

Innovations in Disaster Mental Health: Psychological First Aid

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Professional psychologists are called upon to deal with a broad array of crises and traumatic events. However, training and expertise in crisis response varies widely among practitioners, and there has been considerable controversy about the value of widely disseminated mental health crisis intervention protocols that include “debriefing” as an essential feature. This article gives an overview of the developmental process, guiding principles, and core actions of the *Psychological First Aid Field Operations Guide* (PFA Guide), which provides guidance for practitioners in responding to immediate mental health needs of children, adults, and families who have recently experienced a disaster or terrorist event. Issues in training, provider self-care, and evaluation research are also presented. The PFA Guide presents approaches thought to be most consistently supported by current research and practice so that they can be taught, used, and evaluated in field settings. Although we expect further refinement as more systematic research becomes available, the PFA Guide represents a sustained collaborative effort to define current evidence-informed best practices that can be utilized now by practitioners involved in disaster mental health responses.

Keywords: psychological first aid, crisis intervention, disaster mental health, best practices, disaster mental health training

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Major disasters such as Hurricane Katrina remind us all how large numbers of people can have their lives totally disrupted by events that injure or kill, destroy property, and cause emotional upheaval. Similarly, devastating events, such as serious accidents, residential fires, and domestic or interpersonal violence, occur regularly on a smaller scale, affecting perhaps a single family or individual. The pain and anguish caused by trauma elicits a natural impulse to help those who have endured tragic events. Professional psychologists may be asked to respond to the psychological needs of families or individuals in the immediate aftermath of such crises among existing clients or to become involved with new clients because of increased demand for trauma-focused services. Practitioners may also participate in disaster mental health activities as part of local, state, or regional response networks, such as the American Psychological Association's Disaster Response Network, the Medical Reserve Corps, or American Red Cross Disaster Mental Health Services teams.

Research has repeatedly demonstrated the strong short-term psychological and physiological impact of disasters. Research on risk and resilience in the aftermath of trauma provides insight into factors that help people cope adaptively or, conversely, lead to longer term decrements in functioning in social, occupational, or psychological domains. The big question is, What should we, as mental health experts, be doing in the near term to help people who have been exposed to highly traumatic events? As with most issues in mental health, the answer to this question is nuanced and qualified. Simply put, we do not yet have strongly validated mental health intervention protocols for responding in the first few hours or days following highly traumatic events. However, there is a sufficient evidence base to identify basic principles for disaster mental health interventions and to recommend specific actions that follow from these principles.

Development of Psychological First Aid Field Operations Guide

The concept of psychological first aid for individuals exposed to highly traumatic events has been used in the field of crisis management and disaster mental health for many years (Reyes, 2006), although more detailed explications are relatively recent (e.g., Pynoos & Nader, 1988). Interest in operationalizing this concept accelerated in the past few years as behavioral health considerations have begun to play a more prominent role in overall disaster and crisis response efforts as the United States has had to face a series of catastrophic disaster and terrorism events.

In response to the pressing need for structured guidelines for providing early psychosocial assistance to children, adults, and families in the aftermath of disaster and terrorism, the National Child Traumatic Stress Network collaborated with the National Center for Posttraumatic Stress Disorder to develop the *Psychological First Aid Field Operations Guide* (hereafter referred to as *the PFA Guide*; Brymer et al., 2006).¹ An important aspect of this joint effort is that it combined the knowledge and experience of both child and adult disaster mental health experts, thereby allowing for a single field operations guide that covered the full spectrum of age ranges. Although a core group of experts drafted the PFA Guide, many national and international constituents reviewed and contributed in important ways to its development and refinement. This development process included (a) a 2-day intensive

face-to-face review meeting involving more than 25 disaster mental health researchers, disaster relief professionals, and disaster survivors (held on March 31–April 1, 2005); (b) an online survey of the first cohort that used the PFA Guide in various field settings; and (c) repeated review of drafts by disaster mental health specialists. Thus, the PFA Guide provides guidelines for action in postdisaster settings based on the accumulated wisdom of a wide cross-section of groups and individuals with personal and professional experiences in disaster mental health.

