

Psychological First Aid In Disasters

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The Prologue.....
A Tale of Two Studies



Three Mile Island: A “Silent Disaster” Case Study

- **In 1979, nuclear reactor at TMI almost experienced meltdown, but evidence indicates that there was minimal, if any, discharge of radioactive material**
- **This suggests that any effects of the TMI incident were likely due to concerns about possible exposure or perceptions that they may have been exposed rather than actual effects of radiation**

Three Mile Island: A “Silent Disaster” Case Study (continued)

- Baum and colleagues studied approximately 40 TMI residents who lived within five miles of the plant and a comparison group approximately 17 months after the incident. The study included a five year follow-up.
- The TMI group:
 - had higher levels of distress, somatic complaints, anxiety symptoms, and sleep difficulties
 - had poorer concentration
 - had higher levels of stress hormones including epinephrine, norepinephrine, and urinary cortisol
 - had increases in blood pressure from pre-to-post TMI
 - had more physician-rated problems and more prescriptions given to them
 - many of these problems persisted at the five year follow-up

Three Mile Island: A “Silent Disaster” Case Study (continued)

- These findings confirm that concerns or perceptions about exposure to radiation and toxic substances can have a powerful effect on psychological and physical health *even when there has been no actual exposure*



“Redefining Readiness” Study:

**Conducted by the New York Academy of
Medicine in 2004**

**Telephone survey of 2,545 adults
assessing public’s reaction to a small
pox and dirty bomb scenarios**

**“.....response plans will not protect
many Americans.....”**

Study Results Based on Two Disaster Scenarios: Small Pox and Dirty Bomb

- Far fewer people than needed would follow protective instructions in these two terrorist attack situations.
- Only two-fifths of the American people would go to the vaccination site in the smallpox outbreak.
- Only three-fifths of the American people would shelter in place for as long as told in the dirty bomb explosion.

Why Would So Many People be Reluctant to Follow Instructions in the Small Pox Outbreak?

- Lack of worry about catching smallpox in this situation;
- Serious worries about what government officials would say or do;
- Serious worries about the vaccine;
- Conflicting worries about catching small pox and getting sick from the vaccine.

Why Would So Many People Be Reluctant to Cooperate with Dirty Bomb Protective Instructions?

- **Conflicting obligations to assure safety of their families**
- **Unsure of how they would be cared for while sheltering in place**
- **Lack confidence in the community's preparedness plans**



PSYCHOLOGICAL FIRST AID

Field Operations Guide

2nd Edition



**National Child Traumatic Stress Network
National Center for PTSD**

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History of *Psychological First Aid*TM

- Original version published in September 2005—early release to assist those working with Hurricane Katrina survivors
- Reserve Medical Corps adaptation published in 2006—added elements for emergency responders and those working with fatalities
- 2nd Edition published in July 2006 – included elements from the RMC and expanded sections on children and the elderly

What is Psychological First Aid?

- an evidence-informed modular approach for assisting children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism
- designed to reduce the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning

Principles and Techniques Meet Four Basic Standards:

- 1. Consistent with research evidence on risk and resilience following trauma;**
- 2. Applicable and practical in field settings;**
- 3. Appropriate to developmental level across the lifespan; and**
- 4. Culturally informed and adaptable.**

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner
- Enhance immediate and on-going safety
- Calm and orient distressed and overwhelmed survivors
- Offer practical assistance and information
- Connect survivors to social support networks, including family members
- Support positive coping and empower survivors
- Provide information to help survivors cope effectively with the psychological impact
- Link survivors with indigenous recovery systems

