NCTSN The National Child Traumatic Stress Network

SOUTHERN REGIONAL Children's Advocacy Center

Psychological First Aid PFA® Guide

for Children's Advocacy Center Supervisors

Brian Miller, PhD, Melissa Brymer, PhD, PsyD, Kristine Louie, PhD, and Karen Hangartner, LMSW

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Reviewers

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Contents

Introduction

CAC leaders will occasionally experience the need for guidance for those times when an extraordinary event has threatened the physical or psychological well-being of their team. The *Psychological First Aid Guide for Children's Advocacy Center Supervisors* provides information for supporting the staff in a children's advocacy center (CAC) setting who have been exposed to critical incidents and may have concerns about their physical or psychological safety. Providing support after critical incidents can also decrease the risk of secondary traumatic stress (STS) or becoming emotionally overwhelmed. The guidance is directed toward supervisors and leaders in CACs regardless of professional training or background.

Psychological First Aid (PFA-CAC) provides a descriptive overview of concepts and practices for any supervisor to employ when a critical incident has occurred in the CAC. It defines the immediate response of the supervisor (hence the "first aid" in the concept) as well as continuous support over the first 30 days.

A *critical incident* is an event that produces—or is likely to produce—an unusual level of stress, trauma exposure, grief, or emotional strain on multiple staff members in the CAC. Examples include a client fatality, death of a co-worker or multidisciplinary team (MDT) member, act of violence against the center or center staff, or particularly heinous child abuse case.

Overview of the Psychological First Aid Approach

Moving Away from Critical Incident Debriefing

CACs have long employed debriefing approaches after the occurrence of a critical incident. Debriefing can refer to many varied approaches, but typically refers to an immediate retelling and detailing of the event, including images, evoked feelings, and staff reactions. In exactly the right circumstances, debriefing could be helpful. Considerable research evidence, however, has demonstrated that a specific debriefing approach (Critical Incident Debriefing, Mitchell, 1983) does not reduce post-trauma symptoms. Further, meta-analysis conducted by the Cochrane Collaborative concluded that Critical Incident Stress Debriefing (CISD) may be harmful for some individuals (Rose et al., 2002). There is yet more research about the ineffectiveness of one-time debriefing approaches. Although there is some controversy about research approaches and definitions, ***there is adequate evidence to conclude that convening a "debriefing" session after a critical incident may not be helpful and could be harmful***. Psychological First Aid for Children's Advocacy Centers (PFA-CAC) is a better alternative to debriefing approaches.

Psychological First Aid (PFA)

The National Child Traumatic Stress Network and the National Center for PTSD PFA, on which this guide is based, is an evidence-informed modular approach for assisting people in the immediate aftermath of disasters, terrorism, or other critical incidents to reduce initial distress and to foster both short- and long-term adaptive functioning. The version we are adapting was created by the National Child Traumatic Stress Network and the National Center for PTSD (Brymer et al., 2006) and has the consensus endorsement of experts in the field of disaster mental health. PFA is in use and has been disseminated by the American Red Cross, the American Psychological Association (APA), the Substance Abuse Mental Health Services Administration (SAMHSA), the World Health Organization (WHO), and many others.

Because PFA is, in essence, a framework for providing a sense of safety, support, and comfort for a person, it provides helpful ideas in the CAC setting after critical incidents. Because the aim of PFA is the provision of support and comfort, it is not a clinical intervention. It includes, rather, very concrete problem-solving approaches, which means PFA-CAC can be applied by supervisors whether they have clinical training or not.

Psychological First Aid for CAC Supervisors (PFA-CAC)

PFA-CAC has been adapted and focused to make it specifically applicable to

1. the CAC setting;
2. critical incidents of all types;
3. the entire range of both direct trauma and potential secondary trauma stress reactions;
4. supervisors/leaders in the CAC.

What Psychological First Aid for CAC Supervisors Is Not

PFA-CAC is not:

- **Therapy**—PFA-CAC is an immediate, "first aid" support. When the need for long-term support or professional assistance is indicated, your role is to help the staff member access that support.
- **Debriefing**—For reasons described below, debriefing is not the aim of PFA-CAC. It is not essential to your provision of support to the staff member that they be coached to re-experience or describe the events or their related emotional reactions.
- **Long term**—This first aid approach defines a means of support to staff immediately after a critical event has occurred.

PFA-CAC
Concepts, Principles, and Core Actions

PFA-CAC Concepts

CONCEPT 1:

Debriefing approaches are not preferred practice after a critical incident within the CAC.

- Debriefing has been found to be at best, ineffective, and at worst, harmful (Rose et al., 2002).
- Single session approaches are likely to be ineffective at reducing post-trauma or providing a sense of support (Van Emmerik et al., 2002).
- Being re-exposed too soon to the trauma through the re-telling could lead to re-traumatization (Rose et al., 2002; Van Emmerik et al., 2002).
    - Immediately after the critical incident, the staff member may still be actively experiencing the trauma. They may have not yet consolidated or fully processed the event and may not be ready to re-experience it through the retelling.
    - Debriefing does not allow the staff member to control the amount of "triggering" before the intensity is increased by the debriefer.
    - The staff member may feel social pressure to respond to the invitation of the supervisor to relate their experience immediately. This does not allow them to feel in control of the timing and amount of exposure.

CONCEPT 2:

PFA-CAC differs in important ways from debriefing.

PFA-CAC	Debriefing
PFA-CAC is evidence informed.	Debriefing is in contradiction to the evidence.
PFA-CAC is individualized according to need.	Debriefing is a singular approach applied to all.
PFA-CAC does not assume that everyone will be traumatized or will develop secondary traumatic stress (STS) after a critical incident.	Debriefing approaches assume trauma reactions will occur to all if debriefing doesn't occur.
The PFA-CAC approach is directed by the staff member based on their felt need.	CISD assumes debriefing must occur and that it must occur immediately.

