

# Psychological First Aid

**Field Operations Guide**

**2nd Edition**

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## **Appendix C:**

- Psychological First Aid Provider Care



## Psychological First Aid Provider Care

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after engaging in disaster relief work.

### **Before Relief Work**

In deciding whether to participate in disaster response, you should consider your comfort level with this type of work and your current health, family, and work circumstances. These considerations should include the following:

#### **Personal Considerations**

Assess your comfort level with the various situations you may experience while providing Psychological First Aid:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g., distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or conversely, micro-managed
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to mental health support
- Working with a diverse group of professionals, often with different interaction styles

#### **Health Considerations**

Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts in disaster settings, including:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems

## **Health Considerations - continued**

- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

## **Family Considerations**

Assess your family's ability to cope with your providing Psychological First Aid in a disaster setting:

- Is your family prepared for your absence, which may span days or weeks?
- Is your family prepared for you to work in environments where the risk of harm or exposure to harm is not fully known?
- Will your support system (family/friends) assume some of your family responsibilities and duties while you are away or working long hours?
- Do you have any unresolved family/relationship issues that will make it challenging for you to focus on disaster-related responsibilities?
- Do you have a strong, supportive environment to return to after your disaster assignment?

## **Work Considerations**

Assess how taking time off to provide Psychological First Aid might affect your work life:

- Is your employer supportive of your interest and participation in Psychological First Aid?
- Will your employer allow "leave" time from your job?
- Will your employer require you to utilize vacation time or "absence-without-pay time" to respond as a disaster mental health worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?
- Will your co-workers be supportive of your absence and provide a supportive environment upon your return?

## **Personal, Family, Work Life Plan**

If you decide to participate in disaster response, take time to make preparations for the following:

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns

## **During Relief Work**

In providing Psychological First Aid, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and how best to take care of yourself during your work.

## **Common Stress Reactions**

Providers may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, being easily startled)
- Depressive or anxiety symptoms
- Decreased social activities

## **Extreme Stress Reactions**

Providers may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation
- Preventing feelings by relying on substances, becoming overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

## **Organizational Care of Providers**

Organizations that recruit providers can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting work shifts to no more than 12 hours and encouraging work breaks
- Rotating of providers from the most highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough providers at all levels, including administration, supervision, and support
- Encouraging peer partners and peer consultation
- Monitoring providers who meet certain high risk criteria, such as:
  - ♦ Survivors of the disaster
  - ♦ Those having regular exposure to severely affected individuals or communities
  - ♦ Those with pre-existing conditions
  - ♦ Those with multiple stresses, including those who have responded to multiple disasters in a short period of time

- Establishing supervision, case conferencing, and staff appreciation events
- Conducting trainings on stress management practices

## **Provider Self-Care**

Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation
- Using stress management tools regularly, such as:
  - ◆ Accessing supervision routinely to share concerns, identifying difficult experiences, and strategizing to solve problems
  - ◆ Practicing brief relaxation techniques during the workday
  - ◆ Using the buddy system to share upsetting emotional responses
  - ◆ Staying aware of limitations and needs
  - ◆ Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
  - ◆ Increasing activities that are positive
  - ◆ Practicing religious faith, philosophy, and spirituality
  - ◆ Spending time with family and friends
  - ◆ Learning how to “put stress away”
  - ◆ Writing, drawing, and painting
  - ◆ Limiting caffeine, tobacco, and substance use

As much as possible, you should make every effort to:

- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation/stress management/bodily care/refreshment breaks
- Utilize regular peer consultation and supervision

### **Provider Self-Care - continued**

- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

You should avoid engaging in:

- Extended periods of solo work without colleagues
- Working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excessive use of food/substances as a support
- Common attitudinal obstacles to self-care:
  - ♦ “It would be selfish to take time to rest.”
  - ♦ “Others are working around the clock, so should I.”
  - ♦ “The needs of survivors are more important than the needs of helpers.”
  - ♦ “I can contribute the most by working all the time.”
  - ♦ “Only I can do x, y, and z.”

### **After Relief Work**

Expect a readjustment period upon returning home. You may need to make personal reintegration a priority for a while.

### **Organizational Care of Providers**

Organizations should:

- Encourage time off for providers who have experienced personal trauma or loss.
- Institute exit interviews to help providers with their experience—this should include information about how to communicate with their families about their work.
- Encourage providers to seek counseling when needed, and provide referral information.
- Provide education on stress management.
- Facilitate ways providers can communicate with each other by establishing listservs, sharing contact information, or scheduling conference calls.
- Provide information regarding positive aspects of the work.

## **Provider Self-Care**

Make every effort to:

- Seek out and give social support.
- Check in with other relief colleagues to discuss relief work.
- Increase collegial support.
- Schedule time for a vacation or gradual reintegration into normal life.
- Prepare for worldview changes that may not be mirrored by others in your life.
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.
- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving from others.
- Find activities that you enjoy or that make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask help in parenting if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.



### **Provider Self-Care - continued**

- Obstacles to better self-care:
  - ♦ Keeping too busy
  - ♦ Making helping others more important than self-care
  - ♦ Avoiding talk about relief work with others