Early Psycho-Social Interventions for Individuals and Groups Affected by Community Disasters

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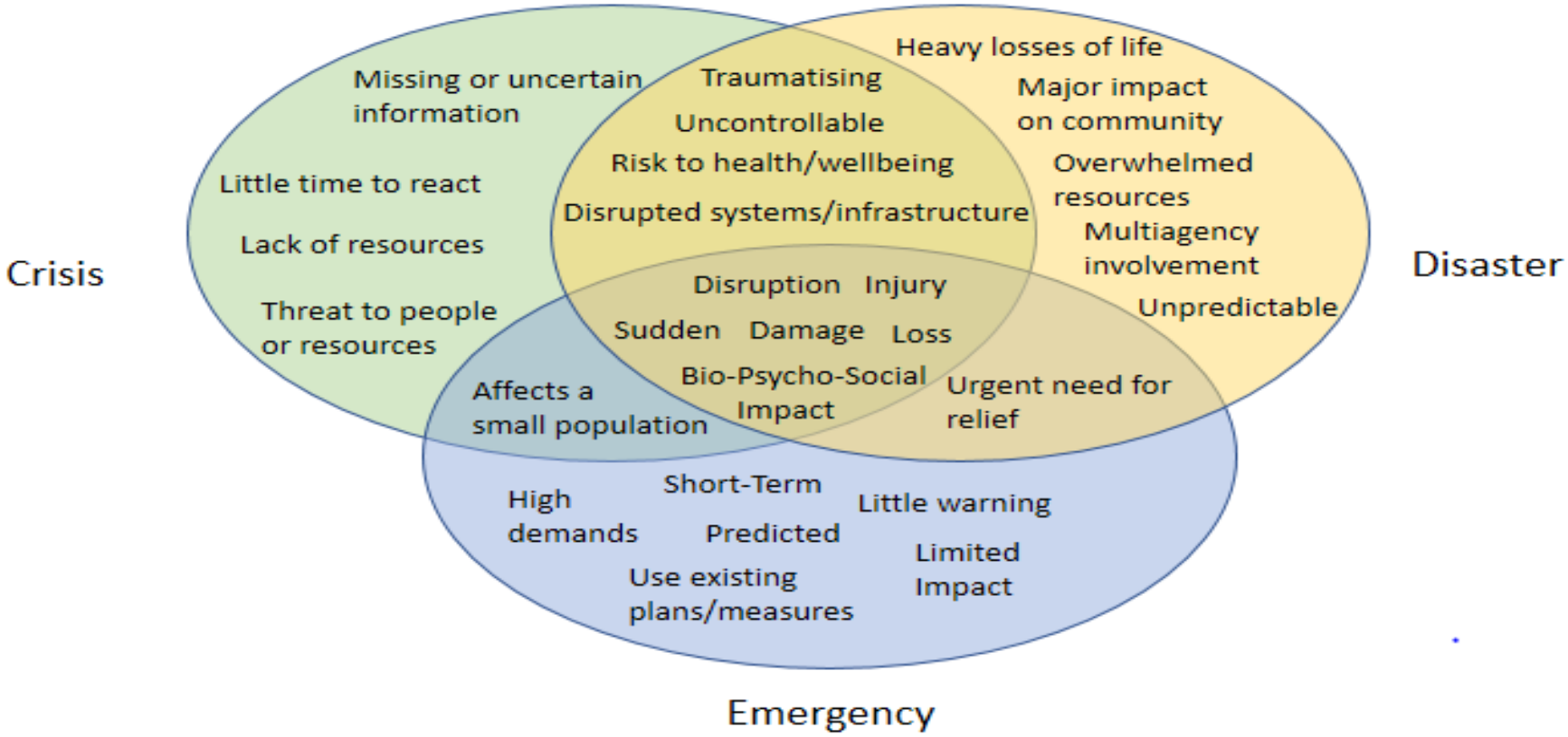
Background

