Psychological First Aid:

Supporting people affected by disaster in Australia

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Within this resource, the term ‘emergency’ is used and can apply to any form of emergency incident or disaster. Where the term ‘disaster’ is used, this is interchangeable to ‘emergency’ and connotations of one term over the other should not be made.

Contents

Foreword

This psychological first aid guide is for people working in disaster preparedness, response and recovery. It provides an overview of best practice approaches to psychological first aid following disasters and traumatic events.

In Australia, each state and territory has plans to deal with the health impacts of disasters. Included in these plans are arrangements that cover the mental health impacts of emergencies.

This guide sets out to simply outline how psychological first aid can be operationalised in Australia. The guide is also used in conjunction with psychological first aid training delivered by Australian Red Cross.

Emergency is the generic term used in Australia to describe disruptive and/or destructive events that cause loss of life, property and livelihoods, injury and damage to communities. For the individual this may mean the loss of:

- Loved ones or significant others
- Control over one's own life and future
- Hope and initiative
- Dignity
- Social infrastructure and institutions
- Access to services
- Property and belongings
- Livelihoods
- The natural environment, important cultural sites and other places of significance.

After an emergency, people can lose confidence in the norms, networks, and trust in the society that is supposed to protect them.[1] Until the late 1970s, the psychosocial aspect of emergencies was often ignored. Emergency management activities focused more on the rebuilding of towns damaged by floods, fire or storms and healing the physical wounds of those injured.

Disaster mental health and the identification of post-traumatic stress disorder led to a shift in approaches to emergency management. Responses during this period focused on applying clinical mental health skills in emergency settings, for which they were never intended.

It was then recognised that most people did not develop serious mental health issues after emergencies. Most people recover well with some basic support. This led to the development of psychological first aid as a primary tool for supporting people after an emergency.

It has been recognised both in Australia and internationally that psychosocial support in emergencies is best delivered as a community-based activity.[1] Providing coordinated psychosocial support in emergencies has now become a critical part of preparing for, responding to and recovering from an emergency.

This guide is in line with the following resources:

***A Guide to Psychological First Aid* (International Federation of Red Cross Red Crescent Societies, 2018) and *Psychological first aid: Guide for field workers* (World Health Organization, War Trauma Foundation and World Vision International, 2011).**

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Psychosocial reactions to crisis situations

People may experience strong emotional and physical distress reactions when faced with situations that result in death, or serious injury to themselves or others. Feelings of intense fear and thinking one may die or be seriously injured can also cause intense feelings of distress. These situations can be either directly experienced or witnessed. The loss of treasured belongings, community icons and connections to place also can cause psychosocial distress.

There are many different situations that may cause people to experience suffering and distress.

These may include situations such as:

- Personal crises
- Social challenges
- Health challenges
- Disasters caused by natural hazards
- Human caused disasters
- Violence
- Armed conflict
- Forced migration.[2]

Community-level crisis situations, such as disasters, armed conflict and forced migration have far-reaching and varied impacts on people and the communities they belong to, geographic or otherwise. The impacts of disasters affect all aspects of wellbeing, degrade quality of life and undermine the social connectivity of communities.[3]

Common reactions

How people react to difficult experiences depends on the nature of the experience, their resilience, their age and personality, their support system and usual coping methods, how much time has passed since the time of the event, and previous experiences.

However, there are some common emotional and physical distress reactions that can be expected immediately during and in the days, weeks, months or years after a crisis event.[4] These include, but are not limited to:

- Feelings of guilt, sadness, relief, anger, fear, anxiety, confusion, uncertainty, hopelessness
- Feeling numb, increased heartbeat, sweating, shaking, trembling or shortness of breath
- Difficulty making decisions and comprehending complex information
- Difficulty communicating clearly with others
- Feelings of helplessness or powerlessness
- Feeling overwhelmed.

Remember:[5]

- People do not all react at the same time or in the same way to a crisis
- Not everyone needs or wants support
- Witnesses to a frightening event may also be strongly affected and need support
- Some people are calm and do not react strongly at the time of an event, but have strong reactions later
- Some people have strong reactions, and can manage their situation on their own, or have support from other sources.

