



# Psychological first aid

Building capacity for self-help and compassionate support in the event of accidents, assaults, or other violent experiences



# Introduction

Since 1994, we at Dansk Krisekorps have provided psychological first-aid to individuals who have experienced psychological distress in their personal or professional lives.

After experiencing a traumatic event, individuals often react both physically and psychologically. When you become familiar with the typical reactions, it is hopefully easier for you to accept and validate them. It is also beneficial if your colleagues, family and loved ones are aware of typical reactions to crises.

Traumatic events create insecurity. Our usual methods for solving problems are insufficient, and our perception of reality, ourselves, and possibly other people, can become distorted. We react to this, and the reactions of those affected can be few or many.

It has proved to be beneficial for the injured, their relatives, as well as colleagues and managers, to receive this booklet. It contributes to a mutual understanding, that it is normal to react in an abnormal situation. This booklet can support what is advisable to do in these situations.

## The purpose of this booklet is to provide knowledge about

- Crises and crisis management
- Typical reactions following traumatic events
- Building capacity for self-help
- Psychological first-aid and compassionate support
- When to seek professional help
- Where, and how you can receive professional help
- General information regarding crisis counselling and organizational consultancy
- Useful links

This booklet is developed and published by Dansk Krisekorps.

The 10<sup>th</sup> version edited by Mette Nayberg, 2023.

Translation Alberte Jeppesen.

Lay-out and photo Susanne Dyrbye.

Read more about Dansk Krisekorps at: [www.danskkrisekorps.dk](http://www.danskkrisekorps.dk)

Duplication or reproduction of this booklet or parts thereof is, with respect to the applicable Danish laws on copyright, only permissible under specific written agreement with Dansk Krisekorps. Quotes and excerpts are only allowed with clear referencing.

## Table of contents

Introduction . . . . .	2
What constitutes a crisis? . . . . .	4
Reactions to crises . . . . .	4
Building capacity for self-help . . . . .	7
Psychological first-aid and compassionate support . . . . .	8
When should you seek professional help? . . . . .	10
Public options for help in Denmark . . . . .	11
Organizational options for help . . . . .	13
Crisis management and organizational consultancy . . . . .	14
General guidelines regarding psychological first-aid and emergency assistance in the event of employee accident or assault . . . . .	16
General advice for management regarding crisis contingency planning. . . . .	18
Concrete proposal for procedures in the event of acute crisis situations: . . . . .	18

## Appendix

Dansk Krisekorps . . . . .	20
Contact Dansk Krisekorps . . . . .	22
Useful links . . . . .	22
Own notes: . . . . .	23

# What constitutes a crisis?

Crises vary in their content and their progressions. Generally, a crisis entails a danger or threat to a person, or someone they care about. It may also be a threat of material loss. When a person is in crisis, they may feel that the way they usually handle challenges is insufficient. Many will perceive this as challenging and feel they are losing control.

There is a pattern of reactions associated with crisis situations, but a large variety of reactions exist, as well as considerable individual differences in how the reaction is expressed. Some individuals may find that their reactions do not correspond with their expectations, while others do not react at all. Additionally, an individual's surroundings may have certain expectations of them, and their response during a crisis. This may result in the belief that one is reacting inappropriately or incorrectly, given the circumstances of the crisis. Regardless of how one reacts in a crisis, it is imperative to remember, that there is no "correct" way of reacting, and that all reactions are normal responses to an abnormal situation.

## Reactions to crises

### Immediate reactions

In the immediate aftermath of a crisis, various reactions are observed, including shock. You may develop feelings of dissociation, perceiving everything to be unreal, as though you are in a dream or a bad movie. Your perception of time may be affected, as though time is standing still, or flying by. Some individuals may even deny that the event has taken place at all. Often, individuals in crisis, reacting to a traumatic event, will experience difficulties understanding messages, remembering things, and concentrating. It is also not uncommon to experience strong physical symptoms such as dizziness, nausea, headaches, stomachaches, restlessness, and hot/cold sensations. Strong emotional outbursts such as crying may occur, but is just as normal not to experience them, and maybe even feel emotionally numb or apathetic. Some crises involve successive shocks, making it difficult to predict the course and timeframe of the immediate reactions.

