

# PSYCHOLOGICAL FIRST AID IN DIFFICULT TIMES

## Recognizing meaning when nothing makes sense

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The war conflict in Ukraine, ongoing since February 2022, has caused a refugee wave in Europe on a scale not seen since WWII. Traumatizing experience of refugees, fleeing for their lives towards the unknown makes a strong case for a systematic provision of psychological first aid (PFA) as a first step in a series of possible psychological interventions. The present article introduces basic points of reference and principles of administration of PFA. The theory is then applied on the first hand experience by the author who administered PFA at a land border crossing point between the Slovak Republic and Ukraine in March 2022. The article concludes by summarizing data from research of volunteers who administered PFA to refugees from Ukraine. Main points of interest include motivations of volunteers, their perspectives of their experience, and their views of what actually proved beneficial to refugees. Research data was collected using open questions and unfinished sentences. Responses were evaluated using qualitative analysis.

**KEYWORDS:** psychological first aid, war in Ukraine, volunteers, fundamental existential motivations, qualitative analysis

PSYCHOLOGISCHE ERSTE HILFE IN SCHWIERIGEN ZEITEN  
Sinn erkennen wenn nichts Sinn ergibt

Die Flüchtlingswelle, welche der seit Februar 2022 andauernde Kriegskonflikt in der Ukraine in Europa ausgelöst hat, hat ein seit dem Zweiten Weltkrieg nicht da gewesenes Ausmaß angenommen. Traumatisierende Erfahrungen von Flüchtlingen die um ihr Leben ins Unbekannte flüchteten sprechen für eine systematische Bereitstellung psychologischer Erste Hilfe (PFA) als erster Schritt in einer Reihe von möglichen psychologischen Interventionen. Der vorliegende Artikel stellt wesentliche Bezugspunkte und Verwaltungsgrundsätze der PFA vor. Die Theorie wird anschließend auf die Erfahrungen aus erster Hand des Autors angewandt, der die PFA im März 2022 an einer Grenzübergangsstelle der Landesgrenze zwischen der Slowakischen Republik und der Ukraine regulierte. Der Beitrag schließt mit zusammenfassenden Forschungsdaten von Freiwilligen welche sich mit der PFA den Flüchtlingen der Ukraine annahmen. Interessensschwerpunkte beinhalten die Motivationen der Freiwilligen, ihre Sichtweisen bezüglich der gemachten Erfahrungen und ihre Ansichten zu dem was für die Flüchtlinge tatsächlich hilfreich war. Die Forschungsdaten wurden durch offene Fragestellungen und nicht beendete Sätze gesammelt. Die Antworten wurden durch Anwendung der qualitativen Analyse ausgewertet.

**SCHLÜSSELWÖRTER:** psychologische Erste Hilfe, Krieg in der Ukraine, Freiwillige, existentielle Grundmotivationen, qualitative Analyse

### Introduction

The author spent, in March 2022, five days working as volunteer of the Slovak Red Cross at a land border crossing between the Slovak Republic and Ukraine. She administered psychological first aid (PFA) to refugees fleeing the conflict in Ukraine. As a researcher, she could observe first-hand phenomena of PFA which appeared beneficial to individuals in a crisis situation, as well as sources of support which benefited providers of PFA. The goal of this article is to define criteria of PFA and basic elements thereof, as well as potentially inefficient strategies of PFA. Theoretical points of reference will be compared with practical findings identified by the author. Special attention will be given to providers of PFA, namely their motivations, and sources of support for their own activities in the course of administration of PFA. An analysis of how psychological first aid can be viewed in the light of existential psychotherapy practice will be offered. There is a whole host of situations where PFA should be

administered to affected persons. In general, PFA can benefit individuals suffering from acute stress provided that they are interested in such assistance. PFA is most frequently administered to individuals who survived emotional and / or physical trauma. In addition to refugees or individuals on the move, such individuals can include patients in hospitals, students bullied at schools, victims of car and other accidents, victims of domestic violence, persons in asylums for abused persons, homeless in shelters or anywhere individuals experience stressful, potentially traumatizing situations. PFA may be of benefit also in situations which do not necessarily indicate trauma but where affected persons exhibit signs of mental illness or stress.

