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# ABCDE Psychological First Aid Application Handbook

For individual and collective crises.



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1st  
Edition

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# PRESENTATION

This handbook was designed based on the study ***“Psychological First Aid: Randomized Clinical Trial of Adults Affected by an Unintentional Trauma in an Emergency Room”***, and was funded by the Centro Nacional de Investigación para la Gestión Integrada de Desastres Naturales (CIGIDEN), through the Comisión Nacional de Investigación Científica y Tecnológica (CONICYT) Chile, FONDAF Program 15110017/2011.

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# Background

There is a lack of theoretical and empirical consensus regarding which is the most effective and safest type of early intervention to restore the emotional well-being and functionality of a person who has been recently affected by a potentially traumatic situation, as well as to prevent the development of emotional long-term scars.

Multiple international organizations promote the use of Psychological First Aid (PFA), although there is no conclusive evidence to support this recommendation (Dieltjens, Moonens, Van Praet, De Buck, Vekerckhove, 2014, Bisson and Lewis, 2009). Fox, Burkle, Bass, Pia, Epstein, Markenson, 2012). PFA is defined as a humanitarian support technique for people in a crisis situation (e.g. humanitarian crises, traffic accidents, news of a seriously ill family member, fire, natural disasters, muggings, etc.). whose aim is to restore emotional balance and to prevent the development of psychological scars.

The origins of PFA date back to mid-2000, with the studies of Hopfoll et al (2007), which proposed five main elements for the immediate intervention of a crisis: Calm, Safety, Self-Efficacy, Connectedness and Hope.

As it is a social assistance intervention and not psychological one, it requires ensuring the satisfaction of basic needs, such as water, food, cover, shelter, safety, information and support from people close to them, among other needs. All these interventions would have the capacity to generate a psychological effect that mitigates stress and anxiety, helping the affected reestablish their biopsychosocial balance and minimizing the potential of developing psychological trauma, which is consistent with the Theory of Resource Conservation (Hobfoll 1989). PFA seeks to offer help in a practical and non-invasive manner, focusing on the immediate needs and concerns of the people and assisting them as much as possible; by listening to the affected person without overstimulating by talking about the subject; comforting and helping them calm down with relaxation techniques, and psychoeducation, among other activities. An important part of this technique is being available for those who need support and help, in no way forcing it on those who do not need it or who have refused to receive it (WHO, 2012). Despite having a consistent theoretical framework, its beneficial effect is not demonstrated by empirical evidence.

## HOW THIS VERSION SHOULD BE USED

Given this situation, in 2015 a team of CIGIDEN and the UC Department of Psychiatry implemented a study, whose objective was to determine the effectiveness and safety of Psychological First Aid (PFA) as a secondary prevention tool for Post-traumatic Stress Disorder (PTSD) and other symptoms in a population affected by a recent unintentional trauma.

In the light of this study, the first version of this handbook emerged, which was used by recruiters in various emergency services of five public and private hospitals in the city of Santiago, Chile. In this context, the objective of the handbook was to guide the work of the recruiters, in order to facilitate the application of the study protocol and the PFA. In this study, patients who received PFA recovered faster than those who received a psychoeducation intervention, developing fewer reexperiencing of symptoms such as nightmares, memories, physical sensations, or flashbacks during the first month following the traumatic experience. In addition, they reported a greater subjective well-being after the intervention.

The present version is an adapted edition of the study protocol. This handbook is designed to be used by anyone who provides crisis care and support, without necessarily being a mental health professional (psychologist or psychiatrist). It is important to point out that having this handbook does not replace the necessary training for those who wish to execute an intervention with this technique. The main objective of this handbook is to guide the application of PFA in various crisis contexts. Below, you will find a series of terms related to the crisis and psychological trauma that may be useful. Then, the preparatory stage for the implementation of the technique is outlined, followed by the PFA step by step. This is a practical guide, so several useful phrases will be found that can help when supporting a person in crisis. Finally, a series of useful resources for the application of the PFA is made available, among which are links to websites that seek to help in the understanding of psychological trauma, examples of brochures to be delivered to those affected who receive PFA, as well as quality multimedia material and information about support centers.

# ABCDE Protocol of Psychological First Aid

**A**

Active  
listening

**E**

Psycho-  
Education

**B**

Breathing  
Retraining 15

**D**

Direct to  
Support  
Networks



**C**

Classification  
of Needs



### **The objectives of the PFA are:**

1. Provide immediate emotional relief.
2. Facilitate adaptation.
3. Prevent the development of psychopathology.

See explanatory video at:

*[is.gd/primerosauxiliospsicologicos](https://is.gd/primerosauxiliospsicologicos)*

## PREPARATION STAGE

Before applying PFA, it is necessary to take a few minutes to prepare and check a series of background information that may be useful:



**1. Training:** The first thing is to have an adequate training in PFA. In the section “*Online Resources*” you can find places where certified training is offered.



**2. Coordination with your team (or others):** It is advisable to establish a work team, especially if you are in a situation (work or volunteer) in which traumatic experiences are frequent. Before intervening, try to coordinate with the other agencies that are responding to the emergency or crisis situation. An intervention that is not well articulated with the rest of the response system is highly likely to be ineffective.