Stress

Stress is a state of pressure or strain that takes place in many different situations. It can be caused by any change – positive or negative. Stress is an ordinary part of everyday life. It is positive when it makes a person perform well, for example, in a test or exam. However, stress can also be negative and lead to distress and crisis.[6]

Distress

This is when someone is unable to cope with or adapt to the challenges or situation they are facing. Distress leads to physical and emotional discomfort and suffering. It can be caused by a one-off crisis event or from stress building up over time.[7]

Complex reactions[8]

Complex reactions are more serious than common reactions to distress. A person with complex reactions often needs referral for specialised help or other assistance.

Examples of complex reactions are:

Panic attacks and feelings of overwhelming anxiety can produce a faster heartbeat, shortness of breath, and pain in the chest. A person may sweat more than normal, feel dizzy or light-headed and feel like they want to be sick.

Anger and aggressive behaviour are familiar reactions to crisis in situations of violence, or when people have experienced immense losses.

Self-harm and suicide. Self-harm is when a person hurts himself or herself on purpose, for example, by cutting or burning their skin and flesh. Suicide is when someone intentionally takes his or her own life. It is important to always take someone who threatens to harm or kill themselves seriously and not leave the person alone until more help arrives.

Harmful coping methods include self-medicating with drugs or alcohol, becoming violent or aggressive, withdrawing or keeping oneself completely apart from other people.

Prolonged grief is when someone finds it hard to accept and adapt to the loss of someone they loved. The grief then affects how the person lives from day to day and how they relate to other people. It is not an immediate reaction. It develops over a period of time. It can also lead to extreme feelings of distress when the person experiences new challenges or is somehow reminded of their grief.

Sleeping problems are very common after crises. Many people find it difficult to fall asleep or experience nightmares. Some people sleep more than usual and find it hard to wake up. If sleeping problems go on for many days and nights, it can lead to physical and psychological problems. Severe sleeping problems interfere with daily living, moods and relationships with other people, and seeking support can be helpful.

Flashbacks are when a person feels as if they are back in the moment of the original stressful event. Flashbacks often feel real and can be confusing and frightening. They can be a normal reaction to abnormal experiences. However, the person may still need help to manage them.

Certain factors can increase the risk of developing complex reactions. For example if the person:

- Was separated from their family
- Thought they were going to die
- Was involved in a situation where the horror element was high
- Has had previous traumatic experiences
- Lost loved ones
- Has an underlying psychological disorder.

Feelings of anxiety and anger are common reactions to crisis. However, some people may experience intense or prolonged feelings that do not resolve as expected. These people may benefit from more specialised support.

Understanding psychological first aid

What is psychological first aid?

Psychological first aid is a psychosocial support activity that helps people affected by an emergency, disaster or traumatic event. It is a 'humane, supportive response to a fellow human being who is suffering and who may need support'.[9]

It includes basic principles of psychosocial support to promote natural recovery. This involves helping people feel safe, connected to others, calm and hopeful, and ensuring access to physical, emotional and social support.[10] Psychological first aid aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

Psychological first aid is useful as the first thing that you might do with individuals or families following a disaster. It is most widely used in the first hours, days and weeks following an event. However, there can be situations months or years after an event that trigger strong stress reactions, such as anniversaries of the event or experiencing or witnessing something similar which reminds someone of the stressful experience.[11] Psychological first aid can be a useful support activity at these times as well, many of which may take place years after the event.

Psychological first aid is based on an understanding that people affected by disasters will experience a range of early reactions (physical, psychological, emotional and behavioural). These reactions may interfere with their ability to cope.[12] These reactions are normal and understandable given people's experiences. Recovery may be helped by psychological first aid.

A small part of an affected population will have more complex reactions and will require further mental health support to assist recovery. But most people recover well on their own or with the support of compassionate and caring disaster workers, family and friends.

Psychological first aid has a long history.[13] It has become more popular since the emergence of research showing the dangers of critical incident stress debriefing.[14] Since 2002, psychological first aid has been recommended as a key part of the provision of psychosocial support following disasters.


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What psychological first aid isn't

It is important to clarify what psychological first aid is not to differentiate it from earlier forms of post-disaster support, most notably critical-incident stress debriefing.

It is not useful – and may be harmful – to directly encourage disaster survivors to talk about what happened to them if they do not want to. If a person wants to discuss their experiences, it is useful to provide them with support. But this should only be in a way that does not push them to discuss more than they want.[15]

Post-emergency settings are not clinical environments and it is inappropriate to conduct a clinical or psychological assessment within the setting.

