

CMHM Model of Psychological First Aid



PARTICIPANT GUIDE

CMHM MODEL OF PSYCHOLOGICAL FIRST AID (PFA)

Objectives

1. Learn why PFA is beneficial for mental health ministers
2. Know what Psychological First Aid is and what it is not
3. Understand the impact of stress/distress and mental health challenges on the brain and body
4. Discuss the three principles of PFA: Look, Listen and Link
5. Practice providing PFA through sample scenarios
6. Self-care for the PFA helper

Why is PFA is beneficial for mental health ministers and our Catholic communities?

Gives the information and confidence needed so that we may:

- notice that someone may be suffering and have an idea of how we may best respond
- offer someone the gift of our time and presence, offer accompaniment
- know when someone's need is beyond our scope and how to potentially link someone to additional help or supports

What is Psychological First Aid?

Psychological First Aid (PFA) is an evidence informed approach that is built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery.

Someone offering PFA may provide:

- Comfort
- Someone to listen
- Protection from further harm
- Emotional and spiritual support and prayer
- Information about more advanced services and support

What Psychological First Aid is NOT

- Diagnosing or prescribing medication for treating mental illness
- Professional counseling or therapy
- Something only professionals do
- Pressing for all the details of what has caused/is causing someone's distress
- Fixing someone's mental illness or distress

The impact of stress/distress and mental health challenges on the brain and body

Common physical reactions

- Sleep difficulties
- Gastrointestinal problems (diarrhea, cramps, stomach upset, nausea)
- Elevated heart rate, blood pressure and blood sugar
- With extended stress, suppression of immune system functioning

Common emotional reactions

- Fear and anxiety
- Sadness and depression
- Anger and irritability
- Numbness, withdrawal, or disconnection
- Lack of involvement or enjoyment in favorite activities
- Sense of emptiness or hopelessness

Common behavioral reactions

- Family difficulties
- Substance abuse
- Overprotection of family
- Keeping excessively busy
- Isolating oneself from others
- Being very alert at times, startling easily
- Avoiding places, activities, or people that bring back memories

Common cognitive reactions

- Difficulty concentrating
- Difficult memories
- Recurring dreams or nightmares
- Flashbacks
- Difficulty communicating
- Difficulty following complicated instructions

Common faith and spiritual reactions

- Reliance upon faith
- Questioning values and beliefs
- Loss of meaning
- Directing anger toward God
- Cynicism

Reflection & Discussion

1. Think of a time in your life when you experienced something unexpected that was difficult to handle and led to distress.
2. Does your experience relate to the information we learned earlier about reactions to stress/distressing events?
3. Did you receive help from one or more people when you had this experience? Think about what this person, or people, did to help you.
4. What was helpful? What was not helpful?

The three principles of PFA: Look, Listen and Link

The order of these actions may be different and may take place in different ways and sequences depending on the situation. At times, some actions may take place simultaneously

PROMOTE SAFETY: OTHER'S AND YOUR OWN

- *Do not engage if it will put yourself or others' safety at risk*
- *Contact medical, mental health, or safety professionals if necessary*
- *If you are in doubt, consult*

LOOK for

- Someone who appears to be, or shares that they are, in distress
- Someone who seems they may be struggling with a mental health challenge, or struggling as they care for someone with a mental health challenge
- Someone having a reaction to a disaster or traumatic event in your community

LISTEN - seek out and engage

- Introduce yourself
- Be a compassionate presence
- Ask simple questions to clarify your understanding
- Listen, listen, listen

Active Listening

ACTIVE LISTENING

is an attitude and a set of skills that can help someone in distress. It is more than sitting passively while someone speaks to you. Active listening is both verbal and nonverbal.

NON-VERBAL

- Using body language, such as eye contact, facial expressions, gestures
- Being aware of space, such as how you distance, position, and orient yourself in relation to the other person
- Taking the time needed to understand what the other person is going through
- Appropriate silence
- Avoiding interruptions

VERBAL

- Asking questions to improve your understanding of what is being shared
- Restating and summarizing what the person has said in your own words to ensure understanding
- Being encouraging and positive
- Accepting others' feelings and trying to avoid letting your own moral values or beliefs influence your helping behavior

Active Listening Exercises

Example 1

Alicia: "Hi Sue, I'm really struggling. I don't know what is going on, but each day feels so hard for me."