**3. Am I ready?:** It’s necessary to carry out a self-evaluation of personal conditions when facing a crisis. If you are affected by a personal situation (e.g. grief, family crisis, recent traumatic experience), it is not advisable to carry out the intervention to a third party. In this way, you will avoid negative consequences for yourself and the affected person.



**4. Find out About the Situation:** If you have decided to intervene with PFA, it is very important that you previously gather the greatest amount of information about the situation from reliable sources. It is advisable to arrive well-prepared, with vast knowledge about the available resources in the place of the emergency, in this way you will be able to better assist the affected person. Being informed will reduce your anxiety and help you make better decisions with the affected person.



**5. Evaluate Applicability:** Not all people who experience a crisis will need PFA. It is very important to respect the decisions and personal resources of the affected person, as well as to communicate that you will be available to offer help if they need it later. Do not forget to observe if the person is in a psychiatric emergency situation, because in that case, the application and the results of this protocol may be ineffective (see page 31).



**6. Identify Yourself:** It is essential to share with the affected person your name, institution and the reasons for your presence in that place. This will create an environment of safety for the person, facilitating the application of the PFA. It is essential to carry a credential that identifies you and that indicates the organization to which you belong. Just as your presentation is necessary, it is also necessary to know the name and general information of the affected person in the place of the emergency or disaster (e.g. who they are, what they were doing there, who is accompanying them, etc.).

We recommend following the following steps in order, but always avoiding forcing them in accepting each of the activities. In this sense, each step constitutes an offer, not an obligation. Additionally, and according to the particular needs of each beneficiary, it is possible to skip steps or reverse the order.

Below, the protocol is presented, which is organized in 5 letters “**ABCDE**”, that serve as memory aid of each of the steps of the protocol.

**A**

Active  
Listening

**B**

Breathing  
Retraining

**C**

Classification  
of Needs

**D**

Direct to  
Support  
Networks

**E**

Psycho-  
Education

See explanatory video at:  
[is.gd/escuchaactiva](https://is.gd/escuchaactiva)



## A

### Active Listening

This step can take between 10 to 20 minutes. Knowing how to communicate with an anguished, anxious or disturbed person is fundamental. **In this state, the person may or may not want to tell their story.** Listening to that testimony can be of great help in calming the affected person, so it is essential to give space for them to spontaneously tell what is happening to them, **without pressuring them.** For other people, keeping quiet will be preferable: staying by their side, in silence, can be very helpful. The central aspect of active listening is being able to transmit to the other person that there is a human being who understands what is happening to them.

Beware of the *furor curandis*, a rash impulse to “do something” for the person who is suffering. This condition could make you say or do things that hurt the person even if it was not your intention.

Body language is a fundamental tool to transmit *understanding* and *empathy*. Using postures, gestures and eye contact are an essential part of this technique. Use the following table as a guide for active listening:

## What you should do or say

Make the affected person understand that you are listening. Summarize the causes of the feeling by using storytelling and considering the words used by the affected (**paraphrase**). Nod with your head and say:

*"mmm ... of course, yes"*

Another alternative:

*"So what you said was..."*

Be patient with their story, without asking for details that the person has not mentioned. Tolerate spaces of silence, grief or crying.

Do not rush to say something inappropriate *"to do something"*. Control the **furor curandis**.

If it is signaled, ask about the situation of other people if it is the case. For example,

*"And is your daughter okay?"*

## What you should NOT do or say

- Do not get distracted.
- Do not look at the clock or look the other way.
- Do not rush to give a solution if the person wants to be heard.

Do not judge what the person did or did not do, felt or did not feel:

*"You should not have done that ..."*

*"You should not feel that way"*

Do not tell another person's story or your own.

## What you should do or say

Stay close to the person, sitting next to them and facing them. Touch the person in a supportive attitude only if you are confident that it will be well received by them. You can ask if it bothers them.

Use a **mirror technique**, adopting body language that is similar to that of the person affected, which communicates that you are in the same *"affective tuning"*. Let them know that you understand their suffering and that you understand that they may be feeling very bad, without being self-referential.

*This must be difficult for you ..."*

## What you should NOT do or say

Do not touch the person if you are not sure that it will be well received.

Do not minimize or give false hope:

*"I can assure you that you will get through this"*

*"Fortunately, it is not that bad"*

*"Now you have a little angel who takes care of you"*

*"Don't worry ... you're young, and you will find a partner soon"*

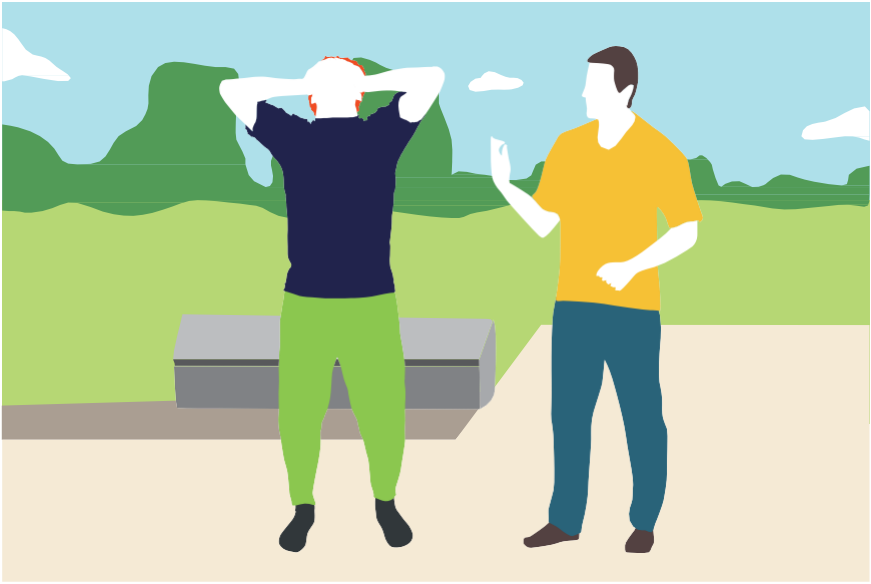
*"God knows why he does things"*

*"Every cloud has a silver lining"*

*"Everything happens for a reason"*

If the person is very distressed, help them calm down. Offer a glass of water if possible or advance to the next step: Breathing Retraining.

See explanatory video at:  
[is.gd/bentilacion](https://is.gd/bentilacion)



## B

### Breathing Retraining

Some people who have experienced a crisis may be anxious or upset, feeling confused or overwhelmed by the situation, trembling, having difficulty breathing or feeling their heart racing. For this reason, PFA contemplate a few minutes to teach and practice Breathing Retraining to help people calm down.

This step takes 10 minutes, although there will be people who will need more time. Remember that this and other steps can be applied *as long as the person is willing to receive them*.

**Explain** that the way we breathe influences our emotions, and that is the reason why in yoga and meditation we work with our breathing.

### **Breathing Techniques:**

1.-Approach the person and tell them

*“Now we will practice the retraining of breathing: it consists of breathing in, breathing out and then waiting for a moment with our lungs empty before breathing in again... the important thing is to pause after emptying our lungs.”*

2.-You can ask them to practice it together.

3.-To begin, ask the person to adopt a relaxed and comfortable posture, putting their feet on the floor and feeling that contact.

*“If you want and feel comfortable, you can close your eyes or look at a fixed point with your eyes down. Now let’s try ...”*





1

**BREATHING IN**  
*Counting to 4*



2

**BREATHING OUT:  
THROUGH THE  
NOSE OR MOUTH.**  
*Counting to 4*



3

**RETENTION  
WITH “EMPTY”  
LUNGS**  
*Counting to 4*

Counting to 4 does not necessarily mean 4 seconds. The duration of the times is variable, depending on the state of agitation of the person. Accommodate the length of time so that the affected person feels comfortable and does not run out of air.

*“To help yourself, you can mentally and slowly repeat the word calm each time you breathe out or you can imagine that the tension escapes with the air you breathe out. Let’s try again ...”*

Once the affected person has understood the mechanics, you can let them continue for only 10 minutes, reinforcing how well they are doing:

*“very good...  
you’re doing great.”*

In addition, you can also use the adapted guidelines of Foa, Hembree and Rothbaum (2007) for the breathing retraining, which follow the same logic previously explained:

- Explain in detail the logic of the exercise:

*“The way we breathe modifies our emotions. When we breath out we relax more than when we breath in (contrary to what is usually believed), so we can enter a calm state if we extend the time our lungs are empty ...”*

- Explain and demonstrate the mechanics of the exercise:

*“In this exercise you need to breath counting to four, breath out counting to four and wait counting to four before inhaling again.” Now look at how I do it... [do it yourself].*

- Join them in doing the exercise:

*“Now you do the exercise and I will accompany you by reminding you how you should do it. Inhale... two, three, four ... exhale, two, three four ... hold, two three, four ... [repeat the cycle for one or two minutes accompanying the affected person]. “While exhaling, you can think of the word calm.”*

- Tell the affected person to do it daily for ten minutes, three times a day (morning, evening, night), and every time they feel distressed. You can use the Breath Pacer or Paced Breathing apps available for smart phones:

*“I am going to ask you to do this exercise for 10 minutes every day in the morning when you wake up, after lunch, before going to sleep and every time you feel that you are beginning to feel anxious. The more you use this technique, the easier it will be the next time you use it.” You can use some free applications available for cellphones, such as *Breath Pacer* and *Paced Breathing*.*

See explanatory video at:  
[is.gd/categorizacion](https://is.gd/categorizacion)



## C

### Classification of Needs

After a traumatic event it is common for mental confusion to occur and people have difficulty organizing the different steps they must follow to solve their problems (e.g. incident claims, calling relatives, searching for belongings, legal procedures, etc.) You can help the person a lot by accompanying them in the process of prioritizing their needs, and then helping them contact the health and social security services that may be of help. Remember that this is a brief intervention, and your work focuses on helping identify needs and prioritize them. It is important that the person uses their own resources or those of their personal or community support networks to cope with the crisis they are experiencing, so that what is achieved is maintained after you finish your work.

## What you should do or say

**Listen to the story and identify the concerns of the affected person:**

*“What is your concern or need now?  
Can I help you solve it?”*

**Help people prioritize their needs:**  
You can ask them to distinguish between what they need to solve immediately and what can wait:

*“... I realize that there are many things that concern you.  
How about we go step by step and focus first on what’s most urgent?”*

## What you should NOT do or say

Decide what their needs are, without paying attention to the affected person’s story.

*“Before you tell me anything, I think the most important thing you should do is...”*

Resolve the needs as the affected person mentions them, without organizing or prioritizing.