### Subsequent reactions

Following the immediate reactions, one often experiences psychological, physical mental and behavioral reactions. There is often an overlap between these reactions, and the individual responses can be difficult to identify. It is important to be patient with oneself and allow the emotions that arise, but it is also important to allow oneself breaks from the crisis or the difficult situation.

## Psychological reactions

It is normal to experience feelings of powerlessness and helplessness concerning the crisis. Anxiety is also common, such as the fear of loss, or fear that the incident will repeat itself. You may experience concern and anger, but also joy and gratitude for being alive, succeeding, or receiving good support.

## Physical reactions

The human body responds strongly to a crisis. You are in a state of high alert, making it difficult to relax – you may feel constantly on guard. The physical symptoms are similar to those encountered when experiencing stress. Additionally, you may experience flu-like symptoms, such as headaches, stomachaches, diarrhea, restlessness, diffuse pains, or a general feeling of physical weakness and fatigue. Appetite and sleep may also be affected. It is normal to experience difficulties sleeping the first few days following the event, and you should not be alarmed if it takes some time to return to normal. This is a typical response and is the body's way of reacting to and processing the traumatic experience. It may be advisable to consult a doctor if difficulties sleeping persist for more than 14 days, and if there are recurring nightmares.

## Mental reactions

Cognition is easily impaired when in crisis: you may experience difficulties remembering, concentrating and making decisions. Many feel they lose their overview, and feel lost, while others may experience heightened attention to details, making them more decisive. In crisis situations, your senses are often heightened, and you may experience strong physical reactions in response to sensory stimuli (sounds, smells and touch). In the time following the event, it is normal to reexperience the crisis, or parts of it, through either flashbacks, nightmares or intrusive thoughts. Certain sounds or smells may evoke strong memories of the crisis or trauma. For some people, a crisis can affect how they think about themselves and their surroundings, leading to new decisions or changes in the way that have previously organized their lives.

## Behavioural reactions

Crying and mood swings are clear examples of behavioral reactions. Some individuals may feel immobilized and physically exhausted in the aftermath of a crisis, while others find the need to remain active and engage in activities. Many may find it difficult to interact with other people and may avoid events or places in favor of isolation. Others may have a strong need to be social and recount the event many times. Some find it helpful to use their social network, while others may find that their network is unable to comprehend what has happened, and the individual's need to speak about it. It is not unusual for changes to occur in one's social network – both new connections may form, and existing relationships may strengthen, but some may also fade away.

There are many reactions, and not all are listed here. It is important to respect one's own reactions and find a way to cope with them. Most individuals find that symptoms and the following reactions will subside as they gain a better understanding of the crisis, clarification, and time to address what has happened, both individually and with friends, family and colleagues. If the reactions persist, and you feel anxious or unable to recognize yourself, it is important to seek help.



# Building capacity for self-help

## Accept that it is natural to react

Acknowledge all feelings, thoughts and behaviors, even those you find frightening or strange. Reaction patterns can take on many different forms, and there are no right or wrong reactions.

## Share your thoughts and feelings with others

Show your vulnerability, so others do not assume you can handle everything on your own. Accept the support and care of others. If possible, it is beneficial to spend time with others who have shared a similar experience. It is especially important to share your experiences and feelings with those involved in the event, as well as those who are close to you.

## Continue communicating

-even when the novelty of the event has passed. Find someone you can confide in. Every time you put your feelings into words, you begin to make sense of parts of the difficult experience. Avoid being overly considerate of whether the people around you can handle listening to you – it is their responsibility to moderate this.

## Confront reality

-preferably with someone you know and feel safe with: Look at photographs, view the damaged or destroyed items, visit the places and people associated with what happened, return to the scene of the incident, view the deceased if you have lost a loved one, and attend the funeral. However, take the time you need, and evaluate how much you are able to manage.

## Allow your surroundings to react

Allow your children and loved ones to express their feelings and thoughts – everybody will be affected by the situation in their own way. Avoid being judgmental if others react differently from you. Be respectful of each individual's reactions and thoughts.

## Maintain your daily routines

Resume your work as soon as you feel capable. Request special arrangements or "light-duty" work, if necessary, to make the most challenging period more manageable. It may be a good idea to inform your colleagues about what happened – either in person or by e-mail.

## Take care of yourself

New accidents – including traffic accidents – occur more frequently following traumatic events. It's common not to be as attentive as usual, such as when driving or engaging in other activities that require a high level of concentration.

