



Psychological First Aid for Trauma, Crises, and Adversity

Lata K. McGinn, PhD

President, World Confederation of Cognitive and Behavioral Therapies (WCCBT)

The WCCBT joins the W.H.O in the urgent need to disseminate materials on trauma and Psychological First Aid (PFA) for those experiencing traumatic reactions:

Adversity is a fact of life, which means that the need to harness and build resilience is a universal imperative. We experience many stressful events over our lifetime. Some stressful experiences can be positive, such as a wedding, while others can be negative, such as health problems or financial challenges. All these stressful life events require our bodies and minds to adjust to them, which can take some time.

We may also experience a traumatic event or events in our lifetime. In our everyday language we often use the word trauma for many types of stressful experiences. However, traumatic experiences are unique because they specifically cause or threaten us with serious physical injury, sexual violence, or death. We may have directly experienced the trauma, witnessed a traumatic event, learned that a relative or close friend experienced a traumatic event, or we may indirectly get exposed to details of the trauma, usually in the course of our professional duties (e.g., first responders). Common examples include car accidents, rapes, physical or sexual assaults or abuse, war, fires, floods, and other man-made or natural disasters.

Individuals who experience or witness traumatic events usually experience some psychological reactions following the trauma. These reactions can vary depending on the person but are completely normal as it allows our bodies and minds to ultimately recover from what we have experienced. The good news is that research shows that humans are naturally resilient and that most people gradually overcome the pain, suffering, and other challenges caused by traumatic events on their own, without needing any specialized interventions to aid their recovery. People usually adjust within a month following a single traumatic event. Even those who don't adjust right away tend to recover within three months to a year. How long it takes someone to recover or whether someone can

recover without needing any specialized intervention depends on the type of traumatic event, how many traumatic events we have experienced in the past or for how long, or what we may have faced before we experienced the traumatic event, how we cope with the trauma, and other factors.

Based on the lessons we have learned from the myriad traumatic events that human experience, we know that there are things we can do or things it would be better for us not to do to help us adjust sooner and go back to how we were before the trauma happened. In other words, how we cope after a traumatic event may affect how long it takes us to recover or whether we are able to recover without needing any specialized interventions. These lessons have been compiled into what we now call “Psychological First Aid.”

Psychological First Aid (PFA) is an evidence-informed modular approach, which outlines the natural process of healing in a series of steps. Using lessons learned from our natural ability to be resilient, PFA aims to maximize recovery in individuals following a traumatic event despite risks that could impede one’s ability to recover naturally without needing any specialized treatment.

The first step in Psychological First Aid or PFA (Look) is to identify those impacted by trauma to understand the trauma and the variety of different reactions people may have following a traumatic event so that individuals who experience a traumatic event can be better educated and can accept their reactions without judgment. The second phase of PFA (Listen) is to listen and provide comfort, safety, empathy, and validation to sufferers, and to provide them with help to meet prioritized needs in the context of balanced optimistic messages for recovery. The final step of PFA (Link) is to connect those undergoing a trauma, or a personal crisis with support, resources, and information on how best to cope.

The most important lessons in Psychological First Aid or PFA for us are that it is best to accept without judgment how we or others may be reacting (or not reacting) to the traumatic event, accept the pain and suffering caused by the event or from our reactions to it, while at the same time, keeping hope alive that life will achieve normalcy in the future, that our pain and suffering will ease over time, that our mind and body will gradually recover, and that we will grow from the lessons of trauma.

Frequently Asked Questions

What reactions do people commonly have after experiencing a traumatic event and how long do they last?

What can I do to help myself cope with trauma?

What is Psychological First Aid for Trauma, Crises, and Adversity?

When should I consider professional help for my symptoms?

Can you tell me a little about Cognitive and Behavioral Therapies (CBT) for Post-Traumatic Stress Disorder?

Please contact us at admin@wccbt.org if you have questions or would like to receive training in Psychological First Aid.

Learn more about how to provide Psychological First Aid:

[Psychological First Aid \(World Health Organization\)](#)

[Psychological First Aid \(Substance Use and Mental Health Services Administration\)](#)

[Psychological First Aid \(National Child Trauma Stress Network - NCTSN\)](#)

[Online PFA training](#)

[Talk to Children about War](#)

[When Terrible Things Happen](#)

[Tips for Adults](#)

[Parent Tips for Helping Adolescents](#)

[Parent Tips for Helping School Aged Children](#)

[Parent Tips for Helping Pre-school aged children after disasters.](#)

[Parent Tips for Helping Infants and Toddlers](#)

McGinn, L. K., Bonavitacola, & L., Buerger, W. (2023). Disaster trauma. *Cognitive Behavioral Strategies in Crisis Intervention (Fourth Edition)* (pp. 281-300). Eds. Dattilio, F.M., Shapiro, D.I., Greenaway, D.S. NY: Guilford Press.

McGinn, L. K., & Spindel, C. B. (2007). Disaster trauma. *Cognitive Behavioral Strategies in Crisis Intervention*. Eds. Dattilio & Freeman, A. NY: Guilford Press.

Padesky, C. A., Candido, D., Cohen, A., Gluhoski, V., McGinn, L. K., Sisti, M., Westover, S. (2002). *Academy of Cognitive Therapy's trauma task force report*. From <http://academyofct.org>