It is important to limit contact at this point to simple support, like psychological first aid. People who display marked signs of risk (e.g. suicidal ideation) should be referred to formal mental health services.

Psychological first aid is:

- NOT debriefing
- NOT obtaining details of traumatic experiences and losses
- NOT treating
- NOT labelling or diagnosing
- NOT counselling
- NOT something that only professionals can do
- NOT something that everybody who has been affected by an emergency will need.

The aim of psychological first aid

Psychological first aid is fundamentally about providing humane and compassionate care. It addresses emotional and practical needs and concerns above all else.

An important aim of psychological first aid is to build people's capacity to recover. Psychological first aid supports recovery by helping people to identify their immediate needs and their strengths and abilities to meet these needs.

One of the most important research findings is that a person's belief in their ability to cope can predict their outcome. Typically people who do better after trauma are those who are optimistic, positive and feel confident that life and self are predictable, or who display other hopeful beliefs.[16]

The goals of psychological first aid include efforts to:

- Calm people
- Reduce distress
- Make people feel safe and secure
- Identify and assist with current needs
- Establish human connection
- Facilitate people's social support
- Help people understand the disaster and its context
- Help people identify their own strengths and abilities to cope
- Foster belief in people's ability to cope
- Give hope
- Assist with early screening for people needing further or specialised help
- Promote adaptive functioning
- Get people through the first period of high intensity and uncertainty
- Set people up to be able to recover naturally from an event
- Reduce the risk factors of mental illness such as posttraumatic stress disorder as a result of the event.

Five elements of psychosocial support

There are five basic elements to psychosocial support that have been drawn from research on risk and resilience, field experience and expert agreement.[17] These elements underpin the psychological first aid approach. When providing psychological first aid people should keep these principles in mind.

The elements of psychosocial support are:

- Ensuring safety
- Promoting calm
- Promoting connectedness
- Promoting self-efficacy and group efficacy
- Instilling hope.

1. Ensuring safety

People's experience of negative psychological reactions following disasters or mass violence will continue while they are under threat, in danger or perceive a threat to themselves or loved ones. Studies have shown this to be the case across cultures. When safety is reintroduced negative reactions have been shown to gradually reduce over time. Ensuring safety may include:

- Removing people from, or reducing their exposure to, the threat of harm
- Helping people meet basic needs for food, water, shelter, financial and material assistance
- Helping people obtain emergency medical attention
- Providing physical and emotional comfort
- Providing repeated, simple and accurate information, through a range of methods, on how to get these basic needs met.

2. Promoting calm

Some anxiety, distress and negative psychological reactions are normal and are healthy responses following a traumatic event. Most people will return to manageable levels of emotions within

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days or weeks. However, ongoing negative symptoms may lead to the development of longer term mental health disorders. It is important to normalise stress reactions. Other ways of promoting calm may include:

- Stabilising people who are overwhelmed or disoriented
- Providing an environment, as far as practical, removed from stressful situations or exposure to sights, sounds and smells of the emergency
- Listening to people who wish to share their stories and emotions, without forcing them to talk
- Remembering that there is no right or wrong way to feel
- Being friendly and compassionate even during difficult interactions with people
- Offering accurate information about the disaster or trauma and the relief efforts underway to help survivors understand the situation
- Providing information on stress and coping
- Reminding people when they express fear or worry, that more help and services are on the way (if you know).

3. Promoting connectedness

Following crises, having access to social support activities and networks increases opportunities for emotional understanding, knowledge to be shared, to normalise reactions, and solve problems. Research across cultures has found that social support is related to better emotional wellbeing and recovery following mass trauma. Re-establishing connections with loved ones and fostering social connections as quickly as possible in the aftermath of crisis is critical to recovery. Promoting connectedness may include:

- Helping people contact friends and loved ones
- Keeping families together
- Keeping children with parents or carers
- Helping establish contacts with support people (friends, family or community)
- Offering practical help to people to address immediate needs and concerns
- Providing information and directing people to those services that are available
- Linking people with available services
- Respecting cultural norms regarding gender, age, family structures and religion.

