Psychological first aid pilot: Haiti emergency response

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Psychological first aid (PFA) is an approach for providing basic psychological support to people in acute distress. It is now viewed as one of the primary early psychosocial interventions during, or immediately following, a crisis. World Vision International, War Trauma Foundation and World Health Organisation have developed a PFA guide for low and middle income countries (LAMIC) following acute emergencies. After the Haiti earthquake, World Vision International (WVI) undertook a pilot orientation to test the draft PFA guide and to provide some basic information on PFA for those assisting in an acute emergency. This paper documents lessons learned from the pilot within the Haiti context, including the use of brief PFA materials. The staff found PFA to be a useful, empowering approach to providing psychosocial support to people affected by the earthquake. One key lesson was that the full version of the draft PFA guide could serve as a comprehensive model (adapted to context), while a shorter version can be used as a generic resource in the immediate aftermath of an emergency. The draft PFA materials designed for LAMIC show promise as a resource for Haiti, and potentially other humanitarian contexts in the future.

Keywords: acute distress, field testing, Haiti, psychological first aid (PFA), psychosocial support

Introduction

'*Psychological first aid is a description of a humane, supportive and practical response to a fellow human being's suffering [in the immediate aftermath of exposure to serious stressors] and who may need support.*' (Inter-Agency Standing Committee (IASC), 2007)

'*Psychological first aid. . .entails basic, non-intrusive pragmatic care with a focus on listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm.*' (Sphere Project, 2004)

Psychological first aid (PFA) is a framework used in post crisis settings to help people experiencing acute distress. It does this in a way that respects the dignity, culture and capacities of others. It is now considered the preferred alternative to psychological debriefing (Freeman, Graham & Bowyer, 2000; Hobfoll et al., 2007; North Atlantic Treaty Organization (NATO), 2009; The European Network for Traumatic Stress (TENTS), 2008), which was a controversial intervention that research has indicated to be, at best, ineffective (Devilly & Cotton, 2004). By focusing on more practical needs, basic comfort and connection of people to necessary supports, PFA aims to offer safe and effective assistance after a crisis event.

PFA is informed by studies on the factors that influence people's longer-term recovery from distressing events, and the accumulated experience of people who have assisted in many kinds of crisis situations. Research demonstrates that people who do not feel well supported by others following a critical event may have more emotional problems later (Bisson & Lewis, 2009). Specifically, research has also shown that certain aspects may be particularly helpful (Hobfoll et al., 2007; NATO, 2009; TENTS, 2008), such as:

- Feeling safe, connected to others, calm and hopeful;
- Having access to social, physical and emotional support;
- Helping people to help themselves, as individuals and as communities.

PFA encourages those practical and emotional supports that are likely to reduce immediate distress, and potentially mitigate longer-term social and emotional difficulties. Influenced by the seminal work of Beverly Raphael (1986), a range of organisations like the National Child Traumatic Stress Network (NCTSN, 2006), the National Center for PTSD, the Rivers Centre (Freeman, Graham & Bowyer, 2000) and the International Federation Reference Centre for Psychosocial Support (International Federation of the Red Cross (IFRC), 2009), to name a few, have developed a significant body of knowledge of PFA approaches, which contributed to the current draft PFA guide (War Trauma Foundation (WTF)/ World Vision International (WVI), 2009).

PFA is part of a broader response to crises, as outlined by the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). During crises, different types of emergency response measures are needed, including life saving or life preserving measures. PFA is one of a range of necessary mental health and psychosocial supports in these settings. See Box 1 for a description of the basic tenets of PFA.

World Vision International (WVI), the War Trauma Foundation (WTF) and the World Health Organisation (WHO) have been working collaboratively to develop a guide for the provision of PFA in low and middle income countries (LAMIC). An expert consultation was organised on the need to develop a new PFA guide for low and middle income countries in 2008. The review indicated that most experts welcomed the development of such a guide, as the existing guides used country examples and assumptions relevant only to high income countries (For example, based on the availability of a well functioning mental health system.) Furthermore, a systematic review of the available evidence was commissioned in 2009, identifying indirect evidence for PFA (Bisson & Lewis, 2009). A draft guide was developed in 2009, informed by practices and principles drawn from an extensive review of the literature and existing PFA resources from around the world (WTF/ WVI, 2009).