## Provide a good framework for yourself

Do things you enjoy doing, and practice self-compassion, so you ensure that you are taking care of yourself.

## Do not run from the problems

When life is difficult, it is easy and tempting to use quick escapes such as self-medicating, alcohol, or a frantic activity. These may temporarily dull the immediate pain, but this develops a harmful strategy, that can hinder your brain's natural processing, and lead to more problems.

## Seek diversion

Constantly dwelling in the challenging circumstances following a crisis is exhausting. Every so often, ensure that you take breaks from what has happened, and think about something else. Light physical activity can be beneficial to counteract stress and may ease symptoms of insomnia. Remember, that it is also legitimate to feel joy, even though you have experienced a traumatic event.

## Utilize your network

In the majority of cases family, friends and colleagues are helpful by providing compassion and support. However, if the immediate stress reaction does not subside within the first few days, you should seek professional help.

# Psychological first-aid and compassionate support

## Be available

Contact the victim and remain in their company. Compassion and closeness, in itself, is very healing.

## Provide information

Provide relevant information to the person in crises, so they can gain an overview of what has happened. Repeat important information. Those in crisis may experience difficulties remembering what they have been told, as their general concentration may be impaired.

## Active listening

Keep an open mind and accept the person's account of what has happened. Listen to their recollections repeatedly. Avoid trivializing, overdramatizing or diverting the person's thoughts and experiences. Refrain from using empty phrases, as these won't be of help to the person in crisis.

## Ask questions

Ask direct, concrete, and elaborating questions, that help the person in crisis come to terms with what has happened. Examples include: "Try to tell me what happened first."



What did you do/think when it happened? How are you feeling now? What are you thinking about now? What needs to happen now and later? Do you need help or support?"

### Avoid asking why

Refrain from asking "why" questions, as it can be difficult for the person in crisis to explain their choices and thoughts. If you are uncertain, be honest about it and ask directly how you can best help.

### Do not dismiss feelings of guilt

When feelings of guilt are met with respectful attention and factual information, it can have a very calming effect. However, if you attempt to erase feelings of guilt and shame, the person in crisis may interpret it as an unwillingness to listen and feel that sharing with others is futile.

### Gently insist on maintaining contact

The person in crises may not wish to speak about the incident. If you are turned down, you can mention that talking about what happened would be beneficial for them. If they continue to decline, you can try again at a later time.

### Offer practical help

Help the person in crisis with practical tasks if they need it. However, practical help should exclusively function as support for the person. Assuming responsibility may increase their sense of helplessness.

### Use your network

Remember to use your own network – it can be hard to accommodate and handle the pain and difficulty of someone else's experiences.



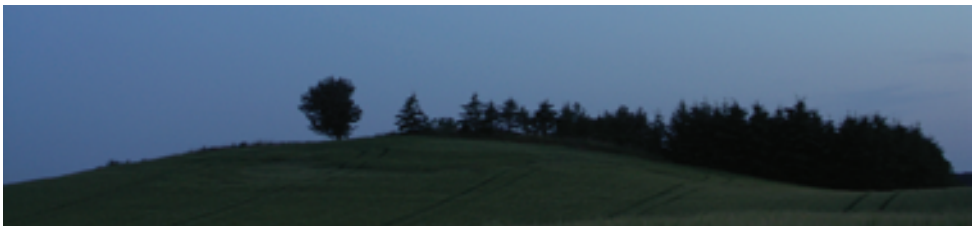
# When should you seek professional help?

- If you do not have anyone to speak to about what happened.
- If you are exceedingly concerned about your condition.
- If you continue to feel unwell.
- If your family life and professional life are becoming increasingly negatively affected.
- If you are experiencing sexual difficulties, insomnia or persistent nightmares.
- If you are continually troubled by feelings of self-blame and guilt.
- If you become increasingly irritable, short-tempered, and unable to concentrate.
- If you are feeling increasingly indifferent towards yourself and your surroundings.
- If you feel the need to be constantly active, to avoid confronting your feelings.
- If you develop physical symptoms.
- If you are developing a constant reliance on alcohol or medication.

People react differently in terms of how much and how long they react following a traumatic experience. The reaction may be intensified, due to previously suppressed experiences resurfacing during the current difficulties.

A clear and significant warning sign that indicates the need for professional help is when reactions persist or even intensify.

