



Review

Psychological first aid and nursing

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Abstract

Disasters are situations which leave an indelible mark on the lives of individuals, and cause both physical and psychological trauma. In order to prevent negative consequences of disaster experiences, psychological support treatments appropriate for individuals should be provided at each phase of the disaster. It is suggested that psychological first aid (PFA) is the very first treatment provided right after the disaster. It is also the most essential component of the psychosocial support intervention. Psychological first aid is a supportive treatment provided for individuals living under intense stress. Nurses, who have professional knowledge and skills to provide this treatment, are the crucial help providers. Nurses, who are able to provide psychological first aid to individuals after a disaster, are critical in preventing risks that may develop, and in speeding up the recovery process for individuals. Nurses can improve their own endurance through psychological first aid and reduce their work stress. Nurses, who are able to provide psychological first aid, are very important for both the individuals exposed to the disaster, and for themselves.

Keywords: Nurse; psychological first aid; psychosocial intervention.

Recent catastrophic events have increased the need for psychosocial support interventions.^[1] A number of expert groups refer to psychological first aid as the first and the most urgently needed psychosocial intervention to be provided immediately after disasters.^[2-7] Psychological first aid is an evidence-based approach which addresses psychosocial needs of individuals after a disaster.^[1,2,8] Sphere (2011) and the Inter-Agency Standing Committee (IASC, 2007) defined psychological first aid (PFA) as the humanitarian and supportive interventions offered to suffering individuals who are in need of support and assistance.^[5,6] The need for these interventions is relevant for all age groups and individuals from all cultures during an early post-disaster period.^[1,9,10] PFA may be offered for days or weeks, depending on the type and time of a disaster, and also depending on how much time is required to meet individuals' needs.^[1,11] The purpose is to decrease the stress arising from traumatic events (hazard/disaster) and increase individuals' ability to cope with long/short-term compliance.^[2,3,12] The person who applies PFA identifies the needs by screening as many individuals as possible in the shortest

time, guiding them, and ensuring that the affected individuals recover from their first shocks.^[11] This review study aims to describe the concept of psychological first aid, contribute to the Turkish literature, and support researchers who are examining this topic. Psychological first aid is increasingly important across the world.

Psychological First Aid

Psychological first aid is a supportive and practical approach to individuals exposed to severe stress.^[1,13] This approach differs from the psychological interpretation in which the events are discussed in details, the psychotherapy is provided in clinical settings, and the therapies are provided by professionals.^[1,14,15] It is a type of support that can be offered by anyone in any safe place, providing respect and privacy, and protecting the personal reputation of those affected.^[1,9,11,16] Psychological first aid does not assess serious mental health problems and long-term recovery difficulties of all of the individuals affected by disaster.^[1] It focuses on understanding the reactions of the

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individuals who have experienced a disaster and are affected by it. Psychological first aid is based on the assumption that all people meet their own basic human needs, and are capable of coping with stressful events when they can access the necessary support.^[1,2,9] Hence, empathic and pragmatic approaches enable individuals to recover by helping to restore their own coping skills.^[1,11]

Development of Psychological First Aid

Psychological first aid first emerged in military environments at the end of World War II.^[1,17] Various methods were used after critical events in the 1970s and 1980s. Research was carried out on the methods applied in the 1990s, and the research results revealed that some practices re-traumatized individuals, and resulted in the development of various psychological problems, such as post-traumatic stress disorder and major depression in later life.^[11,12,18,19] The MH GAP (Mental Health Gap Action Programme) guideline development group of the World Health Organization (WHO) evaluated psychological first aid and psychological interpretation approaches, and concluded that the psychological first aid approach was more beneficial for people who had recently experienced a traumatic event.^[17,20] In response to these findings, traumatic stress research center specialists, including a number of national and international expert groups from the IASC and Sphere Project, have created a guideline suitable for all ages, local needs and cultures, in order to standardize and clarify effective interventions. The WHO translated this guideline into many languages in 2011.^[12,13,16] This guideline was translated into Turkish in 2014 by the Turkish Psychological Counseling and Guidance Association.^[20] The PFA guide was prepared in a flexible structure. The guideline describes 4 basic principles of PFA application:

- 1) The techniques to be applied depend on the results of research on post-traumatic stress.
- 2) It is applicable and practical in the field environment.
- 3) It is suitable for every level of development and stage in life.
- 4) It is flexible and can be applied within all cultures.^[3,12,16,21]

In line with these basic principles, the WHO (2011) explained the PFA basic application principles in 3 steps: look, listen and link.^[16] "Look" includes observing the environment in which a disaster takes place, ensuring the safety of the individuals affected, and tending to the basic needs of the individuals with serious stress reactions.^[13,16] "Listen" involves listening to the stated needs and concerns of individuals who are in need of support, and helping to calm them. "Link" includes ensuring that individuals have access to basic services and to persons and agencies who can help.^[13,16] All these principles guide psychological aid providers in how to evaluate a disaster, approach victims, and provide them with practical support and information.^[16,20]

Hobfoll et al.^[22] (2007) described the PFA application techniques in five basic principles that facilitate a positive adapta-

tion by victims following disasters. These are: Promote sense of safety, promote calming, promote sense of self- and collective efficacy, promote connectedness, promote hope.

In line with the principles set by Hobfoll et al.^[22] (2007), PFA providers address the urgent needs of individuals, and try to help them avoid situations and thoughts that create new trauma. This helps individuals develop a sense of safety and reduces stress.^[13,22] Some individuals may experience very intense stress after a disaster. Priority should be given to these individuals to lessen their anxiety and help restore calm. When individuals believe in their own ability to manage their feelings and thoughts in stressful situations, their self-efficacy is increased.^[13,22] Providing social support helps individuals to find practical solutions in traumas, and increases their collective efficacy.^[23] Therefore, facilitating interpersonal connections is extremely important regarding trauma. Being hopeful after a disaster enables individuals to normalize their emotional reactions, recover quickly, and decrease negative thoughts.^[23] Brymer et al.^[24] (2006) explained PFA application in 8 basic steps. These are: Contact and engagement, safety and comfort, stabilization, information gathering: current needs and concerns, practical assistance, connection with social supports, information on coping, and linkage with collaborative services.^[10,12,13,23,25] Each of these principles is explained below.

Psychological First Aid Application Principles and Techniques

The first intervention in psychological first aid should begin with the arrival of team members at the scene. PFA providers should be aware of the severity of the catastrophic event, proper security precautions, and support services and how to access them, and regulations. Each member of the team must be aware of their own roles before arriving at the scene.^[16,26]

This information reduces the level of stress caused by catastrophic events, enabling PFA providers to think clearly and calmly and execute effective PFA practices. While at the scene of the disaster, PFA providers should observe reactions and interactions of the affected people, and begin to identify those who need help the most. PFA providers should identify the individuals who are especially furious and panicked, and those who appear to have aggressive and impulsive behaviors. PFA providers should identify a special high-risk group, and provide them with needed assistance, under the guidance of triage principles.^[9,16,23,24] The PFA interventions grouped under 8 steps by Brymer et al (2006) are described below:

Contact and Engagement: This action aims to communicate with the individuals affected by disaster through a non-interventionist, benevolent, kind and compassionate attitude. The method of communication with the stressed people is very important.^[3,10,12,23,24] People in crisis situations can be extremely pessimistic, anxious or confused. Some people may blame themselves for events that take place during the crisis.^[16,23] Being calm and tolerant helps these stressed people feel more confident, and helps them feel as though they are under-

stood, respected, and valued.^[3,10,12,21,26] People who experience a stressful situation may want to tell their stories. Listening to their stories can provide a great support for them. However, it is important not to try and force them to describe what happened.^[11,13,24] Some people may not want to talk about what happened to them. However, it is very important to remain silent while with them, and not talk for a while. Staying silent for a while will give them the time, space and courage to share their story with you if they wish. At the same time, it may make them more accepting of help.^[9,24]