4. Promoting self-efficacy

Having a sense of control over positive outcomes in one's life is generally psychologically beneficial. Following crises people may feel as though they lack the competency to handle tasks ahead. Most survivors of disasters and mass violence had the capacity to cope with and manage day-to-day problems prior to the crisis. In the aftermath, it is not so much about building self-efficacy but reminding people of their efficacy. Promoting self-efficacy may include:

- Engaging people in meeting their own needs
- Assisting with decision making, and helping them to prioritise problems and solve them.

5. Instilling hope

Those who remain optimistic in times of crisis are more likely to experience favourable outcomes following trauma. This is because people can retain a reasonable degree of hope for their future. Instilling hope may include:

- Conveying an expectancy that people will recover
- Being there/being willing to help
- Reassuring people that their feelings are normal.

Self-efficacy is the belief that one's actions are likely to lead to positive outcomes, and feeling able to help oneself.

Providing psychological first aid

Who benefits from psychological first aid?

The sudden, disruptive nature of emergencies means that people will be exposed to uncertainty and stress. People will experience different degrees of distress. Any person in distress should have access to psychological first aid, where possible. This includes adults, adolescents and children, as well as disaster relief and recovery workers and first responders.

How people respond and cope depends on a variety of factors, including their experience of the emergency, their health, their personal history and their available supports.

Some people may have more complex reactions and may be more at risk of negative consequences than others. These may include those people who:

- Have had previous traumatic experiences
- Have underlying mental illnesses
- Were exposed to events where the horror element was high
- Thought they were going to die
- Have experienced traumatic bereavement
- Have had serious losses of property, livelihoods, or disruption to communities and networks.

There will also be some complex situations where people have an immediate need for more care than can be provided by psychological first aid. These people need to be promptly referred to specialised support. This includes people who are:

- Seriously injured and needing emergency medical care
- People who have suffered sexual and gender-based violence
- So distressed that they are unable to perform the basic activities of daily life
- Threatening harm to themselves or others.
- Children experiencing child abuse/ neglect.

It is important to remember that not everyone who experiences an emergency will have emotional distress or problems during or after the crisis. Not everyone who experiences a crisis will need psychological first aid. Some protective factors include:[18]

- Good level of functioning
- Social support
- Ability to cope
- Strong moral belief systems
- Returning to normal life
- Reducing disruption.

Some people will need much more support than psychological first aid. It is important that helpers know their limits and ask for help from others who can provide medical or other assistance when required.

Who delivers psychological first aid?

Anyone can provide support to people in distress. However, in large scale disasters psychological first aid should be delivered by appropriate agencies as part of coordinated response mechanisms.

This means that responses can be undertaken in a coordinated manner and that psychosocial support is provided as a key part of the emergency response.

In Australia, this coordinated response could include: health and allied health professionals, teachers and other education professionals, members of the clergy and other faith-based organisations, Red Cross psychosocial support volunteers, other trained responders from community organisations, and local government staff.

The principles of psychological first aid mean that support can be offered by a wide variety of people in the community – from emergency personnel to neighbours and volunteers – in addition to trained responders.

Psychological first aid is a humane, supportive and practical response to a person who has been exposed to serious stresses and may need support.[19] Most people responding to an emergency are able to provide this type of assistance, comfort and support to people in distress.[20]

The principles of psychological first aid are an important grounding for all emergency personnel responding to an emergency. Their primary focus will be on responding to the emergency. But these people are usually the first contact survivors have with the 'system'. So they have an important role to play in assisting in helping to promote recovery in safe and effective ways.

It is useful to differentiate between general psychological support and the way all emergency responders provide help in responsible ways. Responsible helping respects the dignity and capacity of survivors. The primary role of psychological first aid is to protect and promote the mental health and psychosocial wellbeing of survivors.

Where is psychological first aid given?

Psychological first aid can be delivered in diverse settings. Psychological first aid can be delivered at the scene of the emergency or at places where affected people gather, such as:

- Evacuation / relief centres
- Recovery centres
- Hospitals
- Humanitarian assistance centres
- Homes
- Schools
- Businesses
- Shopping centres
- Airports
- Train stations
- Memorial services
- Community centres.

When do you provide psychological first aid?

