. Are you experiencing any feelings of guilt or shame?"
Thoughts about causing harm	"Have you had any thoughts about harming yourself or others?"
Availability of social support	"Who is currently in your support network? Is there anyone you can rely on for help or emotional support?"

Listen – Enhance Self-Efficacy



Identify survivors' strengths and abilities

Adaptive Coping Skills

- Learning different coping strategies can show individuals that they can manage their symptoms
- Provide feedback and immediate reinforcement

Incremental goal setting

- Set attainable, measurable goals that lead to visible progress
- Reinforces the belief that individuals have control over situational outcomes

Socratic Dialogue

- Challenge maladaptive beliefs related to self, world, and others
- Inquire about resources individuals are already aware of and can engage with; challenges beliefs about powerlessness and hopelessness

Listen – Adaptive Coping Strategies



Adaptive Coping Strategies

- Go for a walk (i.e., behavioral activation)
- Progressive muscle relaxation
- Breathing retraining
- Connection with others
- Tackling problems head-on; breaking big problems into small pieces
- Establish structure and routines
- Reduce drinking/substance use behaviors
- Tackling problems head-on; breaking big problems into small pieces

Listen – Enhance Self-Efficacy via Incremental Goal Setting



•**Survivor:** "I feel so overwhelmed. I don't even know where to start with getting my life back on track."

•**Provider:** "It's completely understandable to feel overwhelmed in situations like this. One approach that might help is setting incremental goals. Would you be open to that?"

•**Survivor:** "I guess so, but what does that mean?"

•**Provider:** "Incremental goal setting involves breaking down larger tasks into smaller, more manageable steps. Instead of focusing on the big picture, which can be overwhelming, we concentrate on achievable tasks."

•**Survivor:** "Okay, that sounds doable. But what's the first step?"

•**Provider:** "Let's start by identifying one area that you find most pressing. Is it housing, emotional well-being, or perhaps something else?"

•**Survivor:** "Right now, I think finding a place to stay is the most urgent."

•**Provider:** "Great, that's our starting point. The first incremental goal could be to make a list of potential places to stay, whether it's a temporary shelter or staying with a friend. How does that sound?"

•**Survivor:** "That sounds manageable."

•**Provider:** "Excellent. Once you've made that list, the next step could be to contact those places or people to check availability. Each completed step will bring you closer to your larger goal, making the process less overwhelming."

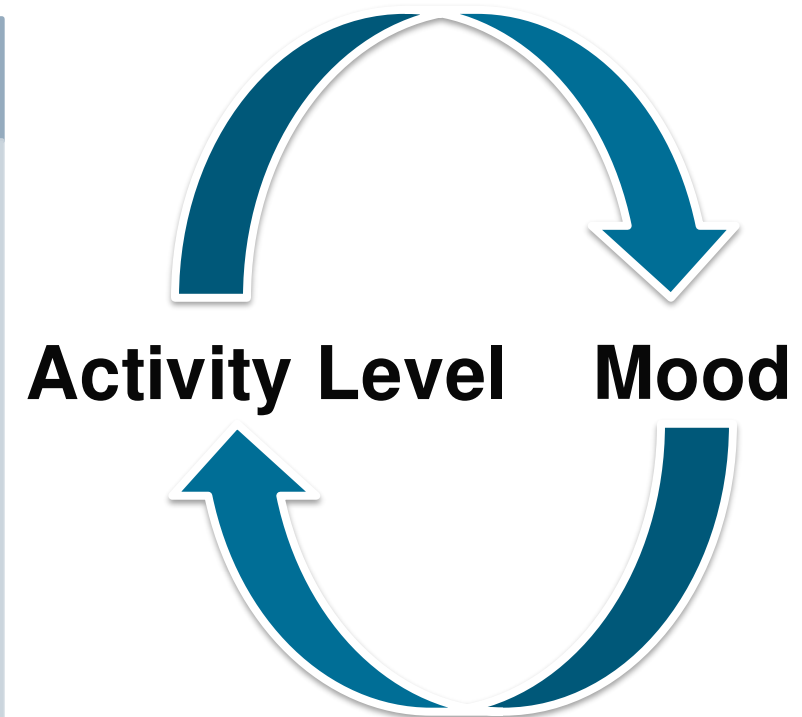
•**Survivor:** "I see how this works. It makes the problem seem less insurmountable."

