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Advances in Psychological First Aid

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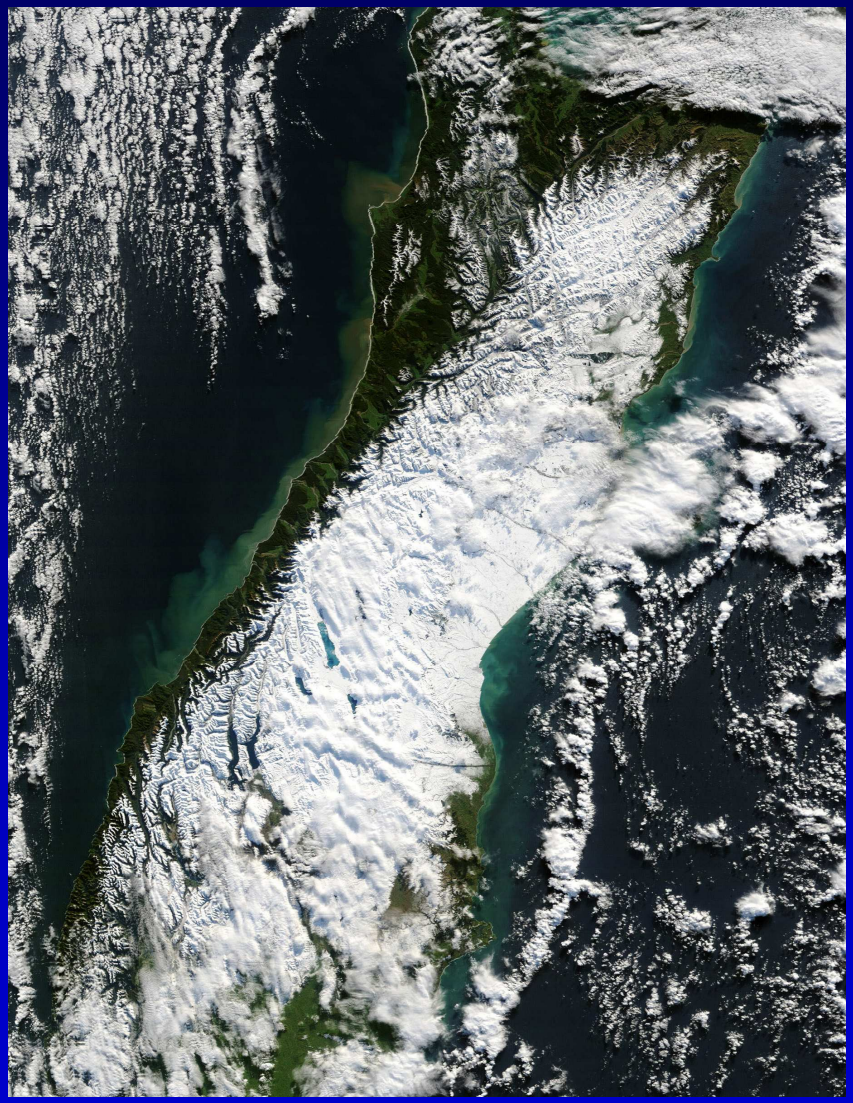

What is Psychological First Aid?

- Late 1970s - 80s, disaster reponse typically used CISM or 'Mitchell Model'
- Used extensively by Police and Fire responders
- Included a Critical Incident Stress Debriefing component - CISD
- By mid-1990s, research started looking at efficacy of CISD procedures
- Research does not support efficacy of CISD in reducing symptoms of PTSD or other trauma related symptoms eg depression

Debriefing models

- Include **cathartic ventilation of emotions and feelings**
- Have particular potential to cause harm and disturbance for survivors and first responders
- CISD participants initially report satisfaction with immediate experience of debriefing
- BUT, further outcome and follow-up shows that this form of early intervention has potential to INCREASE signs and symptoms of PTSD and depression

New developments

- New studies started to show that most people do not go on to develop PTSD and other mental health problems - resiliency
- Specific components of natural resiliency and supportive functions identified and developed into concerts of Psychological First Aid

Psychological First Aid

- **Core actions**

1. Contact and Engagement
2. Safety and Comfort
3. Stabilisation (if needed)
4. Information Gathering
5. Practical Assistance
6. Connection with Social Supports
7. Information on Coping
8. Linkage with Collaborative Services

Core actions 1-3

- Contact and engagement
- Goal - to respond to survivors and to engage in not intrusive and supportive
- Safety and comfort
- To help meet immediate safety needs and to provide emotional comfort
- Stabilisation
- To reduce stress caused by a disaster event

Core actions 4-6

- Information gathering
- To assess the immediate needs of the survivors
- Practical assistance
- To create an environment where the survivor can begin to problem solve
- Connection with social supports
- To assist survivors to connect or re-connect with primary support systems

Core actions 7-8

- Coping Information
- To offer verbal and written information on coping skills and the concept of resilience in the face of disaster
- Linkage with collaborative services
- To inform survivors of services that are available to them

Foundations of Psychosocial Support

- 288 people participated in 9 workshops across New Zealand in early 2009 designed to orient people as to the key concepts and delivery models of psychosocial support during and after emergency events

- Level of satisfaction reported for the workshop presentations (4.5 out of 5) and the resources provided (4.6 out of 5)

- Suggested that participants were highly engaged with the presented material, and that this may be a useful training resource tool for education about psychosocial support in emergency events.

