

Psychosocial Support for Adults in Wartime Contexts



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Thank you to Dr. Patricia Watson



Outline

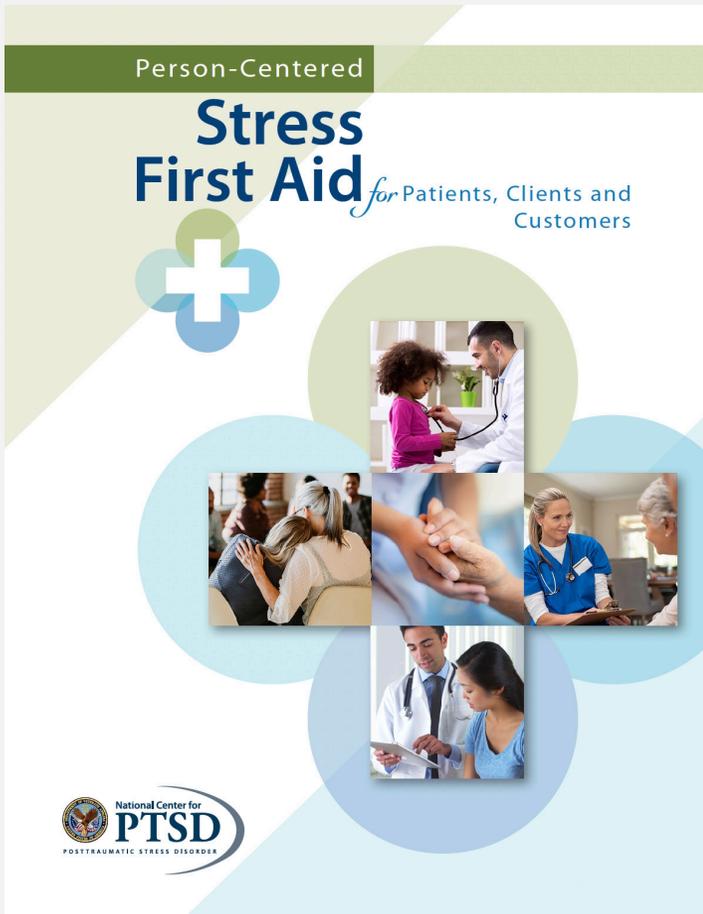
- Stress First Aid
- Resources

Risk Factors for Psychological Stress

- Traumatic experiences
 - Intense and prolonged exposure to extreme events
 - Prolonged deprivation of basic human needs
 - Intentional infliction of violence
 - Torture
 - Human trafficking
- Separation, loss, and isolation
- Lack of access to resources
- Having to make decisions that go against morals and values



Stress First Aid for Person-Centered Care



- The Stress First Aid (SFA) model was first developed as a self-care, leadership, and peer support model for those in high-risk occupations like military, fire and rescue, and health care.
- It includes supportive actions that have been shown to be related to better recovery in many types of ongoing adversity.
- Person-Centered SFA is a version that was developed to support people in many types of ongoing adversity.
- SFA is different than a model we would use once people are out of the stressful or dangerous situation

Check



Cover / Safety



Confidence / Hope



Calm



Competence / Self-Efficacy



Connect



Coordinate

Stress First Aid for Person-Centered Care

1. **Check** - What does this person need?
2. **Cover/Safety** – How can I move people toward a psychological sense of safety?
3. **Calming**- what can I do to help them become calmer?
4. **Connect** - What can I do to help them feel more social support?
5. **Competence/Self-efficacy** - How can I help them gain or refresh skills that will help them feel they can get through this?
6. **Confidence/Hope** - How can I help them have more confidence, sense of meaning, or hope?
7. **Coordinate** – What additional resources does this person need?