Overview and Evidence Base for PFA Guide

PFA represents an evidence-informed modular approach for assisting children, adolescents, adults, and families in reducing the initial distress caused by catastrophic events and in fostering short- and long-term adaptive functioning. The principles, objectives, and techniques of PFA are designed to meet four basic standards:

1. Consistent with research evidence on risk and resilience following trauma.
2. Applicable and practical in field settings.
3. Appropriate for developmental levels across the lifespan.
4. Culturally informed and deliverable in a flexible manner.

PFA is intended for use by mental health and other disaster response workers who provide assistance under the auspices of a variety of disaster relief agencies and organizations. It is also designed to be appropriate for use in diverse settings, including general population shelters, field hospitals, and medical triage areas; staging areas; schools; hospitals; homes; feeding locations; disaster assistance service centers; family reception and assistance centers; and other community settings. Careful attention was paid to ensure that PFA embodied a sound developmental, cultural, and ecological perspective (Pynoos, Steinberg & Wraith, 1995; Saltzman, Layne, Steinberg, Arslanagic, & Pynoos, 2003).

Introductory sections of the PFA Guide include information for providers on professional behavior in delivering services, behaviors to avoid, confidentiality in postdisaster settings, and special guidelines for working with children and adolescents, older adults, and survivors with disabilities. Material is included on planning and preparation for entering different settings, providing PFA in groups, sensitivity to culture and diversity, and awareness of at-risk groups.

Intervention strategies of PFA are grouped conceptually into eight modules described as *core actions*. Within each core action, PFA offers a variety of specific recommendations for working with disaster survivors, depending on the individualized needs of the survivors and the context in which services are offered. The rationale for each core action rests on theory and research on stress, coping, and adaptation in the aftermath of extreme events. Five basic principles that have received broad empirical support for facilitating positive adaptation following trauma guided the

¹ The order of authors for the PFA Guide was determined by alphabetical order: Melissa Brymer, Christopher Layne, Anne K. Jacobs, Robert Pynoos, Josef Ruzek, Alan Steinberg, Eric Vernberg, and Patricia Watson.

selection of PFA strategies and techniques: (a) promoting sense of safety, (b) promoting calming, (c) promoting sense of self- and community efficacy, (d) promoting connectedness, and (e) instilling hope (Hobfoll et al., 2007).

Contact and Engagement

The goals of this core action are to respond to and initiate contacts in a nonintrusive, compassionate, and helpful manner; maintain a calm presence; and be informed about cultural norms and local customs in preparing to interact with survivors (e.g., Rao, 2006). At a very basic level, exposure to highly traumatic events induces a sense of disbelief and disconnection from normal human experience. Initial contact with a survivor by a PFA provider is intended to begin a process of reengaging in social contacts that are respectful, predictable, and familiar (Borja, Callahan, & Long, 2006; Kaplan & Sadlock, 2003). A positive initial contact, even if very brief, also establishes the PFA provider as a source of help and compassion.

Safety and Comfort

This core action includes strategies to enhance a survivor's immediate and ongoing safety and to help provide both physical and emotional comfort. This includes providing and clarifying risk-related information, giving information about the current disaster response and available services, and protecting survivors from unnecessary exposure to additional traumatic events and trauma reminders. The section also addresses high-risk circumstances, such as when children are separated from parents/caregivers, when a family member is missing or has died, and when death notification or body identification is necessary. To address a survivor's emotional comfort, a PFA provider may have to confront issues of acute grief reactions, traumatic grief, child and adolescent understanding of death, and how death of a parent/caretaker affects children differently depending on their age. Specific strategies are presented to address spiritual and practical issues that typically arise in circumstances where there has been a death of a loved one, including appropriate referral to a religious professional.

Physiological and psychological responses to trauma are often profound, activating biological pathways involved in fight/flight/freeze responses and associated cognitive and emotional features such as intense fear, dissociation, and overwhelming feelings of helplessness (Lawyer et al., 2006). PFA strategies are intended to help survivors begin the process of deactivating these physiological responses and accompanying psychological repercussions as quickly as possible once imminent threat has passed.