CONCEPT 3:

The most important factor in minimizing the impact of a critical incident is the support that the staff member receives from you as the leader, and the support provided by the staff member's peers (that may be facilitated by you).

People who have experienced a critical incident in their job role consistently report that having the support of their supervisor and peers was essential in their ability to maintain well-being (Halpern et al., 2009; Herrema et al., 2020).

- Supervisors must feel proficient in how to provide this support should a critical incident occur. You will be an effective support if you know exactly what to do when the need arises.
- Supervisors are more likely to ask other leaders for assistance if they know that other leaders were also trained in PFA-CAC. This is important when a supervisor has been directly impacted by a critical incident. They need to feel confident that others will take care of their staff as they take care of themselves.

PFA-CAC Principles

PRINCIPLE 1:

There are eight core actions of PFA-CAC.

1. **Contact and Engagement:** Initiate contacts in a non-intrusive, compassionate, and helpful manner.
2. **Safety and Comfort:** Enhance immediate and ongoing safety and provide physical and emotional comfort.
3. **Stabilization (if needed):** Calm and orient emotionally overwhelmed staff.
4. **Information Gathering on Current Needs and Concerns:** Identify immediate needs and concerns, gather additional information, and tailor interventions.
5. **Practical Assistance:** Offer practical help to staff members in addressing immediate needs and concerns.
6. **Connection with Social Supports:** Help establish brief or ongoing contacts with support persons and other sources of support, including workplace peers, family members, friends, and community-helping resources.
7. **Information on Coping:** Provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
8. **Linkage with Collaborative Services:** Link survivors with available services (such as an Employee Assistance Program [EAP] or professional counseling) needed now or in the future.

PRINCIPLE 2:

PFA-CAC is a "first aid" approach.

The purpose of PFA-CAC is to provide early assistance within days or weeks following an event. That means you are providing the support to the staff member as soon as possible after they become aware of the critical incident. As a "first aid," this is not necessarily about a long-term plan. You are addressing the immediate needs of the staff member and providing supports that address them. As a flexible approach, sometimes the supervisor's entire response may be limited to observing the staff member and inquiring about their well-being. No assumption exists that the staff member needs organizational support or that they

must accept support. The staff member's preferences are respected, and if they decline the need for support, they are not presumed to be in "denial" nor that it will lead to negative effects. The goals of PFA-CAC are to

1. communicate the support of the supervisor/organization
2. reduce distress of the staff member
3. assist with current support needs
4. promote a sense of social connectedness (and guard against isolation)
5. connect with on-going supports when indicated
6. *not* to elicit details of the traumatic experience
7. support adaptive coping and problem-solving strategies

PRINCIPLE 3:

Take your cues from the staff member.

Unlike debriefing approaches, there is no assumption that every staff member will experience trauma or distress after a critical incident, or that they will need to talk about it or accept support from others in the workplace. It is helpful to consider how different your role will be depending on which of these descriptions best fits your staff (and realizing that this may change over time):

1. The staff member is asking for your/your organization's support.
2. The staff member evidences the need of supports but is not requesting them.
3. The staff member is not in need of intervention or special supports.

In PFA-CAC, all three positions may be appropriate ways to manage the aftermath of a critical incident. Accordingly, your role as supervisor is to observe, to inquire if supports would be welcome, and to respect the answer of the staff member in all cases.

PRINCIPLE 4:

PFA-CAC is a modular approach.

PFA-CAC is a modular approach. That means the components and core actions that compose it may be employed at any time, and in any order. Many of the actions will be occurring at the same time—there is no assumption that the core actions will occur in the sequence they are outlined here. Above all, PFA-CAC is about providing supports in a flexible way based on the circumstance and the individual needs of the staff member.

Psychological First Aid in a Nutshell:

The Three Essential Activities

Before detailing the eight core actions of PFA-CAC, it is helpful to describe in simple terms what you, as a leader, will do after a critical incident. The core actions described here are incorporated into three essential activities:

1. **Common meeting with staff members** to provide information about the critical event. Your role is to
   - **a.** deliver the necessary information about the critical incident and discuss any changes to procedures for how the CAC will operate (e.g., changes to hours, memorial services).
   - **b.** assure team members you are not ignoring the effect of the incident and to introduce the follow-up that will occur.
   - **c.** "carry the calm" for the team. You are concerned but are confident about what should happen in this situation.
   - **d.** communicate *compassion* and *curiosity*. Above all, your demeanor should express that you will remain curious about their sense of well-being and about how (and if) you can provide support.
   - **e.** describe any additional resources that are available to them (e.g., EAP, personal time, community resources).

2. **Individual contact with team members to assess need for support:**
   - **a.** Follow-up will be determined with respect for individual wishes.
   - **b.** The eight core actions are flexibly applied based on need.
   - **c.** Inquiry is made about well-being, supports are offered, and action plan developed (which might be that no further action is needed).

3. **Second contact (group or individual) to provide information about**
   - **a.** stress reactions
   - **b.** coping approaches
   - **c.** the importance of social support
   - **d.** connecting to additional resources

PFA-CAC Eight Core Actions

PFA-CAC CORE ACTION #1:

Contact and Engagement

PFA-CAC will be conducted by the CAC supervisor or leader who has an established relationship with the team. This assumes that you are already someone in whom the team members have trust, and whom they believe cares about their well-being. This foundation is essential to team members' acceptance of your support. If you have been directly impacted by this critical incident, inform your team which trusted leader will be supporting them and remind them they too have been trained in PFA-CAC.

Individual or Group

The group setting is *not* the optimal setting to begin inquiring about individual reactions to the incident, or to ask details about how staff members experienced the incident.

