**OBJECTIVES**

1. Understand the psychological impact of disasters and recognize the common reactions in self and others.

2. Define the goal and core actions of PFA

3. Prepare to provide immediate support to residents and co-workers experiencing disaster-related stress

**MODULE I - Stress and Disasters - 15 mins**

**Disasters** – Wide scale emergency events that have severe impact on a community

 Traumatize large populations of people at once

 Can result in epidemics of survivor guilt and other psychological symptoms

 Chaotic environment

 Multiple stressors

 Community resources depleted

Trauma can come from the response rather than from the event itself

**Impact**

Everyone who experiences a disaster is affected by it in some way – Including the helpers!

People pull together during and after a disaster

Stress and grief are common reactions to uncommon situations

People’s natural resilience will support individual and collective recovery

**Reactions**

Some people will have severe reactions

Most people do not seek or need treatment

Survivors often reject help, especially from helpers outside the community

**Common Reactions after a Disaster**

* Intrusive Reactions
	+ Distressing thoughts
	+ Mental images, dreams
* Physical Arousal
	+ Edgy, keyed up
	+ Irritable
	+ Difficulty sleeping
	+ Attention problems
* Physical Reactions
	+ Headaches
	+ Dizziness
	+ Stomach or muscle aches
	+ Tightness in chest
* Depression
	+ Irritable mood
	+ Loss of appetite
	+ Sleep issues
	+ Worthlessness
* Grief
	+ Sadness
	+ Anger
	+ Guilt
	+ Regret
* Avoidance Behaviors
	+ Difficulty with intimacy
	+ Social withdrawal
	+ Increased use of alcohol, drugs, or cigarettes
	+ Conflict, hostility, and anger
* Changed Perceptions of Self & the World
	+ Increase in feelings of vulnerability/loss of control
	+ Loss of positive beliefs about the world
	+ Decrease in optimism
	+ Decline in perceived level of social support

**How Long Does it Last?**

* Majority of people exposed to disasters recover fully from psychological effects within one year
* Most intense reactions will lessen over the first few weeks
* If they persist over 4-6 weeks or they are so bad they impair functioning, seek professional help
* 10-35% may require more intensive services

**3 “R”s – When more than PFA is needed**

* 3 factors that may indicate that people should be referred for professional help right away
	+ Reactions – Severe confusion, impaired thinking, emotional distress that can’t be calmed, expressed thoughts of self-harm or harm to others.
	+ Risk - For those who lost a loved one, possessions, were injured, or saw extreme community destruction/injury and/or death to others
	+ Resiliency – Lacks good coping skills, has no family support, has experienced other recent traumas prior to the disaster
	+ Note that children and elders can be particularly sensitive to change in routine, separation from familiar environment/people. Watch for delayed reactions of several hours to a few days.

**Module II Psychological First Aid (PFA) – 15 min**

PFA is an approach to disaster survivors that:

* Eases suffering both physical and emotional
* Improves short term functioning
* Promotes recovery from the effects of a disaster event

Goal of PFA is to promote environment of:

* Safety
* Calm
* Connectiveness
* Self-reliance
* Hope

**Core Actions of PFA**

* Take care of yourself
	+ Maintain a healthy routine Eat, drink water, rest
	+ Know your limits – Take breaks, leave when shift done, get help
	+ Tap into your own supports to maintain hope
	+ Spend time with loved ones and friends, talk spiritual advisors, hang out with pets
	+ do other activities that bring you joy.
* Make a connection with survivors
	+ Make the first move to people who need help and ask permission to talk
	+ Introduce yourself and offer to spend some time with they to discuss what they are going through and how you can help
	+ Ask about their immediate needs
	+ Present with air of patience and calm
	+ Unless you are familiar with the person’s cultural background, don’t approach too closely, touch them, or make prolonged eye contact as can be perceived as intrusive in some cultures.
	+ Protect their confidentiality by finding a private space to talk if possible.
* Safety and Comfort
	+ Help people meet basic needs for safety and care
	+ Offer physical comforts (food water bathroom blanket)
	+ Ask about the need for eye glasses, hearing aids, medications and assistance with ADLs
	+ Protect from additional trauma and trauma reminders
	+ Seek immediate professional help if the person shows signs of shock or verbalizes a desire for self-harm or harm to others
* Signs that a person is in shock include:
	+ Cool, clammy skin
	+ Pale or ashen color
	+ Rapid breathing and pulse
	+ Nausea vomiting
	+ Enlarged pupils
	+ Weakness or fatigue
	+ Dizziness, fainting, confusion, extreme agitation
* Stabilization
	+ Be kind calm and compassionate
	+ Calm and orient overwhelmed survivors
* Techniques include:
	+ Calm and soothing voice. Provide simple answers to questions.
	+ Cool washcloth to forehead
	+ Stretch. Roll your head around.
	+ Clench and release your fists.
	+ Focus on your breathing, notice each inhale and exhale.
	+ Provide repeated, simple and accurate information
	+ Rumors and the unknown increase stress
	+ Give realistic reassurance
	+ “What you are feeling/thinking is understandable.”
	+ “We are here to help.”