Background

On 12 January 2010 a major earthquake struck Haiti causing widespread damage and severe destruction to the heavily populated Port-au-Prince, and its surroundings. The earthquake impacted vast numbers of people, experiencing serious injury, loss of homes and family members, witnessing death and destruction, and the loss of basic, essential infrastructure. WVI Haiti field tested the draft PFA guide to assess its relevance, flexibility, usefulness and practicality in response to a rapid onset emergency. A pilot orientation programme, based on the draft PFA guide, was designed. This report outlines the methodology of the pilot, the challenges and limitations faced in the context of the emergency, and the overarching qualitative themes ascertained during a post orientation evaluation.

Before describing the pilot testing, it is relevant to note that WVI was familiar with the sociocultural setting, as well as the cultural context, having been active in Haiti for a number of years. Additionally, most staff was either predominately from Haiti, or was key WVI international staff that had read the recent WHO/PAHO (2010)

Box 1 Psychological first aid: a brief description

The IASC Guidelines on MHPSS in Emergency Settings (IASC, 2007) recommend PFA as an appropriate support for individuals experiencing acute mental distress, following exposure to extremely stressful events:

'All aid workers, and especially health workers, should be able to provide very basic psychological first aid (PFA). PFA is often mistakenly seen as a clinical or emergency psychiatric intervention. Rather, it is a description of a humane, supportive response to a fellow human being who is suffering and who may need support. PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress. PFA encompasses:

- Protecting from further harm (in rare situations, very distressed persons may take decisions that put them at further risk of harm). Where appropriate, inform distressed survivors of their right to refuse to discuss the events with (other) aid workers or with journalists;
- Providing the opportunity for survivors to talk about the events, but without pressure. Respect the wish not to talk and avoid pushing for more information than the person may be ready to give;
- Listening patiently in an accepting and non-judgmental manner;
- Conveying genuine compassion;
- Identifying basic practical needs and ensuring that these are met;
- Asking for people's concerns and trying to address these;
- Discouraging negative ways of coping (specifically discouraging coping through use of alcohol and other substances, explaining that people in severe distress are at much higher risk of developing substance use problems);
- Encouraging participation in normal daily routines (if possible) and use of positive means of coping (e.g. culturally appropriate relaxation methods, accessing helpful cultural and spiritual supports);
- Encouraging, but not forcing, company from one or more family member or friends;
- As appropriate, offering the possibility to return for further support;
- As appropriate, referring to locally available support mechanisms or to trained clinicians.'

review on culture and mental health in Haiti.

Method and adaptations

The PFA materials used in developing the pilot orientation for Haiti consisted of two components. First, the full draft guide (totalling 40 pages) provided full background information on PFA, narrative descriptions of the purpose of PFA, its underlying principles and key actions. The second component was a short (two page summary) PFA brief highlighting the key points covered in the full guide. The long and short form PFA materials were translated into French in order to engage with the main working language of the Haitian emergency response staff.

The original plans of WVI were to provide a one day orientation, for select WVI staff members in February 2010, using the full version draft PFA Guide as the primary resource for participants during pilot testing. The orientation was intended to encompass

a mix of expatriate and Haitian national staff, purposefully selected from the health, child protection and general humanitarian aid sectors (e.g. distribution staff, community mobilisers, etc.).

However, it quickly became clear that implementation of the planned process for the pilot was impossible within the context of the chaos of the earthquake response. Staff and sector managers could not spare a full day for learning new skills, a typical challenge in acute emergencies. A new approach was therefore negotiated with local staff for a 2–3 hour orientation, which took place three months after the disaster, rather than in its' immediate aftermath. To accommodate the shortened time for the orientation, the PFA brief was therefore used instead of the full draft PFA Guide as the reference document for participants. An unintended advantage of this decision was significant resource savings on printing and copying, which was, in any case, difficult to arrange in the midst of the emergency due to damaged infrastructure and limited resources.

