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PSYCHOLOGICAL FIRST AID FOR PATIENTS IN CRISIS

Why Psychological First Aid?

Previously, when faced with a person who had just experienced a trauma, healthcare workers were encouraged to engage in debriefing with the person. Evidence now suggests that this approach could be more harmful than helpful, as it over-consolidates the painful and new memory in the person's mind and can even lead to increased rates of PTSD in the aftermath of a trauma. This phenomenon is due to stress hormones remaining too active during the direct aftermath, and debriefing efforts becoming toxic in effect and leading to poorer outcomes. Instead, it is

recommended that Psychological First Aid be the first port of call following traumatic situations.

Psychological First Aid is a baseline, evidence-informed support for patients who present in a crisis. It provides coping skills and fundamental support during times of extreme stress. Within our context, we come across many such individuals, who may have just experienced a traumatic situation. This isn't the time to provide deeper therapeutic theory and practices, as the person is likely still in fight-or-flight mode and requires more of a brief intervention.

Psychological First Aid can be done by anyone and is not only for professionals or mental healthcare professionals. It's not the same as professional psychotherapy or counselling, and doesn't rely on psychotherapeutic skills. Psychiatric or psychological training is not needed, although it does form the first step in a person's journey with these resources.

Patients can often feel better over the long term if they feel safe and connected to others following a trauma, with access to different types of support, including physical and emotional support. This type

of intervention enables individuals to regain a sense of control over time by being able to help themselves.

When to provide Psychological First Aid

Psychological First Aid entails the most basic, non-intrusive and pragmatic care, with an intense focus on listening only. It's important, during this First Aid, to assess what the patient requires on not only a psychological, but also a physical level, ensuring that their basic needs are met. It's defined as humane, offering practical assistance and care. These are practices that are not readily taught but are valuable when encountering clients of any nature who are in acute distress following exposure to traumatic stressors.

Both adults and children can benefit from Psychological First Aid, and not everyone who experiences a crisis event will want or need it. It is important not to force this care onto anyone who doesn't want it, but to make yourself available and accessible should they require it. Psychological First Aid would normally need to be done immediately following a traumatic event but can sometimes only take place a few days or weeks after, depending on the patient's access to treatment and care.

How to help

Psychological First Aid relies on a few core principles that are done sequentially. It's important, while adhering to these principles, to respect the patient's safety, dignity, and rights, and not to force them to analyse or detail the trauma that happened to them – this is what comes afterwards, through more intensive psychotherapy. Psychological First Aid also requires us to be aware of other emergency response measures that are needed, and to take them into account.

The principles of Psychological First Aid are as follows:

- **Prepare:** before engaging with the patient, learn about the event, available resources and supports, and any ongoing safety or security concerns. Ask the patient about these in a non-

obtrusive manner. If there are topics the patient is not ready to disclose around, be mindful of this and allow them the space to not feel pressured into telling their story with details, or even how they feel about what happened.

- **Look:** while assisting someone in psychological distress, observe where it is safe, and be on the lookout for individuals with obvious basic urgent needs, or serious distress reactions. Ensure the patient has a sense of safety by reducing any chaos and removing them from any potential threats to sit alone with you while you can listen to them actively. Reflect this evidence of safety to them.
- **Listen:** make yourself available to those who are needing support by making gentle contact with them and enquiring about their immediate needs and concerns in the moment. These may be as simple as a glass of water or to call a loved one for them. Listen to patients while they detail these needs and help them to establish calm through your own tone and manner. Encourage this sense of calm by being calm yourself, and by emphasising the present, what is practical, and what is impossible.

Create a firm connection by building on the relationship and providing simple things such as eye contact and undivided attention. Helping someone in crisis to feel calm may also entail assisting them if they are having a dissociative reaction, or describe that they feel "unreal", by asking them to make contact with - themselves (such as feeling their feet on the floor, or their fingers on the chair), their surroundings (by noticing sounds, smells, or sights around them), and their breath.

- **Link:** assist patients to address their basic needs and access the services that they require. This may involve referrals to Crisis Centres or police services, for example. Help patients in intense psychological distress to cope with their immediate problems and don't worry about dwelling on any emotional content unless it comes up

organically by the patient. Offer the patient basic information about what is to be expected in the immediate future, without becoming overly emotional or technical.

Assist these patients in connecting with their loved ones and being afforded social support. It's beneficial to involve the patient in the problem-solving and self-care process by recognising and reminding them of their existing strengths. Hope may be created by reflecting specific, accurate, and positive facts, as well as presenting the patient with information regarding predictable and realistic next steps. This may involve detailing what is likely to occur with the referral you have given and encouraging them to engage in social support on their journey.

In a nutshell, the process of Psychological First Aid is not dissimilar to medical first aid, where safety needs and basic needs are met first. Following this, active listening takes place with encouragement and validation of normative reactions and feelings, and assisting those in need with future steps and, if necessary, referrals to follow and what these may entail. After the dust of the trauma has settled – sometimes weeks or even months later, vulnerable people should be re-assessed and provided with appropriate referrals to mental health professionals if needed to further their trauma treatment. Until then, Psychological First Aid remains the gold standard of care following a crisis.

References available on request. MHM