Extreme events also challenge psychological and biological systems involved in attachment, separation, and loss (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003). Worry about loved ones is a prominent feature of postdisaster reactions, as is a strong desire to protect loved ones from harm. PFA strategies and techniques in this core action are intended to address issues of accounting for or locating family members, immediate safety concerns, and to give survivors as much capacity as possible to serve their natural roles in attachment relationships such as comforting and protecting loved ones and, in some instances, coping with loss and grief.

Stabilization

Although it is assumed that most individuals affected by disasters will not require stabilization, this section provides a variety of strategies to help calm and orient emotionally overwhelmed children and adults when necessary. For individuals who are having extreme difficulty either orienting to the environment or managing overwhelming emotions, PFA offers "grounding techniques" such as reality reminders to bring individuals to the relative safety of the present time and promote calming, which can reduce trauma-related anxiety that can generalize to many situations, as well as reduce high arousal, numbing, or emotionality. These interventions seek to prevent the possible negative outcomes of overwhelming anxiety or dissociation, which has been shown to interfere with sleep, eating, hydration, decision making, and performance of life tasks and to lead to panic attacks, dissociation, posttraumatic stress disorder (PTSD), depression, anxiety, and somatic problems, if prolonged (Harvey, Bryant, & Tarrier, 2003; Shalev & Freedman, 2005).

Information Gathering

Because PFA focuses on providing the most efficient and helpful assistance for the survivor, information gathering to identify immediate needs and concerns is the foundation for all other PFA core actions. Once the PFA provider gathers information about the survivor's current needs, the PFA Guide includes specific courses of action that can be pursued in relation to information obtained. Categories included in the information gathering section are based on empirically based pre-, peri-, and postevent risk factors, with the recommendation noted not to apply these factors in a prescriptive fashion, but rather use them as guideposts for the following.

1. *Identifying problems that require immediate attention.* These include concerns about immediate postdisaster circumstances and ongoing threat; separations from or concerns about the safety of loved ones; acute physical health and mental health needs, including access to medication; thoughts about causing harm to self or others; and extreme feelings of guilt and shame. This also involves assessing the extent to which early responses interfere with adaptive functioning and with core physiological functions.

2. *Monitoring high-risk individuals for future interventions.* Key pre-, peri-, and postevent risk factor categories are given to identify potential at-risk individuals and families who may warrant monitoring over time, including those with prior alcohol or drug abuse, prior exposure to trauma or death of loved ones, prolonged or intense exposure to trauma during the disaster, and history of mental health problems.

3. *Identifying target risk and resilience factors that can be addressed in other PFA modules.* Risk factors related to social support and ongoing postevent stresses, for example, predict the development of long-term problems and can potentially be modified if identified in the immediate phase posttrauma. Early guidance may also be able to identify and prevent negative cognitions, which are associated with the development of PTSD and depression. Information gathering may also identify existing strengths and resources that can be used to address current adversities.

Initial responses expressed following trauma are labile, intense, and highly reactive to ongoing circumstances, and reactions ex-

pressed may not reflect psychopathology. Therefore, it may be difficult to differentiate between individuals who may benefit from intervention and those for whom normal healing processes are already operating and sufficient assistance is already being provided by natural support resources. Based on research and experience following disasters, expert consensus recommends focused, flexible interventions in the early phases following mass trauma, which require gathering information to be responsive to the needs of individuals. This consensus also suggests addressing developmental and cultural issues and being sensitive and responsive to the experience of the person who is traumatized. PFA seeks to follow these recommendations by making the information gathering process conversational, flexible, and tailored to the timing and needs of individuals being assisted. In clarifying disaster-related traumatic experiences, the PFA provider should avoid asking for in-depth description of traumatic experiences as this may provoke unnecessary additional distress (Deville, Gist, & Cotton, 2006; Lilienfeld, 2007). It is especially important to follow the lead of the survivor in discussing what happened during the event. Individuals should not be pressed to disclose details of any trauma or loss. On the other hand, if individuals are anxious to talk about their experiences, let them know politely and respectfully that what would be most helpful is to get some basic information to be able to help with what is currently needed and plan for future care. Let them know that the opportunity to discuss their experiences in a proper professional setting can be arranged for the future.