Another adaptation of the planned method was in the selection of orientation participants. Rather than a systematic targeting of selected WVI staff, many staff from a range of sectors attended the pilot orientation and consisted of Haitian staff working face-to-face with earthquake affected communities and individuals. While the two-page PFA brief was in French, the orientation was delivered in English and translated into local Creole and French. Contents of the orientation sessions included key aspects of the short-form PFA guide (Box 2).

In total, 119 WVI Haitian staff were oriented three months after the disaster. The majority of staff worked in the health sector as camp hygiene promoters, baby friendly space facilitators and primary health care workers. Child friendly space animators and general relief staff from Port-au-Prince, Central Platau, Jimani and La Gonave were also oriented.

Findings from the draft PFA guide pilot in the Haitian emergency response are therefore based on orienting solely local staff, using the PFA brief and a shortened orientation format. Evaluation of the pilot orientation programme utilised feedback forms (in French), which were returned by 43 participants. Additionally, two 90 minute focus group discussions were held with one group of health workers and another group of child friendly space staff to gather more in depth feedback on the pilot orientation process. This qualitative feedback yielded important and useful information about the draft PFA guide and its future utility.

PFA pilot evaluation results

The outcome of the PFA pilot provided key lessons about 1) the usefulness of the PFA brief source material; 2) participants' application of the PFA approach; and 3) contextual lessons and the limitations of the PFA approach.

PFA brief source material

Even three months after the earthquake, staff in various sectors continued to be overwhelmed with the demands of the response, and therefore had limited availability to participate in a workshop. It was quickly evident that a full day of orientation was not feasible, and likewise that the full draft guide was not the most useful source for a shortened orientation. In addition, it was difficult to quickly provide printed versions of the full draft guide given the lack of equipment and resources in the post emergency period.

Therefore, the short PFA brief provided a good alternative as a source to provide

Box 2 Key aspects of PFA used in pilot orientation

What PFA is and is not:
For example, PFA is a practical and comforting support tailored to the person and situation, but it is not professional counselling
Who PFA is for and who can provide it:
For example, PFA should be accessible to all persons impacted by a very distressing event, but some may need referral for specialised help
The basic action principles of PFA based on A–B–C–D–E

Basic Action Principles Explanation

A = Assess
Know the situation so you will know what to do!
Assess for safety, obvious urgent physical needs, for persons with serious reactions, and Ask for the person's needs and concerns

B = Be
Know yourself well, so you can. . .
Be attentive, Be respectful, Be aware

C = Comfort
Give comfort and help people begin to use their own coping resources.
Comfort through your presence, through good Communication, and helping people to Cope

D = Do
Act to help persons with their basic, practical needs.
Do address practical needs, Do help problem solve,
Do link people with loved ones and other supports

E = End/Exit strategy
Leave persons with connections to supports, and take time for your own self-care.
End your assistance – refer the person to other supports
End for yourself – take time for self-care

'*Do no harm*' principles of PFA
Respect the person
Protect the person from harm
Act only in the best interest of any person you encounter

Do's and don'ts of PFA
For example, do listen attentively and provide practical assistance, but don't give false information or be intrusive

information quickly and succinctly to participants within the limitations of the context, and allowed for fast roll out of orientation of staff in the basic tenets of PFA. When asked during the evaluation if the PFA brief was too long or too short, some respondents reported that it was an adequate length; *'The [brief] guide was OK. It was not too long and not too short'* and *'no, it was not too short in emergency cases.'*

However, other respondents felt more detail would have been beneficial, either at the time of orientation, or if provided in a follow up orientation; 'w*e should have more details with examples to better understand*' and *'we need a lot of training'*. This kind of detail is provided in the full version of the draft guide and could potentially be more adequately covered in a longer orientation, as was originally planned.