Key SFA Points



Rapport is foundational



Delivery is supportive, collaborative



Timing and context are crucial



Flexibility and “tiny steps” are emphasized

Key SFA Points II



SFA is as much about what NOT to do than what TO do



Briefly and conversationally gather information about priorities, needs, and goals



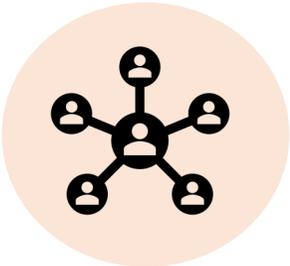
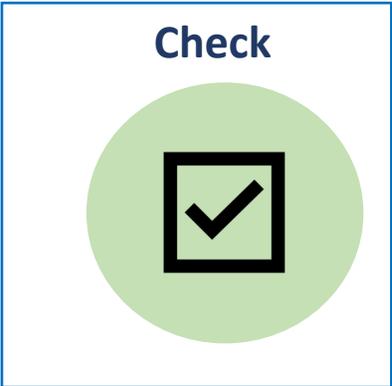
Don't press people to discuss past experiences beyond gathering enough information to tailor support



If the person wants to talk about prior experiences, make sure you have time and capacity, or let them know other options



SFA is not meant to address all ranges of issues



Coordinate



Check

- How do you best serve the person in front of you?
- Collect information
- Check what they need and recheck each visit, assess their priorities
- People will have different reactions
 - Out of control, anxiety, grief, worry, self-blame, intrusive thoughts, changes in the body (fatigue, stomach aches), numbness, guilt, anger, withdrawal
- Approach – have a conversation rather than only asking “what do you need?” “How are you?”
 - No need to press for details or put a positive spin on things
 - If they want to talk, let them talk if possible
- Respect and empathy are key
- Model acceptance and no judgment for them so they can do that for themselves



Check
(gather info)

What does this person need?

- Follow their lead
- Minimize interruptions
- No expectations or judgements
- Current rather than past focus

- Use reflective and supportive comments
- Clarify concerns
- Collect enough information to understand crucial needs
- Repeat as needed



Cover (Safety)

- Goal: move people closer to a sense of safety
- Help people feel safe with you
 - Be open minded, use their names, demonstrate respect, convey rules of confidentiality
- Convey you are here to help, that they are safe (if they are)
- Understand not everyone will respond in the same way
 - Some more exposed, some more sensitive based on past experiences
 - Ask about their concerns
 - Ask what helps them feel safe? Certain people? Distraction? Self-talk? Spirituality?
 - Are there exposures they can avoid to feel safer?
- Give simple, accurate information
- Share resources, share what has helped you or others



Calm

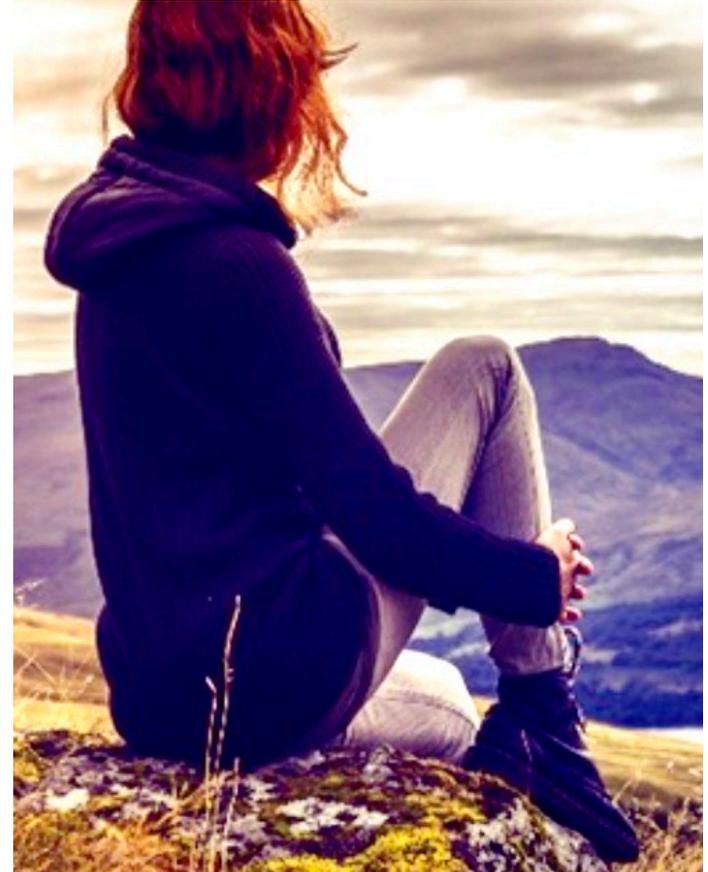
- Goal: Move people closer to calm
- Present calmy: voice, body language
- Validate people's experiences, reassure that you will do your best to help
- Make simple calming statements
 - I'm sorry you are going through this, we're here to do what we can to help
- "What is calming for you?"
- Focus on the present, what is practical and possible, take possible actions
- share information about resources, be accurate
- If person is very agitated do breathing or grounding exercises