- **Major incidents, crises and disasters are ever present affecting:**
  - Direct victims
  - First responders
  - Other Supporters
- **The Impact can include:**
  - Death, serious injury, loss of home, shelter, security and food
  - Social dislocation, loss of infrastructure, networks & liberty
- **Victims of Major Incidents, crises and disasters may experience:**
  - Long term mental health problems including epigenic transmission as well as secondary trauma, compassion fatigue and burnout
- **Responding involves:**
  - Planning to meet the physical, social and psychological needs of those involved
  - Taking account of the types of hazard, levels of exposure and vulnerable groups
  - Providing immediate practical and psychological support as well as longer term psychological interventions

Incidents, Emergencies, Crises & Disasters

(after Al Dahash et al., 2016)



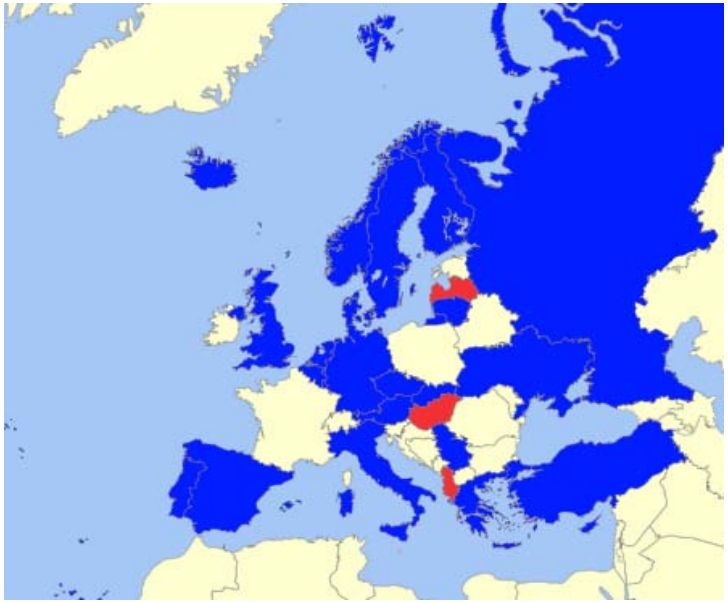
Planning and Preparation

- Goals of emergency planning are to maintain public safety, limit damage and protect the vulnerable
- In UK there is a legal requirement to undertake emergency planning
- The EFPA survey undertaken by the CDT standing committee has shown little input into disaster preparedness exercises or in assessing immediate and long term psychological impact or effectiveness of interventions
- A review of international disaster provisions shows preparation and responding to the psychological impact of disasters is often left to humanitarian and other NGOs rather than being part of a national or regional disaster response

Survey of Crisis, Disaster and Trauma Provisions in European Countries

This survey was started four years ago.

The final version is about to be released and we are hopeful that the member Associations will be able to take the lessons forward with the support of their EFPA representatives



efpa

A survey of the Crisis, Disaster and Trauma provisions in European Countries

The survey maps the existing psychological involvement in providing input and support in dealing with crisis, disaster, and trauma in Europe.

The information in this survey was provided by members of the Standing Committee for Crisis, Disaster and Trauma of the European Federation of Psychologists Associations.

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Psychologically Informed Planning and Support for Disasters

- Disasters can not be eliminated but the impact can be reduced if academics and practitioners from different disciplines work together
- Disasters such as global warming can be reduced through the efforts of scientists, engineers, educationalists, biologists, humanitarians, geographers, architects, agriculturalists, medics, economists, politicians and others
- Psychologists also have a role to play using their knowledge on influencing behaviours through communication and re-enforcement of public health messages
- For people to respond to the prospect of a disaster there is a need to challenge “unrealistic optimism” without causing a “helplessness”

Just in time or too late?