You can also try with the following sentences (available in Figueroa, Cortés, Accatino and Sorensen, 2016):

- *“What do you think is the most important problem to solve first?”*
- *“What things have helped you in the past when you have had to deal with this much stress?”*
- *“Obviously there are too many problems together, so it would be a good idea to order them and go one by one ... if you want I can help you do it.”*
- *“I understand that you feel overwhelmed. Let’s see if we can identify at least three things that you currently have control over to focus on.”*

See explanatory video at:  
[is.gd/derivacionaredes](https://is.gd/derivacionaredes)



## D

### Direct to Support Networks

Once these needs have been identified, help the person contact the people and/or social support services that can help them meet these needs now and later, next to the material *Services and Support Networks* (see Annex).

Always remember that the first support network is family and friends. For this step, it is essential that before contacting the affected person, you study the offer of social support services available in the place where PFA will be provided.

## What you should do or say

**Facilitate contact with the person's family, friends and/or work.** Suggest calling them if necessary (identify available public telephones or manage a cell phone with your institution).

**Make practical suggestions on how to receive the help needed.** Use the contact information available in the *Services and Support Networks* material.

## What you should NOT do or say

Take the initiative to “help” the person with issues that themselves can do.

*“I will go talk to the social worker about your mother's situation”*

*“Give me your cell phone, I'll call your son to tell him what happened”*

You can take advantage of the following useful phrases (available in Figueroa, Cortés, Accatino and Sorensen, 2016):

- *“Does your family know what happened and that you are here?”*
- *“It is very helpful to be with friends and family ... spend time together, be accompanied; is there a time in the week you can regularly spend time with your friends and family?”*
- *“I understand that you may distrust public support services, but if you later change your mind, I would like you to know how to contact them.”*
- *“I do not have information about the situation of your children, but let's see if we can find out something about them in sites that search for people or with the police ...”*
- *“If you have any doubts later, you can come and ask me, or maybe you will want to call the toll-free number Salud Responde (600 360 7777), where someone can guide you 24/7”*

See explanatory video at:  
[is.gd/psicoeducacion](https://is.gd/psicoeducacion)



## E

### Psycho- Education

Finally, promote positive response strategies to stressful situations, explaining and delivering a copy of the material, *What can I Expect in a Crisis?* (See Annex). Review the material with the affected person and answer their questions.

You can use the following table, which is useful to know the normal reactions in stressful situations or recent traumatic experiences.

It is very important that you normalize those emotional reactions that, although somewhat uncomfortable, are normal in crisis situations, such as emotional lability, difficulty thinking, insomnia, anxiety, among others. In this way the person will not interpret what happens to them as a sign of *"losing their mind"*. Emphasize that it is most likely that the discomfort they feel will go away in a few weeks without help, show them how to help themselves and their acquaintances, what the warning signs are, and what to do if they appear.

**Table 1. Common emotional, cognitive, physical and interpersonal reactions to recent traumatic experiences.**

### Emotional Reactions

State of Shock  
 Terror  
 Irritability  
 Feeling Guilty (toward themselves and towards others)  
 Rage  
 Pain or Sadness  
 Emotional Numbness  
 Feelings of Impotence  
 Loss of Enjoyment Derived from Family Activities  
 Difficulty Feeling Joy  
 Difficulty Experiencing Feelings of Love and Care for Others

### Physical Reactions

Fatigue, Tiredness  
 Insomnia  
 Tachycardia or Palpitations  
 Uneasiness  
 Exhilaration  
 Increase in Physical Pain  
 Reduced  
 Immune  
 Response  
 Headaches  
 Gastrointestinal  
 Disturbances  
 Reduced Appetite  
 Reduced Sexual Desire  
 Vulnerability to  
 Disease



## Continuation: Table 1.

### Cognitive Reactions

Difficulties Concentrating  
 Difficulties Making  
 Decisions  
 Memory Difficulties  
 Disbelief  
 Confusion  
 Nightmares  
 Low Self-esteem  
 Notion of Diminished Self-  
 efficacy  
 Thoughts on Being Guilty  
 Intrusive Thoughts or  
 Memories About the  
 Trauma  
 Worries  
 Dissociation (e.g. tunnel  
 vision, twilight consciousness,  
 feeling unreal, difficulties  
 remembering, feeling of being  
 separate from the body, etc.)

### Interpersonal Reactions

Increase in  
 Interpersonal  
 Conflicts  
 Social Withdrawal  
 Reduction in  
 Intimate  
 Relationships  
 Alienation  
 Difficulties in Work or  
 School Performance  
 Reduced Satisfaction  
 Distrust  
 Externalization of  
 Blame Externalization  
 of Vulnerability  
 Feeling of  
 Abandonment or  
 Rejection  
 Overprotection

When using the graphic material (see Annexes), you can use the following phrases to guide psychoeducation:

- *“All those feelings that you are experiencing are very common after an experience like this. Most people who have experienced similar stressful situations have those feelings for days or even weeks, but then they start to disappear. They don’t mean you’re losing your mind or that you’re weak ...”*
- *“Taking care of yourself, and spending time together with your family can be very useful during these difficult days.”*
- *“Fortunately, we human beings usually overcome this type of situations, no matter how hard it may seem, so I am confident that you will be able to overcome all this ...”*
- *“We will check your progress in the coming weeks. Usually this discomfort decreases as days and weeks go by, so I am confident that all this will go away little by little.”*
- *“I congratulate you... everything you have done will help you overcome this. I’m glad to see how you’re making decisions and moving forward.”*
- *“During these first two weeks, avoid getting stuck on watching news on TV about the earthquake ... and avoid having your children do the same.”*
- *“Being more emotional, maybe with a little insomnia, not being able to stop thinking about what happened, being more fearful, more irritable, at times more withdrawn ... all that is normal. Worry if as days go by you still feel the same or if you feel like dying, hurting others, if you have multiple panic attacks, if you see that someone you know loses contact with reality ... in those cases come in or bring them immediately.”*
- *“During these days you might want to drink more alcohol, smoke more or maybe use another drug ... Avoid this and replace it with sports, hobbies, yoga or meditation, which have proven to be more effective in overcoming difficult moments.”*

**It is important to note that if at any time during the intervention, the affected person displays any of the following criteria, they must immediately be referred to a psychiatric emergency unit:**

Suicidal ideation

Aggression towards oneself or third parties

Catatonia (changes in the control of voluntary movements)

Psychosis (Loss of connection with reality)

Serious previous psychiatric disorder at risk of severe decompensation due to trauma (e.g. schizophrenia, bipolar disorder, substance dependence)

## **FOR THE PROVIDER**

Always maintain a high level of self-observation in order to identify signs of burnout, a syndrome that appears as a sign of being overloaded and exhausted by work.

Try to do self-care activities, individually and as part of a team. You can also use PFA on yourself or your coworkers.

# Summary

To facilitate the application of this technique, a step-by-step activity protocol is presented below.

## Psychological First Aid (PFA)

### A

#### Active Listening

**Offer** active listening and listen for *10-20 min* as required. Use the following sentence to start the conversation.

*“My name is \_\_\_\_\_ and today I’m here to help you, if you want. First, and only if you want to talk about it, we can talk about what happened to you. Then, if you want to, I will teach you some simple relaxation techniques that will be very useful. Finally, we will look for any services and resources that you can access, depending on your needs. Okay, do you have any questions? ... Would you like to tell me anything?”*

### B

#### Breathing Retraining

**Offer** breathing techniques and apply them for 10 minutes, adapting to the needs of the person. Remember to leave instructions to continue using the techniques at home three times a day (morning, evening, night, for 10 minutes each time) as well as every time they feel emotionally overwhelmed.

*“Maybe I could help you calm down after your experience with some breathing exercises. I’m happy to teach these to you. Would you like us to practice them? ... you can use them later at home if you wish, which could help you to be calmer in the next few days as well.”*

## Psychological First Aid (PFA)

### C

#### Classification of Needs

**Identify and sort** basic needs (water, food, clothing, shelter, health, information, protection, connections with support networks ...)

*"I'd like to know if there is maybe something that you need right now that I can help you with ... maybe you need to talk with your family, or maybe you need to contact the police, or other information regarding your health situation. Let's try to put in order what you need to solve the problems step by step, let's start with the most urgent first, don't you think?"*

### D

#### Direct to Support Networks

**Help** meet basic needs using the material "Services and Support Networks".

*"OK ... now that we've identified some of your needs, I would like to put you in contact with some specific services that could help ...".*

### E

#### Psycho-Education

**Review** the psychoeducation material with the affected person the psychoeducation material and explain it to them: "What can I do in a crisis?"

*"Now, I would like to give you this brochure [give them the information brochure], which contains information about psychoeducation in crisis, as well as some important contacts for institutions and networks of psychological and legal services that can help you if you need it in the future." "For example, here [point] you can find information about what to expect during the next few days..."*

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# ONLINE RESOURCES

[is.gd/primerosauxiliospsicologicos](https://is.gd/primerosauxiliospsicologicos)

A series of 6 short videos where the basis and steps of PFA are explained and demonstrated.

[www.educacioncontinua.uc.cl](http://www.educacioncontinua.uc.cl)

Website of the Continuing Education Programs of Pontificia Universidad Católica de Chile. In the section “Seminar Courses” – Faculty of Medicine, you can find information about the *Psychological First Aid Workshop*.

[is.gd/introduccionaltrauma](https://is.gd/introduccionaltrauma)

Updated document that presents comprehensive review of psychological trauma, its aftermath and its treatment, developed by the Trauma and Dissociation Unit (UTD) of the UC Department of Psychiatry.

[www.sochped.cl/videos](http://www.sochped.cl/videos)

Website of Sociedad Chilena de Psicología en Emergencias y Desastres (SOCHPED, Chilean Society of Psychology in Emergencies and Disasters). Here you can find short videos with practical recommendations about how to care for the mental health of children, adults, professionals and volunteers in crisis situations.

[www.emdrchile.cl](http://www.emdrchile.cl)

Website of EMDR Therapy in Chile. Here you will find information on psychological therapy, accredited professionals and contact information to request specialized care.

**[www.emsworld.com/article/12077165/  
evidence-for-psychological-first-aid](http://www.emsworld.com/article/12077165/evidence-for-psychological-first-aid)**

Website of the EMS-WORLD magazine (Emergency Medical Services). A review of PFA is presented, focusing on the evidence available from various systematic reviews.