Practical Assistance

This core action addresses a variety of areas where practical assistance may be needed, along with strategies to help children and adults identify their most immediate needs or problems, clarify these, discuss an action plan, and provide assistance in acting to address the need. Where several needs are identified, the PFA Guide gives strategies for prioritization and staging of action plans.

Providing practical assistance is one of the primary functions of PFA because disaster research has repeatedly revealed that those who lose the most personal, social, and economic resources are the most devastated by mass trauma, and those who are able to sustain their resources have the best ability to recover (Benight, 2004; Galea et al., 2002; Norris & Kaniasty, 1996). Self- and collective sense of efficacy are themselves personal resources that are likely to be diminished by mass trauma (Benight, Swift, Sanger, Smith, & Zeppelin, 1999; Hobfoll, 2001) and are made more effective by assisting individuals to obtain practical, personal, and environmental resources that help reverse the downward spiral toward feelings of being overwhelmed and unable to cope. Therefore, while assisting individuals to get practical needs met may not appear to be a psychological intervention, its effects have profound implications for psychological recovery following disasters.

Connection With Social Supports

The aim of this core action is to assist children, adolescents, and adults in enhancing their access to primary support persons or other sources of support. This core action includes helping survivors understand the different types of social support and how they can seek or give support.

PFA's focus on connecting individuals and families with social supports is based on research indicating that social support is related to improved emotional well-being and recovery following mass trauma (Bleich, Gelkopf, & Solomon, 2003; Litz, Gray, Bryant, & Adler, 2002; Rubin, Brewin, Greenberg, Simpson, & Wessely, 2005; Stein et al., 2004; Vernberg, La Greca, Silverman, & Prinstein, 1996). Promoting social connectedness has many benefits, including increasing opportunities for knowledge essential to disaster response; providing opportunities for a range of social support activities such as practical problem-solving, emotional understanding, and acceptance; sharing and normalization of traumatic experiences; and mutual instruction about coping (Norris, Friedman, & Watson, 2002; Prinstein, La Greca, Vernberg, & Silverman, 1996; Vaux, 1988). PFA provides a variety of strategies to keep individuals connected to family and loved ones and to identify and facilitate connections for those who lack strong support. PFA also includes information to address discordance among family members that may stem from differences in the type and magnitude of exposure to trauma, loss, and subsequent adversities or differences between family members' personal reactions to trauma and loss reminders. If not addressed when necessary, support systems may inadvertently provide undermining messages, such as blaming or minimization.

Information on Coping

The aim of this core action is to provide psychoeducation to survivors about stress reactions and coping to reduce distress and promote adaptive functioning. To facilitate this goal, the PFA Guide includes basic information about stress reactions and strategies for talking with children, adolescents, and adults about physical, behavioral, and emotional reactions. Information on adaptive and maladaptive coping is described, along with brief relaxation techniques that can be used in acute postdisaster settings. An important part of this section focuses on families, including information on the need to establish routines to the extent possible, the importance for family members to be understanding and tolerant of differences in their reactions, and strategies for coping with acute developmental disruptions. This section also includes information about anger management, addressing highly negative emotions (e.g., guilt, shame), sleep problems, and acute problems with alcohol and substance use.

Providing information on coping seeks to promote both a sense of self-efficacy and of hope. Promotion of self-efficacy has been shown to increase people's beliefs about their capabilities to manage stressful events, regardless of their magnitude or intensity (Benight & Harper, 2002; Benight et al., 1999). Instilling hope has been identified as a crucial component of postdisaster intervention because those who maintain optimism, positive expectancy, a feeling of confidence that life and self are predictable, or other hopeful beliefs typically fare better after experiencing mass trauma (Antonovsky, 1979; Carver, 1999; Ironson et al., 1997; Solomon, 2003).