Originally, PFA was not conceived for people on the move (Levy et al. 2019, 72) or refugees. Individuals fleeing conflicts or similar phenomena represent a challenge for PFA because of the need to adapt modalities of PFA provision to specific conditions at a given time and place. Provision of PFA in situations where a potentially trau-

matizing experience actually ended and affected persons return to their own environment will be different from cases where individuals flee a conflict or are simply on the move, far from home while their suffering continues. The present article will deal primarily with administration of PFA to individuals who have experienced some sort of horror, dread or disaster and their life or their personal integrity is at risk, resulting in a traumatic experience.

### **What is psychological first aid and who can administer it?**

Since the 1980s, interventions consistent with what we currently consider PFA have been described in the literature (Lewis et al. 2013, 1).

According to American Psychological Association (2022), psychological first aid is an initial response intervention to a disaster. It was designed to help victims of traumatic events and first responders on-site and can be delivered with minimal training in mental health intervention (Brymer et al. 2006, 5). Its goal is to promote safety, to stabilize survivors and to direct them towards further assistance and resources. Psychological first aid is also an evidence-informed approach to provide support to survivors following a serious crisis event, and it aims to reduce the initial distress of the traumatic event and to promote adaptive functioning and coping (Pekevski 2013, 40).

PFA can be administered by any individual sufficiently sensitive to the situation of another person in distress and who is interested in assisting such a person. This potentially makes PFA relatively easily accessible, even in situations where little or no preparation was made in advance. PFA is intended for both children and adults who have recently experienced serious, potentially traumatizing, events.

The concept of PFA is based on elements of a human relationship of compassion, respect for dignity and equality among people (Kordić 2018, 43).

PFA seeks to contact survivors compassionately, promote their safety and calmness, assess their basic needs, offer them practical assistance and information, connect them with their support networks, support their adaptive coping, and link them with ancillary services (Brymer 2022; Kordić 2018). People cope easier with a survived trauma or crisis situation when feeling safe, are in contact with others, are able to calm down and have hope. This is easier when access to social, physical and emotional support is available. If the affected person is able to actively participate in received aid, they get a sense of control. Emotional stabilization and increased sense of security

and control can be achieved by treatment of acute basic needs by providing warmth, food, drink, medicine and treatment of physical injuries or acute stress reactions, as well as a possibility to sleep. Active listening and clear, comprehensible communication are vital. Providing information about further practical or social support and strengthening of positive coping mechanisms of survivors helps further increase their sense of control.

There is consensus among international disaster experts and researchers that PFA can help alleviate painful emotions and reduce further harm from initial reactions to disasters (Ursano et al. 2022, 8).

Psychological first aid is not a form of treatment, but an early intervention; therefore, more than alleviating symptoms, PFA aims to foster better adaptation in the short and long term (Tessier et al. 2021, 2). PFA can be the first from a range of actions on the continuum of aid routinely provided to persons affected by traumatic events. Timeliness is of essence, it is therefore important to administer PFA as soon as possible following disaster.

PFA is typically administered in the immediate aftermath or in the days or weeks following a traumatic event, disaster or crisis. PFA is administered also as part of programmes where humanitarian workers are exposed to prolonged and chronic stressors (i.e. within a protracted crisis), and aims to prevent acute distress reactions from developing into longer-term distress (Gilmore 2021, 7).

The principles of PFA can be applied in any post-trauma setting, whether in the context of a disaster or within organizational settings in which exposure to psychological trauma is either a possible or, indeed, a predictable event (Forbes et al. 2011, 1).

PFA has been widely recommended for preventing post-traumatic stress disorder (PTSD) (Figuroa et al. 2022, 2). Recipients of PFA can later require also a crisis intervention or psychotherapy in order to prevent development of PTSD. Crisis intervention can be provided by psychologists but also by individuals trained in crisis intervention (VÚDPaP 2022, 4). In cases of survived traumatic events, processing and integration of survived trauma with help from a psychotherapist specialized in psychotherapy of trauma is necessary.