Sue: "Oh, sorry, I will pray for you Alicia." (Sue then walks away and does not bring this conversation up with Alicia, or with any other trusted parish member or leader, in the future.)

1. What did you observe?
2. How would you feel if someone behaved in this way if you were in distress and needed help?

Example 2

George: "Hello Joseph, sorry I'm not much fun to be around these days. I just can't seem to get out of this dark place in my life."

Joseph: "I don't mind George, and I'm sorry to hear you're struggling. How long have you been feeling like this?"

George: "It feels like forever, but I guess it really started last winter."

Joseph: “Oh, I bet six months can feel like a pretty long time when you are struggling. Have you talked with anyone else about this?”

George: “No, I don’t want to burden anyone. I’m already worried that people think I’m just a dark cloud around here.”

Joseph: “I am glad you told me how you are feeling, and I am here to listen. Is there any other way I may be able to be helpful?”

1. What did you observe?
2. How would you feel if someone behaved in this way if you were in distress and needed help?

Practice Active Listening Exercise

1. Separate into pairs.
2. Think of a challenge you feel comfortable talking about.
3. Take turns telling one another about your challenges.

Each person will have 3 minutes to speak and 3 minutes to listen.

Active Listening Reflection

1. As the listener:
 - a. How easy or difficult was it to listen? Why?
 - b. What did you do to show active listening?
2. As the speaker:
 - a. Did you feel that the listener was paying attention to you?
 - b. How could you see or sense that they were (or were not) paying close attention?

What about prayer?

You can offer prayer for someone in more subtle ways

- Pray for the person silently
- Add their intention (maintain confidentiality) to your parish prayer list or the CMHM Prayer Ministry

You can offer prayer in more overt ways

- Pray together with the person
 - a Rosary, Stations of the Cross, or other rote prayers
 - a spontaneous prayer
- These prayers could be silent or spoken out loud

Additional Resources for Improving Listening and Communication Skills

- *Communication Skills and Healthy Boundaries*: A free online course led by Father Michael Maples, PhD, a priest and a licensed psychologist serving in the Diocese of Knoxville. This course helps equip you to recognize when others may be experiencing challenges, to set appropriate boundaries, and to respond effectively to various mental health situations. <https://www.catholicmhm.org/communication-skills-and-healthy-boundaries>
- *Listen with the Ear of the Heart*: A free online course led by Barbara Zahner, a retired Board-Certified Chaplain and trained Spiritual Director, and a founding board member of CMHM. This course focuses on the "soft skills" of Catholic mental health ministry and equips you with the tools to serve others with confidence, competence, and compassion. <https://www.catholicmhm.org/listen-with-the-ear-of-the-heart>

LINK - connect people to other resources

- If someone does not want help, do not try to impose it.
- Only give accurate information about what you and/or your community may be able to offer, do not offer platitudes or false hope.
- Each region or community can curate a list of local resources that may be of help.

In the case of a potentially life-threatening crisis

- When in doubt – CONSULT!
- If someone's life is in immediate danger, this is a crisis - contact medical, safety, or mental health professionals.
- Do not leave a person who is at risk unattended until help has arrived or you have reached a place where you can get more help.
- Know who you can turn to for assistance: supervisor, mental health professional, crisis help line.

If someone is agitated

- If it is safe to do so, attempt to de-escalate.
- Be kind, calm and compassionate and:
- Be sure everyone involved is safe and has a clear exit from the area.
- If anyone's safety is at risk, call an appropriate mental health or safety professional.
- Express patience and compassion in your words and manner, reflect the love of Jesus.

- If the situation cannot be resolved, if de-escalation is not possible, call an appropriate professional.