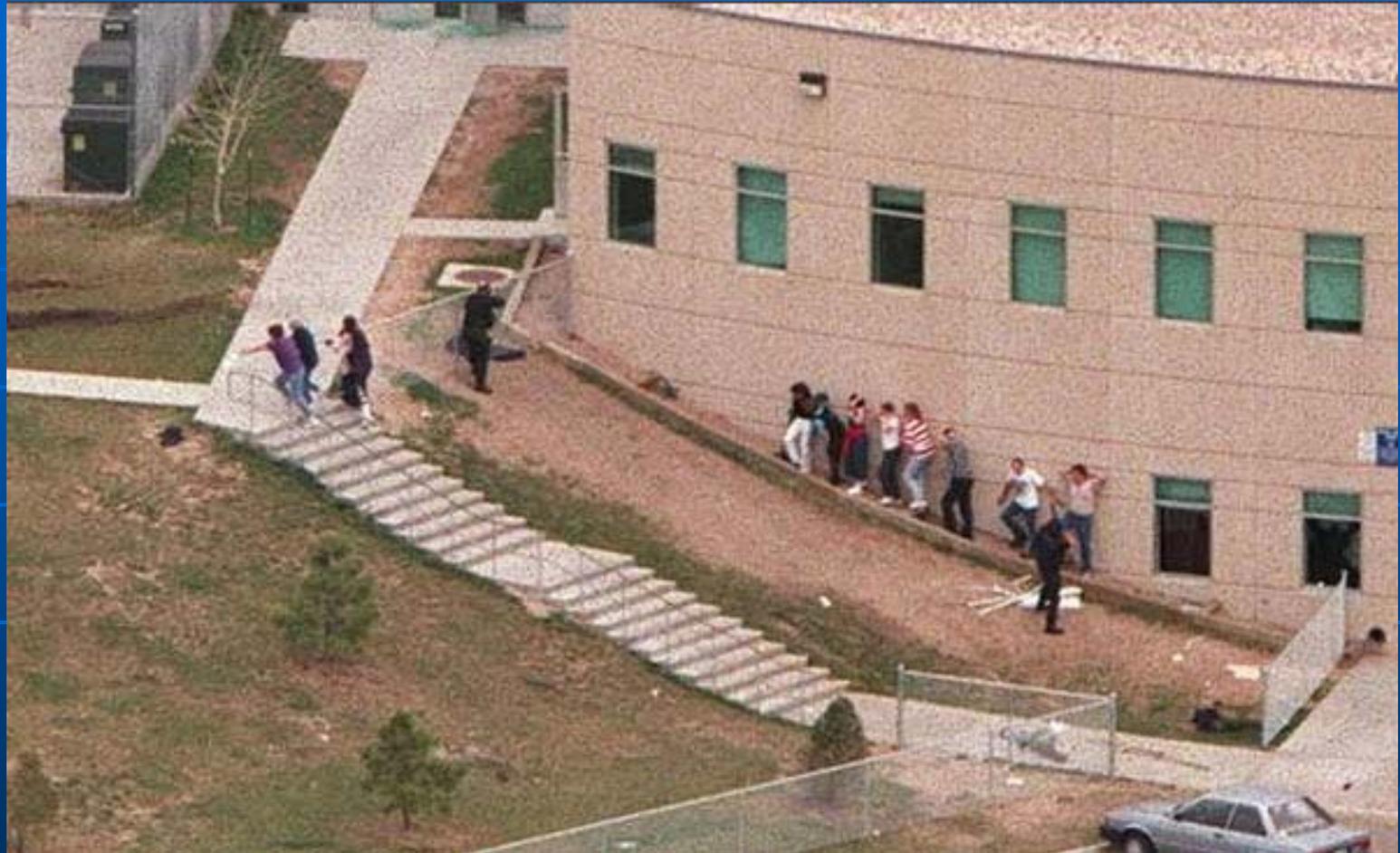
In Which Kinds of Disasters Can PFA Be Used?









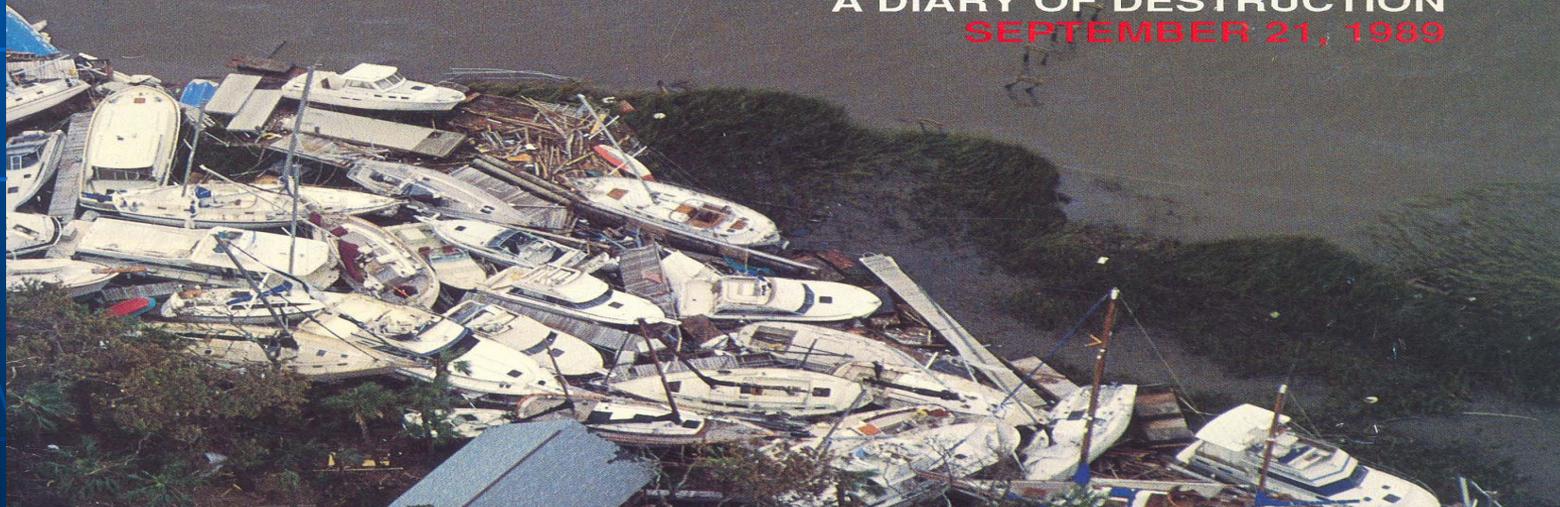


...And

HUGO

was his name

HURRICANE HUGO
A DIARY OF DESTRUCTION
SEPTEMBER 21, 1989





(AP PHOTO)



Who Delivers PFA?

- It is designed for delivery by mental health specialists who provide acute assistance to those affected as part of an organized response effort. These specialists may be imbedded in a variety of response groups (e.g., primary and emergency health care providers, response teams, community and school crisis response teams, disaster response team, first responder). It may also be used by mental health providers in more traditional settings in the event of large scale disasters.

Psychological First Aid Core Actions

- 1. Contact and Engagement**
- 2. Safety and Comfort**
- 3. Stabilization**
- 4. Information Gathering: Current needs and Concerns**
- 5. Practical Assistance**
- 6. Connection with Social Supports**
- 7. Information on Coping**
- 8. Linkage with Collaborative Services**