## Caring for Those Who Work with the Dead:

## Adapting a Psychological First Aid Intervention to Your Setting

Center for the Study of Traumatic Stress Department of Psychiatry Uniformed Services University



Caring for Those Who Work with the Dead:

Adapting a Psychological First Aid Intervention to Your Setting

Center for the Study of Traumatic Stress Department of Psychiatry Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814-4799 www.CSTSonline.org

## Caring for Those Who Work with the Dead: Adapting a Psychological First Aid Intervention to Your Setting

Working with the dead, especially following mass-casualty events is one of the most stressful aspects of disaster work. In order to deal with this stress, an innovative early intervention was developed that uses the principles of Psychological First Aid (PFA; Hobfoll et al., 2007; NCTSN, 2006). The intervention is designed to improve stress management and coping skills, and build resilience in personnel who work with human remains. The intervention can be adapted for civilian and military (e.g., TEAM, Troop Education for Army Morale, see Biggs et al., 2016) populations, including medical personnel, police, firefighters, disaster workers, and mortuary personnel. The intervention can include parallel workshops for spouses.

The intervention is based on the five evidence-informed principles of PFA:

- 1. physical and psychological safety
- 2. calming
- 3. connecting
- 4. self-efficacy
- 5. hope/optimism

Goals include:

- recognize stress in oneself and others
- increase adaptive coping
- identify when one is in need of care
- promote health care-seeking
- overcome obstacles to obtaining health care
- improve communication skills
- build supportive relationships
- address health risk behaviors (e.g., increased alcohol/tobacco use)

The intervention has traditionally been conducted in person in an interactive group environment, however, it can be adapted to an online format using remote video conferencing and sharing materials electronically when individuals are not able to meet in person. The intervention is delivered through sessions provided at specified intervals (e.g., once a week) and informational handouts. Optionally, the intervention content can be posted on a dedicated website for 24/7 access. Workshops begin with rapport building followed by active group-based discussions and exercises. Groups can include male and female participants and ensure continuity with cultural issues. Workshops include role-play, practice exercises, and relaxation exercises used to model and reinforce PFA concepts. Facilitators may select illustrative video clips to augment the materials. Remote delivery follows the same PFA concepts with activities adapted to an online format.

Suggested session structure:

- Orientation: Welcome and introduction to the study
- Workshop 1: PFA introduction, physical and psychological safety
  - o Understanding stressful events and the stress response, triggers, and reminders
  - Interaction between thoughts, feelings, and behaviors
  - Workshop 2: PFA calming and connecting
    - Teach calming exercises

- Guidance on giving and receiving support (role-play)
- Workshop 3: PFA self- and collective-efficacy, hope/optimism
  - Learning to set realistic personal goals
  - Problem solving technique exercises
- Workshop 4: Review of all PFA principles

Enclosed materials:

- READ ME FIRST Adapting a Psychological First Aid Intervention to Your Setting [this document]
- Intervention materials [folder]
  - Intervention Handbook
  - Orientation [folder]
    - OR Handout Five Principles of Psychological First Aid
    - OR Handout Resources List
    - OR Roadmap for Facilitators
    - OR-WS4 Supporting Material Five Principles of PFA Poster
  - Workshop 1 [folder]
    - WS1 Exercise Thoughts, Feelings, Actions
    - WS1 Handout Alcohol, Medication and Drug Use After Difficult Events
    - WS1 Handout Common Reactions When Dealing with Difficult Events
    - WS1 Roadmap for Facilitators
    - WS1 Supporting Material Potential Concerns to Address in Workshop 1
    - WS1, WS3, WS4 Supporting Material Thoughts, Feelings, Actions Poster
  - Workshop 2 [folder]
    - WS2 Exercise Types of Support
    - WS2 Handout Calming Techniques
    - WS2 Handout Connecting with Others-Giving Social Support
    - WS2 Roadmap for Facilitators
    - WS2 Supporting Material Calming Info from PFA Field Op Guide
    - WS2 Supporting Material Calming Info from SPR Field Op Guide
  - Workshop 3 [folder]
    - WS3 Handout Helping Your Buddy Solve Problems
    - WS3 Handout Problem Solving
    - WS3 Roadmap for Facilitators
    - WS3 Supporting Material Promoting Self-Efficacy & Hope-Optimism
  - Workshop 4 [folder]
    - WS4 Exercise Role-Play Scenario
    - WS4 Handout Following Medical Recommendations for Health
    - WS4 Handout Helpful Coping Strategies
    - WS4 Handout Take Home Points
    - WS4 Handout The Bottom Line
    - WS4 Roadmap for Facilitators

Suggested approach to reviewing the intervention materials:

• Step 1: Read the Intervention Handbook. This is the overall guide for conducting the intervention. Consider how the intervention can be adapted to your specific setting and in person vs. online.

- Step 2: Read the handouts, exercises, and supporting materials. These documents address specific activities and content in the intervention sessions.
- Step 3: Review the Roadmaps for Facilitators. These are the quick reference documents to keep facilitators on track to maintain the structure and timing of the intervention sessions.
- Step 4: Adapt the materials to your setting (e.g., your population and in person vs. online). You are welcome to adapt and use any of the documents in the Intervention Materials folder.

Key Supporting Literature

- Benedek, D. M., & Fullerton, C. S. (2007). Translating five essential elements into programs and practice. *Psychiatry*, *70*, 345-349.
- Biggs, Q. M., Fullerton, C. S., McCarroll, J. E., Liu, X., Wang, L., Dacuyan, N. M., ... Ursano, R. J. (2016). Early intervention for post-traumatic stress disorder, depression, and quality of life in mortuary affairs soldiers post-deployment. *Military Medicine*, *181*(11/12), e1553-1560.
- Hobfoll, S. E., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, *70*, 283-315.
- National Center for PTSD and National Child Traumatic Stress Network, *Skills for Psychological Recovery: Field Operations Guide*, 2<sup>nd</sup> Edition. August, 2007. Available at: <u>www.nctsn.org</u>.
- National Child Traumatic Stress Network, *Psychological First Aid: Field Operations Guide*, 2<sup>nd</sup> *Edition*. July, 2006. Available at: <u>www.nctsn.org</u>.
- Ursano, R. J., McCarroll, J. E., & Fullerton, C. S. (2003). Traumatic death in terrorism and disasters: the effects on posttraumatic stress and behavior. In R. J. Ursano, C. S. Fullerton, & A. E. Norwood (Eds.), *Terrorism and disaster: individual and community mental health interventions* (pp. 308-332). Cambridge, UK: Cambridge University Press.

If you have any questions about the intervention or enclosed materials, please contact the Center for the Study of Traumatic Stress at email: <u>cstsinfo@usuhs.edu</u>