Psychological first aid can help at different times after a crisis event. Most people need psychological first aid during or shortly after a crisis. Others may feel distress much later: weeks, months or even years after an event. New challenges or reminders of the crisis, such as anniversaries of the date, may set off memories and lead to distress.[21]

Psychological first aid action principles[22]

When providing psychological first aid, the actions helpers take will depend on the situation and needs of the people being assisted. There are three basic sets of actions – **LOOK**, **LISTEN**, and **LINK** – that guide the psychological first aid approach.

These action principles provide guidance for how to view and safely enter an emergency situation and determine who requires assistance **(LOOK)** in order to understand the needs of affected people **(LISTEN)** and link them with the information and practical support they need **(LINK)**.[23]

It is important to note that in reality helpers may have to go through these actions in different ways and sequences.[24] For example, helpers may have to repeat actions from 'Look' or 'Listen' several times. It depends on the situation and needs of the affected persons.

LOOK

LOOK refers to the safety of helpers and identifying and prioritising who may be most in need of support.[25]

To do this, PFA helpers need to gather information on what has happened and what is happening, and assess.[26]

- Who needs help
- Safety and security risks
- Physical injuries
- Immediate basic and practical needs
- Emotional reactions.

LISTEN

LISTEN refers to the way that helpers communicate with people in distress from the moment they approach and start to interact with them.[27]

To do this, PFA helpers must consider how they:[28]

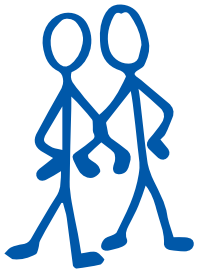
- Approach someone
- Introduce oneself
- Pay attention and listen actively
- Accept others' feelings
- Calm the person in distress
- Ask about needs and concerns
- Help the person(s) in distress find solutions to their immediate needs and problems.

LINK

LINK has practical outcomes in terms of the helper giving information and helping people attend to basic needs and access the resources they need to cope with their situation.

To do this, helpers support people to:[29]

- Access information
- Connect with loved ones and social support
- Tackle practical problems
- Access services and other help.



Preparing to provide psychological first aid in the field[30]

Many emergency situations can be stressful and often require urgent action. The more that people responding to the disaster know about the situation, and the better prepared each person is psychologically, the more effective the support will be.

Prior to providing psychological first aid in the field helpers should:

- Learn about the crisis event
- Learn about available services and supports
- Learn about safety, access and security concerns
- Consider their physical and mental preparedness.

Important questions to ask before entering an emergency site:

About the emergency event

- What happened?
- When and where did it take place?
- How many people are likely to be affected and who are they?
- How long did it go on for/will go on for?

About available services and supports

- Who are the relevant authorities managing the crisis?
- Who is providing for basic needs like emergency first aid, food, water, material assistance, shelter?
- Where and how can people access these services?
- Who else is helping? Are community members involved in responding?
- Is the Register.Find.Reunite. service active to help families reunite?

About safety and security concerns

- Is the crisis event over or continuing, such as aftershocks from an earthquake, or an unfolding flood event or high bushfire danger period?
- What dangers may be in the environment, such as debris or damaged infrastructure?
- Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?

About your own physical and mental preparedness

- Do you have everything you might need to be away from home/office (phone, charger, drink bottle, etc)?
- Have you let family members/friends know what you are doing and how long for?
- Have you made arrangements for children, people you are caring for and pets?
- Do you feel emotionally ready to provide psychological first aid?

Psychological first aid for children

Psychological first aid for children follows **the same action principles** as for adults. However, there are some key differences between helping adults and children, and some additional actions may be required.[31]

It is hard to focus on taking care of one's children during a crisis, if parents and other caregivers are also in distress and feel overwhelmed. Psychological first aid for children includes helping parents and caregivers, so that they can cope better and be able to support their children.

Look, Listen, Link for supporting children

'LOOK' with additional considerations and steps for supporting children:

- Information on what has happened
- Safety and security risks
- **Who the child is with or whether the child is alone**
- Physical injuries
- Immediate basic, practical and **protection needs**
- Emotional reactions.

'LISTEN' with additional considerations and steps for supporting children:

- Approach the child and introduce yourself
- Do not instigate touch
- Calm the child
- Pay attention and listen actively
- Accept and validate the child's reactions and feelings
- Ask about needs and concerns with **age-appropriate questions**
- Help the child find solutions to their immediate needs and problems.