PFA therefore utilizes the growing research base on efficacy and hope, which supports the following interventions: remind individuals of their efficacy; encourage positive coping and reduce negative coping; enhance sense of control over ongoing stresses; teach individuals and families to problem solve and set achievable goals, so they have repeated success experiences; and identify, amplify,

and build on already exhibited strengths (Bryant, Harvey, Dang, Sackville, & Basten, 1998; Foa, Hearst-Ikeda, & Perry, 1995; McMillen, Smith, & Fisher, 1997; Seligman, Stein, Park, & Peterson, 2005)

Linkage With Collaborative Services

This core action links survivors with available services needed at the time and in the future. This includes using appropriate referral procedures and resources, and promoting continuity of services. Linking individuals with collaborative services increases a sense of hope that additional resources are available to an individual following the initial phase of a disaster. Because many individuals are unlikely to seek mental health services on their own following disasters (Wang et al., 2008), PFA seeks to increase the possibility of help seeking by offering early assistance that is practical and immediately helpful. This may give a positive view of mental health services in general, as well as educating individuals about when to seek help, destigmatizing help seeking, and providing information, and individual assistance if necessary, on how to connect to services available in the community.

Appendices and Handouts

A number of handouts are included in the PFA Guide that provide information for children, adolescents, adults, and parents/caregivers about common reactions after disasters; seeking and giving support; positive and negative coping strategies; tips on assisting children at the infant/toddler, preschool, school-age, and adolescent levels; basic relaxation techniques; alcohol use and abuse after disasters; and self-care strategies for providers implementing the PFA protocol. These materials provide important information that survivors can use as a written resource over the weeks and months of recovery.

Practice Example: Using Psychological First Aid After Hurricane Katrina

The following vignettes do not constitute proof of effectiveness of PFA but are offered to illustrate how the PFA Guide may be used in a field setting as a framework for disaster mental health contacts. As I (Joy D. Osofsky) and my colleagues implemented PFA on the flooded streets in New Orleans with first responders, their families, and distraught residents, we found that this method of intervention is one that well-trained professionals can naturally include in their work. For example, we routinely went through the steps of PFA in our encounters with first responders and their families on the cruise ships that provided temporary living quarters. We initiated contact in a low-key, respectful manner and listened carefully to assess the situation. We then gathered additional information by asking questions as needed. We provided support and helped with problem solving. Although there were few resources available at that time, we connected them with those that were available and, again, problem solved when resources could not be found. Finally, we supported their resilience by helping them develop a sense of routine and normalcy in this now abnormal post-Katrina world.

There were many poignant incidents that illustrated how we used PFA strategies. One was an encounter with a police officer,

his wife, and 15-year-old daughter. I was standing at the pursar's office on the cruise ship trying to find out where I could make some copies of materials on the effects of trauma and the limited resources that were available when I noticed that the police officer and his wife were visibly distraught. Using PFA contact and engagement strategies, I introduced myself as part of the disaster relief team from Louisiana State University (LSU) Health Sciences Center and asked if I could be helpful to them. At first, they denied there was a problem. I said that I knew how hard it was for so many of the officers and their families who had lost their homes and possessions. I also asked where their daughter would be going to school, knowing that none of the schools in Orleans Parish were open. He then said angrily, "I am fine. It is all her problem." After listening to his anger, I said that I knew it was very hard now with all of the changes in their lives and all they had lost. Then he started talking, noting several concerns represented in the PFA information gathering module. He said that not only had they lost their home, but also his wife had lost her job. He said she was unhappy because they feared that all of their years of effort, hope, and expense for their daughter's education would be lost and she would not be able to go to college. They said that she had already missed a month of school and that the very good high school she went to was not going to open soon. They felt hopeless and angry. As I listened, we were able to sort out together what they could do for themselves and for their daughter using practical assistance strategies. We discussed the various options for schools in neighboring parishes. I gave them information that we had about school enrollment that was being done for families on the cruise ship. We talked about where they might be able to get the clothes they needed for their daughter to go to school since they had all lost their clothes and all of their possessions in the flood. They were not ready to think about where they might live and whether they might rebuild their house, as it was too early after the crisis. However, after talking together for 45 min and trying to problem solve, they were able to see a "dim light" at the end of the tunnel. I told them I would be on the cruise ship and would be glad to follow up with them if it might be helpful.