There is not a lot known about disaster environments. Therefore, PFA providers should rapidly establish communication and positive cooperation with the people affected by disaster. In order to be positive, those making communication should take into account various individual characteristics, such as culture, age, gender and tradition.^[3,24,26] PFA providers should be well informed about when and how to initiate contact with disaster-stricken individuals, taking into account their readiness. They should ask for permission to speak and introduce themselves while making the first contact.^[3,10,12,16,21,26]

Safety and Comfort: This basic action involves strategies for providing physical and emotional relief for individuals by ensuring their safety in a disaster environment.^[3,10,12,16,21,26] In this context, it is critical to create emotional comfort and support for victims. This can assist them in the search for their lost relatives, provide them with support in case their loved ones have died, help them in the process of identifying relatives who have died, and help in writing the death announcements.^[24,26] Also, providing victims with physical comfort, encouraging them to maintain or renew social relationships, protecting them from possible traumas, and offering appropriate responses to the sadness and pain which emerges after trauma are extremely important practices in making individuals feel secure, both emotionally and physically.^[3,10,12,16,21,26] Using appropriate approaches helps to ensure their emotional and physical comfort.

Stabilization: This action aims to balance the stressful situations of individuals who have lost their ability to manage their emotions.^[12,21,23] When survivors are emotionally overwhelmed, it is important to help them calm down and try to reduce their distress. Most individuals may not need stabilization after a disaster. Because the reactions which are apparent after a disaster are the reactions accepted as normal.^[24,26] However, when the reaction accepted as normal turns into uncontrollable physical and emotional reactions, the affected individuals cannot manage daily life activities. In this case, the psychological first aid expert tries to help stabilize the victims by addressing their most basic concerns and problems.^[3,10,12,23] Simple stabilization techniques include taking individuals to a quiet place to comfort them, listening attentively, ensuring access to the people they look to for help, and not insisting that they talk.^[23,26] If these methods do not provide emotional and physical relief, urgent referrals should be made so that individuals can be transferred to the appropriate institutions.^[23]

Information Gathering: Current Needs and Concerns:

Information gathering in psychological first aid is an important practice that begins with the first contact and continues throughout the whole process. The process of information gathering in PFA focuses on identifying the most urgent needs and concerns of the affected individuals.^[3,10,23] Therefore, PFA providers should collect information regarding urgent physical and mental care needs, the nature and severity of events experienced during the disaster, ongoing dangers and emergencies, any apparent physical or mental disorders, and medication that must be continued.^[24,26] In addition, information should be collected about individuals' thoughts about harming themselves or others, and substance use history. Also, hearing the individuals' stories of trauma and loss is also important in determining their needs in a sensitive way, and providing effective support services.^[24,26] When PFA providers are sensitive to the individuals' needs, they will know how to collect information, how much information to collect, and to what extent they should ask questions. They should not ask questions about the details of traumatic event that may cause more stress for the victims.^[12,24,26]

Practical Assistance: This action aims to develop practical solutions by prioritizing victims' immediate needs and concerns. Immediate and ongoing problems caused by disasters have a significant impact on victims' stress levels.^[24,26] Helping individuals solve their problems, determining their needs, and offering assistance according to their needs helps them in developing confidence and restoring hope. This also helps to empower them in dealing with everyday life, and enables them to display positive behaviors. In addition, having new ideas about coping can prevent them from feeling defeated, and help they develop the confidence to succeed again. They will also feel as though they can control events in their post-traumatic environment. Therefore, in providing psychological first aid, it is crucial to immediately identify victims' needs in the short-run, and to have practical solutions for meeting these needs.^[10,12]

