



PSYCHOSOCIAL FIRST-AID

Psychosocial First-Aid (PFA) is a humane, supportive response to a fellow human being who is suffering and in need of support. It is provided in response to emergency situations arising as a result of emotional or psychological injuries before expert medical care is sought.

Who can receive PFA Training?

- Everyone should become familiar with the basics of providing PFA. As a PFA, you can step down this training to people in your community.
- All first responders including fire, police and crisis response teams.
- Health care professionals.

Psychosocial First-Aid Involves

Providing practical care and support that does not intrude	Assessing needs and concerns	Helping people to access basic needs (e.g. food and water, information)	Comforting people and helping them to feel calm	Listening	Protecting people from further harm

What PFA is not

- PFA is NOT something only professionals can do.
- PFA is NOT professional counselling.
- PFA is not a clinical or psychiatric intervention (Although it can be part).
- It is NOT asking people to analyse what happened or put time and events in order.
- It is NOT pressuring people to tell you their feelings or reactions to an event.

The 3 Action Principles of Psychosocial First-Aid

In providing psychosocial support to survivors, here are the 3 action principles for first-aiders to follow.

Look <ul style="list-style-type: none">Check for safety.Check for people with obvious urgent basic needs.Check for people with serious distress reactions.	Listen <ul style="list-style-type: none">Approach people who may need support.Ask about people's needs and concerns.Listen to people, and help them to feel calm.	Link <ul style="list-style-type: none">Help people address basic needs and access services.Help people cope with problems.Give information.Connect people with loved ones and social support.
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LOOK (pay attention to a situation)

- Establish what has or is happening.
- Establish who needs help.
- Identify safety and security risks.
- Identify physical injuries.
- Observe emotional reaction.
- Observe for safety.

LISTEN (pay attention to a person)

- Introduce yourself.
- Pay attention and listen attentively.
- Accept other's feeling.
- Calm the person in distress.
- Listening Actively.
- Concentrate Actively on what the affected person says.
- Make frequent eye contact and ensure that your body language signal that you are listening.

- Take time to listen when people describes what happened.

LINK (take action to help)

- Connect with the person's loved and social support.
- Find and give information.
- Obtain services and other help.
- Help the person in distress to find solution to the needs and problems.
- Help people cope with problems.

Ethical Considerations for being a PFA

In offering psychological support to survivors, it is important to avoid causing further harm and provide the best care possible while acting in the survivor's best interest. Help must be offered in the most appropriate manner.

Do's of being a PFA	Don'ts of being a PFA
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- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of, and set aside your biases and prejudices.
- Make it clear that if they refuse help now, they can still access help in the future.
- Respect privacy and keep stories and cases confidential.
- Consider culture, age and gender and behave appropriately.
- Help ethically and responsibly
- Be non-judgmental and provide empathy.

- Do not exploit your relationship as a helper.
- Do not ask for any money or favour for helping.
- Do not make false promises or give false information.
- Do not be intrusive or pushy.
- Do not advice.
- Do not use yourself as an example.
- Do not force people to talk.
- Do not judge the person for their actions
- Do not pressure people to take decisions

Common Reactions to Traumatic Events

- Recurrent fear that the event will take place again – sense of vulnerability and insecurity
- Worry that their loved ones or they themselves will be hurt or separated
- Disturbance of sleep

- Anxiety and hyper-aroused state of vigilance
- Moodiness and irritability
- Turning to drugs for solace
- Self-blame
- Poor attention and concentration
- Social withdrawal and simply wanting to be left alone