Our trauma team from LSU Health Sciences Center had many similar encounters in which we used PFA strategies and principles every day for many months following Katrina. Opportunities to utilize PFA core actions often arose in the context of naturally occurring contacts that led to follow-up meetings to address needs identified in an initial encounter. For example, after living and working with first responders on the cruise ship for about 4 months, I encountered two officers as I was entering the boat one afternoon. After being greeted with "Hello, Doc," I joined their conversation about where they might be living after the cruise ship left. One officer had just bought an apartment in the neighboring parish now that the residency requirement for officers had been lifted. However, the other officer pointed to the boat, saying this would be his home. Knowing that the boat would be leaving in 2 more months, I wondered with him what his options for living arrangements might be. He really was not ready to try to deal with the issues of grief and loss that accompanied all he had lost. Also his wife and children were living in another community and he really did not know where he would live. We agreed that we would meet again in a week to consider options further, look at available resources, and try to problem solve together.

We learned on the flooded streets of New Orleans, in the command center in Baton Rouge, on the docks and on cruise ships in Julia Street Harbor, at the staging area for first responders in front of Harrah's Casino, and on the ninth floor temporary room that became the police "headquarters" that the approaches described in the PFA Guide fit well with our efforts to provide disaster mental health services. We were able to refer to the core actions of PFA as a guide for engaging survivors in a respectful manner, to offer immediate crisis intervention, and to address ongoing difficulties. We often used PFA to support connectedness, especially of families, build self-efficacy, and find ways to support hopefulness in an extremely difficult environment.

Implications for Professional Psychologists

Training and Professional Development

A brief review of the recent trauma research and literature reflects the challenges facing modern day disaster mental health workers. Some widely utilized techniques and programs have been called into question while no clear alternative has been offered. We are faced with a growing awareness that the best of intentions do not necessarily lead to the best of outcomes. While researchers and academicians continue to labor over the implications of these findings, relief workers must confront disasters as they continue to occur. The PFA Guide was created with the intent of utilizing the available knowledge on trauma responses and resilience and of packaging it in a coherent, organized, and succinct manner, thereby allowing it to be readily used by providers with brief training. Most PFA providers will have a background working in mental health and many will have experience in disaster mental health. For some providers, the benefit of the PFA Guide will largely be having a reference guide and an increased sense of confidence in their actions while in the field.

The inclusion of strategies and developmental concerns for individuals across the lifespan is an important element of the PFA Guide. Often mental health professionals work primarily with a restricted age group: children/adolescents, adults, or the elderly. Training in PFA gives providers the tools they need to work effectively on a short-term basis with survivors of all ages. Furthermore, suggestions for applying PFA principles with individuals, families, and other groups allows providers to maximize their training experience when they work in the field.

The evolution of PFA training is ongoing. The National Child Traumatic Stress Network (NCTSN) Terrorism & Disaster Working Committee has formed a PFA Training Subcommittee to refine the training structure and materials based on feedback from previous workshops. Generally, providers are asked to become familiar with the PFA Guide before attending a half-day or full-day workshop. The workshops use a variety of presentations and interactive techniques in order to incorporate diverse learning styles and capture the flexible manner in which PFA must be provided in the field. Workshop participants can expect to have some of the material delivered in lecture, view slides, and video vignettes of the application of PFA techniques and be active in the learning process through exercises such as small group discussions and role plays. Closely aligned with the PFA training are the evaluations under development to help measure changes in providers' knowledge, attitudes, and observable behaviors (in simu-

lations) following the training. As it was with the creation of the PFA Guide itself, the trainings were based on and continue to be modified according to the latest available research.

Other materials and opportunities for professional training in providing PFA are currently available, and preparation of additional materials is underway. These include a series of 16 educational video vignettes, entitled *Responding to Crisis in the Aftermath of Disasters*, designed to teach professionals and paraprofessionals specific intervention strategies for use with children, adolescents, and adults in the aftermath of a terrorist event or disaster. The vignettes were developed by the NCTSN and the National Center for Posttraumatic Stress Disorder and are available for viewing on both agencies' Web sites (www.nctsn.org and www.ncptsd.va.gov, respectively). The vignettes are consistent with PFA and current disaster mental health practices and demonstrate evidence-informed intervention strategies with children and adults after a terrorist event or disaster. Topics addressed in the vignettes include parent/child assessment, psychoeducation, problem solving, cognitive restructuring skills, anxiety management, managing trauma and loss reminders, classroom intervention, and dealing with acute grief reactions.