- Emotions can be contagious. The reactions of one staff member might be intensifying to other staff members.
- There is an implicit expectation created in a group setting that may make it difficult for an individual staff member to access their own, individual response to the event. They may have difficulty identifying their own reactions when being strongly influenced by other members of the group ("group think").
- Staff members may respond to the incident at different rates of processing. Some may be actively experiencing a sense of trauma as they hear the news for the first time. The differential rate of response of each staff member should be respected, and not expected to conform to others in the group.
- Naturally occurring supports will be important. We shouldn't assume that the supervisor or work team is the only or best source of support.

The following information may be effectively shared as an initial contact in the group:

- The facts of the critical incident and any CAC procedural changes as a result of the incident. Share relevant and allowable facts without any unnecessary graphic details.
- Your recognition, as a leader/supervisor, of the significance of this event, and the impact it may have on the team members.
- Assurance that you will prioritize time for individual check-ins with team members and that you will maintain a watchful concern for their well-being.
- That you will follow up with the members of the team individually to assure their well-being and to respond to any needs for support.

- That you will—in individual contacts or subsequent meetings—provide information about what the team members should be observing in themselves in the subsequent days. (This is not the time to share these potential effects, as the news about the incident is still being processed and will obscure any information that you provide now.)
- Individual opt-out is perfectly acceptable. Individual meetings can also be substituted for group meetings.

The initial contact may occur as you seek out your individual team members or may occur in a group setting that you have convened (or in a scheduled staff meeting). The advantages of the group context are

- everyone on the team hears the same report about the incident and hears it at the same time.
- questions can be responded to for the benefit of the entire group.
- the group setting confers a sense of team and "we are experiencing this together," which can buffer a sense of isolation in staff members.

Your goals during this initial contact are to

- deliver the necessary information about the critical incident.
- assure team members you are not ignoring the effect of the incident and to introduce the follow-up that will occur.
- "carry the calm" for the team. You are concerned, but are confident, about what should happen in this situation.
- communicate *compassion* and *curiosity*. Above all, your demeanor should express that you will remain curious about their sense of well-being and about how (and if) you can provide support.
- clarify, when confidential information may be involved, the organizational policy about sharing information related to the event.

After the initial contact, send a communication to your team that again acknowledges the incident, and your commitment to their well-being (see next page for a sample communication). Let them know you will be checking with each of them to support them as any emotional shock is absorbed. Make explicit that your approach will be sensitive to the fact some may need time and space. Indicate explicitly that you want them to communicate with you if they would like to discuss the incident or if they have other needs.

- Plan to check in on your supervisees in as natural a fashion as is possible.
- It is not essential that you contact all staff members immediately unless there is evidence of clear distress.
    - Prioritizing those for whom you have a special concern is important; check in with them first.
    - Spreading your check-ins with your staff over days is perfectly fine and may even be desirable. Your sustained interest in them will communicate that your singular meeting was not the end of your concern and support.

- Allowing a short amount of time to pass will allow your team members to process the event and more accurately self-assess their well-being.
- Make sure to also reach out to staff who have not been able to report back to work or who might work remotely, and check in by phone, video chat, etc.

Important: If any of the team members appear overwhelmed (unresponsive, panicked, or frantic), move immediately to stabilization (Core Action #3).

Post Initial Contact Communication: Sample

"We are all affected by _____(critical incident). I (We) want to do whatever I can to support the well-being of you and the team as we absorb this shock. Please know that I (we) will be checking with each of you as we have time to process this information. I am (We are) sensitive to the fact that some of you may need time and space. It is just fine to take time and to deal with this in your own way. For any of you who would like to discuss (the incident) or who have any questions about operations, please reach out to me at any time."

CAC-PFA CORE ACTION #1: SUMMARY

The goals of the initial contact and engagement are the following:

1. Provide information about the critical event to all members of the team.
2. Communicate that you will maintain an ongoing interest in assuring their well-being and in providing support when requested.
3. Provide additional comfort to those grieving or who have experienced a loss.

PFA-CAC CORE ACTION #2:

Safety and Comfort

The second action is to provide for the physical and psychological safety and comfort of individual team members. *This must be given priority* status over your planned schedule.

1. During the first few days after the critical incident, you will make individual "wellness checks" with each of your staff members.
   - **a.** Offer water, tea, or coffee to your staff member. The unstated, cross-cultural significance of this simple caring act can be profound.
   - **b.** Check in with each of your team members, but take care to give as much space as they want. You are taking your cue from them, not from any assumption about how much support or attention is optimal.
   - **c.** Your role during this core action is to assess the sense of physical and psychological safety experienced by each of your staff. This is accomplished both by direct inquiry, and by watching for signs of distress. Even when the incident did not threaten the physical safety of your team, the post-trauma response may produce a sense of feeling unsafe, being in "fight, flight, or freeze." The sources of this sense of threat may be:
     - **i.** Acts of violence that are now exposing other safety concerns.
     - **ii.** Shock of the news.
     - **iii.** Recurring images or thoughts, which cause disturbing feelings related to the incident. These images may be intrusive and may interrupt sleep.
     - **iv.** Worry about blame. Depending on the nature of the incident, some staff may fear being faulted by the organization, or may self-blame. This is especially likely when there has been a bad outcome of a client case, or in the case of a suicide of a client or co-worker.
     - **v.** Fear of recurrence especially when the threat of safety is continuing.
     - **vi.** When an act of violence targeted the same identity of your staff members.
   - **d.** Clarify any misinformation. During critical incidents, staff might receive information from different sources. By stating what is currently known and that you will provide updates as more information is available will help clear up any confusion.
   - **e.** Listening with undivided attention and acknowledging feelings can help staff feel understood and supported. Your concerned interest, offer to provide comfort, and

What Worker Distress May Look Like:

- Unresponsive to questions or directions
- Disorientation—disorganized behavior or speech
- Strong visible emotional reactions, excessive crying, hyperventilation, rocking, extreme withdrawal
- Uncontrollable physical reactions (shaking, trembling)
- Incapacitated by worry

engagement with staff accomplishes a great deal toward bringing them to a sense of safety.

f. Support the sense of safety through concrete actions. For example:

- **i.** Listen for concerns about safety issues at the CAC. Inform them how these safety issues will be addressed or who will review these issues.
- **ii.** Offer them the opportunity to talk to their partner or other supports.
- **iii.** Do they feel safe to drive, or do you need to arrange transportation?
- **iv.** Do they need assistance transporting their children?