•**Provider:** "Exactly. And remember, it's okay to seek help in achieving these steps. You don't have to do it alone."

Listen – Enhance Self-Efficacy via Behavioral Activation



Behavioral Activation	Objectives	How to structure behavioral activation?	Clinical Considerations
<ul style="list-style-type: none"> A cognitive-behavioral therapy approach aimed at encouraging individuals to engage in valued activities to combat depression and improve mood 	<ul style="list-style-type: none"> Increase engagement in adaptive activities Reduce avoidance behaviors Enhance mood and overall well-being 	<ul style="list-style-type: none"> Specific List activities from easiest to hardest Vary activities/ change it up Enlist the support of others Take things slow Reward your progress Take notes about what you've accomplished 	<ul style="list-style-type: none"> Readiness: Assess the individual's readiness to engage in activities, especially following acute trauma Pacing: Gradually introduce activities to avoid overwhelming the individual Cultural Sensitivity: Choose activities that are culturally appropriate and meaningful to the individual



Listen – Enhance Self-Efficacy via Socratic Dialogue



Socratic Dialogue	Objectives	Key Techniques	Clinical Considerations
<ul style="list-style-type: none">• A form of cooperative dialogue to stimulate critical thinking and illuminate ideas.• Derived from the Socratic method used by the ancient Greek philosopher Socrates	<ul style="list-style-type: none">• Facilitate cognitive restructuring• Enhance self-awareness• Encourage problem-solving	<ul style="list-style-type: none">• Open-Ended Questions: Encourage exploration, e.g., "What evidence supports this belief?"• Reflective Listening: Validate and reflect back the individual's thoughts, e.g., "You seem to believe that..."• Logical Reasoning: Challenge cognitive distortions, e.g., "Is this belief based on facts or assumptions?"	<ul style="list-style-type: none">• Timing: Best used when the individual is emotionally stable enough for introspection.• Pacing: Be mindful of the individual's emotional state and cognitive readiness.• Cultural Sensitivity: Adapt questioning techniques to align with cultural norms and expectations.

Listen – Enhance Self-Efficacy via Socratic Dialogue



- Provider:** "You mentioned feeling helpless. What leads you to feel this way?"
- Survivor:** "Because I couldn't prevent what happened."
- Provider:** "It's natural to want to have control over such events. What evidence suggests that you could have prevented it?"
- Survivor:** "Well, I guess there's not much I could've done."
- Provider:** "So, it sounds like your belief about helplessness might not be entirely based on factual evidence?"

Challenges in “Listen” Stage

Maladaptive Cognitions

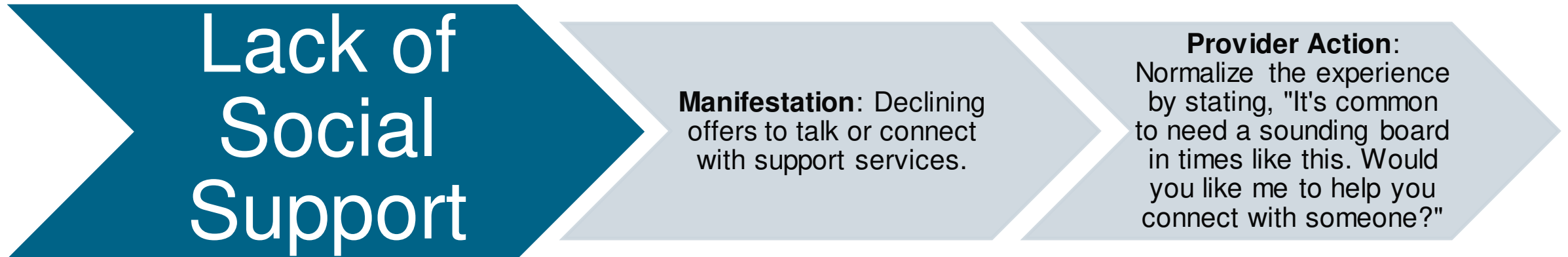
Manifestation: Beliefs such as "No one can understand what I'm going through" may prevent open communication.