### **What is inappropriate when administering psychological first aid?**

As stated above, PFA can be administered also by individuals without specialized psychological training. Frequently, individuals feel helpless vis-a-vis the suffering or pain of other persons and tend to attempt – almost in-

stinctively – to mitigate the suffering through any means available. However, when dealing with affected persons, including potentially traumatized individuals, doing less can actually be more beneficial than trying to do more.

Providers of psychological first aid should be aware that not everyone needs or is interested in PFA. In other words, providers should be available but should not impose themselves on those in need (Snider et al. 2011, 4).

What does this mean in practical terms? Providers of PFA should not force affected persons to talk about what happened, about how they feel or try to get details about what happened. Instead, it is enough to compassionately recognize that someone is in need of PFA. Furthermore, knowing all details immediately is far from necessary, in most cases. If affected persons are talking spontaneously, providers of PFA should not interrupt them. Nor should the latter bring up their own traumatic experiences to compare them with those of affected individuals. For example, it is undesirable to downplay, even indirectly or with good intent, the feelings and experiences of affected persons by phrases such as “you will be ok”, “it could have been worse”, or even “it will make you stronger”. Spiritual consolation also should not be offered unless explicitly requested by affected persons. God may have his reasons and praying might help to some extent, overcoming a crisis may help us get stronger, but these beliefs will rarely benefit a person who has just survived some kind of horror. Shifting the blame and responsibility by suggesting the affected person could have reacted differently in order to avoid what has happened to them or that they could learn from their situation may prove to be actually harmful, if not downright dangerous. Potential suicidal risk in survivors of traumatizing situations is never to be underestimated.

### Feelings accompanying providing PFA to individuals

It should also be recognized that meeting affected persons may generate a whole range of feelings in providers of PFA as well. These may include instances when providers of PFA feel:

- worried, anxious
- helpless
- feeling out of reality
- flooded by the pain of other person
- traumatized by a secondary trauma
- angry
- emotionally detached / numb
- in need to protect themselves

It is imperative that providers of PFA honestly and openly recognize these feelings and the burden which they may bring. The goal is to assess whether the provider of PFA is sufficiently protected and resilient enough to be able to help without putting themselves at risk.

Even when facing their own – sometimes clearly complicated feeling and stress – providers of PFA must remain keenly aware of all aspects of the situation and the present moment. At no point should they stop seeing themselves because of the emotional, physical or psychological burden represented by the suffering of others. Rather, they should carefully balance the needs of others with those of their own, no matter how inappropriate this may seem. Providers of PFA should be able to draw on their own resources (how much energy I have and how much I will be able to bear), lean on his values (why and because of who I will go through this), and be sure of their own course of action (I will act with compassion and respect for the other and also for myself). Providers of PFA should start to protect themselves as soon as they start to feel the need of such protection (regrettably, sometimes it is impossible to help everyone).

### How to protect and take care of yourself when helping others

When administering PFA, following rules should be respected in order to maximize the positive outcome of the intervention and simultaneously mitigate the risk of hurting ourselves:

- understanding of the crisis situation and its participants
- awareness of one’s own boundaries and of what we can or can not do
- knowledge of one’s own history of personal loss and trauma (to understand where we are most vulnerable)
- possibility to decline the task or ask for help
- meeting in team, opportunity to process events of the day
- healthy nutrition and sufficient fluid intake
- enough sleep, ideally without pills or alcohol
- regular breaks in the process of administering psychological first aid (doing “something common” like going for a walk or chat with a friend)
- delegate common domestic and job duties to others
- contact with our loved ones and receiving their support
- suitable emotional release – e.g. exercise, music, sport, art, film...
- avoiding of excessive watching of news reporting on the same horrible event

- avoiding other stressful information that does not require immediate reaction

## Psychological first aid and fundamental existential motivations

Providing psychological first aid is consistent with the theory of fundamental existential motivations of humans, created by the leading representative of Existential Psychotherapy, Alfred Längle (1999). Theory of fundamental existential motivations describes four fundamental conditions necessary for leading a good life, the need to feel meaning being the last one (Längle 2012). The following text provides an analysis of how psychological first aid can be represented on four levels of fundamental existential motivations.