2. Provide support for staff who are grieving the death of staff members or clients.

a. Reassure staff that what they are experiencing is understandable and expectable.

b. Help staff know there is no right way to grieve.

c. Inform them about any memorial services and policies for staff to attend services.

d. If they are ready, discuss activities they can do to honor that person or inform them of activities in the community they might be interested in (e.g., vigils, community groups focused on a specific cause).

What Is Psychological Safety?

In the context of PFA-CAC, *psychological safety* is "a shared belief among team members that the supervisor and team will accept the open expression of emotions and vulnerability without judgement or criticism."

A sense of psychological safety is evidenced when team members feel safe to

- ask for help
- acknowledge distress
- express concerns and worries
- openly express emotions caused by the event
- communicate interest in the well-being of other team members

PFA-CAC CORE ACTION #2: SUMMARY

The goals of supporting safety and comfort are the following:

1. Communicate your interest in the well-being of all staff. Let them know you will be checking in on them as the team members begin to process this event. Communicate that they can check in with you anytime they have questions or requests.
2. Assess the sense of physical and psychological safety experienced by your staff members.
3. Provide additional comfort to those grieving or who have experienced a loss.

PFA-CAC CORE ACTION #3:

Stabilization (When Indicated)

During your interactions with team members, you will be observing for signs of acute distress that may indicate the need for stabilization. Most staff will not need stabilization.

Remember the goal of PFA-CAC is not therapy. You are not being asked to provide "therapy." Rather, you are here to support your staff members in resolving alarm responses in the short term.

1. Stabilization is, in short, helping your staff member turn off the fight or flight alarm message, so it feels safe again. This is usually a one-on-one interaction.
   - **a.** Your calm presence and concern are the most important element in stabilizing a staff member. Remain calm, speak in a soft voice, and keep your body relaxed. This will help them to relax. Take a slow breath in and maybe they will breathe with you. As they can verbalize their experience, you can decide about simply maintaining a supportive conversation or coaching the use of some grounding techniques.
   - **b.** Some staff may not want to talk right away and may need a private space to calm down by themselves. Give them that space, but let them know you will stay nearby if they need you. They may just need a few moments to begin thinking clearly.
   - **c.** Breathing is the most used strategy for grounding in one's body. "Can we take a moment and just breathe together?"
   - **d.** Your team member may already have some mindfulness/grounding practices that they have used in the past. Now is a good time to inquire and to coach their use.
   - **e.** If the staff member is agitated, it may be difficult to hold still for a breathing or mindfulness practice. Walking or other movement may be helpful. If so, you may want to use the "Hot Walk and Talk" protocol outlined on the following page.

Grounding Exercise

1. Sit in a comfortable position with your legs and arms uncrossed.
2. Breathe in and out slowly.
3. Look around you and name five non-distressing objects that you can see.
4. Breathe in and out slowly.
5. Next, name five non-distressing sounds you can hear.
6. Breathe in and out slowly.

From Psychological First Aid, 2006.

THE HOT WALK AND TALK PROTOCOL

1. Ask the staff member if they would like to walk with you. Walk away from the area where the incident occurred and toward a neutral or safe area, or if possible, go outside.
2. Offer them a bottle of water and drink along with them as you walk.
3. As you walk—allowing the staff member to set the pace—talk with them in a calm reassuring manner (from alongside them rather than "eye to eye").
4. Talk in an unhurried, thoughtful way. Silences are tolerated when walking in a side-by-side alignment. Allow the staff member to set the pace in walking and in conversation.
5. Your goal is to help the staff member begin to stabilize—not to debrief or to provide therapy. Your conversation may consist of inquiries about how they are coping, and not about recounting the critical events.
6. Pay attention to any safety concerns that are causing distress. Reassure them that they are currently safe (if that is the case) and that you are there for them.

Fisher, P., 2012.

2. Problem-solve with the staff member whether there is benefit in remaining at the office with team members' support (and the focus of work) or if it is more beneficial to go home and seek the support of family and friends. Either may be best depending on the individual. Assure them that you will actively ensure there is coverage in the office and, if needed, help them with transportation. This is an open invitation, and their answer may change over time.

3. As the staff member stabilizes, let them know the alarm response may happen in "waves." Should it return, they can engage in the same activities you just walked them through. Knowing they have a plan of what to do if they begin feeling distress can add a sense of assurance. Remind them that they can reach out if they feel unstable.

PFA-CAC CORE ACTION #3: SUMMARY

The goals of stabilization are the following:

1. Help your staff member turn off the fight or flight alarm message. You are not, however, conducting therapy with them.
2. Employ a calm and steadying presence. You can help them move out of fight or flight and into the present through any method of bringing their awareness to the body. Focusing on the breath is the most typical way of bringing them back to the here-and-now and away from the feeling of threat.
3. Walking while you talk with them can be helpful if their body wants to move in response to this stressor.
4. Problem-solve with the team member whether continuing to maintain their normal work schedule would be helpful, or if taking time away would be helpful. Give them permission to choose.

PFA-CAC CORE ACTION #4:

Information Gathering

NOTE: This information gathering will occur *only when the staff member appears calm and stable*.