Provider Action: Employ empathetic listening and respond with, "I may not fully understand your experience, but I'm here to support you."

Challenges in “Listen” Stage



Challenges in “Listen” Stage



PFA Action Principles

Prepare

- Learn about the crisis event
- Learn about available services and supports
- Learn about safety and security concerns

Look

- Observe for safety
- Observe people with obvious, urgent, basic needs
- Observe for people with serious distress reactions

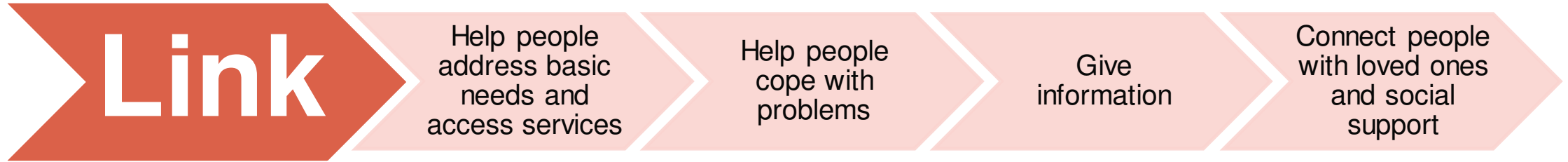
Listen

- Make contact with people who may need support
- Ask about people's needs and concerns
- Listen to people and help them feel calm

Link

- Help people address basic needs and access services
- Help people cope with problems
- Give information
- Connect people with loved ones and social support

Link



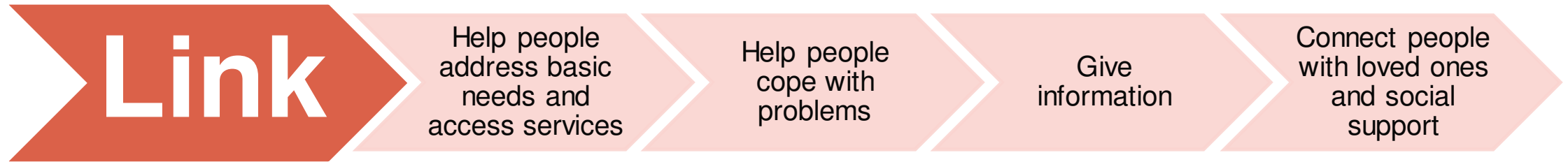
Refer to higher level of care based on ability to function independently

Follow-ups are attempted with the possibility of intervention and re-assessment

People may or may not need long-term care

Referral to: Psychological, Medical, Logistical, Financial, and/or Spiritual services

Link



Become a liaison,
advocate

Instill hope

Follow-up

Some may not want to take advantage of care offerings; find something they are willing to do