'LINK' with additional considerations and steps for supporting children:

- **Assess the child's needs, with the child,** if possible
- Help the child access **protection** and services for basic needs
- Give **age-appropriate information**
- **If alone, connect the child with loved ones** and, if needed, **child protection services.**

Additional guidance for supporting children

- Keep together with loved ones
- When unaccompanied, link children with a trustworthy child protection network or agency. Do not leave the child unattended
- Do not allow offers of help with looking after children from unauthorised strangers
- Report child protection concerns to child protection authorities or, if not available, the police
- Report child protection concerns through government organisations chid safeguarding protocols.

Keep safe

- Protect children from being exposed to any potentially distressing scenes, like injured people or terrible destruction
- Protect children from hearing upsetting stories about the event
- Protect children from the media or from people who want to interview them who are not part of the emergency response.

Listen, talk and play

- Listen to children's views on their situation
- Try to talk with them on their eye level, and use words and explanations they can understand
- Support the caregivers in taking care of their own children
- If passing time with children, try to involve them in play activities or simple conversation about their interests, according to their age.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Psychological first aid for people with physical or mental health conditions or intellectual disabilities

The following points are important when assisting people who may have physical and/or mental health conditions or intellectual disabilities.

- Help people get to a safe space
- Ask people if they have any health conditions, or if they regularly take medication for a health problem
- Try to help people get their medication or access medical services, when available
- Stay with the person or try to make sure they have someone to help them if you need to leave. Consider linking the person with relevant support to assist them in the longer term[32]
- People with a disability, particularly a cognitive disability, may rely upon rigid routines in their lives. Disruption to these routines may make them highly anxious
- Face and speak directly to the person rather than through the companion, attendant or sign-language interpreter who may also be present. For example do not say “tell her...” or “can he...”
- Use ‘Person-First’ language in regards to disability. This means to put the person first rather than the disability they may have. For example, “John has an intellectual disability”, not “John is disabled.”
- Never speak about the person as if they are invisible, cannot understand what is being said or cannot speak for themselves. If a person requires an interpreter or carer to assist them in conversation, make sure there is enough time for the person to absorb information and respond on their own
- Disability can be obvious (e.g. walker/ wheelchair) or invisible (e.g. sight impairment/ intellectual disability). Don’t make assumptions about the person’s capacity, instead let the person with the disability direct you with regard to volume and speed of communication

- Allow for short breaks if a person needs extra time to process information
- Offer several different options for further contact. Some people may feel more comfortable with face to face interaction while others may prefer the telephone or email.[33]

Remember that people are resilient. With appropriate levels of support when needed all people have the ability to cope. Help people use familiar coping strategies and supports.

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Self care for people working in the field

Supporting people following an emergency can be very rewarding for those involved in the emergency response. However, it can also be very challenging and stressful. It is not uncommon for disaster workers to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated in the course of their work.

Stress is the body's way of getting energy to operate outside our normal comfort zone. Stress is caused by stressors, these can be internal, such as thoughts or feelings or external, such as poor health, conflict, noise etc. If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work.[34]

Reducing stress

Stress will not resolve spontaneously. People need to take steps to break the cycle of stress. It is important to identify what causes stress for you and put in place some steps to reduce stress. This sort of self care is especially important if we wish to support others during times of crisis.[35]

- Think about what has helped you cope in the past and what you can do to stay strong
- Try to take time to eat, rest and relax, even for short periods
- Try to keep reasonable working hours so you do not become too exhausted
- Consider, for example, dividing the workload among helpers, working in shifts during the acute phase of the crisis and taking regular rest periods
- People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all of their problems. Remember that you are not responsible for solving

all of people's problems. Do what you can to help people help themselves

- Minimise your intake of alcohol, caffeine or nicotine and avoid non-prescription drugs
- Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other
- Talk with friends, loved ones or other people you trust for support.

Look, Listen, Link for self care[36]

When providing psychological first aid to others, the principles 'Look, Listen, Link' can help you recognise risk factors in relation to your own wellbeing, what your personal limitations are, and what kinds of situations may be overwhelming or particularly stressful for you. This can help you to build awareness of your strengths and weaknesses as a helper, and know when to call for help from others.

The first step you can take in self care is in observing, or **LOOKing** at, your own reactions to the circumstances you are facing in responding to crisis situations. From experience we know that reactions are commonly related to staff and volunteers' working conditions and organisational issues, as well as to personal distress in seeing the impact of a crisis on affected populations.