The purpose of this core action is to calmly collect information about what the staff member says is needed to help them feel supported. As always with PFA-CAC, the staff member's wishes are respected—there is no assumption that they will require any particular form of support.

1. ***Ask specifically about how the emotional toll is being experienced by the staff member.*** Are they having physical or emotional expressions of stress, grief, or alarm? If the staff member reports they are doing well, accept it. If the staff member is exhibiting signs of distress but won't acknowledge it, do not push them to respond. Your role is to continue to observe and support, but not to push for disclosure.
2. ***Ask them if they have any safety concerns.*** Safety concerns could be at the CAC, related to traveling to and from work, or when the critical incident is still on-going. When a violent incident targets a staff member's same identity, additional safety concerns may

be experienced. Discuss strategies for addressing these safety concerns and let the staff member know if you will bring up some of these concerns to senior leaders for further consideration.

3. ***Assess the degree of personal and/or professional loss.*** Depending on the nature of the event and the staff member's relationship to the affected individual(s), assess the nature of any loss experienced by the staff member. Is this a professional stressor, or is this the loss of a personal relationship? Knowing the answer to this will inform the support you will provide to the staff member over time.
4. ***Provide information about any organizational procedures that are to follow* (if any).** If there is to be an organizational review or other organizational follow-up to the event, describe them honestly and completely to the staff member. Inquire about any concerns they may have about the process, including the aspects that you may not be able to answer definitively.
5. ***Assess and discuss any feelings of guilt or shame that the staff member may be experiencing.*** Depending upon the nature of the incident, they may feel like they failed to do something that they should have done. Inquiries from the supervisor will differ depending upon the type of event and your relationship with and the comfort of the staff member. If there is something that the staff member did or did not do that might have contributed to the incident, now is not the time to focus on mistakes. Opportunities for learning from the incident can occur later.
6. ***Invite a discussion with the staff member about whether they represent a risk to themselves.*** If the need is apparent, develop a safety plan (what actions they will take if they should begin to feel that they are a risk of self-harming.)
7. ***Discuss the importance of not isolating during this difficult time.*** You can reinforce that each person will deal with this in their own way, but isolation is a special risk when it is prolonged. Inquire about their level of social support in the office and at home.
8. ***Ask if this event is activating any past trauma or experiences.***

Reminder: You are gathering information but are not attempting "therapy" around any issues identified. You are assessing for which core action in PFA-CAC is needed (Employee Assistance Program or behavioral health).

What Are the Staff Member's Immediate Needs?

After a critical incident, you can use the following questions to help the staff member address their immediate needs (the day of the critical incident).

1. Is there anyone in their family/support system they want to reach out to?
2. Do they wish to remain at work or go home?
3. Do they need transportation?
4. Do they need assistance with childcare or child transportation?
5. Do they need assistance with securing housing or basic needs?
6. Discuss if they have any other needs or requests.

PFA-CAC CORE ACTION #4: SUMMARY

The goals of information gathering are the following:

1. Your overall goal is to collect information about what emotional or physical supports this person needs to be best supported.
2. Ask in specific ways about the emotional toll of the critical event. This is done only if the team member is feeling calm and stable.
3. Have some questions in mind that elicit information and communicate your support. Examples may include whether they are having any physical symptoms of stress; what, if any, safety concerns they have; how close their relationship was to the person(s) affected by the event; whether they may be having any feelings of guilt or responsibility for the event.
4. Communicate the importance of remaining connected with family, friends, or team members. Isolation is a professional risk factor after critical events.

PFA-CAC CORE ACTION #5:

Practical Assistance

After adequate information gathering, Core Action #5 marks an important shift into active planning. Consider those needs that are a priority to the staff member. Determine which can be met at the workplace and which may be better met by a community provider or outside the CAC. Elevate those needs that are most critical. Many times, staff members may not be aware of the resources available to them at the CAC or in the community or may not feel comfortable reaching out to people with whom they don't have a trusted relationship.

1. Identify needs:
   - **a.** Jointly create a list of needs identified through the initial information gathering.
   - **b.** Check with the staff member to make sure that the list is accurate and complete.
2. Prioritize needs:
   - **a.** Help them to determine which needs are the most urgent and most important to them.
   - **b.** Set expectations about which needs can be met at the CAC and which might need connection with a community provider or supports outside the workplace.
   - **c.** Create steps toward meeting needs that are doable with you at the CAC (e.g., things that you can work on together). An example might be deciding with the staff member on whether to resume work-as-usual or consider a paced reentry?

3. After you create the plan, let them know you will check back in with them or if they need additional supports that you are willing to speak with them sooner.
4. Work-as-usual or paced re-entry? Depending on the circumstance and desire of the staff member, discuss their preference for continuing to work as a way of regaining a sense of normalcy or if they need respite from work to focus on recovery. Your offer of respite may communicate a sense of your support for their well-being. If you offer leave for the staff member, provide context and communicate as transparently as possible so that it is clear the leave time supports the staff member. You could also talk with the staff member about developing a plan to adjust any upcoming deadlines or commitments as a way to further support them in the moment. Be clear, however, about the length of the plan and when you will check back in to see if there needs to be further adjustments.
5. Discuss if they have any other needs or requests for support.
6. Additional supports in the workplace include helping staff identify peers who can pair up with one another to provide support during this stressful time, providing additional wellness opportunities, and encouraging staff who may feel particularly vulnerable as a result of the critical incident (due to their race, religion, etc.) to form a support group.

PFA-CAC CORE ACTION #5: SUMMARY

The goals of practical assistance are the following:

1. Develop practical actions that would be supportive to the staff member (beyond a passive, "If you need anything, let me know").
2. Honor the preference of the staff member without judgement. Most staff will not request any specific assistance.
3. Provide practical assistance, such as routine check-ins, phased work re-entry, identifying a peer-support contact, or any other needs for support.