Leave the therapy for a time when someone has continued symptoms

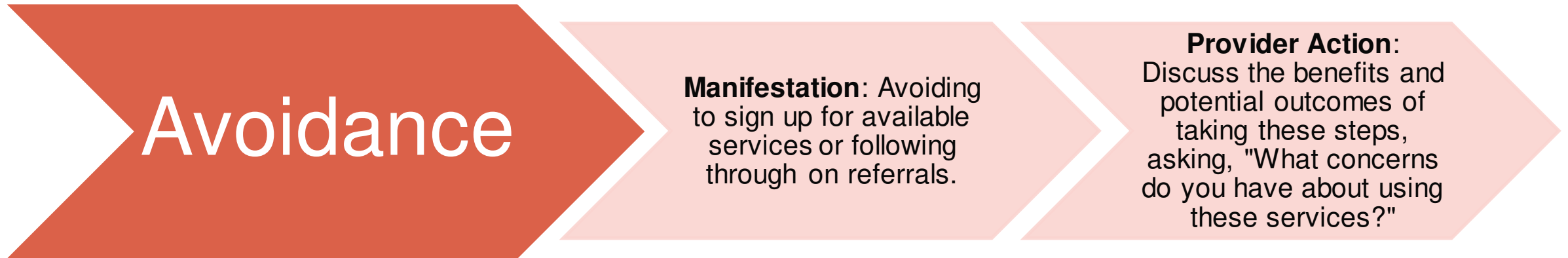
Challenges in “Link” Stage

Maladaptive Cognitions

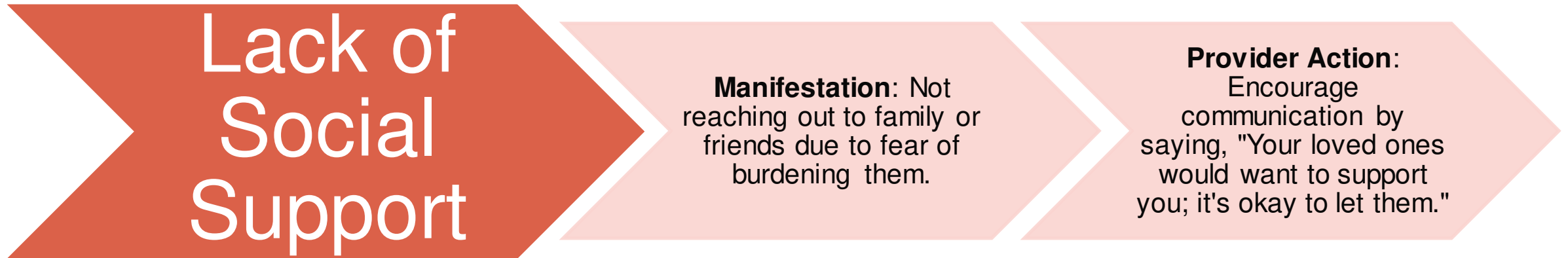
Manifestation: Thoughts like "I should be able to handle this myself" may impede the utilization of available resources.

Provider Action: Challenge this by asking, "It sounds like you feel like you have to go through this alone, which can be scary, but supports are available" and offer examples of how collective support can be beneficial.

Challenges in “Link” Stage



Challenges in “Link” Stage



Ethical Considerations When Providing PFA

Don't exploit your relationship as a helper

Don't ask the person for any money or favor for helping them

Don't make people false promises or give false information

Don't exaggerate your skills

Don't force help on people, and don't be intrusive or pushy

Don't pressure people to tell you their story

Don't share the person's story with others

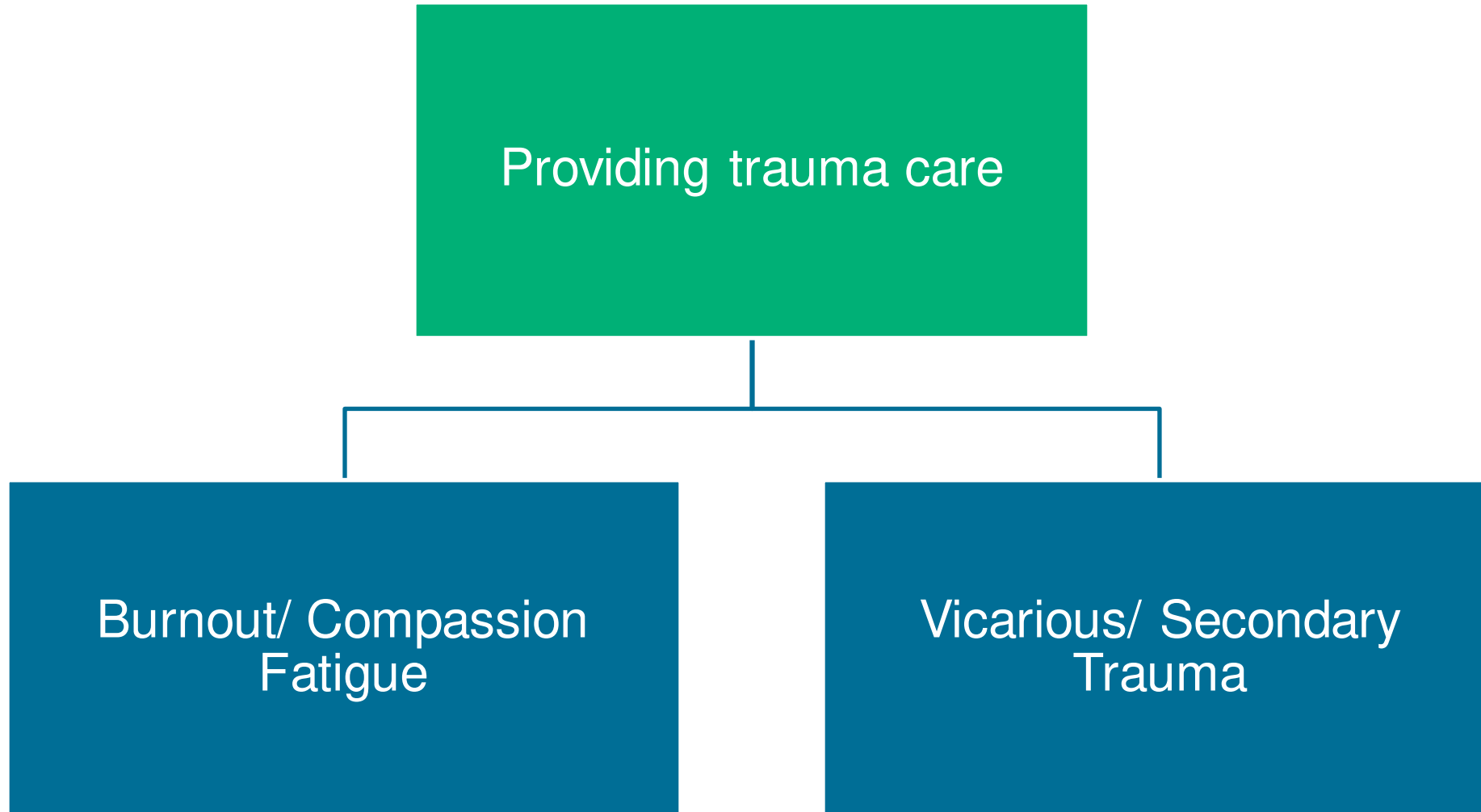
Don't judge the person for their actions or feelings