Connection with Social Supports: This action aims to enable victims to have access to individuals and groups that can quickly provide social support.^[3,12,21] Assistance in contacting primary support persons or other resources (e.g. family members, friends, and social assistance agencies) is an important PFA activity.^[24] It is known that individuals with social support in trauma situations recover more rapidly, and get over traumatic adverse effects more easily.^[3,26] Individuals should be encouraged to establish social connections that can provide opportunities for a range of social support activities. These activities can help in practical problem solving, gaining understanding of their emotions gaining acceptance, sharing their stories, getting back to feeling normal, and developing the coping skills needed to deal with traumatic experiences.^[10,27]

The most urgent need for victims is to connect with primary supports such as a spouse, child, mother, father, and siblings. Victims should contact these family members and friends by

home phone, mobile phone, email and so on.^[24] If victims lack primary social support persons or have no support system, they should be encouraged to use the supports which are closest and most readily available.^[23] In addition, stress levels in the victims who are far away from their support persons can be reduced through their reading books and magazines. If the victim is an elderly person, the care giver should be young enough to provide adequate care. Families with children are encouraged to spend more time with their children. Adolescents should be encouraged to engage in group activities, such as games or sports.^[24]

Information on Coping: This action aims to provide individuals with information about stress reactions, teach them stress relief methods, and accelerate their return to normal life.^[21,23,24] To achieve this goal, PFA providers should offer the affected individuals information about stress reactions, about post-traumatic psychological reactions, and the beneficial as well as harmful ways of coping.^[3,10] This information is important in helping individuals effectively cope with stress and problems. The individuals who have developed coping skills increasingly believe that they can manage stressful events, regardless of severity. This can affect their self-efficacy in a positive way. Individuals with a high level of self-efficacy also have a sense of control over stressful events. They can set achievable goals in the face of adverse events, and they can recover faster.^[24]

Stress reactions in individuals may impair their daily functioning. In this case, it is crucial to immediately offer appropriate services.^[3,12] Ensuring that individuals can distinguish between positive and negative coping skills helps them to reduce negative reactions, and improve their situations.^[23,26] Some cases may require PFA providers to discuss coping methods in detail. In such cases, PFA providers can educate victims about coping with family problems, and coping with problems that may develop, as well as anger problems, sleep disturbance, and alcohol and substance use and abuse.^[3,10,26]

Linkage with Collaborative Services: This action aims to ensure that individuals are connected to the services that can meet their needs.^[3,10,12,16] Many individuals may need additional assistance after a disaster, but their search for help may be impacted negatively due to their stress and anxiety. In such cases, PFA providers should help victims connect with relevant services and support persons.^[23,26] Connecting with aid organizations that can meet victims' urgent needs and directing victims to appropriate aid centers can help to develop the feeling of hope in these individuals. Personal assistance provided in a timely manner and establishing the proper communication can help the mental health of the victims.^[10,26]

When PFA providers refer victims to aid organizations, they should clearly summarize the victims' needs and problems, in accordance with the interviews conducted with them.^[23] This facilitates the work of the experts at the aid organization, and prevents individuals from experiencing a new trauma when they don't get the help they need. Children and adolescents under the age of 18 should not be directed to any place with-

out family consent and knowledge. The referral of elderly individuals should be done in writing, and must include the names and addresses of individuals and agencies that can meet their needs.^[23,26] If necessary, referral information is provided in writing to the person to be referred, and to his or her relatives. When individuals are placed in an institution, they should be introduced to individuals who will provide help, and assist in helping them avoid feelings of abandonment and rejection. They should also be provided with information about the aid process.^[23,24,26] PFA providers can maintain contact information and follow-up with individuals to ensure care continuity.^[23]

Psychological First Aid and Nursing

Health services are one of the most frequently requested services in disasters, and high quality services are expected.^[28] Being ready for disasters is an extremely critical phenomenon.^[29-31] Therefore, it is crucial for all health professionals to be familiar with appropriate initiatives and have adequate knowledge about disasters.^[29,32] However, although the vast majority of health personnel have adequate experience and training in interventions such as first aid, cardiopulmonary resuscitation and basic life support, they do not have the training and experience to identify psychological responses and make appropriate interventions regarding disaster victims.^[33] Yet, identifying psychological reactions has a positive impact on the psychology of survivors.^[34,35] Providing physical and psychological aid when victims' needs are acute is the focal point in disasters. Nurses are an indispensable part of these effective emergency interventions.^[36,37]