**[www.info-trauma.org](http://www.info-trauma.org)**

Website of the Douglas Mental Health Institute and McGill University, where relevant information about psychological trauma is provided in an interactive multimedia format.

**[www.ptsd.va.gov/public/treatment/  
therapy-med/](http://www.ptsd.va.gov/public/treatment/therapy-med/)**

Website (in English and Spanish) of the National Center for PTSD of the United States of America. The different treatments recommended for PTSD and their characteristics are described, as well as various online resources to learn more about the subject.

**[www.minmujeryeg.gob.cl](http://www.minmujeryeg.gob.cl)**

Website of the Servicio Nacional de la Mujer y la Equidad de Género (SERNAM, National Service for Women and Gender Equity). Here you can find contact information for the regional offices, as well as relevant information such as Programs for Women, help and a telephone hotline for guidance about violence against women, gender studies, and many other resources.

### [www.investigaciones.cl](http://www.investigaciones.cl)

Website of the Investigative Police (PDI, Policía de Investigaciones), where you can find information about various crimes and violence (homicides, robberies, intra-family violence, etc.) Special emphasis is placed on the Centro de Asistencia a Víctimas de Atentados Sexuales (CAVAS, Center for Assistance for Victims of Sexual Assault). In the “downloads” section, some graphic resources on the subject are available.

### [www.sename.cl](http://www.sename.cl)

Website of Servicios Nacional de Menores National (SENAME, Services for Minors). In this link, emergency telephone numbers are available for reporting violence against children and young people, as well as information on prevention and protection programs. It is also possible to find the contact information of the different Oficinas de Protección de Derechos (OPD, Rights Protection Offices), throughout Chile.

### [www.isl.gob.cl/](http://www.isl.gob.cl/)

Website of Instituto de Seguridad Laboral (ISL, Institute of Labor Security), the entity in charge of managing information regarding procedures related to working conditions that may cause harm to people. Here you can find resources on risk prevention, a network of medical providers, information about occupational accidents or occupational diseases, among other information.

**[www.fundacionemilia.cl](http://www.fundacionemilia.cl)**

Website of the Emilia Foundation, an organization that seeks to support the families of road accident victims caused by irresponsible driving, linked to the so-called Emilia Law. Contacts are available for personal, psychological and legal support to victims.

**[www.dsp.gov.cl/programa-apoyo-a-victimas-de-delito/](http://www.dsp.gov.cl/programa-apoyo-a-victimas-de-delito/)**

Website of the Subsecretaría de Prevención del Delito (Undersecretariat of Crime Prevention), where it is possible to find information related to the Victims of Crime Support Program, such as services, an assistance network, office location and studies on the subject, among other resources.

**[www.cigiden.cl](http://www.cigiden.cl)**

Website of the National Research Center for the Integrated Management of Natural Disasters (CIGIDEN).

# GLOSSARY AND TERMS

The following concepts are commonly used in situations of individual and collective crisis. Some refer to preventive and others to remedial interventions.

## **Critical Incident Stress Debriefing (CISD)**

A type of crisis intervention that is conducted in a group setting, centered around the discussion of a traumatic event, the objective of which is to reduce stress and restore group cohesion through the use of catharsis. It can also be described as a psychoeducational process through which the history and experience of the traumatic event is told, combined with the delivery of practical information in order to normalize stress reactions and thus facilitate recovery. Although its use may seem reasonable and appeals to common sense about what may help the affected person, there are clinical trials that discourage its use because they have found it to be ineffective and that it could even have an iatrogenic effect by increasing the incidences of PTSD (Rose, Bisson, Churchill & Wesseley, 2002).



## Eye Movement Desensitization and Reprocessing (EMDR)

An integrative therapy that includes elements of different psychotherapeutic approaches, such as cognitive-behavioral, systemic, psychodynamic, experiential and others. It is used to comprehensively resolve the emotionally disturbing material derived from traumatic events and also as a means to enhance positive emotional outcomes, in order to facilitate natural growth and healing processes. It is fundamentally based on the understanding that the disturbed functioning of the patient arises from traumatic experiences, most of them from childhood, which have not been adequately processed, due to the atypical way in which these memories were stored in the brain. It is an eight-phase treatment, in which alternating bilateral stimulation (visual – similar to REM sleep, auditory or tactile) would facilitate the desensitization and reprocessing of traumatic memories (more information at [www.emdrchile.cl](http://www.emdrchile.cl)).

## Resilience (Individual)

This treatment refers to the ability to maintain and/or recover early healthy functioning over time after a critical incident, as well as the ability to generate positive experiences and emotions, which is the result of a successful process of adaptation to an adverse event (Bonanno, Westphal and Mancini, 2011).

## Cognitive Emotional Behavioral Therapy (CEBT)

A type of psychotherapy that seeks to generate an emotional change through systematic exposure to traumatic memories in a safe environment along with the analysis of dysfunctional thoughts associated with those memories. Throughout the sessions, patients learn to modify their breathing in order to achieve a calm state, perform “tasks” that allow a gradual exposure to the traumatic memories and, with the help of the therapist, identify, question and modify their thoughts, meanings and distorted interpretations regarding the event. Some of the techniques used are: cognitive restructuring, relaxation, coping and/or exposure *in vivo* and in imaginary contexts, among others. Positive thinking in relation to the experience is also promoted.