Critical Incident Str

7)



Recognizing the Impact of Trauma on Ourselves



Burnout

Often driven by work environment, such as workload, perceived or actual lack of control, and insufficient reward

Usually gradual onset, symptoms worsen over an extended period of work stress

Unlike vicarious/secondary trauma, burnout primarily affects job performance and satisfaction, not necessarily a change in worldview or sense of safety

Burnout

Recognizing the signs of burnout:

- Procrastination
- Chronic fatigue
- Cynicism
- Chronic lateness
- Difficulty experiencing happiness
- Pessimism
- Sense of a foreshortened future
- Loss of satisfaction in one's career or life
- Questioning one's own faith

Vicarious/Secondary Trauma

Emotional and psychological impact felt by helpers when indirectly exposed to traumatic events through clients

Can change our worldview and sense of safety, trust, power/control, efficacy

Impact of vicarious/secondary trauma:

- Can build over time with continued empathetic engagement with traumatized individuals
- Can negatively impact professional competence and quality of provider's life

Vicarious/Secondary Trauma

Common signs and symptoms include:

- Depression (e.g., questioning one's own worth or purpose of one's work)
- Changes in basic functions (i.e., sleeping, eating, socializing)
- Startle/hypervigilance
- Nightmares
- Anxiety
- Repeated, unwanted thoughts about trauma
- Substance use
- Guilt

Vicarious/Secondary Trauma

Combating vicarious/secondary trauma

- Peer consultation
- Supervision
- Mindfulness practices
- Seek social support
- Reconsider caseload sizes

Additional Resources

Psychological First Aid Training

- National Child Traumatic Stress Network
 - [Psychological First Aid \(PFA\) Online | The National Child Traumatic Stress Network \(nctsn.org\)](https://www.nctsn.org/psychological-first-aid-online)
- National Center for PTSD
 - [Psychological First Aid: Field Operations Guide - PTSD: National Center for PTSD \(va.gov\)](https://www.ptsd.va.gov/psychological-first-aid-field-operations-guide)
- Substance Abuse and Mental Health Services Administration
 - [Psychological First Aid Online | SAMHSA](https://www.samhsa.gov/psychological-first-aid-online)
- American Psychological Association
 - [Disaster mental health information for psychologists \(apa.org\)](https://www.apa.org/disaster-mental-health)

Applications (iOS and Android)

- National Center for PTSD
 - [PFA Mobile - PTSD: National Center for PTSD \(va.gov\)](https://www.ptsd.va.gov/pfa-mobile)

Thank you!

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