

GENERAL INFORMATION

<p><b>Treatment Description</b></p>	<p><b>Acronym (abbreviation) for intervention:</b> PFA</p> <p><b>Average length/number of sessions:</b> 1</p> <p><b>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</b> Transportation, financial, resource barriers, cultural and spiritual issues</p> <p><b>Trauma type (primary):</b> Disasters, terrorism, and acute trauma</p> <p><b>Trauma type (secondary):</b> Post-disaster adversity, displacement</p> <p><b>Additional descriptors (not included above):</b> PFA is an evidenced-informed intervention designed to be put into place immediately following disasters, terrorism, and other emergencies, and has received wide usage worldwide. PFA is comprised of eight core helping actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping support, and linkage with collaborative services</p>
<p><b>Target Population</b></p>	<p><b>Age range:</b> 0 to 120</p> <p><b>Gender:</b> <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p><b>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans):</b> All</p> <p><b>Other cultural characteristics (e.g., SES, religion):</b> All</p> <p><b>Language(s):</b> All</p> <p><b>Region (e.g., rural, urban):</b> All</p>
<p><b>Essential Components</b></p>	<p><b>Theoretical basis:</b> Hobfoll Resource Theory, Humanism, Developmental psychology</p> <p><b>Key components:</b></p> <ol style="list-style-type: none"> <li>1. Contact and Engagement: Establish a human connection in a non-intrusive, compassionate manner.</li> <li>2. Safety and Comfort: Enhance immediate and ongoing safety, and provide physical and emotional comfort.</li> <li>3. Stabilization: Calm and orient emotionally-overwhelmed/distraught survivors.</li> <li>4. Information Gathering: Help survivors to articulate immediate needs and concerns, and gather additional information as appropriate.</li> <li>5. Practical Assistance: Offer practical assistance and information to help survivors address their immediate needs and concerns.</li> <li>6. Connection with Social Supports: Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.</li> </ol>

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<p><b>Essential Components continued</b></p>	<p>7. Information on Coping: Provide information that may help survivors cope with the psychological impact of disasters/emergencies.</p> <p>8. Linkage with Collaborative Services: Facilitate continuity in response efforts by clarifying how long the PFA provider will be available, and (when appropriate) linking the survivor to another member of a response team or to indigenous recovery systems, public-sector services, and organizations.</p>
<p><b>Clinical &amp; Anecdotal Evidence</b></p>	<p><b>Are you aware of any suggestion/evidence that this treatment may be harmful?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p><b>Extent to which cultural issues have been described in writings about this intervention</b> (scale of 1-5 where 1=not at all to 5=all the time). 4</p> <p><b>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Has this intervention been presented at scientific meetings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation(s) from last five presentations:</b>          Brymer, M. (Chair), Walker, D., Watson, P., Reyes, G., Taylor, M. (November 2011); Brymer, MJ, &amp; Herrmann, J. (May 2011); Becker, S (chair), Brymer, M.J., Gurwitch, R.H., King, R., North, C., &amp; Schreiber, M. (March, 2011); Brymer, M.J., &amp; Pynoos, R.S. (September 2010); Brymer, M.J., Allen, B.J., Reyes, G., and Macy, R (November, 2009).</p> <p><b>Are there any general writings which describe the components of the intervention or how to administer it?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation:</b>          Ruzek, J.I., Brymer, M.J., Jacobs, A.K., Layne, C.M., Vernberg, E.M., &amp; Watson, P.J.,2007; Vernberg, E. M., Steinberg, A. M., Jacobs, A. K., Brymer, M. J., Watson, P J., Osofsky, J. D., Layne, C. M., Pynoos, R. S., &amp; Ruzek, J. I., 2008; Allen, B., Brymer, M. J., Steinberg, A. M., Vernberg, E. M., Jacobs, A, Speier A, &amp; Pynoos, R. S., 2010;Brymer, M.J., Steinberg, A.M., Vernberg, E.M., Layne, C.M., Watson, P.J., Jacobs, A., Ruzek, J.I., Pynoos, R.S, 2009; Forbes, D., Lewis, V., Varker, T., Phelps, A., O'Donnell, M., Wade, D.J., Ruzek, J.I., Watson, P, Bryant, R.A. &amp; Creamer, M. (2011); Watson, P.J., Brymer, M.J., &amp; Bonnano, G.A., 2011; Watson, P.J. &amp; Ruzek, JI., 2005.</p> <p><b>Has the intervention been replicated anywhere?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Other countries?</b> (please list)          Haiti, Norway, Japan, China, Italy, Spain, Taiwan, Hong Kong</p>