Your reactions are not a sign of weakness. If you continually experience significant burdens in your daily life following the event, you should seek professional help.



# Public options for help in Denmark

You can be referred to a psychologist if your general practitioner determines that you fall into one of the following groups, thereby qualifying you for financial support from the public health insurance:

1. Victims of robbery, violence and sexual assault.
2. Victims of traffic and other accidents.
3. Relatives of severely mentally ill individuals.
4. Individuals affected by a severely debilitating illness.
5. Relatives of individuals affected by a severely debilitating illness.
6. Relatives of recently deceased persons.
7. Individuals who have attempted suicide.
8. Women undergoing induced abortion after the 12th week of pregnancy. The doctor can refer you to psychological help prior to the abortion procedure when the request for permission for the procedure has been sent to the abortion council.
9. Individuals who, before the age of 18, have been victims of incest or other sexual abuse.
10. Individuals above the age of 18 with mild to moderate depression (read below about free psychological treatment for young adults aged 18-24).
11. Individuals above the age of 18 with mild to moderate anxiety, including mild to moderate OCD (read below about free psychological treatment for young adults aged 18-24).

The collective agreement does not apply to individuals who can receive psychological assistance as part of crisis therapeutic contingency plans in the event of major accidents and disasters.

## Free psychological assistance for young adults aged 18-24

Individuals between the ages of 18 and 24, can receive free psychological treatment for mild to moderate anxiety and depression (the fee-exempt scheme). Starting from July 1, 2021, this age group has been extended, as part of a trial period, to also include those aged 22 to 24.

Young adults should be referred by their general practitioner, as is the case for other patient groups.

## Does the doctor need to refer to subsidized psychological treatment?

Subsidized psychological treatment requires a referral from either your general practitioner, or an on-call doctor. Generally, the doctor cannot issue a referral for psychological treatment if more than 6 months have passed since the event that prompted the referral. In the case of seriously debilitating illnesses, the 6-month deadline is counted from the time of diagnosis.

Referrals cannot be issued later than 12 months after the event that prompted the referral. There are three patient groups exempt from this time limit:

- victims of incest and others who have experienced sexual abuse during their childhood
- patients over 18 with mild to moderate depression
- patients over 18 with mild to moderate anxiety, including mild to moderate OCD

The subsidy covers 60% of the psychologist's fee.

In general, a maximum of 12 consultations per treatment course can be subsidized.

Members of Sygesikringen Danmark health insurance may be eligible for additional financial assistance for psychological help. In special circumstances, it may also be possible to obtain municipal subsidies.

Always remember to contact your GP and insurance company and/or your workplace to inquire about the possibility of receiving prompt assistance.

Visit [www.sundhed.dk](http://www.sundhed.dk) for any changes and additional information.

# Organizational options for help

If your employer is a client of Dansk Krisekorps, the following crisis assistance is also available:

- Psychological first aid for the affected employees, provided by a psychologist (see intranet, contact your nearest manager or contact person).
- Psychological crisis counselling for employees and management in emergency situations, as well as guidance on follow-up initiatives.

Or, depending on the specific agreement with Dansk Krisekorps, the following assistance for self-help:

- Consultancy for management regarding establishing a crisis contingency plan.
- Courses, workshops, and lectures for employees on psychological first aid and collegial support.



# Crisis management and organizational consultancy

In the event of a severe incident, it is important that the following steps are initiated:

## 1. The organization must act

In the event of an accident or incident, it is essential that the responsible managers and colleagues know how to respond. Developing a clear crisis contingency plan for the workplace ensures this. The victim and others affected by the event, should never personally have to pursue the help, simply because people in a crisis situation are unable to assess what they need.



## 2. External assistance must arrive promptly

It is important that the first conversation with the psychologist takes place as soon as possible following the accident/situation. The initial meeting provides the psychologist and the affected individual(s) the chance to determine what further assistance is needed. Psychological first-aid will involve practical, psychological and organizational support, to mobilize both individual and group resources.

## 3. Help should be short-term and effective – building capacity for self-help

Individuals should be prepared for a 5-hour counselling program. Variations may occur, depending on the impact of the event. Crisis therapy aims to provide effective and short-term treatment. The support focuses on the events that have occurred and looks to the future. The assistance builds capacity for self-help and draws on the resources that the individual, the group/organization, as well as the management, already possess. Most arrangements will be made between the representative from the organization who contacts Dansk Krisekorps, the affected individuals, and the psychologist assigned to the task.