Not Recommended for calming:

- Giving inaccurate information in order to calm people, which ultimately undermines credibility and is counterproductive.
- Psychological debriefing or trying to encourage people to “process” what happened when they are still in the midst of chaos, which may increase distress.
- Alcohol, which can lead to potential misuse and other alcohol-related behaviors.
- Benzodiazepine tranquilizers, which can increase risk of PTSD despite initial calming effects.

Calming Skill: Breathing Retraining

- Tell the person it will take time to feel comfortable with this skill
- Ask if the person has ever learned any relaxation techniques before, and how the technique worked
- Show the person that one way to reduce anxiety is to take a normal breath and exhale slowly



Calming Skill: Put Thoughts /Feelings into Words

Instruct the person to:

Start writing about whatever is troubling you in as much detail as you can

Try to include detail about feelings and things you may be thinking and saying to yourself

Try to keep writing for 30 minutes, or at least until any distress that may occur resides

There are no rules for grammar or spelling

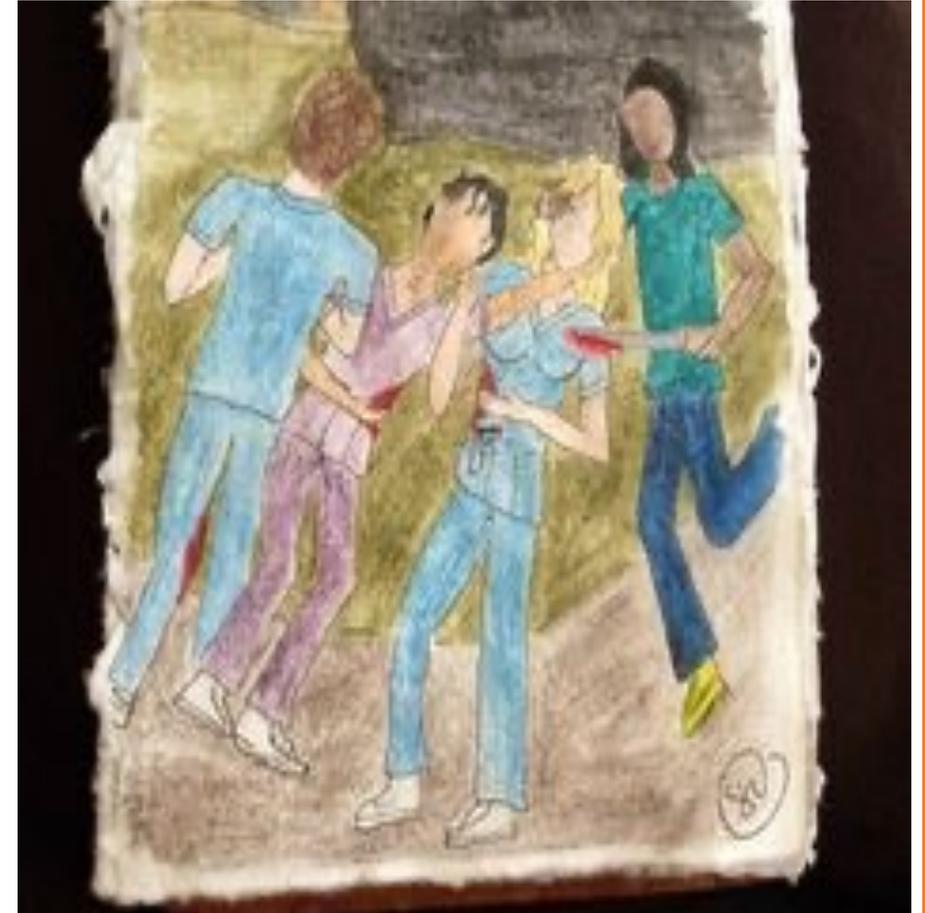
Repeat the writing task several times

Thoughts or feelings that come to mind during this task are important to include and understand