**Info gathering – Identify Needs and Concerns**

* Find out the nature and severity of their disaster experience
	+ Those that have been injured, or witnessed injury or death are at risk for more severe and prolonged distress
	+ What are their immediate concerns?
	+ What are their physical, medical, emotional and practical needs
* Listen to the residents
	+ Some people like to talk, some don’t
	+ Don’t pry
	+ Listen patiently in a caring way
	+ Try again later if person is unwilling to talk right now
* Practical Assistance
	+ ID immediate needs (water, food, bathroom) and assist
	+ Discuss actions that you/they can take to address needs that are less immediate but of concern to them
	+ Clarify concerns and needs related to recovery from the event
	+ Help them problem solve and develop an action plan for next steps
	+ Assist in accomplishing those action steps by connecting them to community resources
* Connection with Social Supports
	+ Help survivors to contact those with whom they have primary relationship
	+ This could be family, friends, clergy or a favorite caregiver
	+ This is critically important to recovery
* Sometimes survivors are reluctant to reach out to others due to:
	+ not knowing who to turn to
	+ not wanting to be a burden
	+ feeling guilty or embarrassed about needing others
* Help the survivor to talk about these concerns and understand the importance of reaching out.
* Help them to identify a support person they trust and assist them to make contact when they are ready.

**Info on Coping**

* Offer info about common post-disaster stress reactions
* Explain these are normal reactions and suggest health coping techniques
* Don’t tell people what they should be feeling thinking or doing now.

**Coping Techniques**

* Relaxation – Breathing, meditation, music, stretching
* Normal to feel different – not going crazy. Talk to trusted source about feelings.
* Make a list of concerns and prioritize. Take one step at a time. Ask for help.

**Link to Collaborative Services**

* Link the survivors with services that address the needs that you have helped them identify.
* This could be services within the care facility or in the community
* Make a referral to mental health professional when needed
* Most people PFA is enough
* Recognize the signs of those that need immediate professional help (3 Rs)

**Module III Practicing the Principles of PFA -15 mins**

**Dos and Don’ts & Body Language**

**Do:**

* Sit facing or beside
* Give eye contact
* Show attention by leaning forward and actively listening

**Don’t:**

* Sit back with folded arms or stand over
* Look around the room or appear distracted while person is talking
* Walk away while they are talking to you

**Do Say…**

* Can you tell me what happened?
* I’m sorry
* This must be difficult for you
* I’m here to be with you
* Is there anything I can do for you right now?
* It’s normal to feel this way after something like this.

**Don’t Say…**

* I know what it’s like for you.”
* Don’t feel bad.”
* “You’re strong/You’ll get through this.”
* “Don’t cry.”
* “It’s God’s will.”
* “It could be worse”

**Role Play 15 mins**

Pick a partner. One is the survivor and one the helper. Switch roles for Role Play #2

**Role Play #1**

This morning there was an earthquake that shook things off shelves, caused the fire sprinklers to go off, and knocked out the power to your facility. Several hours have passed from the initial quake, and things have settled down but it now it is getting dark. You notice one of the alert female residents wandering the halls and refusing to go back to her room. Practice the principles of PFA to help calm and reassure this person. Use all 12 techniques.

{Instructors note – This could be done by 2 volunteers in front of the class. Watch for body language and what is said in addition to using the 12 step approach. Give positive feedback}

**Role Play #2**

There was a fire in a nearby nursing home that killed 2 residents and forced all to evacuate. Your facility has accepted 5 emergency admits from the impacted center. One male resident from the burned facility was the roommate of one of the residents that was killed. You see him in his wheelchair in the corner of the dining room weeping quietly and muttering to himself. Practice the 12 PFA techniques, A few minutes into the conversation he tells you “I can’t take all this trouble anymore. I just want to die”. What is your next step?

{Instructor’s note - This could be done by 2 volunteers in front of the class. Watch for body language and what is said in addition to using the 12 step approach. The helper should report this statement asap to the nurse to ensure professional help is arranged for this survivor, but still provide PFA while waiting for this to get done. Don’t leave the person alone if there is a risk of immediate self-harm.}