Additional materials are also being developed that will allow providers to conduct postdisaster services that extend beyond what PFA supports. As reflected in the practice example, some survivors may need more extensive services. Skills for Psychological Recovery, is an evidence-based, modular intervention protocol designed to help children, adolescents, adults, and families in the weeks and months following disasters and terrorist events—the period immediately following the acute phase for which PFA is designed. Core actions of Skills for Psychological Recovery include (a) gathering information and prioritizing assistance, (b) providing information about coping skills, (c) building problem-solving skills, (d) building positive thinking skills, (e) enhancing skills to manage distress reactions, (f) promoting positive activities, and (g) enhancing social support skills.

Self-Care for Providers

The PFA Guide contains a section on provider self-care that includes suggestions to help providers before, during, and after disaster relief work. The section initially focuses on circumstances in four different areas (personal, health, family, and work) that should be considered by potential providers before agreeing to deliver PFA in postdisaster settings. For providers who feel they have a firm footing from which to offer disaster services, an outline for a Personal, Family, Work Life Plan is presented. This is designed to help providers plan ahead for various responsibilities in their everyday lives that will likely be interrupted while they are in the field. Information for providers to use during relief work includes stress reactions that are common when working with survivors, extreme stress reactions that warrant seeking additional help, and specific activities that providers should engage in and avoid while providing services. Self-care does not end once the disaster relief work is over. The provider self-care section contains suggestions to help providers reintegrate with their families, personal support systems, and work after they have worked with survivors.

An additional strength of the provider self-care section is the information for those working on an organizational level to recruit

PFA providers. Organizations can create supports and policies to help mitigate the extreme stress that providers may face in the field from the conditions they encounter and from ongoing demands from their home and work settings. These evidence-informed suggestions include ways that organizations can care for providers both during disaster relief work and after the work is completed. High-risk criteria for providers are listed as well as ways to structure work assignments and techniques to encourage support between providers.

Evaluation Research

The PFA Guide was developed to reflect current best practices in disaster mental health based on research, expert consensus, and practical experience. However, it is important to conduct systematic research on the use and usefulness of the strategies and techniques presented in the PFA Guide in postdisaster settings to move toward a truly evidence-based approach to disaster mental health. To facilitate progress in this area, the PFA Guide includes evaluation measures that can be used to gauge the types of issues and concerns experienced by survivors and the types of actions PFA providers are carrying out to address these needs. In addition, the NCTSN Terrorism & Disaster Working Committee has formed a subcommittee to develop additional measures that can be used to assess how PFA is being used and to what effect. These include observational measures of PFA provider behaviors to be used in analogue studies and controlled trials, tools for assessing survivor adjustment and responses to PFA, and additional self-report measures for providers. These measures will be made available to researchers and practitioners on the NCTSN Web site once they are field tested and refined.

We advocate a research focus on questions pertaining to promoting positive adaptation and coping among survivors, rather than symptoms, to reflect specific goals, strategies, and techniques that comprise the PFA core actions. One advance for the PFA Guide is to describe a clear set of intervention strategies for use in postdisaster settings. To capitalize on this strength, it will be important to investigate whether PFA interventions have an impact on basic aspects of positive adaptation, such as promoting a sense of safety, reducing immediate distress, and promoting feelings of connectedness. Markers of positive adaptation should be closely tied to PFA actions, such as assessing whether the procedures described in the practical assistance module help survivors prioritize needs and make action plans or whether the strategies of the safety and comfort module reduce immediate distress. Measurement of the delivery of interventions described in the PFA Guide and possible improvement in positive adaptation in the near term aftermath of disasters poses many practical challenges but also is a necessary next step to develop clear evidence-based standards for disaster mental health interventions.

Concluding Comments

The PFA Guide is intended to represent the approaches most consistently supported by research and practice at this point in time and to describe these approaches sufficiently so that they can be taught, used, and evaluated in field settings. By supporting training and encouraging evaluation research on PFA, we hope to build a stronger evidence base for deciding the best approaches to pro-

moting recovery in the aftermath of disasters. In this regard, the PFA Guide represents a model that incorporates current evidence-informed best practices that can move the field toward truly evidence-based interventions. We expect further refinement and evolution of these strategies and techniques as more systematic research becomes available.

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