Build in new helpful thoughts each time you do the exercise

Put Thoughts /Feelings into Words: Other Options

- If the person doesn't feel comfortable writing, they can choose another way to express their thoughts and feelings, such as:
 - Speaking into a voice recorder
 - Drawing a picture
 - Making a piece of art
 - Writing or recording a song, poem, or video
- Have the person practice with you to make sure they know what to do



Calming Skill: Managing Reactions to Reminders

- **Help the person to prepare for situations that may remind them of trauma, loss, or change in a way that distresses them by creating a menu of options of actions they can take when they are faced with reminders, such as:**
 - **Self-Care**
 - **Positive Activities**
 - **Calming Strategies such as** breathing or positive distracting activities
 - **Discriminate** between the situation or the reminder and the disaster or adverse event itself.
 - **Helpful Thinking**
 - **Social Support**
 - **Writing**
 - **Spiritual or Religious Practices**

Potential Calm Actions for Anger

Distract:

- Suggest taking a break
- Let them know you will be there when they return
- Ask them for help with something



Defuse:

- Suggest looking at the situation in a different way or from another's viewpoint
- Suggest talking to a friend or loved one



Distance:

- Separate those who are angry at each other, or keep them otherwise engaged



Deter:

- Ask for assistance if you feel uncomfortable or threatened

Potential Calm Actions for Grief

In different cultures, families will grieve differently. Just because a person is crying doesn't mean they need grounding actions. Take cues from the family. For instance, if the person is escalating, and the family seems overwhelmed, the person or the family may need support.

- If you don't know what to say, just stay present and listen
- Let the person know you're there for them
- Don't try to make a grieving person feel better, just be there to support them
- If they want to talk about the loss, listen and provide support
- Offer a menu of options for support
- Be genuine and reliable
- Be sensitive to unique factors that affect them
- Check in over the next few months



Signs a Person May Need More Intensive Calming Actions

Exhibiting strong emotional responses

Uncontrollable physical reactions

Frantic searching behavior

Glassy eyed and vacant

Unresponsive

Disoriented



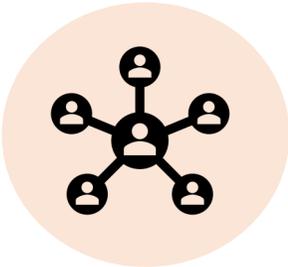
Grounding

If the person needs more intensive calming support, ask them to:

- Listen to and look at you
- Orient him/herself to the surroundings
- Talk about the aspect of the situation that is under control, hopeful, or positive
- Breathe in and out slowly and deeply
- Name five non-distressing things he/she can see, hear, and feel
- Younger children may find it easier to identify colors that they see around them
- Get a medical consult when the situation is secure



Coordinate



Connect (Social Support)

- Social support is among strongest protective factors v negative stress effects
- You are a social support and you are working to connect them to support
- Help them connect: Be gentle/non-judgmental, consider losses
- Gather information: what is possible? What would be most helpful (can change over time)? Are they doing something to get in their own way? Let them talk.
- Help make a realistic plan with small goals, adjust as needed over time
 - Maybe specific people, helping others, do things on own where they will interact with others