Some participants also gave the feedback that they would like more in depth knowledge in order to address specific and more technical/clinical needs for psychosocial support, for example; *'how to take care of victims more deeply', 'how to help people and young people who are very aggressive in the camps'* and *'what we can do if the person is [feeling] very hopeless'*. However, this kind of information is not necessarily covered under the PFA approach, as it is currently described in the draft guide, and may be beyond the scope of what PFA alone can achieve.

Conceptually, participants felt the PFA brief described concepts in a simple way that translated well, in both French and Creole. The fundamental ideas, including action principles, do's and don'ts and the *'do no harm'* principles were easy to follow and understand, as shown in the following comments; *'to me this [brief] guide is reasonable and appropriate to my work or to do what I had to do', 'I have used the [brief] guide as reference before going to the camp'* and *'yes, the concepts were pertinent in regard to the circumstances'*.

When asked what participants found the most useful aspects of the PFA orientation, some reported the simplicity and usefulness of the A–B–C–D–E action principles (a full explanation of these principles may be found in Box 2), and that they used them. In focus group discussions, child-friendly space animators demonstrated very good recall of these principles; *'A is assess, giving information to them; B is know yourself well; C is comfort; D is to act to help people with their basic needs; [and] E is exit strategy'*. The presentation of the action principles was therefore found to be easy to understand and to remember and draw upon for future reference. The overall simple language style in the PFA brief seemed to be helpful and well received by participants.

Although the concepts and principles of the PFA brief resonated with the majority of staff, some felt this information was least useful because they already had existing knowledge about certain issues (i.e., things not to say or do, or the principles of *'respect, protect and act'*). *'The least useful was what to not say and not do; the principles are respect the person, protect them and act etc. [are least helpful] because we already known them.'*

Participants' application of the PFA approach

WVI staff that participated in the pilot reported significant benefits from the orientation that they were able to apply, both in their work and in their personal lives. Staff used the information they learned with various beneficiaries: children, youth and the elderly, as well as with their own family and friends. A few participants took the initiative to provide basic orientation in the PFA concepts for people in their church communities, family and other colleagues.

Nearly all people who provided feedback and participated in evaluation focus group discussions reported that the orientation had been helpful to their work and improved the ways they interacted with people affected by the disaster; *'I better understand their behaviour,* and *'the PFA training changed the way I worked with people by adopting an empathic behaviour'.*

The staff also found the PFA orientation helped them to feel more confident and better prepared for working with people in acute distress; *'the tools were very good, it was something I didn't know and it helped us on how to [better] help people in distress'.* This demonstrated that the orientation in PFA is suitable for non-professional, non-technical staff to provide basic first line support to others in their communities; *'it taught me how to get better control of myself in the situation, I use the concepts for myself and to better help people, the training told us the best way to approach the victim, how to face them and not to react and [to] listen, we need to get control of ourselves, do not force people to tell the problem, don't use bad language with people,'* and *'be patient and listen to people'.*

Contextual lessons and limitations

In addition to the limited availability of staff for a full day orientation, participants also reflected on the difficulties of providing PFA in the chaos and deprivation of the emergency context. Some staff felt they would have been able to do a better job in providing PFA if they had more personal equipment, such as an organisational ID badge to show clearly that they were in a position to provide them with support; *'you need a badge to tell the person who you are and to identify yourself'.* Furthermore, some staff found it challenging to provide emotional and psychosocial support for people without also being able to offer assistance for physical needs: *'without basic needs, it's not easy to comfort people'* and *'this guide [should] be more practical and adapted to the community and bring them water and nutrition'.* Although providing practical assistance is a part of the action principles, it is possible that the shortened orientation did not provide the opportunity to fully discuss these challenges within the Haitian context.