## 4. Aggregation of experiences

It is essential for the organization's development and the individual employee's sense of security, that the necessary lessons are drawn from the incident. This can be provided by establishing a written procedure that clarifies preventative measures, and courses of action if a similar situation arises.

## 5. The psychologist collaborates with the manager and/or contact person

The designated psychologist collaborates with the organization and management, providing recommendations regarding the affected individual's subsequent work situation. This could include temporary modified job duties, optimizing support from the manager and/or contact person, facilitating internal communication and exchange of experiences following the event, as well as which security procedures may require medication.

# General guidelines regarding psychological first-aid and emergency assistance in the event of employee accident or assault

E.g. Explosions, fire, chemical spills etc.

E.g. Assault, robbery, theft, treats of violence etc.

## Immediately

1. Relocate the affected employee(s) to a safe place with no disturbances. Ensure that no-one is alone, even at home.
2. Acknowledge and accept the reactions of affected employee(s) – they are normal given the circumstances.
3. Obtain information about what has happened, inquire how the employee(s) is/are currently feeling, and monitor their reactions.
4. Contact appropriate authorities e.g. police.
5. Contact Dansk Krisekorps:

### **Emergency hotline: +45 7022 7610**

The on-duty psychologist needs information about those involved, what has happened, how they are feeling, and their symptoms. Additionally, provide information about where the accident/incident occurred, the time it happened, the name of a contact person, and their phone number. Dansk Krisekorps will then establish contact with the crisis psychologist.

6. Explain to the affected employees that an arrangement has been made with a crisis psychologist and that this is a completely normal procedure in events such as these.



## Subsequently:

7. It is essential that the immediate manager or contact person supports the involved employees, so that nobody feels at fault. For example, the psychologist and the manager/contact person may make arrangements with the employee, that involves temporarily modified working conditions.
8. Ensure that an incident report is completed, and that the employee's doctor is contacted.
9. Following the accident/incident, it is important that the immediate manager or contact person monitors the well-being of those involved.
10. The psychologist collaborates with the immediate manager or contact person, collecting accounts and experiences, in order to evaluate whether the current rules and safety procedures are sufficient or if new ones need to be developed.
11. If, after six months, there are enduring signs of physical impact and/or psychological symptoms, such as a persistent crisis reaction, it is important to offer the employee further psychological help.
12. For at least a year following the event, it is important that the immediate manager or contact person shows interest in the physical and psychological well-being of the affected employees.



# General advice for management regarding crisis contingency planning

Fundamental questions for management/contact persons when establishing a crisis contingency plan, ensuring the use of peer resources during a crisis:

1. What should happen when a crisis occurs?
2. What rights and responsibilities does each employee have?
3. Who is responsible for what must happen, and how will the help be provided?
4. How will you follow up on both an individual and organizational level?
5. Does the event lead to changes in behavior, rules, knowledge as well as understanding?
6. How, and how much of the above should be communicated?

## Concrete proposal for procedures in the event of acute crisis situations:

**Before a colleague suffers a crisis, the following must be clarified and communicated to everyone in the organization:**

1. When does the organization offer crisis assistance?
2. Who is/are the contact person(s) responsible for:
  - o Contacting Dansk Krisekorps, and thereby a psychologist, as well as police or medical assistance if relevant.
  - o Planning a temporary reduction of the workload for the affected employee(s), as well as support for immediate colleagues.
  - o Keeping an eye on the affected employee(s) in the time following the incident.
  - o Informing the organization of what has occurred, in part to prevent rumors.
  - o If relevant, notifying authorities and/or safety representatives.
3. What colleagues can expect currently, and in the long term.
4. Where employees can access information regarding crisis assistance, and where to find information and contact details about the responsible managers/contact persons.
5. Where, how often, and how the current safety protocol is evaluated.