## Trauma

Experience of risk of death, serious physical injury or sexual violence, whether as a direct victim, witness, relative of the victim or intervening professional. The most frequent causes of trauma in our lives are extreme or very painful medical experiences, accidents (traffic or other), sexual abuse, delinquency, sudden death, illness or serious accident involving a loved one or natural disasters. In a broader sense, other experiences that are highly stressful from a subjective point of view, such as some medical procedures, the death of a pet or a strong attachment to food, can also be considered “traumas”. In any case, the central point of the trauma is that the experience is extremely stressful for the person and they feel as if they have no control over it.

## Acute Stress Disorder (ASD)

According to the ICD-10 (F43.0), this can be defined as a transitory reaction to stress caused by an exceptional event that affects the psychological and physical plane, which hinders the person's adaptive capacity. The symptoms occur in a changeable pattern, and usually abate within a few hours or days. ASD can manifest itself in an initial state of cognitive daze, with some constriction of the field of consciousness and narrowing of attention, inability to grasp stimuli and disorientation. There may also be reactions of the autonomous nervous system, such as signs of panic (tachycardia, sweat, flushing). If the symptoms persist over time and in intensity, changing the diagnosis to PTSD should be considered.

## Post-Traumatic Stress Disorder (PTSD)

According to ICD-10 (F43.1), this can be defined as a late response to a stressful event of a threatening or catastrophic nature, a situation that would cause widespread distress reactions in almost anyone. Vivid episodes are observed as a repetition of the trauma through intrusive thoughts, dreams or nightmares, experienced in a background of emotional numbness, detachment, anhedonia, and an excessive and persistent state of alertness (hypervigilance, insomnia). Anxiety and depression are often associated with the rest of the symptoms, and the presence of suicidal ideation is frequent. The onset of the disorder follows the occurrence of the traumatic event, with periods of latency that vary from weeks to months, and even years.

# Services and Support Networks

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24/7



PONTIFICIA  
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DE CHILE



**CIGIDEN**

Centro de Investigación  
para la Gestión Integrada  
del Riesgo de Desastres

## Victim Support Centers

### Contact

**National Phone Number:**  
600 818 1000

**Website:**

[www.seguridadpublica.gov.cl/programa-apoyo-a-victim-as-de-delito/](http://www.seguridadpublica.gov.cl/programa-apoyo-a-victim-as-de-delito/)

Here, face-to face specialized and interdisciplinary intervention (psychological, social and legal) is provided free of charge, for those cases where greater damage as a result of a crime has been experienced, as well as in cases of traffic accidents as a result of alcohol (Ley Emilia – Emilia Law).

You can also look for help in:

[www.fundacionemilia.cl](http://www.fundacionemilia.cl)  
[contacto@fundacionemilia.cl](mailto:contacto@fundacionemilia.cl)

## Institute of Labor Security (ISL) Services

In case of a work-related accident, this information may be useful.

### Contact

ISL You can contact the Regional Directorate which corresponds to your location or call the national telephone number **600 586 9090**

**Opening hours** Monday to Thursday from 8:30 a.m. to 3:30 p.m. and Friday until 2:00 p.m.

**Website:** [www.isl.gob.cl/inicio/accidentales-y-enfermedades-laborales/](http://www.isl.gob.cl/inicio/accidentales-y-enfermedades-laborales/)

### What to do in case of...?

**Mild accident:** The worker must inform their manager or supervisor about the situation and request medical attention. The employer must formalize the Denuncia Individual de Accidente de Trabajo (DIAT, Individual Complaint of an Accident at Work) in the Institute of Labor Safety.

**Serious accident:** **The worker must receive immediate medical attention. The employer must submit the Immediate Notification of Fatal and Serious Work Accidents Form and formalize the Individual Complaint of an Accident at Work (DIAT) in the Institute of Labor Safety.**

### **Medical benefits:**

Medical, surgical or dental care in external institutions or at home.

Hospitalization if necessary, according to the opinion of the attending physician.

Medications and pharmaceutical products.

Prostheses and orthopedic appliances and their repair.

Physical rehabilitation and professional reeducation.

Transfer expenses and any other necessary help in order to access these benefits

**Dependent Worker:** In neither situation will the worker receive discounts for the hours or days lost due to the accident or for the recovery time (medical leave).

Their care is covered by the social insurance for work accidents and occupational diseases (Law 16,744).

**Independent Worker:** You must be up to date in your insurance payments. If you are not up to date, or you do not have insurance, medical attention counts as a common accident.

## Explicit Health Guarantees (GES)

### Contact

**Website:**

[www.supersalud.gob.cl/servicios](http://www.supersalud.gob.cl/servicios)

Health expenses resulting from some catastrophic illnesses are covered by the Explicit Health Guarantees (formerly known as AUGE). If you have a GES disease, either due to its severity or its economic cost, this information may be of interest to you.

### Some serious diseases covered by GES

Ischemic stroke

Acute myocardial infarction

Severe polytrauma

Urgent care for moderate or severe  
cranio-encephalic trauma

Second to third degree burns

### How do I implement the GES guarantees?

If you suffer from any of the GES illnesses, you should approach FONASA or your ISAPRE with the medical certificate that certifies the diagnosis and fill out a form created for this purpose. They will indicate which provider you should see to confirm the diagnosis. If confirmed, you will be referred to the care center of the network of providers in agreement with your health care institution.