### 1. Fundamental existential motivation

The need for a safe space, support, reliance.

The first fundamental motivation is basically the core of psychological first aid. Volunteers providing PFA provide a minimal safe space, even if often in limited conditions and answer to the most basic physical needs of recipients of PFA. They also offer a reliance to those in need.

### 2. Fundamental existential motivation

The need to experience the value of life and proximity in relationships.

By taking immediate action to protect life and health of affected persons, they are able, to some extent, to experience, that someone else cares for their life or life in general. Through simple kindness they can also feel some level of proximity and warmth of human contact.

### 3. Fundamental existential motivation

The need to be seen and appreciated for what the individual is.

By lending a hand and taking care of those in need of PFA, it is also possible to show them, that their individuality (or what can be seen of it in a brief moment) is appreciated. For example in the case of refugees from Ukraine, they were welcomed in the neighboring countries as Ukrainians, whereas they have been bombarded by their attackers exactly for their nationality.

### 4. Fundamental existential motivation

The need to feel meaning in life.

Providing PFA in a situation that makes no sense and almost questions meaning of life as we know it, gives a chance for volunteers to respond in a meaningful way. Recipients of PFA might experience a shattered sense of meaning, which they will have to reestablish later on. Being offered PFA in a situation of trauma might be the first of many steps to their recovery.

Having the possibility to experience providing PFA herself, the author concluded a brief qualitative research to better understand the experience of other volunteers who administered PFA.

## Research method

In order to map the motivations of the volunteers who administered PFA with the author in March and April 2022, as well as to assess the impact of resources in administering PFA, a short questionnaire was designed by the author. It was distributed to respondents electronically, using Google Forms. The questionnaire contained questions regarding gender, age and education, four open questions and four unfinished sentences. Open questions queried motivations of respondents to engage themselves as providers of PFA, impact of this experience, sources of support which helped them to successfully cope with the situation and their view of value and utility of different resources to recipients of PFA. Unfinished sentences gave volunteers the space to express themselves spontaneously about what they consider what constitutes aid, what is beneficial and what is not, how they see life and how they see the future.

## Research sample

The research sample included 15 volunteers who administered PFA in March (tour 1) and April (tour 2) of 2022 to Ukrainian refugees at the land border crossing between the Slovak Republic and Ukraine at Vyšné Neamecké. Each of the two five-day tours were covered by a group of 10 individuals (three teams of three and one supervisor who had a previous experience with refugee assistance and humanitarian work). Each team included a psychotherapist (educated in Existential Analysis) and a professional first responder or a person with a specialized first aid course. The team set up their tent at the Slovak Red Cross site, located right at the border at Vyšné

Nemecké, at least three providers of PFA were present round the clock. Some volunteers participated in one tour only, others participated in both. The volunteer group was created spontaneously, i.e. the main organizer (supervisor) approached his/her contacts who in turn approached their colleagues and acquaintances. As a result, the group also included individuals who had met, or even worked, before. Some of the volunteers have been long-standing active members of the Slovak Red Cross, others had no previous experience or tract record in humanitarian work. There was a safe place for the volunteers to sleep and address their basic needs that was located several miles away from the border and where they could rest undisturbed when their shift was over.

The questionnaire was sent to the entire group of 15 individuals of whom 12 responded (six males and six females, response rate almost 90%). Respondents were aged between 21 and 47, with average age of 36 years. Most respondents were university graduates (62.5%), while the rest had completed their secondary education (37.5%) but this subgroup also included university students. The relatively uneven distribution of respondents according to their finished education was due the fact that they knew each other prior to participating in providing PFA.

## Results

Answers to open questions and unfinished sentences were evaluated phenomenologically by means of qualitative analysis and identification of present themes.

### Open question no. 1

*Why did you decide to get involved as volunteer to help refugees from Ukraine at the border crossing? What impacted your decision?*

Majority of respondents (n = 9) reported that they felt the need to get involved and help in any way possible.

