Chapter 48
Application and Integration of Psychological First Aid in First Responder Organizations

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ABSTRACT

First responders are exposed to many potentially traumatic events throughout their careers. Given the risk of adverse mental and physical health outcomes secondary to frequent trauma exposure, access to culturally-sensitive, evidence-informed early intervention is paramount. Critical Incident Stress Management (CISM) and components therein (e.g., Critical Incident Stress Debriefing, peer support) represent the most commonly utilized early interventions within first responder organizations. Limited research has evaluated these models, and evaluation of early interventions presents many challenges due to characteristics of first responder cultures and organizational demands and constraints. Psychological First Aid (PFA) is a widely endorsed and promising evidence-informed early intervention model grounded in research on trauma recovery and resilience. This chapter examines the theoretical underpinnings and core actions of PFA and describes the potentially diverse applications of PFA within first responder organizations and concludes by discussing recommendations and future directions.

INTRODUCTION

First responders are exposed to many critical incidents (e.g., Carlier, Voerman, & Gersons, 2000; Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005) or potentially traumatic events that "may cause a given individual's emotional resources to become over-taxed, resulting in a spectrum of reactions from exhaustion to increased and unrelenting mental health symptomology" (Maguen et al., 2009, p. 754). For example, research suggests police officers are exposed to an average of 166 – 188 critical incidents during their careers (Chopko, Palmieri, & Adams, 2015; Weiss et al., 2010). Not surprisingly, first responders are at elevated risk for PTSD, depression, and alcohol use disorders (Berger et al., 2012; Kleim & Westphal, 2011).

Given the potential for adverse mental health outcomes secondary to frequent trauma exposure, access to culturally-sensitive, evidence-informed early intervention is paramount. While definitions of early intervention vary, it has been viewed as secondary prevention efforts occurring in the immediate (0-48 hours) or acute (a few weeks later) phases following a potentially traumatic event (Litz, 2008). Current early interventions within first responder organizations often include elements of the multi-component Critical Incident Stress Management (CISM) model (Everly, Flannery, & Mitchell, 2000; Mitchell & Everly, 2001). However, CISM has not been rigorously evaluated, has not specifically been studied with first responders, and includes components (e.g., Critical Incident Stress Debriefing) that have been called into question (Bisson, McFarlane, Rose, Ruzek, Watson, 2009; Brucia, Cordova, & Ruzek, 2017; Bryant, 2007; Fox et al., 2012; Rose, Bisson, Churchill, & Wessely, 2002; Ruzek et al., 2007; Tuckey, 2007; Van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). Thus, evidence-based early interventions for first responders have not been established and there are realistic challenges to implementing standardized approaches in first responder organizations.

Psychological First Aid (PFA, Forbes et al., 2011) is a specified set of early post-trauma helping behaviors derived from research-based principles (Hobfoll et al., 2007). While multiple models exist, this chapter will focus on a PFA approach collaboratively developed by the Child Stress Traumatic Network and National Center for PTSD (Brymer et al., 2006). Although this model has great potential, it has yet to be empirically validated for use in first responder populations.

This chapter will initially discuss critical incident exposure and mental health sequelae in first responders and highlight first responder cultures as an important context in which support programs must be designed. Current critical incident and early intervention models will then be reviewed, followed by examination of the theoretical underpinnings and actions of PFA (Forbes et al., 2011) and descriptions of the potential diverse applications with first responders. The chapter will conclude by identifying methodological and organizational challenges in the development, implementation, and evaluation of PFA, and discuss future directions. While first responders (e.g., emergency medical services, fire, dispatch, law enforcement) at large will be considered there will be an emphasis on law enforcement personnel and organizations given the state of the literature.

TRAUMA EXPOSURE AND MENTAL HEALTH OUTCOMES

In the United States (U.S.), civilians' lifetime risk of trauma exposure ranges from 37-92% and the prevalence rate of PTSD is 6.8% (Kearns, Ressler, Zatzick, & Rothbaum, 2012; Litz, Gray, Bryant, & Adler, 2002). While psychological distress following trauma exposure will resolve naturally for most

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