New applications

- Tends to have been used with adults and children
- But what about others who have pre-existing vulnerabilities?
- Those who are not evacuated in emergencies - e.g. Nursing home residents
- Recommendations for counseling-type interventions tend to focus on those who move - not those who stay (by choice or not)

Nursing Home Residents

- USA - survey of 194 Nursing Homes across 30 states:
- 91% of long-term care health professionals felt they were '...ill prepared to deal with public health emergencies', and that '... their workforce lack(ed) the knowledge, skills and abilities to recognise the impact of disaster on residents' mental or emotional health'.
- Mather LifeWays Institute on Aging, 2005

Brown et al (2009)

Clinical Gerontology (2009), 32, 293-308

- The STORM study - feasibility
- Service for Treating Older Residents' Mental Health
- Aim to evaluate use of Psychological First Aid for Nursing Home residents
- Because PFA does not have to be delivered by a highly trained mental health clinician, NH staff can be trained to deliver the intervention

Overall approach

- Modify existing PFA content
- Remove content pertaining exclusively to children and adolescents, and add information specific to needs to institutionalised older people

Modification of PFA

- Next, check feasibility of NH direct care staff to deliver the intervention to the residents
- Obtain feedback from residents who received selected modules of the modified intervention
- Also, checked evidence of acceptability of the intervention and perceived ability of staff to train others to deliver PFA

Intervention Development

- Analysis
- Design
- Development
- Implementation

Analysis

- State-wide needs assessment with NH personnel to understand:
- what types of disaster mental health services were currently provided
- if staff perceived residents needed disaster MH intervention
- if staff would be interested in learning how to use PFA

Design phase

- How learning objectives could be achieved with assessment instruments:
- pre and post-course evaluation, class exercises, adjusted content matter in PFA course and media guide
- literature review to identify PFA areas needing adaptation and evidence based material to potentially include in new PFA

Development

- Replaced sections of PFA Guide
- E.G. “Residents having specialised needs such as ventilator and dialysis care may benefit from PFA to address their fears associated with the threat of interrupted services as a result of the disaster”

Rigour

- Modified PFA Guide reviewed by MDT - for content and readability, as well as feasability on use and delivery of the PFA intervention to residents
- Revised PFA Guide then reviewed by panel of 14 national experts on project advisory committee
- Final revised version to FHCA Disaster Preparedness Committee

Implementation

- Developed procedures for training PFA facilitators
- Train-the-trainer (TTT) and just-in-time (JIT) models used
- Extensively used in non-disaster settings to train laypeople to provide variety of services and programs.

STORM study

- Post-pilot second stage
- 22 NH nurses attended the FHCA nurse leadership conference and trained using TTT model
- 1x3 hour morning session
- Invited to follow-up evaluation and to volunteer as a TTT or JIT trainer

Who were the trainers?

- 21/22 female
- Average age of 42.9
- Mostly white, degree from junior or technical college
- Average of 14.2 years of experience in long-term care
- Average of 4.3 years in current position
- Several had experience of hurricane response

Storm study evaluation

- 55% (n=12) willing to be JIT trainer
- 71% (n=14) plained to train other staff members where they worked
- All ‘strongly agreed’ they had ability to provide PFA to residents and to train other staff to use PFA
- All agreed they knew more about disaster-related psychological distress and PFA post-training

From the NZ psychsocial support workshops

- Participants were also asked to note down three key ideas concerning what psychosocial support meant to them both before and after participating in the workshop
- Although the general concepts of support and recovery remain important both before and after the workshops, there was a shift:
- From the experiential description of a disaster event and what assistance might be delivered
- To more reported ideas about how such help might be implemented

Discussion

- PFA can be successfully tailored to fit the needs of NH residents
- Because NH staff are familiar with residents under their care, PFA training can help staff to detect changes in mood or cognition to intervene quickly and appropriately with those who are distressed
- Trained staff could use PFA at any stage of disaster - preparing, responding and recovering

Discussion

- TTT or JIT? - train at time most needed and can be practiced immediately, or is it too difficult to do as a disaster is unfolding?
- What about if staff not routinely exposed to threat of disaster?
- What is staff are not experienced?
- What about resident's cognitive impairment?
- Are PFA skills retained and used appropriately when disaster occurs?

Summary

- A promising new PFA development
- NZ is well on the way to doing this already - psychosocial support materials and workshops in 2008/09
- Conversations at this conference confirm it
- Further professional support to develop TTT and JIT models, and research evaluation to test efficacy