NNED Forum Call: Psychological First Aid and a Public Health Approach to Trauma

NNED Forum Call
Thursday, November 10, 2011
1:00 – 2:30pm ET

Sponsored by
The Substance Abuse and Mental Health Services Administration and
The National Institute on Minority Health and Health Disparities

Instructions for the Webinar

Audio:
866-642-3158
Passcode: 2709387
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Webinar ID: 743987642

Submitting Questions:
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Agenda

• Introductions and logistics
  – Suganya Sockalingam, PhD,
    NNED NFC Project Coordinator
• Psychological First Aid
  – Landa Harrison, LPC
  – Sandra Bloom, MD
• Q & A session
Other Trauma

PUBLIC HEALTH DISASTER

CHILDHOOD ADVERSITY, TOXIC STRESS, ALLOSTATIC LOAD, TRAUMATIC STRESS, TRAUMATIC BEREAVEMENT

WHAT IS PUBLIC HEALTH PRACTICE?

Organized efforts to prevent illness and improve health through programs in

Primary  Secondary  Tertiary

Prevention
1832-34 Cholera epidemic killed 150,000 Americans

In 1850, women had about a one in five chance of dying in childbirth.

19th Century breakthrough: germ theory of disease proposed that microorganisms are the cause of many diseases. Although highly controversial when first proposed, germ theory was validated by the late 19th century. Led to such important innovations as antibiotics, hygienic practices, modern medicine and clinical microbiology.

Universal precautions are techniques that assume everyone in an environment is at risk for spreading an infection and therefore risk should be minimized whenever possible.

Violent deaths occur for about 50,000 Americans every year.

Knowledge about trauma and its universality
Knowledge about childhood development and attachment
Knowledge about development and adversity
Knowledge about intersection of mind/body/spirit
1. CONTACT AND ENGAGEMENT

PSYCHOLOGICAL FIRST AID CORE ACTIONS

8. LINKAGE WITH SERVICES
7. INFORMATION ON COPING
6. CONNECTION WITH SOCIAL SUPPORTS
5. PRACTICAL ASSISTANCE
4. INFORMATION GATHERING: CURRENT NEEDS AND CONCERNS
3. STABILIZATION
2. SAFETY AND COMFORT
1. CONTACT AND ENGAGEMENT

CONTACT AND ENGAGEMENT

Establish a human connection in a non-intrusive, compassionate manner.

Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention.

Speak softly and calmly. Refrain from looking around or being distracted.

Find out whether there is any pressing problem that needs immediate attention. Immediate medical concerns have the utmost priority.

Share current accurate and up-to-date information, while avoiding exposure to inaccurate or re-traumatizing information via media, official updates, and informal conversations.

SAFETY AND COMFORT

Enhance immediate and ongoing safety, and provide physical and emotional comfort.

Encourage doing things that are active (rather than passive waiting), practical (using available resources), and familiar (drawing on well-learned behaviors that do not require new learning) - all strategies that can increase a sense of control over the situation.
Connected with immediate practical resources (ways to connect with loved ones).

Offer practical assistance and information to help survivors address their immediate needs and concerns.

Protect from more trauma – privacy, staying in content, engagement.

SAFETY AND COMFORT

ASSURE SAFETY

• Reduce threat – OVER STIMULATION – lights, noise
• Victimization represents a radical erosion of the capacity to trust
• Promote trust
• Promote mastery
 Psychological problems can hurt as much as physical problems.

When we are hurt, needs for attachment go WAY up – person is wide open so second injury more likely.

Victims experience a heightened sensitivity to the interpersonal distance of others because attachment system is highly activated.

Feelings of fright and helplessness may lead victims to cling to helpers after a trauma.

Helpers have often learned to detach and avoid excessive interpersonal interaction with patients.

Second injury is the victim’s perceived rejection and lack of support from others following the trauma.
**THINGS NOT TO DO**

- Rush to tell them that they will be okay or that they should just 'get over it'.
- Avoid talking about what is bothering them because you don't know how to handle it.
- Judge them to be weak or exaggerating because they aren't coping as well as you or others are.
- Give advice instead of asking them what works for them.
- Probe for details or insist that others must talk.

**IN ACUTE BEREAVEMENT THINGS NOT TO SAY**

- I know how you feel.
- It was probably for the best.
- Where better off now.
- It was his/her time to go.
- Let's talk about something else.
- You should work towards getting over this.
- You are strong enough to deal with this.
- You should be glad s/he passed quickly.
- That will help.
- It makes us stronger.
- You'll feel better soon.
- You did everything you could.
- You need to grieve.
- You need to relax.
- It's good that you are alive.
- It's good that no one else died.