PFA-CAC CORE ACTION #6:

Connection with Social Support

Social support—including peer support from the team—may be the single most critical factor in the employee's well-being. In well-functioning teams, considerable peer support is likely to develop naturally. But leaders can play an important role in assuring that no one on the team is left isolated and dealing with the critical event alone.

1. Communicate about the importance of social support to individuals and to the team.

2. Social support will come in several forms in addition to the support you provide as a supervisor:
   a. Family/friends
      i. You may ask the staff member who they derive support from in their social/family world. When appropriate, you may encourage them to reach out to those individuals.
      ii. Provide time and privacy for staff to do this as appropriate.
   b. Peers/team
      i. Provide information to the team about the importance of team support, the mutual monitoring of distress in team members, and what they will be looking for in themselves and colleagues (Core Action #7).
      ii. Connect team members as support partners when indicated and when mutually agreed.
      iii. For staff who are not able to return to work, find ways these staff can stay connected with their teams and with you.

3. Knowing when to seek out professional support (EAP, counseling services). (**Note:** See indications for referral for external support under Core Action #8.)
   - When the distress of the staff member is impairing them or is sustained, it requires more than "first aid." In this situation, a referral should be made through organizational and health plan resources.
   - Offering additional wellness activities can also help team cohesion and assist with reducing stress.

Who Supports the Leaders?

This guide provides information on how leaders and supervisors support their staff. But who supports the leaders? It is important that leaders proactively build themselves a support system, someone who will provide the same level of support that leaders are providing to their own staff. Here are some ideas for what this might look like:

1. Identify a sister CAC leader, a Chapter staff member, Regional Children's Advocacy Center staff member, or another professional outside your agency with whom you trust and feel safe.
2. Reach out and ask if they can support you over the next few weeks or months.
3. Set up weekly, standing meetings for check-ins. Protect this time on your calendar.
4. Share this guide with your support partner and discuss how they can support you.
5. Use this person to process your feelings and emotions related to the incident as you need to.
6. This person can also act as a sounding board as you plan how to deal with the incident's aftermath.

Tending to your own well-being will allow you to have the capacity to fully support your staff.

PFA-CAC CORE ACTION #6: SUMMARY

The goals of connection with social support are the following:

1. Assure that all team members can access the amount of social support they desire as they manage their response to the event.
2. Communicate the importance of social support after a critical event and to play a role in linking individuals with support when requested.
3. Make referrals for professional support when the team member desires.

PFA-CAC CORE ACTION #7:

Information on Coping

An important early action after a critical incident is to provide information on stress/trauma reactions and coping approaches. Some reactions to the event may develop after the initial shock of receiving the news. Therefore, you will provide information to team members about what to monitor for in themselves and in their colleagues that may indicate a response is needed to the distress.

1. Decide whether to provide this information in a group setting or to individual team members. This information sharing should not be done as part of the initial setting in which the event is announced, as individuals need time to absorb what happened before they can retain this information.
2. Team members should be informed about what to monitor for in themselves and in their colleagues (and given the handout, "Possible Reactions to a Critical Event"):
    - Intrusive reactions
    - Avoidance and withdrawal reactions
    - Physical arousal reactions
    - Trauma reminders
    - Loss reminders
    - Grief reactions
    - Depression
    - Physical reactions
    - Sleep problems
    - Changes in the way you think or feel

3. The following areas are common difficulties staff may experience as a result of trauma:
    - **Sleeping:** sleeping too much, not being able to sleep, having nightmares
    - **Eating:** eating too much (e.g., hoarding food, stuffing self with food) or not having an appetite
    - **Health:** stomach aches, headaches, nausea
    - **Relationships:** ability to connect with and trust others, including colleagues and other adults
    - **Focus:** ability to pay attention, concentrate, seeming spacy or forgetful
    - **Behavior:** being defiant to leaders, withdrawing from interactions
    - **Emotions:** feeling overwhelmed, seeming moody or irritable, having difficulty calming down when upset
    - **Other trauma-related reactions may include:**
        - Feeling a constant sense of danger and being on the lookout for danger
        - Being hyperalert, nervous, jumpy
        - Getting upset when something reminds them of past traumas (e.g., smells, sights, feelings or other triggers)
        - Not wanting to talk about bad things that have happened and avoiding doing things that remind the staff member of the critical incident
        - Not being able to stop thinking about critical incident
4. Describe possible coping strategies and provide them with the "Ideas for Coping" information sheet. Here are some are some possible adaptive coping strategies. Monitor how you feel as you try any of these:
    - Talking to a peer, a family member, or a provider for support.
    - Keeping active or busy by engaging in activities (e.g., projects, reading, drawing, chores, hobbies).
    - Trying to keep a routine/schedule.
    - Writing in a journal or participating in creative art activities.
    - Using calming strategies such as breathing and exercise/movement.
    - Using coping methods that have been successful in the past.
    - Telling yourself that it's natural to be upset.
    - Positively reminiscing about a loved one who died.
    - Engaging in religious or spiritual practices or activities.

For more information on coping strategies, including anger management and sleep problems, refer to the *Psychological First Aid Field Operations Guide*, 2nd Edition, pages 86–89.

PFA-CAC CORE ACTION #7: SUMMARY

The goals when providing information to staff on coping with trauma are the following:

1. Decide whether to provide information in a group setting or to individual team members.
2. Provide information on specific signs and symptoms of distress after a critical incident for team members to use in their self-monitoring.
3. Provide information on coping strategies when distress is experienced. Pre-identify sources on effective strategies that can be disseminated when needed (e.g., *Psychological First Aid Field Operations Guide*, 2nd Edition).