Practice providing PFA through sample scenarios

PFA Scenario 1

1. Gather in small groups of four or five
2. Read through the scenario
3. As a small group, identify where you observe Joseph using the action steps:
 - a. Look
 - b. Listen
 - c. Link
4. As a small group, discuss the debriefing questions listed below the scenario
5. Identify one member of your group who will potentially report out to the larger group

PFA Scenarios 2A - 2C

1. Gather in small groups of four or five
2. Read through the scenario
3. As a small group, discuss how you will apply the action steps:
 - a. Look
 - b. Listen
 - c. Link
4. As a small group, discuss the debriefing questions listed below the scenario
5. Identify one member of your group who will potentially report out to the larger group

PFA: review

PFA CAN BE

- Comforting someone who is in distress and helping them feel safe and calm
- Listening to someone's needs and concerns
- Helping to protect people from further harm
- Providing emotional and spiritual support and prayer
- Assisting people in accessing information or more advanced services and support

PFA IS NOT

- Something only professionals do
- Professional counseling or therapy
- Pressing for all the details of what has caused or is causing someone distress
- Fixing someone's mental illness or distress
- Diagnosing or prescribing medication for treating mental illness

Self-care for the PFA helper

Providing psychological first aid to people in distress can be difficult, both physically and emotionally. It is hard meeting and talking with people in distress, and even though you provide the best help you can, you may still be left with a feeling that you did not do enough.

It can help to:

- Check your own readiness
- Understand your role
- Use support resources that may exist in your community
- Engage your own resiliency and support system
- Expect to need a recovery period after offering PFA

Self-care Reflection

We are all in need of self-care, for our ongoing mental health and when we are in distress:

1. What are the signs and symptoms that you need self-care?
2. How do others know when you are struggling?
3. To whom do you reach out for help? Who do you rely on for support?
4. What are some ways you restore yourself?

PFA Provider Burnout Prevention Strategies

Think about incorporating some these strategies into your daily life

- Share thoughts with people you trust
- Eat a healthy diet and avoid coping with substances
- Maintain regular routine and sleep
- Cultivate healthy relationships
- Look for and express gratitude
- Spend time outdoors or start or continue a hobby
- Enjoy spiritual and meditative practices, prayer, and the sacraments
- Look for and savor fun, joy, and laughter

CMHM model of PFA - What are your top takeaways from what you have learned?

1. New information?
2. Confirmation of something you have already learned or experienced?
3. Next steps?

International Association of Catholic Mental Health Ministers:

<https://catholicmhm.org/>

Mental Health Ministry compared to Mental Health Treatment	 Mental Health Ministry	 Mental Health Treatment
The Church, health care professionals and scientific researchers should work together to improve mental health care. <i>Psychiatry and mental health professionals have their place. But their tasks are different (although complementary) from the tasks of the Church.</i> "Hope and Healing" California Conference of Bishops, 2018	1. Accompaniment - Journey with others as they experience God. 2. Faith-based and God-centered without direct implementation of psychological interventions. 3. Mental Health Ministers can provide a spiritual and social support: a renewed sense of meaning and purpose, feel grounded in faith or other spiritual practice, and increase social connection as needed. 4. Ministry considers the all-important existential questions to seek God's will and presence during the hardship. 5. Mental Health Ministry will have its limitations, but its maintenance as God-centered will undoubtedly contribute to healing and wellness.	1. A mental health diagnosis that manifests itself in a pervasive manner. 2. The goal of treatment is to address the symptoms and treat the disorder. 3. May involve several professionals to guide the treatment and to monitor medication management or any other medical concerns. 4. Rarely does professional treatment ask the question, "Where is God present in this?" or "Where is God in the suffering?" 5. Treatment will have its limitations - existing in a system of managed care and insurance barriers, but there are effective methods.

Components of the MHM Accompaniment Model

Individual MH Minister

1. Notice & Approach
2. Listen Nonjudgmentally
3. Maintain Confidentiality
4. Pray

Subtle Obvious

5. Connect

MHM Clinical Care

Community MH Ministry

1. Liturgical
(MH: homilies, Prayers of the Faithful, special Masses)
2. Non-Liturgical Prayer
(MH: novenas, Stations of the Cross, Rosary)
3. Educational Events/Presentations/Workshops
4. Raise Awareness
5. Eliminate Stigma
6. Consider offering a safe space for praying and talking together (Spiritual Support Group Model)
7. Know and Make Available Local MH Clinical and Other Support Resources

Intl Association of Catholic Mental Health Ministers

United States Conference of Catholic Bishops (USCCB) National Catholic Mental Health Campaign: <https://www.usccb.org/mental-health>

Pope's Worldwide Prayer Network: <https://catholicmhm.org/click-to-pray>