Respondents also reported that they experienced a sense of empowerment in volunteering to aid, as opposed to experiencing helplessness if they decided not to do anything: *“I wanted to get involved in what was going on because it appeared to be the only meaningful thing to do”, or “I could not stand just helplessly stand by doing nothing...”*. Five respondents reported that they made their decision based on a recommendation / advice by a person who they knew. *“The decision, the idea came from my father. I wanted to support him in his decision...”*. Three respondents reported that they were simply in a position to go and help, had enough spare time or support from the family. One respondent reported having a sense

of personal duty to the society, another reported that she (a trained psychotherapist) felt that her knowledge and skills could be of use and benefit.

From the quality of answers it is obvious that the 4<sup>th</sup> fundamental existential motivation was the most present.

### Open question no. 2

*How did this experience affect you? What did you gain, what did you lose?*

All 12 respondents reported positive impact, especially in the sense of experiencing an increased level of trust in humankind and humans, experiencing hope, creating new relationships, experiencing a sense of doing something meaningful, gratitude for the material comfort in their lives, exploring their own limits, experience with communication with individuals experiencing a crisis, experience in managing volunteers: *“It was an excellent experience ... it gave me so much, trust and hope in human spirit, new relationships, sense of doing something meaningful, a sense that we do not necessarily need to remain passive vis-a-vis evil ... it was so uplifting to see so many individuals wanting to help spontaneously...”*

Five respondents also experienced increased stress, namely the loss of calm, understanding that the war is actually a present-day concern, emotional burden, physical and psychological strain and fatigue *“It took away my calm and conviction that war is something from the past ... and I had a few sleepless nights...”*

From the quality of answers it seems that the 2<sup>nd</sup> and the 4<sup>th</sup> fundamental existential motivation were the most present. Also, the 1<sup>st</sup> fundamental existential motivation was put in question for the volunteers.

### Open question No. 3

*What helped the refugees you met at the border crossing the most? Please describe specific activities you or your colleagues implemented.*

Eight respondents reported that provision of life basics, such as food, drink, medicine, and basic hygienic items made a great difference to refugees. Seven respondents reported as important provision of information (where you are now, where and how can go from here), as well as communicating to refugees that they are welcome and people care for them as for fellow humans. Six reported respect, projection of dignity and equality. *“... the space where they could feel, at least for a little while, as dignified human beings and not as nameless refugees or a problem that needs to be addressed ... polite person-to-person communication, asking about their needs.”* Three respondents reported importance of physical warmth, such as hot drinks, covers, a heated tent for mothers with child-

ren. Other responses emphasized safety, small distractions such as toys for children, conversation, space for shedding a tear, as well as active and direct engagement by refugees in resolving practicalities related to their situations.

From the quality of answers we conclude that the 1<sup>st</sup> and 3<sup>rd</sup> fundamental existential motivation were the most present.

Open question no. 4

*What helped you personally to cope with the situation? Please list specific activities or sources of support helpful to you.*

Seven respondents reported that they appreciated the space for sleep and rest. Six reported the presence of other volunteers: *“I did not feel I was alone in it, we were a team, everyone, the cook, the scouts, the rescue service ... we supported each other, we hugged, joked, advised, helped, gave a kind word, ...”* Four respondents reported as important good mood, positive energy, *esprit de corps*: *“Conversations and work on the team. Interest in each other. I am not sure I could cope in a different team. Maturity and expertise of team members.”* Other responses emphasized the importance of having a safe place to rest, enough food and drink and a place to listen to music.

From the quality of answers we conclude that the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> fundamental existential motivation were the most present.

Unfinished sentence no. 1

*Help is ....*

Respondents reported that help / aid is something that is needed, a human, healing act. It should be voluntary, provided spontaneously and charitably, provided with empathy, respect, without manipulation or humiliation of the person in need.

Unfinished sentence no. 2

*People are not helped if ....*

Respondents reported that others are not helped by a false interest and fake compassion, patronizing attitudes, ambiguous or unclear information. Passive approach by the person who is supposed to provide assistance, signs of anger, criticism, aggressive tone, pressure, or outright threats cause harm.