Overall, most participants in the PFA pilot orientation programme found it to be helpful, practical and empowering. Some also recommended that the PFA brief material should be distributed and utilised more widely, as they found the information important for working within the emergency setting. The PFA material and orientation seemed to influence the way people supported and interacted with others, in line with the spirit of PFA; *'if somebody's sad, you're not supposed to say "what happened to you", we learned what is first aid and what is not'* and *'[it's] not really about counselling but how to listen'.*

Conclusions

The pilot resulted in valuable input to enable further development of the draft PFA guide. Although the PFA brief was found to be more useful at this phase of the Haiti emergency, staff indicated a desire for more in depth understanding of PFA and other mental health and psychosocial support (MHPSS) concepts. Therefore, while the short form PFA brief may be useful in terms of a response in the midst of acute emergencies, or acutely post emergency, the full version of the guide containing further explanation will be useful in slow onset emergencies, as a disaster preparedness activity and/or for follow up orientation during recovery phases. As there is no time in the midst of acute emergencies to adapt the full draft guide or other comprehensive materials to the local context, it is likely that the PFA brief

would need to be used in a generic form. In contrast, there is time for adaptation in other situations (disaster preparedness or recovery) and this would be appropriate for use of the full PFA guide.

The orientation and messages in the PFA brief proved useful in assisting a wide range of people, from children to adults, men and women. The use of plain language was indispensable in ensuring the basic PFA concepts were well understood and communicated. This included the abbreviated concepts of A–B–C–D–E as an austere way of helping people recall and implement the pure basics of PFA. In doing so, PFA orientation was shown to be relevant to non-professional staff and increased their capacity to be helpful and supportive to others in distress.

Participants reported many practical benefits of the orientation and PFA brief resource material. These included: 1) positive changes in the ways they interacted with people; 2) increased understanding of the limits and extent of the psychosocial assistance they could provide; and 3) improved confidence to work with people experiencing emotional distress. A minority of pilot participants found the least helpful aspects of the guide to be areas around what not to say or do and the underlying principles of respect, protect and act. However, because these principles are so primary to humanitarian and psychosocial support work, it is preferable to retain them in the draft guide, and for further testing in other contexts.

Considerations for future editions of the draft PFA guide

The draft guide has recently been peer reviewed by an international expert group and is currently being revised. The Haitian pilot provides additional, relevant information for revision of the draft PFA materials which arose from testing the PFA approach in a real setting. Based on the results of this pilot, future versions of the draft PFA guide will need to consider the following:

1. Communicating the boundaries of PFA in relation to other support interventions, such as providing material aid and/or clinical mental health care;
2. Recommendations for identification of PFA responders to beneficiaries using badges or (organisation) labelled clothing;
3. How responders providing PFA can better connect to services and physical distribution of basic needs, acknowledging that this is a complex issue and is dependant on the agency and context; and
4. Stating explicitly that, although PFA is an acute emergency intervention, meeting the broad and longer term MHPSS needs will require a range of programming. This is particularly true in emergency contexts with wide disruption to basic infrastructure and services, particularly when formal mental health and social services are scarce (as was the case in Haiti).

Limitations and future research

The findings of the draft PFA guide pilot have important limitations. The results and conclusions outlined in this report reflect lessons based on the short form PFA brief, as opposed to the full guide. Also, the only feedback is from those staff who were both oriented and applying the intervention, and less than half the staff completed the questionnaire. It is possible that these staff do not represent all of the staff that completed the orientation. Furthermore, the

report does not explore the actual impact of PFA for affected persons. This will be an important area for future research over the coming years.

Summary

Although the reality is that many Haitians will continue to have a need for MHPSS over the ongoing phases of recovery from the earthquake, PFA is a useful, frontline response in providing practical care and assistance in the acute aftermath of the emergency. The draft PFA brief resource materials and pilot orientation proved to be helpful as part of WVI's Haiti earthquake response. The information and orientation empowered local staff to assist others in distress and led to positive changes in their behaviour and approach to providing psychosocial support for people directly impacted by the emergency. The PFA orientation provided local staff with skills for the immediate response, simple action principles that can be recalled to assist in the future, and confidence in their ability to help in emergency response. The Draft PFA Guide requires revision and further field testing, but it is proving to be a relevant resource for emergencies in low and middle income countries such as Haiti.

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