- Unless a disaster is imminent politicians, organisations and communities delay providing the resources to prepare for an event which ***might*** occur in the future despite having the knowledge and capacity to mitigate the risks.
- COVID-19 showed that where the risks become clear the funds were found to deal with the situation.
- UK Psychologists for the first time were asked to use their communications and persuasion skills to create impactful messages tailored for the needs of different audiences
- Rapid reviews to inform policies

Preparing to meet the public health challenge

- Preparing the public to recognise the three common responses to disasters
  - Anxiety, depression and PTSD
  - Trauma focussed responses
- Trauma awareness and skills for
  - Emergency service, health care, education, social work professionals

Levels of Trauma Awareness

- **Trauma Informed**: everyone in the organisation should have a baseline knowledge of trauma, how it affects people. They should recognise trauma responses in themselves and others and respond appropriately.
- **Trauma skilled:** be trauma informed and trained to deal with immediate needs of those affected by trauma, to protect them from further harm, to deliver appropriate early interventions and to make appropriate referrals
- **Trauma enabled**: to be trauma skilled and able to work with people affected by trauma and provide psychological interventions/counselling
- **Trauma Specialist** to be trauma enabled with a level of knowledge and skills to design and provide evidence-based interventions and treatment for those affected by trauma in an organisational setting

Disaster Preparedness Exercises

- **Discussion-based** exercises involve looking at an existing plan and considers strategic or tactical issues, resources, information and communications. The discussions can help to building networks and shared understanding.
- **Table-top** exercises are facilitated discussions where an emergency is presented allowing time for the participants to develop response strategies and actions. During table-top exercises additional information is provided to add to the reality and complexity to the decision making and learning.
- **Functional** exercises are fully simulated interactive exercises which are designed to test the capability of organisation to respond to simulated events. The exercise will test multiple functions of the organisation's emergency plan in terms of policies, procedures, roles and responsibilities before, during and after the incident.
- **Field** exercises simulate real events as closely as possible. These exercises are designed to test the operational capability of the emergency management systems in a highly stressful environment. They aim to simulate actual disaster response conditions and those involved need to be monitored. Field exercises involve mobilising emergency personnel, equipment and resources and typically are undertaken between multiple agencies

Dealing with the Immediate Human Needs

(Maslow, 1943).

Basic Need	Examples
Physiological	Means to maintain life, shelter, water, food, sleep, clothing
Safety	Security, health, resources, employment, freedom of movement
Social	Belonging, affection, family, friends, peers, relationships, love
Self-esteem	Recognition, respect, achievement, power, respect for others
Self-actualisation	Self-fulfilment, creativity, sense of purpose, ethical values

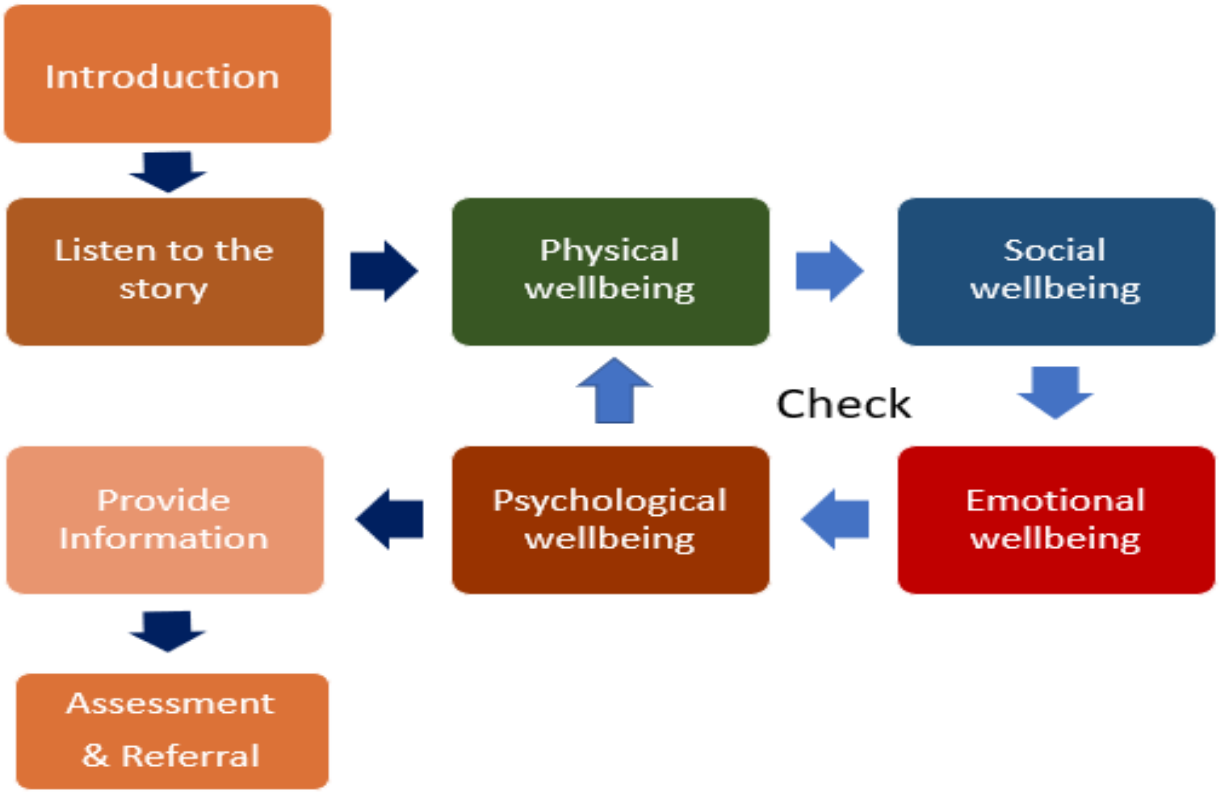
Basic Psychological Needs McCann & Pearlman (1990)