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<p><b>Clinical &amp; Anecdotal Evidence continued</b></p>	<p><b>Other clinical and/or anecdotal evidence (not included above):</b>                  The PFA Online Training statistics show:</p> <ul style="list-style-type: none"> <li>• Close to 10,000 users have completed the training.</li> <li>• Over 60 countries are represented in the users.</li> <li>• 96% of completers report that they would recommend the training to others.</li> <li>• Users predominately are female (75%) with 1/3 taking course for own interest, 1/3 because employers required, and 1/3 for volunteer work.</li> <li>• Users identified themselves as being from various professions, including first responders, behavioral health, health, public health, government official, religious professional, school staff member, and volunteer.</li> </ul>	
<p><b>Research Evidence</b></p>	<p><b>Sample Size (N) and Breakdown</b>  <i>(by gender, ethnicity, other cultural factors)</i></p>	<p><b>Citation</b></p>
<p><b>Pilot Trials/Feasibility Trials (w/o control groups)</b></p>	<p><b>N=50</b>                  82% female                  88% between the ages of 30 and 59</p>	<p>Allen, B., Brymer, M. J., Steinberg, A. M., Vernberg, E. M., Jacobs, A, Speier A, &amp; Pynoos, R. S. (2010). Perceptions of Use of Psychological First Aid among Providers Responding to Hurricanes Gustav and Ike. <i>Journal of Traumatic Stress, 23</i>, 509-513.</p>
<p><b>Outcomes</b></p>	<p><b>If research studies have been conducted, what were the outcomes?</b>                  To examine provider perceptions of PFA training, 50 respondents to an online survey were asked to evaluate the impact of the training on their confidence to provide PFA to adults and children impacted by hurricanes. Overall, responders found PFA beneficial in their response activities and were pleased with their experience in providing PFA. Responders reported feeling more confident providing PFA to adults than to children. The study provides preliminary evidence that PFA is viewed as a helpful resource by responders.</p>	
<p><b>Implementation Requirements &amp; Readiness</b></p>	<p><b>Space, materials or equipment requirements?</b> Providers are encouraged to review the PFA manual and make copies of relevant worksheets and handouts as needed.</p> <p><b>To ensure successful implementation, support should be obtained from:</b>                  Melissa Brymer, NCCTS (see below).</p>	
<p><b>Training Materials &amp; Requirements</b></p>	<p><b>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</b>                  Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., et al. (2006) Psychological First Aid Field Operations Guide (2nd Edition). Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. [Available at: <a href="http://www.nctsn.org/content/psychological-first-aid">http://www.nctsn.org/content/psychological-first-aid</a> and <a href="http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp">http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp</a>].</p>	