## Salud Responde

### Contact

**Phone Number:**

**600 360 7777**

**Website:** [http://web.min-sal.cl/salud\\_responde](http://web.min-sal.cl/salud_responde)

Salud Responde is the telephone platform of the Ministry of Health, which provides 24/7 information, support and education throughout the country. It is formed by a multidisciplinary team (doctors, nurses, midwives and psychologists, among others) and focuses on guiding users regarding the rights and benefits offered by the health network.

### Some services

**Health Consultations:** Telephone assistance for queries related to health problems or doubts of the caller or his/her family, which require professional support. Guidance is given according to the symptoms, and instructions are given for home management or referral to the health care network if necessary.

**Assistance in Health Emergencies:** In urgent cases, a health professional will provide immediate assistance via telephone, indicating first aid, and if necessary, will coordinate transport to a health care center.

**Support in Emergencies and Disasters:** In case of emergencies and disasters, guidance is provided for the prevention of diseases: first aid, water and food handling, support and emotional reassurance, among others.



## FONASA (National Health Fund)

### Contact

**Phone Number:**  
**600 360 3000**

**Opening hours** Monday to Thursday from 8:40 a.m. to 4:30 p.m. and Friday until 2:00 p.m.

**More information at:**  
[www.fonasa.cl](http://www.fonasa.cl)

## Public Criminal Defense (DPP)

### Contact

**Phone Number:**  
**(2) 2439 6800**

**Website:**  
[www.dpp.cl/index](http://www.dpp.cl/index)

You can go to any of the offices of FONASA throughout the country for consultations and procedures.

Remember that most of the procedures can be done online at [www.fonasa.cl](http://www.fonasa.cl)

You may also need a lawyer. The Public Defender's Office guarantees the right to a defense lawyer, so the following principles of the criminal process are applied: that all defendants are deemed innocent until proven guilty; that a previous trial is guaranteed; that the accused person has proper representation to face the accusations made against them and that, when appropriate, a fair sanction be applied.

The defense is free for those who do not have financial means.

## Notes

# WHAT TO EXPECT IN A CRISIS?

## Normal reactions (expected):



Tremors, headaches, feeling of exhaustion, loss of appetite.



Anxiety, being vigilant, fear.



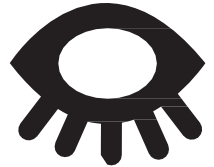
Crying, sadness, despair.



*"Keeping everything inside"*, being very still.



Irritability, anger.



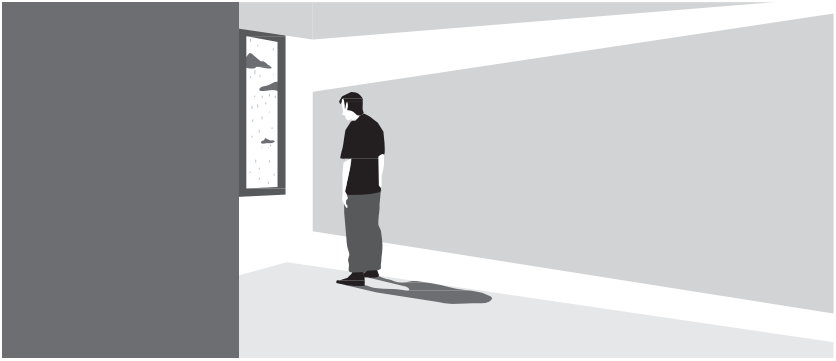
Insomnia, nightmares

You can expect these reactions to decrease as the days pass and disappear after a couple of weeks. All of these reactions are normal, they are not a sign that you have a mental health problem.



**When you feel stress, it is important to do the following positive response strategies:**

- ✓ Try to rest (*between 7 to 8 continuous hours at night*).
- ✓ Remember to use the breathing techniques.
- ✓ Share with family and friends.
- ✓ Do activities that help you relax: walking, praying, meditation, cycling, etc.
- ✓ Try to do regular physical activity (*4 or more times per week*).
- ✓ Try to establish daily activity routines.
- ✓ Avoid alcohol or drugs.



**Even after following these recommendations, some people’s symptoms might take longer to disappear. Identify if:**

- The signs and symptoms remain or increase in intensity one month after the event.
- You believe you have lost the ability to take care of yourself (you may stop bathing or eating) or others (babies, children).
- You are repeatedly tormented by images or memories of the traumatic event.
- You have the feeling of *“not being able to move on”*
- You disconnect yourself from your emotions and memories.
- You isolate yourself from your loved ones.

If so, you should go to your usual health center and request medical attention, by a physician or psychologist. These types of reactions have a good treatment rate when they are addressed in time.

## Where can you ask for Help?

- Consultorio Municipal o centro médico.
- Centro de Apoyo a Víctimas 600 818 1000
- Instituto de Seguridad Laboral 600 586 9090
- Centro de la Mujer (SERNAM) 800 104 008
- Defensoría Penal Pública (2) 2439 6800
- Salud Responde 600 360 7777
- FONASA 600 360 3000
- Centro de Asistencia a Víctimas de Atentados Sexuales (2) 2708 1668
- Orientación sobre maltrato infantil 800 730 800
- SAMU (Ambulance) (131)
- BOMBEROS (Fire) (132)
- CARABINEROS (Police) (133)
- Policía de Investigaciones (134)





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