Check



Cover / Safety



Confidence / Hope



Calm

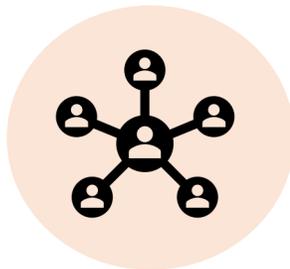


Connect

Competence / Self-Efficacy



Coordinate



Competence / Self-Efficacy

- When people feel like they have the skills or ability to handle a situation, they do better
- Goal: what does the person in front of you think would be most helpful? What skills, resources? Validate any growth you see
- Do not push toward growth or be too sunny (they will feel misunderstood), rather support them in their own steps
- What are their biggest challenges and needs? What information do they need about resources?
- Remind them things will change from day to day
- Connect to resources, people about how to get through this
- Help with resources, skills, taking small steps toward goals, find stability and routine in chaos, draw on spiritual or cultural traditions to gain strength
 - Ask themselves each day: What do I need to do? What am I able to do? Is it working?
 - Simplify, break things down, talk with themselves differently, be patient with self.

Competence: Problem-Solving Skills

Helps the person tackle a problem situation actively, so they can:

- Generate better ideas
- Have a more thoughtful selection of action
- Make a plan to follow through into action
- Use the skill in many situations





Competence: Identify Negative Coping



- These forms of coping may have unintended negative outcomes:
 - Social isolation or withdrawal
 - Extreme avoidance of thinking or talking about the event
 - “Workaholism”
 - Anger or violence
 - Frequent use of alcohol or drugs



Competence: Foster Positive Coping

- These adaptive coping actions lead to positive outcomes:
 - Social support
 - Positive distracting activities
 - Setting and achieving goals
 - Changing expectations /priorities
 - Breathing /relaxation /rest
 - Exercise
 - Counseling
 - Humor



Competence: Learn from Those Who Lived Through Ongoing Threat

- Actively seek information
- Divert attention (reframing, humor, acceptance)
- Consider actual threat rather than generalizing to similar situations
- Shift expectations about what to expect from day to day and about what is considered a “good day”
- Shift priorities
- Create routines of living and not worrying beyond those routines
- Proceed with life necessities
- Maintain faith in God
- Maintain an “unyielding attraction for life”



Competence: Sleep Problem Skills

- Encourage people to:
 - Keep regular sleep routines as much as is possible
 - Reduce alcohol consumption
 - Eliminate caffeinated beverages in the PM
 - Increase regular exercise
 - Relax before bedtime
 - Limit naps to 15 minutes, prior to 4 PM
 - Get support for immediate concerns