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<p><b>Training Materials &amp; Requirements continued</b></p>	<p><b>How/where is training obtained?</b>          Online Training: <a href="http://learn.nctsn.org">http://learn.nctsn.org</a>,          In person training: Contact Melissa Brymer (see below)</p> <p><b>What is the cost of training?</b> Online: free; In person: to be negotiated</p> <p><b>Are intervention materials (handouts) available in other languages?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, what languages?</b>          Spanish, Japanese, Swedish, Italian, Mandarin/Simplified Chinese, Norwegian</p> <p><b>Other training materials &amp;/or requirements (not included above):</b>          Training generally involves 6 hours of didactic instruction. Other versions of the PFA manual include:</p> <ul style="list-style-type: none"> <li>• Psychological First Aid Field Operations Guide for Community Religious Professionals</li> <li>• Psychological First Aid Medical Reserve Corps Field Operations Guide</li> <li>• Psychological First Aid for Families Experiencing Homelessness</li> <li>• Psychological First Aid for Youth Experiencing Homelessness</li> <li>• Psychological First Aid for Schools</li> </ul>
<p><b>Pros &amp; Cons/ Qualitative Impressions</b></p>	<p><b>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</b>          Comprehensive content for families, parents, and children addressing a wide range of post-event reactions. Addresses stigma, transportation, cultural, finance, and access barriers.</p>
<p><b>Contact Information</b></p>	<p><b>Name:</b> Melissa Brymer</p> <p><b>Address:</b> National Center for Child Traumatic Stress - UCLA, 11150 W. Olympic Blvd., Suite 650, Los Angeles, CA. 90064</p> <p><b>Phone number:</b> 310 235-2633 x 227</p> <p><b>Email:</b> mbrymer@mednet.ucla.edu</p> <p><b>Website:</b> NCTSN.org, NCPTSD.va.gov, learn.nctsn.org</p>
<p><b>References</b></p>	<p>Allen, B., Brymer, M. J., Steinberg, A. M., Vernberg, E. M., Jacobs, A, Speier A, &amp; Pynoos, R. S. (2010). Perceptions of Use of Psychological First Aid among Providers Responding to Hurricanes Gustav and Ike. <i>Journal of Traumatic Stress</i>, 23, 509-513.</p> <p>Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., et al. (2006) Psychological First Aid Field Operations Guide (2nd Edition). Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. [Available at: <a href="http://www.nctsn.org/content/psychological-first-aid">http://www.nctsn.org/content/psychological-first-aid</a> and <a href="http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp">http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp</a>].</p>

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Forbes, D., Lewis, V., Varker, T., Phelps, A., O'Donnell, M., Wade, D.J., Ruzek, J.I., Watson, P., Bryant, R.A. & Creamer, M. (2011) Psychological First Aid following trauma: Implementation and evaluation framework for high-risk organizations. *Psychiatry*.

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Watson, P.J. & Brymer, M. (2012). Promoting Resilience through Early Intervention. In A. McMackin, R.A., Keane, T.M., Newman, E. & Fogler, J.M. (Eds.). *Toward an Integrated Approach to Trauma Focused Therapy: Placing Evidence-Based Interventions in an Expanded Psychological Context*. New York. Guilford Press.

Watson, P.J., Brymer, M. and Bonanno, G. (2011). Post-Disaster Psychological Intervention Since 9/11. *American Psychologist Special Issue: The 10th Anniversary of the September 11, 2001 Terrorist Attacks*.

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**Presentations**

Brymer, M. (Chair), Walker, D., Watson, P., Reyes, G., Taylor, M., (November 2011). *Psychological First Aid for Schools*. PreMeeting Institute at the Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, MD.

Brymer, M.J., & Pynoos, R.S. (September 2010). *Acute Disaster Response: Providing Psychological First Aid*. Invited workshop at the World Psychiatric Congress Annual Meeting, Beijing, China.

Brymer, M.J., Allen, B.J., Reyes, G., and Macy, R (November, 2009). *What's New with Psychological First Aid*. Presented at the 25th Annual Meeting of the International Society for Traumatic Stress Studies, Atlanta, GA.

Brymer, M.J. & Herrmann, J. (May 2011). *Psychological First Aid*. Invited workshop at the Integrated Medical, Public Health, Preparedness, and Response Training Summit, Dallas, Tx.

Becker, S (chair), Brymer, M.J., Gurwitch, R.H., King, R., North, C., & Schreiber, M. (March, 2011). *Tools and Resources for Psychosocial Behavioral Health Planning and Preparedness*. Invited presenter at the CDC conference on, "Bridging the Gaps: Public Health and Radiation Emergency Preparedness", Atlanta, GA.