Nurses face stressful, traumatic or difficult situations every day, and have to adapt to these situations.^[38,39] They can play a leading role in assisting after major catastrophes due to their work experience and training.^[33] Nurses can determine risk factors in disasters, and reduce health-threatening risks to a minimum level.^[36,40] They can determine physical and psychological effects of disasters on individuals, families and communities.^[41,42] They can identify urgent and basic needs of individuals experiencing intense stress, using a supportive and compassionate approach.^[43,44] Thus, they can provide the appropriate physical and psychological support most acutely needed by the affected individuals.^[40,42] Thanks to their communication knowledge and skills, nurses can help individuals use rational coping behaviors in difficult situations, and to recover their strengths. They can support individuals' ability to restructure their own lives, and regain self-confidence by enabling them to express their feelings and thoughts after a catastrophic event.^[44-46] Taking all these factors into account, it is inevitably accepted that nurses have a role in all stages of a disaster cycle. This makes it crucial that nurses be prepared to provide appropriate interventions in disasters.^[47-49]

Nurses are in direct contact with patients and have high ethical standards.^[39] More importantly, basic principles of nursing practice are parallel to stages of disaster management. Also, disasters require a problem-solving approach.^[29,33] Nurses are

professionals with theoretical and practical health knowledge, communication, critical thinking and problem-solving skills, and nurses constitute the largest group among health care providers. It is logical for nurses to apply psychological first aid in disasters.^[33,50-52] Nurses are expected to apply psychological first aid to disaster victims.^[45] Nurses trained in psychological first aid can help reduce the psychological effect of any traumatic event, and accelerate the recovery of the affected individuals.^[33] In addition, they can help affirm and restore the resilience of individuals and communities by conducting psychological evaluations of survivors early, and continuously in the days following the disasters.^[33] By applying psychological first aid, nurses can meet the psychological needs of disaster victims, improve health care, and direct victims to adopt proper self-care.^[33] Disasters can create physical and psychological stress in responders who are providing support services.^[51] The performance of caregivers can be greatly affected in these situations. Even experienced nurses sometimes experience difficulties in performing a simple task in disasters.^[51,53] It is known that nurses may have to work in the chaotic environment of disasters with limited resources, and experience a high level of mental and psychological stress. Many studies explained that physical and psychological symptoms of stress in nurses during disasters should be reduced, and also nurses should be trained in how to reduce their own stress levels in disasters.^[48,51,54] Chapman et al.^[55] (2008) argued that aid providers should know about and have training on stress management in disasters. At this point, psychological first aid information reduces the stress and anxiety levels of nurses who are actively providing care in disasters.^[56,57] Nurses can reduce their working stress levels and gain strength by using PFA to develop their personal resistance to stress, and improve their durability.^[33]

When the use of empirical data on PFA application becomes more widespread among nurses, care and aid services may improve, and good practices and effective results may emerge.^[27] In this context, Gebbie and Turnock^[58] (2006) have explained that the basic life support classes required for securing public health certification, which is obligatory for clinicians, should also include the requirement for training in PFA application. All relevant training should be provided to PFA providers.

Being prepared for disasters, responding to possible adverse effects of disasters, and providing rehabilitation in the post-disaster period are extremely important for all health disciplines, especially in light of the increase of catastrophic events in recent years. Nurses are indispensable health professionals who are actively involved in disaster relief using their technical skills and knowledge.^[32,51,52] At this point, nurses are expected to be able to provide physical care and psychological first aid in disasters. This will make an important contribution to reducing the risk of the development of post-traumatic stress disorder, and in fostering community resistance.^[33] In this regard, nurses trained in PFA application should intervene in disasters. It will also be very useful to teach and certify both nurses and students in PFA, using simulation technology if necessary.^[33]

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