Competence: Coping with Increased Desire for Alcohol and Substances



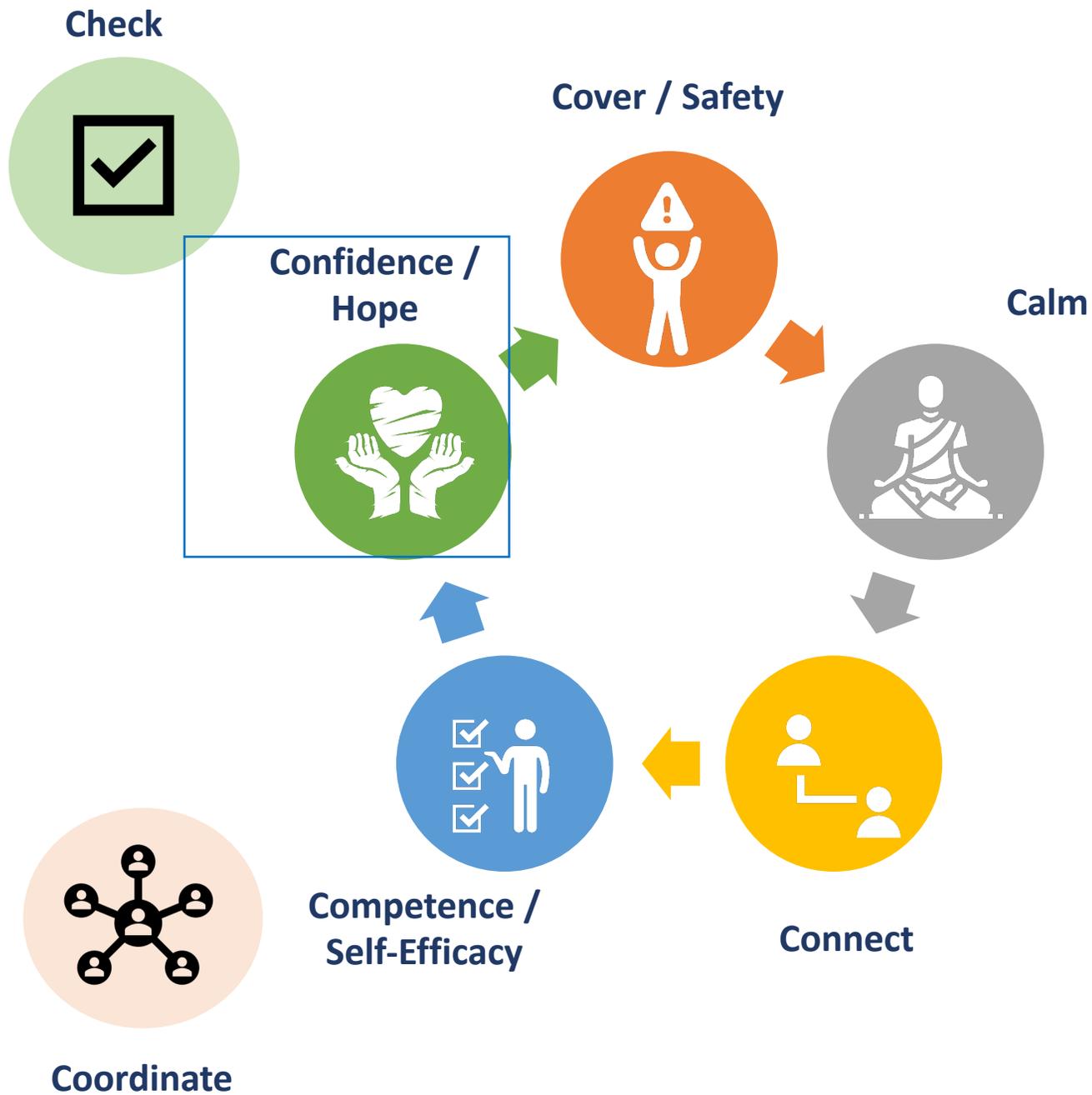
Explain that many people choose to drink, use medications, or drugs to reduce their bad feelings



Ask the individual to identify what they see as the “pros and cons” of using alcohol or substances to cope



Mutually agree on abstinence or a safe pattern of use



Confidence / Hope

- When people have faith or hope they tend to do better through difficult times
- Approach with respect and dignity, validate experiences, no judgment
 - Many people are being very judgmental and hard on themselves, model otherwise
- See if people have inaccurate information, help correct it
- Redirect unhelpful thinking to help them stay in present and focusing on what they can do
- Stay focused on what is possible, small steps, can give a small sense of control or sense that they can get through this
- Validate things they have done, make sure resources are available to them
- Help them live according to values, spirituality, activities that give them a little break
- Don't push toward hope

Check



Cover / Safety



Confidence / Hope



Calm



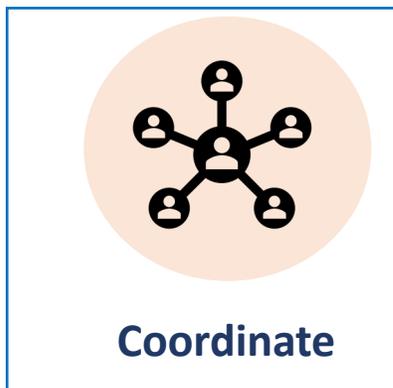
Connect



Competence / Self-Efficacy



Coordinate



Coordinate

- What you are able to provide may not enough
- What other resources might the person need?
- Someone on your team should stay on top of resources
- Mental health resources – may need to educate
- Practical resources – give simple clear instructions on how to access
- Continue to check in about needs

What additional resources do they need?