PFA-CAC CORE ACTION #8:

Linkage with External Support

PFA-CAC defines *first* aid, but some conditions require more than this initial support. You should confirm that you have referral information for an Employee Assistance Program (EAP) or professional counselors who work with your health plan. Referrals should be made if the team member exhibits any of the following:

- experiencing enough disruption that immediate attention is needed
- experiencing difficulty with work or personal responsibilities
- having distress more than 4 weeks after the critical incident
- hasn't slept within 72 hours
- other conditions are met (see list below)

Additional referral services include hotlines or warmline services (e.g., 988 National Suicide Prevention Lifeline), 211, or community agencies that staff members identify as a needed service.

Indications That May Indicate the Need for a Referral to External Help

The staff member exhibits any of the following:

- an acute *medical* or *mental health* problem requiring immediate attention;
- worsening of a pre-existing medical, emotional, or behavioral problem;
- a threat of harm to self or others;
- concerns related to the use of alcohol or drugs;
- a need for medication for stabilization;
- a desire for pastoral counseling;
- ongoing difficulties with coping four weeks or more after the incident; or
- whenever the team member asks for a referral.

From Psychological First Aid, 2006.

How are *you* doing? Check in with yourself.

As you provide this support to your team, make sure you are also checking in with yourself. Supporting others can be helpful in managing your own emotions at this time—but it can also be an emotional strain. Make sure **you** are taking care of yourself:

1. Periodically, throughout the day, check in with yourself.
2. Check in with your body. Are you calm, or tense?
3. Notice how you are breathing—even for a quick moment. Are you completing your breaths, or breathing fast and shallow?
4. Do what you need to do to resolve your distress. Even a minute or two of intentionally breathing and relaxing back into your chair can help reset you.
5. Check in with your colleagues and family. Take a break by spreading your focus for a little while.
6. Use peer consultation and supervision to reduce your sense that you are doing this by yourself. Sometimes reaching out to colleagues at other CACs who aren't dealing with the same critical incident can be most helpful to provide support and attend to your needs.
7. Ask for what you need. Do you need support from your supervisor in some way? Do you need someone to help you with your team?
8. Remember, psychological safety is the shared sense that you can express your experiences and vulnerabilities without fear or shame. That includes you.

Tips for Selecting a Trauma-Informed EAP Provider

The following is a list of competencies that a mental health provider should have in order to work with individuals experiencing STS symptoms:

1. **Specific knowledge about trauma and STS**
   - **a.** Knowledge of the prevalence, incidence, risk and resiliency factors related to different types of trauma and STS
   - **b.** Understanding of the intersection between social, psychological, and neurobiological factors on symptoms of trauma and STS
   - **c.** Understanding of the social, historical, and cultural context of direct and indirect trauma experiences

2. **Trauma-focused assessment**
   - **a.** Willingness to ask about both indirect and direct trauma exposure
   - **b.** Understanding of how STS-related stress responses may affect the assessment process and the influence of culture and beliefs on responses
   - **c.** Ability to adapt assessment process in response to an individual's STS-related needs
   - **d.** Ability to identify an individual's strengths and other factors of resiliency and incorporate these into the assessment process
   - **e.** Use of appropriate psychometrics to help inform clinical decision-making and treatment planning

3. **Trauma-focused interventions**
   - **a.** Knowledge of the existing science on trauma-informed evidence-based treatments, including mechanisms of change common across evidence-based treatments for trauma and STS
   - **b.** Ability to use critical thinking to select and adapt trauma-focused treatment to an individual's specific needs, including an individual's symptoms, as well as cultural considerations
   - **c.** Ability to maintain a supportive, collaborative, and non-judgmental stance with individuals seeking care
   - **d.** Ability to collaborate with an individual's family as a part of treatment as needed

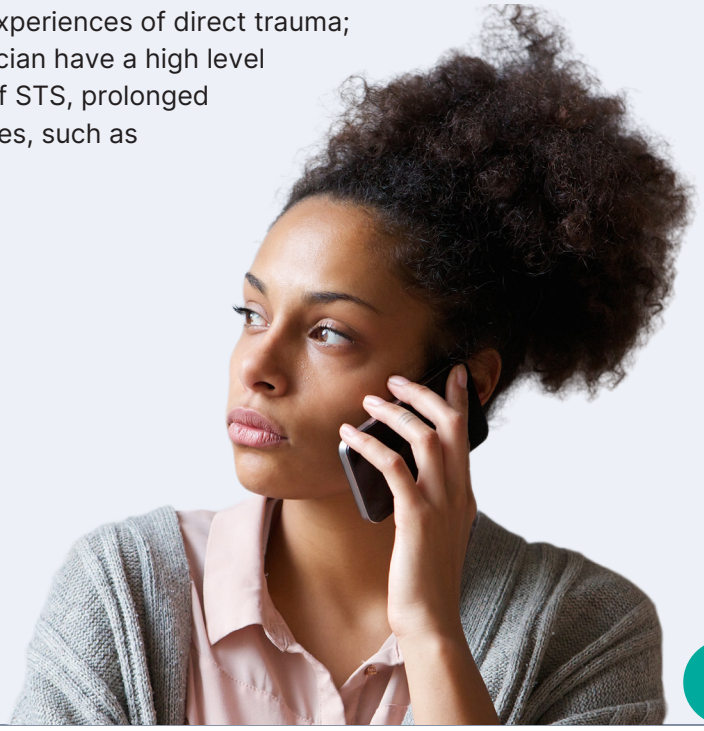
4. **Trauma-informed professionalism**
   - **a.** Ability to interact with outside systems, such as an individual's employer, that protects the individual

5. **Trauma-informed systems**
    a. Ability to engage in interdisciplinary collaboration
    b. Understand ways in which organizations and communities may contribute to the development of STS
    c. Knowledge of the role of organizations in building resilience to help mitigate STS

