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Principles of Psychological First Aid: Core Elements of Disaster Care, COVID-19 Pandemic Care and Supportive Psychotherapy

Robert J. Ursano

Psychological care in times of disaster has changed substantially in the past 20 years. In acute care, Psychological First Aid (PFA), published by Hobfoll et al. in 2007 in *PSYCHIATRY*, now forms the core of early post-disaster response. These same principles are fundamental to nearly all supportive psychotherapy. Importantly now, during the COVID-19 pandemic, PFA is the core of mental health-care delivery for individuals, organizations, and communities.

Recognizing the importance of PFA in the present and future, we are republishing the article, “*Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence.*” (Hobfoll et al., 2007) and updating it with commentaries by Stevan Hobfoll and many of the coauthors of the original article and other leaders in the field of disaster and crisis mental health care. Many of the eleven commentaries are written through the lens of the COVID-19 pandemic.

The original paper outlined the five key principles that came to be known as Psychological First Aid (PFA): 1) establishing and promoting a sense of safety; 2) calming; 3) connectedness; 4) a sense of self and community efficacy (the belief and skills to enable “I/we can do it”); and 5) hope/optimism. Today, the principles of PFA are widely implemented in post-disaster interventions.

The principles of PFA can be easily taught and applied by a range of disaster workers and community members. PFA has been adopted for delivery in diverse settings for direct victims and for “first responders.” First responders in the COVID-19 pandemic include our health-care delivery teams from physicians and nurses to those who keep the hospitals’ communities running by working in the cafeteria, in housekeeping, and in communication systems; and those who keep our communities together, spanning from food delivery to schools. The principles of PFA have been applied in many settings including hospital ICUs, acute care facilities (emergency departments), nursing homes, respite centers for first responders, crisis hotlines, family reception and assistance centers, homes, businesses, schools, evacuation centers, and other community settings.

What do we learn from these commentaries that adds to PFA? First, the COVID-19 pandemic highlights the changes over time and across geography – and the need to respond as new “hot spots of crisis and trauma” emerge. Similarly, the COVID-19 pandemic has brought attention to new groups to consider for care – such as long-term care facilities, ICUs, schools, and meat packing plants. The important and complex role of information and misinformation is now clearer as we see the challenges in the ability to manage

“behavioral risk behaviors” such as vaccine hesitancy. Loneliness, drug overdoses, anger, pediatric, and adult weight gain and obesity are all examples of pandemic behavioral challenges. The challenges of the pandemic to community and social values are also important targets for community caring. And of course, grief and loss that is faced by individuals, families, and communities requires support

and caring from mental health-care providers, as well as neighbors and community leaders in order to sustain recovery.

As you read the original publication and the commentaries, you will recall the stress and conflicts of this past year. PFA is important to our intervention strategies in this pandemic and will continue to be core principles of mental health care.

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