Coordinate

Examples of Public Health Measures

- Find and build networks of those who might help with more significant mental, physical, or resource needs
- Update information about these resources regularly
- Share the best ways for people to get connected to these resources

Examples of Individual/Group Measures

Consider referring the person to more specialized help if they:

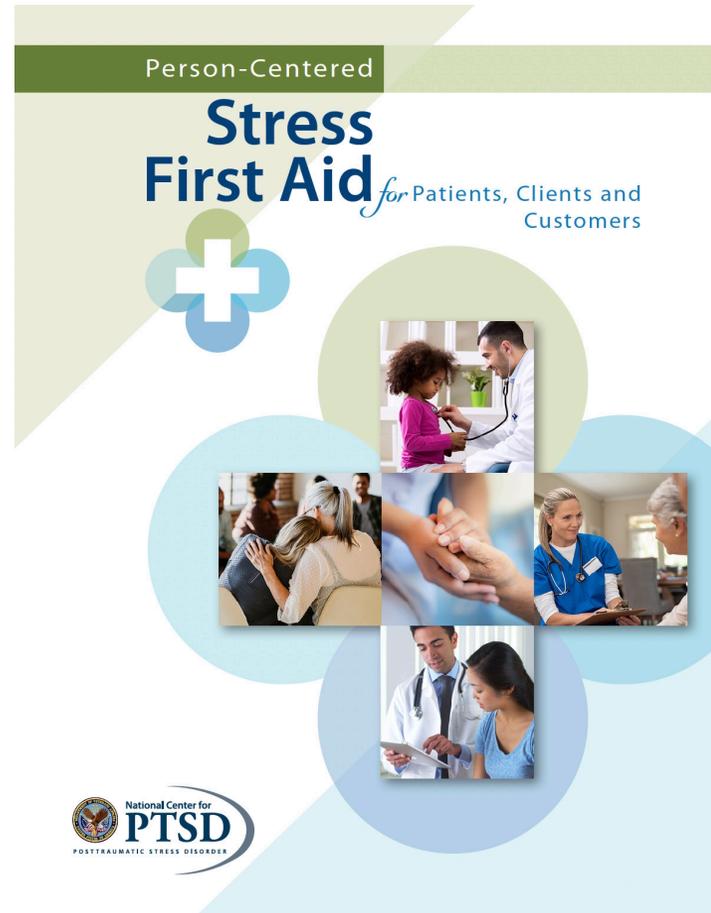
- have not been able to sleep for the last week
- are confused and disorientated
- are so distressed that they are unable to function normally and care for themselves or their children
- report losing control over their behavior and behaving in unpredictable or destructive ways
- threaten harm to themselves or others
- report excessive and/or out-of-the-ordinary use of drugs or alcohol
- have chronic health conditions and need more supports
- report symptoms of severe mental health conditions
- are experiencing violence or abuse.



Key Points: Coordinating with Other Resources and Services

- Be sure you have a very good awareness of resources in the area. Double check them to make sure they are still current, available, and whether eligibility requirements are in place.
- Have a person on the team who can speak with other agencies, so if collaboration is not working, they can address any obstacles.
- Assess the urgency of individual or family needs
- If they have life threatening needs or injuries, help them understand the urgency of those needs
- Offer support as the person takes steps. Help them to take the steps (i.e., where they can get assistance). It is a balance between doing it for them versus helping them do it.

Stress First Aid for Person-Centered Care



Final thoughts on SFA

- SFA is a flexible model
- Not all parts will be relevant or possible at all times
- Use the parts that are relevant to the person in front of you and to the circumstances
- Assess needs and circumstances each time you see the person as things are changing quickly

Resources: SFA

[https://www.ptsd.va.gov/professional/treat/ty
pe/stress_first_aid.asp](https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp)

CDP Videos and handouts:
[https://deploymentpsych.org/content/stress-
first-aid-videos-and-handouts](https://deploymentpsych.org/content/stress-first-aid-videos-and-handouts)

VA » Health Care » PTSD: National Center for PTSD » Providers » Treatment » Stress First Aid: Manual and Resources for Health Care Workers

PTSD: National Center for PTSD

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My Health, My Care: 24/7 Access to VA

Stress First Aid: Manual and Resources for Health Care Workers

Stress First Aid

for HEALTH CARE WORKERS
Manual



SFA for Self-Care and Peer Support

Stress First Aid (SFA) is a framework to improve recovery from stress reactions, both in oneself and in coworkers. The model aims to support and validate good friendship, mentorship and leadership actions through core actions that help to identify and address early signs of stress reactions in an ongoing way (not just after "critical incidents").