**When you or a colleague suffer a crisis, the following procedure should be initiated:**

1. Immediately contact the closest colleagues and the responsible contact person - the affected party should not be left alone.
2. Ensure that the affected parties are brought to a calm place;
  - o Show compassion and listen.
  - o Accept the various emotional reactions
  - o In the acute situation, never leave the injured party to assess what courses of action should be taken.
3. The responsible party contacts Dansk Krisekorps and requests psychological assistance. If relevant, they may also contact police or medical services.
4. All involved parties remain on-site until an agreement has been reached with the psychologist, on what is to be the following course of action.
5. The injured party must not go home/be alone for the first 24 hours, if a course of action has not been initiated or decided upon.
6. The day after the incident, the injured party, the responsible contact person, and the manager develop a light work schedule for the following week – preferably in collaboration with the psychologist, which is then evaluated.
7. Inform all employees in the organization or department about the incident, and ensure them that what happened, and those involved, are being taken care of.



- Emergency crisis counselling
- Psychological counselling
- Short-term therapy
- Stress management
- Conflict resolution
- Contingency plans
- Crisis communication
- Courses on psychological first aid



Dansk Krisekorps A/S is a nationwide company with more than 500 associated psychologists.

Today, Dansk Krisekorps provides acute crisis assistance, psychological counseling, short-term therapy, and help with stress-management. We facilitate communication in crisis situations, and serve as consultants, when developing contingency plans. We organize courses in psychological first aid and are called upon when groups or departments experience conflicts and collaboration difficulties. Our services are provided to both private companies as well as public organizations.

Our services and interventions are selected based on many years of experience gathered from interdisciplinary fields of organizational and psychological knowledge.

The psychologists in Dansk Krisekorps are selected based on their qualifications as organizational psychologists as well as their supplementary training in therapeutic, and crisis, disaster and trauma psychology.

We place great emphasis on having highly qualified psychologists in Dansk Krisekorps. We develop and conduct courses for psychologists in collaboration with relevant experts and supervise them in their tasks. The management participates in international conferences and international supplementary training. .

Dansk Krisekorps also undertakes tasks abroad.

## Our vision for Dansk Krisekorps

We aim to be the group of psychologists in Denmark, where customers receive the best service, at the most competitive price in crisis counselling, short term-therapy, stress reduction, and conflict resolution. Our ambition is to bring new knowledge to the field and develop new and effective forms of work and intervention.

## **As a contract provider, Dansk Krisekorps adheres to the following basic principles:**

- We offer a 24-hour hotline, with psychologists available on the phone.
- Customers only pay for actual services rendered.
- The customers pay an establishment fee.
- The confrontation rate for emergency services is the same regardless of the time of day the psychologist is contacted.
- We only employ psychologists with both organizational and therapeutic experience.
- We provide short-term emergency assistance in crisis situations.
- We provide short-term therapy, when this service is relevant.
- We provide coaching at the request of the contract holder.
- We have expertise and many years of experience in resolving collaboration difficulties and conflicts. Tasks of this nature are solved on a consulting basis within the framework of Dansk Erhvervspsykologi.
- We continually work to maintain an efficient and flexible relationship with the customer and are open to requests for changes in services or methods of collaboration.
- We provide our customers aggregated information about their organization, if specified in their agreement with us.
- We always collaborate with the customer regarding the solution of tasks.
- We can assist in the prevention of accidents, assaults, treats, as well as occupational stress via development of informational material, intranet and contingency plans.
- We hold preventive lectures, workshops and training courses.
- We collect data, generate new knowledge, as well as develop new, more effective, means of intervention to be implemented in potential crisis scenarios.

## Contact Dansk Krisekorps

If you wish to make use of one, or several of the services provided, please contact Dansk Krisekorps.

Dansk Krisekorps - office

Tlf. +45 7022 7612 - weekdays 8.00-17.00

Dansk Krisekorps - alarm

Tlf. + 45 7022 7610 - 24-hour hotline

e-mail: [krisekorps@danskerhvervpsykologi.dk](mailto:krisekorps@danskerhvervpsykologi.dk)

Web: [www.danskkrisekorps.dk](http://www.danskkrisekorps.dk)

## Useful links

A list of useful links for assistance can be found on our own website, which is located at <https://danskkrisekorps.dk/knowledge-center>.



**Own notes:**

Your psychologist :

Telephone number:



Additional copies of this booklet can be ordered from Dansk Krisekorps at:

[kriasekorps@danskerhvervpsykologi.dk](mailto:kriasekorps@danskerhvervpsykologi.dk)

The price is DKK 50,00 per booklet + VAT and shipping .

Edition 2023, version 10