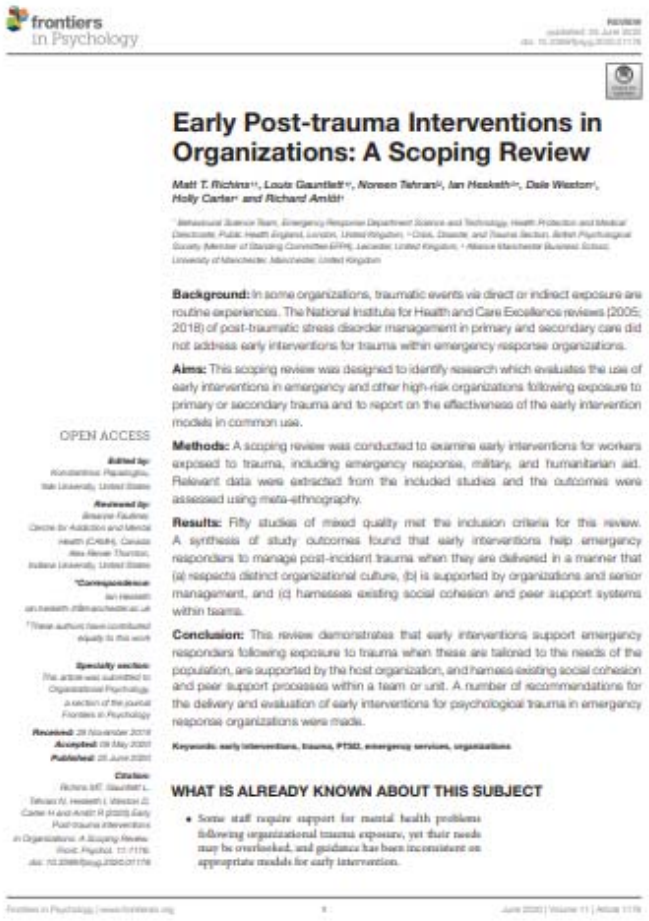
Psychological Need	Examples
Frame of Reference	To have a stable framework for understanding one's experiences
Safety	To feel safe and reasonably invulnerable to harm
Trust/Dependency	To believe others will meet one's needs to some extent
Esteem	To be valued by others, to be validated and to value others
Independence	To control one's own behaviour and rewards
Power	To direct or exert control over others
Intimacy	To feel connected to other individuals and the wider community

Psychological First Aid

- Combination of principles of Maslow. McCann & Pearlman were put together by Hobfoll and colleagues in 2007
- Many different versions have been developed
- Red Cross version has three elements:
  - Risk & needs assessment
  - Listening & responding to needs
  - Signposting & enabling
- Lack of evaluation and evidence of effectiveness

Demobilising & Defusing





frontiers in Psychology

REVIEW

Early Post-trauma Interventions in Organizations: A Scoping Review

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Background: In some organizations, traumatic events via direct or indirect exposure are routine experiences. The National Institute for Health and Care Excellence reviews (2005; 2018) of post-traumatic stress disorder management in primary and secondary care did not address early interventions for trauma within emergency response organizations.