The goal of SFA is to identify stress reactions in self and others along a continuum and to help reduce the likelihood that stress outcomes develop into more severe or long-term problems. The core actions of SFA are appropriate for many occupational settings during critical events as well as for ongoing care. The manuals, trainings and resources below focus on health care workers; links to information about SFA versions specific to high-risk occupations like military, fire and rescue, law enforcement, and pretrial and probation settings are found under Additional SFA Versions and Manuals.

SFA Manual and Workbook

- [Stress First Aid for Health Care Workers Manual \(PDF\)](#)
- [Stress First Aid for Health Care Workers Workbook \(PDF\)](#)

For Health Care Workers: Training Materials and Other Resources

SFA Instructor Training Materials

4 Hour Training

- [SFA 4-Hour Training Slide Deck \(PPT\)](#)
- [SFA 4-Hour Training Instructor Manual \(PDF\)](#)

30 Minute Training

The SFA 30 minute training is suitable for any setting and is not limited to health care workers.

- [SFA 30-Minute Training Slide Deck \(PPT\)](#)
- [SFA 30-Minute Training Instructor Manual \(PDF\)](#)

Resources: PFA / SPR

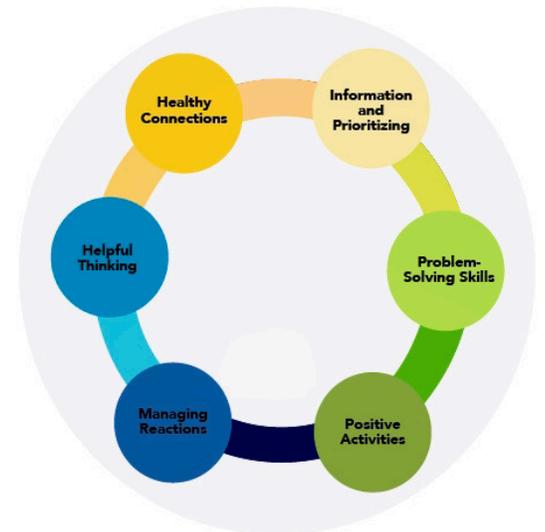
https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp

https://www.ptsd.va.gov/professional/treat/type/skills_psych_recovery_manual.asp

Online Courses:

<https://learn.nctsn.org/enrol/index.php?id=596>

<https://www.train.org/vha/course/1091207/compilation>



PFA Mobile App Ukrainian Translation

The Ukrainian version of *PFA Mobile* includes:

- Summaries of PFA fundamentals
 - PFA interventions matched to specific concerns and needs of survivors
 - Mentor tips for applying PFA in the field
 - A self-assessment tool for readiness to conduct PFA
 - A survivors' needs form for simplified data collection and easy referral
- <https://www.prostir.ua/event/prec-bryfinh-zapusku-mobilnoho-dodatku-dlya-pershoji-psyholohichnoji-dopomohy-pfa-mobile-ukraine/>



Resources

- PFA Online – expected back online in mid-2022:
<https://learn.nctsn.org/course/index.php?categoryid=11>
- Harvard Program for Refugee Trauma:
<http://hpert-cambridge.org/>
- Office of Refugee Resettlement: <http://www.acf.hhs.gov/programs/orr>
- John's Hopkins Bloomberg School of Public Health Ctr for Refugee and Disaster Response:
<http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response>
- *Disaster Distress Helpline*: <http://disasterdistress.samhsa.gov>
- *SAMHSA*: <http://www.samhsa.gov/trauma-violence>
- U.S. Dept of State Bureau of Population, Refugees, and Migration:
<http://www.state.gov/j/prm/index.htm>
- Refugee Health Technical Assistance Center: <http://refugeehealthta.org>
- Office of the United Nations High Commissioner for Refugees: <http://www.unhcr.org/cgi-bin/texis/vtx/home>

Questions or
Comments?