The following is a list of questions that can help guide an organization in selecting a qualified trauma-informed mental health provider for their EAP:

- **What is the clinician's educational background?** The EAP clinician will need to have a master's or doctoral degree in social work, psychology, or a related field and be either independently licensed or under supervision for licensure.
- **Has the clinician received formal training on STS?** This may include graduate-level course work specific to trauma, grief, and STS, continuing education courses, or training in an evidence-based trauma-focused treatment that includes an STS component. Specific areas of knowledge about STS should include assessment of PTSD, grief, and STS symptoms, the prevalence of STS for providers working in helping professions, and the potential interplay among social, cultural, historical, psychological, and neurobiological factors on severity of symptoms and functional impairment.
- **Is the clinician trained in any trauma-focused evidence-based treatments?** Examples of such interventions include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing Therapy (EMDR). While these interventions may not be utilized during EAP sessions to address STS, training in these interventions can be a helpful knowledgebase for intervening with STS.
- **Does the clinician have experience working with individuals who have experienced direct and/or indirect trauma exposure?** This should include length of time working with trauma in their practice and an estimated number of clients treated with direct/indirect trauma experiences. STS, grief and PTSD symptoms can be complicated especially if an employee has their own experiences of direct trauma; therefore, it is essential that the EAP clinician have a high level of competence working with symptoms of STS, prolonged grief, PTSD, and management of risk issues, such as suicidal ideation.

Sprang, G. & Eslinger, J., 2020.



PFA-CAC CORE ACTION #8: SUMMARY

The goals of linkage with external support are the following:

1. Understand the general indications for referral for professional support.
2. Have knowledge of how to initiate a referral and contact information for referrals to an EAP or professional counseling.

Managing Professional Stress

Leaders and all staff who do this difficult work need to learn how to support themselves. Consider ways to manage your own well-being by using the Pause-Reset-Nourish (PRN framework):

Pause

Take three slow breaths and think about how you are feeling. Pause and notice everything happening inside of you, because you matter.

- **Body:** Notice how you are holding stress or tension in different parts of your body.
- **Mind:** Is your mind cluttered or full of worries? What are you thinking about?
- **Reset:** How are you feeling? Notice and name any intense emotions (e.g., frustration, anger, anxiety, sadness).

Reset

Be kind to yourself and remember that these are difficult times. Choose something you can do to help yourself feel steadier, more calm, confident, or focused on your next task.

- Take a quiet moment: Help calm your mind if it's full or filled with worry. Breathe slowly (e.g., "Three Minute Breathing Space" activity), meditate, practice mindfulness, take a brief walk outside, or look at a photo that puts a smile on your face.
- Acknowledge your own experience: Observe your thoughts and feelings, acknowledge them, and let them pass through your mind like they are on a conveyor belt or leaves

floating down a stream. Accepting the current situation allows you to acknowledge your desire for things to be different than they are.

- Send yourself some kindness. You are dealing with a lot.
- Focus on something positive: Read an affirmation, share gratitude, think about a positive thing you did, watch a funny short video, or talk with a trusted colleague. Remind yourself that even though there are many challenging things, there are positive things too.
- Talk to yourself as if you are a caring and supportive friend: When you become critical of yourself, try to reset by interrupting those thoughts with self-compassion. What would you say to a friend who brought you these concerns and feelings? Give yourself the same advice.

Nourish

Ask yourself, "What do I need to nourish my mind-body-heart-soul-spirit right now?" Turn your focus toward something that helps you remember your own strength and resilience, or reminds you to take time to care for yourself.

- Consider engaging in playful, light-hearted moments and creating meaningful social connections including enjoying a family activity; laughing, singing, or chanting; dancing, or other things that bring you joy; engaging in meaningful cultural practices or rituals; connecting with a significant other or a beloved pet; celebrating a success at work; or doing something for others in need (e.g., donating time for charity, baking for a neighbor).
- Remind yourself that your work matters. Hold on to an aspect of your work that made a difference for a child, a family, a co-worker, and/or yourself.

When You or Your Staff Member Needs More Than PRN

Contact your Employee Assistance Program (EAP), Behavioral Health Force Health Protection (if available at your site), manager, or a mental health provider, healthcare provider, or trusted colleague for additional services.

Using PFA-CAC Outside of CACs

The PFA-CAC framework can easily be applied to not only CAC staff and supervisors as outlined in this guide but also to those who support and work alongside CACs and face frequent exposure to trauma and critical incidents.

CAC State Chapter Organizations

Chapters often have an active role in supporting their member centers after a critical incident. This guide can provide a framework to support the Executive Director or other supervisors, as needed. As always with PFA-CAC, the leaders' wishes are to be respected; there is no assumption that they will require any particular form of support. Your role as a Chapter is to inquire if supports would be welcome, and to respect the answer of the CAC leader in all cases. Other ways Chapters can support CAC leaders after a critical incident include:

1. Invite the leader to set up weekly, standing meetings with you with the intention of offering the same support they are giving to their staff.
2. Offer to be a sounding board to help the leader think through any action steps that might be necessary, depending on the incident.
3. If applicable to the situation, inform the CAC leadership of requirements related to Chapter membership policies or NCA's critical incident reporting policy.
4. If you know of another CAC that has experienced a similar event, offer to connect the leader with that CAC.

Multidisciplinary Teams (MDTs)

If you have a close relationship with your MDT partners, you will find that they naturally gravitate to the CAC for support during difficult circumstances. The principles and concepts of PFA-CAC can easily be applied to members of the MDT.

Depending on the nature of the incident and your relationship with your MDT partners, PFA-CAC might be a great resource to share with the MDT supervisors.

Keep in mind that some partner agencies may have required processes in place for these kinds of incidents, which means that PFA-CAC would be an additional means of support for members of the MDT.

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NCTSN The National Child Traumatic Stress Network

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