**THINGS TO DO**

- Deep listening.
- Pay attention.
- Give accurate information and tell the truth.
- Ask how you can help.
- Help them problem-solve.
- Provide useful coping information.
- Give them something to do.
SAFETY AND COMFORT

SELF-MONITOR AND STAY CALM

SELF-MONITORING

STABILIZATION

Calm and orient emotionally overwhelmed or distraught survivors. Signs include:

- Looking glassy eyed and vacant – unable to find direction
- Unresponsiveness to verbal questions or commands
- Disorientation (e.g., engaging in aimless disorganized behavior)
- Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, rocking or regressive behavior
- Experiencing uncontrollable physical reactions (shaking, trembling)
- Exhibiting frantic searching behavior
- Feeling incapacitated by worry
- Engaging in risky activities
If anxiety is severe:

- Is the person alone or in the company of family and friends? If family or friends are present, it may be helpful to enlist their aid in comforting or providing emotional support to the distressed person.
- Alternatively, you may take a distressed individual aside to a quiet place, or speak quietly with that person while family/friends are nearby.
- What is the person experiencing? Is he/she crying, panicking, experiencing a “flashback” or imagining that the event is taking place again?
- When intervening, address the person’s primary immediate concern or difficulty, rather than simply trying to convince the person to “calm down” or to “feel safe” (neither of which tend to be effective).

If anxiety is severe, options include:

- Respect the person’s privacy, and give him/her a few minutes alone. Tell them that you will be available if they need you or that you will check back with them in a few minutes to see how they are doing and if there’s anything you can do to help at that time.
- Remain present, and offer a drink or chair, rather than trying to talk directly to the person, as this may contribute to cognitive/emotional overload.
- Make small talk, talk to other persons in the vicinity, do some paperwork, or in other ways demonstrate that you are occupied with other tasks but available should the person need or wish to receive further practical or emotional help.
- Offer support and help him/her focus on specific manageable feelings, thoughts, and goals.

If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if they know who they are, where they are, and what is happening.
- Ask him/her to describe the surroundings, and say where both of you are.
- Clarify what has happened and the order of events (without graphic details).
INFORMATION GATHERING AND CURRENT CONCERNS

1. Avoid asking for in-depth description of traumatic experiences, as this may provoke unnecessary additional distress.
2. Concerns about immediate post-trauma circumstances and ongoing threat
   - Do you need any information to help you better understand what has happened?
   - Do you need information about how to keep you and your family safe?
   - Do you need information about what is being done to protect someone else?

Do you need any information to help you better understand what has happened?
Do you need information about how to keep you and your family safe?
Do you need information about what is being done to protect someone else?

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you

- 1. Have had nightmares about it or thought about it when you did not want to? YES NO
- 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES NO
- 3. Were constantly on guard, watchful, or easily startled? YES NO
- 4. Felt numb or detached from others, activities, or your surroundings? YES NO

INFORMATION GATHERING AND CURRENT CONCERNS

3. Separations from or concern about the safety of loved ones
   - Are you worried about anyone close to you right now? Do you know where they are?
   - Is there anyone especially important like a family member or friend who we can contact for you?

4. Physical illness or medications
   - Do you have any physical or mental condition that needs attention?
   - Do you need any medications that you don’t have?
**UNIVERSAL PRECAUTIONS**

- Learn about the impact of trauma and be prepared to teach others
- Show interest, attention, and care
- Show respect for individuals' reactions and ways of coping
- Teach about expectable reactions to trauma and healthy coping
- Be free of expectations or judgments
- Acknowledge that overwhelming experiences can take time to resolve
- Help brainstorm positive ways to deal with reactions
- Believe that people are capable of recovery

**DO NO HARM**

- Do not make assumptions about reactions
- Show respect for individual ways of coping
- Compassion, not intrusion
- Promote trust, safety, mastery, calm
- Do not expect too little or too much too soon
MOBILIZE SOCIAL SUPPORT

PROVIDE BASIC INFORMATION

SUPPORT MASTERY BUT
DISCOURAGE DOING TOO
MUCH, TOO FAST

1. Pacing
2. Anticipate vulnerabilities
3. Reinvigorate social support
4. Gradually increase stress
5. Prevent re-traumatization
Be prepared to deal with loss associated with change.

Long-term vulnerability is not the same as "crippled."

Promote, support, encourage, reward movement – even a little bit.

Become aware of your own risks and your own limits.

Create and sustain a supportive interpersonal environment.

Develop a self-care plan and follow it.

Questions

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Announcement

Next NNED Forum Call on Trauma Informed Practice
Tuesday, December 8, 2011
1:00 – 2:00pm ET