Unfinished sentence no. 3

*Life is ....*

Respondents replied that life is fragile and beautiful but simultaneously also tough and difficult. They also claimed that life was precious and worth living, but also unjust, unpredictable and full of surprises. Life lived selfishly is a life wasted.

Unfinished sentence No. 4

*The future ....*

Respondents reported that the future is unclear, unforeseeable and full of surprises. Some looked into the future as gloomy and not always positive; others insisted that we hold the key to the future in our hands and that we can actually influence what eventually happens. Hope was an important factor in respondents claiming that the future can be better than the present.

## Conclusions

Providers of PFA at the land border crossing between the Slovak Republic and Ukraine at Vyšné Nemecké were volunteers who first decided to act and then travelled to the location where their help was needed. Their decision was motivated by the need to do something as opposed to standing by helplessly, by the sense of doing something meaningful, rewarding and by being in a position to do so (they were approached to join the team, were supported by family members).

All respondents reported that their experience in providing PFA was positive. They appreciated that they could experience the sense of doing something meaningful, increased trust in people, hope, gratitude and a sense of belonging and *esprit de corps*. Some also reported increased psychological and physical strain when administering PFA.

Consistent with definitions of PFA included earlier in the text, providers of PFA reported the fulfilment of acute basic needs by providing warmth, food, drink, medicine made a strong positive impact toward the well-being of refugees. Further positive elements included providing of information to refugees about how they can proceed further (inland), kind reception, respect, safety and active and direct participation of refugees in addressing their situation.

Providers of PFA appreciated the space for sleep and rest, as well as the presence of other volunteers and the sense of sharing the burden and mutual support within the team. Replies to unfinished sentences provide further detail on volunteers views of PFA. They felt that aid is something that is needed, a human, healing act, and should be voluntary, provided spontaneously and charitably, with empathy, respect, without manipulation or humiliation of the person in need.

Qualitative analysis of the responses by volunteers indicated the presence of all four fundamental existential motivations showing interconnection of existential theory with life.

The author recognizes that the low number of respondents is a shortcoming of this small-scale research. On the other hand, this is at least partially offset by the direct participation of the author who could experience and observe PFA theory in practice herself.

## Recommendations

As PFA can be administered by a layperson without prior training, the key considerations in its efficient provision is the actual need for PFA and the willingness/motivation on the part of the provider, rather than any previous experience or expertise. Humanitarian workers often work in difficult contexts such as disease outbreaks, natural disasters, political or war conflicts (Jachens et al. 2018, 2), putting themselves at risk of occupational trauma exposure or secondary trauma experience. In this regard, volunteers administering PFA are equally at risk and vulnerable.

Psychological first aid is a technical device that is trainable for volunteers who are going to act in situations of high vital impact (Azzollini et al. 2018, 210). Volunteers – both active and prospective – who feel the need to be trained should be given at least basic courses in PFA. Any such courses should include elements on how to understand the survivors of trauma and affected persons, what their basic needs are and what can be done to them. Additionally, volunteers should be trained basic principles of self-care and their attention should be drawn to the fact that their intervention should have limits.

Given the growth of mass population movements and the increasing number of situations and events requiring PFA, authorities and experts should devise a range of trainings in PFA, with the goal of raising popular awareness, improving the quality of PFA, and protecting volunteers. At present, such trainings can be done remotely, using modern technologies. The current Ukrainian experience has demonstrated that primary assistance using digital channels of information dissemination and remote work (messengers, telephone helplines) is an effective tool in times of military crisis to reach and train volunteers (Romanova et al. 2022, 271). The heterogeneity of traumatic events, and of psychological reactions to those events, requires flexibility of interventions and adaptations to specific circumstances (Forbes et al. 2011, 1). Dissemination of psychological first aid is challenging considering the complex nature of disaster response and the various disaster mental health trainings available (Hambrick et al. 2014, 1).

The practice of psychological first aid involves the necessary preparation, knowledge of the principles of action

and self-care on the field. Knowing the concept through the reaction of people to disaster, goals and elements of psychological first aid helps in understanding the practice and contribute to an efficient and effective action on the field when there is not enough time to do everything what is necessary (Kordić 2018, 43).

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