Questions to consider:

- Are there physical, emotional, mental, spiritual or behavioural signs that may be a cause for concern?
- Have you noticed changes or new signs within yourself which could indicate a concern?
- Are certain symptoms not going away?

The next step is in **LISTENing** to how these reactions are impacting how you feel about your work. It is like listening to an inner voice.

Are you having thoughts similar to:

- "I am too busy to take a break"
- "This was too difficult for me. I don't really know what I'm meant to be doing"
- "I don't think I'm the right person to be here"
- "I'm not coping as well as everyone else"

LINKing with others or engaging in activities is the vital third step in helping you care for yourself. You may want to reach out for support from others, for example, through peer support or by contacting your team leader or manager. You might need to begin activities that will help you feel better as part of a self care plan such as taking walks, spending more time with your friends, or taking a regular break from work, etc.

Supporting your colleagues

Just as you can use 'Look, Listen, Link' to help you with your own self care you can use psychological first aid to support your colleagues.

This could include:

- Using the PFA Action Principles (Look, Listen, Link) to support a colleague who is distressed
- Keeping an eye on a colleague for signs of stress
- Listening to a colleague if they need to talk
- Helping a colleague to feel calm after a distressing experience
- Helping restore someone's confidence if they are feeling useless
- Referring a colleague for further support or assistance.

Useful organisations

Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN)
www.earlytraumagrief.anu.edu.au

Australian Institute for Disaster Resilience
www.aidr.org.au

Australian Psychological Society (APS)
www.psychology.org.au

Australian Red Cross
www.redcross.org.au

beyondblue
www.beyondblue.org.au

Department of Human Services (DHS), State Government of Victoria
www.dhs.vic.gov.au/emergency

Emerging Minds
www.emergingminds.com.au

Inter-Agency Standing Committee (IASC)
www.interagencystandingcommittee.org

International Committee of the Red Cross (ICRC)
www.icrc.org

International Federation of Red Cross and Red Crescent Societies
www.ifrc.org

International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support
www.pscentre.org

National Center for PTSD
www.ptsd.va.gov

National Child Traumatic Stress Network (NCTSN)
www.nctsn.org

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

Phoenix Australia – Centre for Posttraumatic Mental Health
www.phoenixaustralia.org/

Sphere Standards Humanitarian Charter and Minimum Standards in Humanitarian Response
www.spherestandards.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

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www.who.int

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Acknowledgments

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The first edition of the guide was based on discussions at the roundtable and material developed in the United States by the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the paper 'Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence' by Stevan Hobfoll and colleagues in 2007. The principal authors of the first edition were, Dr Susie Burke (Australian Psychological Society) and John Richardson (Australian Red Cross).

The second edition, released in 2013, included updated information on using psychological first aid in the field. This information was reproduced courtesy of the World Health Organization, War Trauma Foundation and World Vision International from the document Psychological First Aid: Guide for field Workers. The second edition supported Psychological First Aid training developed by Australian Red Cross in 2013. The principal authors of the second edition were Dr Susie Burke (Australian Psychological Society), John Richardson and Shona Whitton (Australian Red Cross).

This third edition, updated in 2019, includes further guidance on using psychological first aid in the field. This edition is informed by new material from the International Federation of Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support and six years of experience providing psychological first aid after crises in Australia.

The principle authors of the third edition were Shona Whitton (Independent Consultant for Australian Red Cross) and Dr Lyn O'Grady (Australian Psychological Society).

The first edition of the guide was informed by participants at the 2009 roundtable and those that have provided subsequent comments, including:

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End Notes

1 For more information see Inter-Agency Standing Committee 2007; International Federation of Red Cross and Red Crescent Societies 2009; van Ommeran, Saxena & Saraceno 2005

2 International Federation of Red Cross and Red Crescent National Societies, 2018, *A Guide to Psychological First Aid For Red Cross Red Crescent Societies*

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9 The Sphere Project and the Inter Agency Standing Committee

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13 For more information see Drayer, Cameron, Woodward & Glass 1954, Raphael 1977a&b and 1986.

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18 For more information see Johns Hopkins School of Public Health & International Federation of Red Cross and Red Crescent Societies 2008.

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Fundamental Principles

In all activities, our volunteers, members and staff are guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all people.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any me in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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