Aims: This scoping review was designed to identify research which evaluates the use of early interventions in emergency and other high-risk organizations following exposure to primary or secondary trauma and to report on the effectiveness of the early intervention models in common use.

Methods: A scoping review was conducted to examine early interventions for workers exposed to trauma, including emergency response, military, and humanitarian aid. Relevant data were extracted from the included studies and the outcomes were assessed using meta-ethnography.

Results: Fifty studies of mixed quality met the inclusion criteria for this review. A synthesis of study outcomes found that early interventions help emergency responders to manage post-incident trauma when they are delivered in a manner that (a) respects distinct organizational culture, (b) is supported by organizations and senior management, and (c) harnesses existing social cohesion and peer support systems within teams.

Conclusion: This review demonstrates that early interventions support emergency responders following exposure to trauma when these are tailored to the needs of the population, are supported by the host organization, and harness existing social cohesion and peer support processes within a team or unit. A number of recommendations for the delivery and evaluation of early interventions for psychological trauma in emergency response organizations were made.

Keywords: early interventions, trauma, PTSD, emergency services, organizations

OPEN ACCESS

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WHAT IS ALREADY KNOWN ABOUT THIS SUBJECT

- Some staff require support for mental health problems following organizational trauma exposure, yet their needs may be overlooked, and guidance has been inconsistent on appropriate models for early intervention.

Scoping Review

- Agreed at my first EFPA meeting in London with Nicola Gale (2016)
- Carried out with support of EFPA, BPS, College of Policing and Public Health England
- Demonstrated the benefits of early interventions (including debriefing) in organisations

Intervention	Timing	Group/Individual	Number in Group	Delivered by	Length of Training	Structure	Evaluation
Critical Incident Stress Debriefing **(Mitchell, 1983),**	24-72 hours	Group only	3-20	2-4 Facilitators	2 Days	Introduction Facts Thoughts Reactions Symptoms Teaching Re-entry	Follow up after 24 hours and referral for trauma therapy as required
Psychological Debriefing **(Dyregov, 1989)**	24-72 hours	Both	8-15	2 Facilitators	2 Days	Introduction Expectations/Facts Thoughts/Decisions Sensory Impressions Normalisation Future Planning/Coping Review & Close	Use of screening during & after one month Referrals for trauma therapy as required
TRiM **(Jones, Roberts, & Greenberg, 2003),**	72 hours	Both	Max 8	2 Facilitators	2 Days	Aims/Introduction Before: Facts, Thoughts, Future During: Facts, Thoughts, Future After: Facts, Thoughts, Future Conclusion	10 item risk assessment Follow up after a month
Debriefing **(Tehrani, 2004)**	To follow defusing/PFA	Both	Max 12	2 Facilitators	2 Days	Introduction Facts – before, during, after Group Meaning Current Responses Information Future & Close	Use of screening during and at follow-up Referrals for trauma therapy as required
ESTIM **(Richins, Gauntlett, Tehrani et al., 2019)**	To follow defusing	Both	Max 12	2 Facilitators	4 Days	Introduction Facts Thoughts Reactions Wellbeing & Information Coping & Future Closing	Screening not included Follow up after a month Referral to OH as required

Similarities between early interventions

1. Introduction: Outline of purpose, structure of session, ground rules
2. Facts/Sensory Impressions: Sequential telling of story starting before, during to present
3. Thoughts/Decisions/Group Meaning: In all models but differences in how and when this is undertaken
4. Reactions/Symptoms/Current responses: All models -There has been a move away from exploring feelings due to the possibility of increasing negative responses
5. Normalisation/Education/Information: All models
6. Future expectations/Re-entry/Future Planning & Coping: All models
7. Follow-up and evaluation

Questions