SKILL GUIDE · MENTAL HEALTH

Psychological First Aid

A real skill, not just kindness: a structured way to support someone, including a child, through the acute stress of a disaster, and to recognize when they need more help than you can give. This is the hands-on side of the Mental Health chapter and its addendum.

Psychological first aid is a World Health Organization–endorsed approach, and one of its defining features is that it doesn't require a mental health professional to deliver it. The model is three words: **Look, Listen, Link.**

Watch it: IFRC Psychosocial Centre, "Psychological First Aid: Look Listen Link".

Look

Before you say anything, observe. Who's showing signs of acute distress, shaking, crying, frozen, unusually silent? Who might need immediate physical safety or medical attention first? Psychological support comes after immediate safety, not instead of it.

TIP

Box breathing, a real tool you can offer or use yourself

Inhale through the nose for a count of 4, hold for 4, exhale through the mouth for 4, hold for 4, then repeat. It's the technique military special forces, pilots, and first responders train on to stay clear-headed when their own heart rate spikes, and it works by slowing breathing enough to shift the body out of acute fight-or-flight. Offer to walk someone through it out loud alongside you rather than just telling them to do it; doing it together is easier to follow under real stress.

Listen

1. Approach calmly and respectfully. Ask simple, open questions rather than leading ones: "What's happening for you right now?" rather than "Are you scared?"
2. Listen without pressuring them to talk, and without judgment about how they're reacting. There's no single correct way to respond to a disaster.
3. Don't rush to fix or minimize ("it could be worse," "at least you're safe"). Acknowledging what's actually happening for them matters more than reassurance at this stage.

4. **Don't press for a detailed account of what happened.** This isn't just gentleness, it's evidence-based: structured debriefing that pushes people to recount trauma in detail shortly after it happens has been studied directly, and it doesn't prevent PTSD, and in some studies actually raised the risk of it. The WHO and NIMH both recommend against it for exactly this reason. Let the person share what they want to share, at their own pace, rather than asking them to walk through the event.
5. Stay physically present and calm yourself; your own steadiness is part of what helps.

Link

This is the step that actually changes the outcome, connecting the person to what they need next, not just having a conversation and walking away.

- Reconnect them with family or their support network if they're separated.
- Connect them with practical help: medical care, shelter, food, information about what's happening.
- Connect them with professional support if their distress is severe, or isn't easing, using the resources below.

Supporting a child specifically

Children take cues from the adults around them. Stay as calm and matter-of-fact as you can in front of them, answer their questions honestly at a level they can understand rather than avoiding the topic, and keep familiar routines (mealtimes, bedtime) going as much as the situation allows. A child who regresses (thumb-sucking, bedwetting, clinginess) after a disaster is having a normal reaction, not a discipline problem.

Sensory overload and meltdowns are a different response, not a bigger version of panic

For an autistic person or anyone with a sensory processing difference, the noise, crowding, and disrupted routine of a disaster or shelter can trigger a meltdown: an involuntary response to overload, not a tantrum and not something the person can simply choose to stop. The Look, Listen, Link steps above still apply, but the actual technique during the meltdown itself is different:

- **Reduce the input, don't add demands.** Dim harsh lighting if you can, move to a quieter space, and stop asking questions or giving instructions, "calm down," "use your words," and "take a deep breath" are all additional demands on a system that's already overloaded, not help.
- **Stay calm and physically present without crowding.** A steady, quiet presence helps; grabbing or restraining someone doesn't, unless they're at real risk of injuring themselves or someone else, in

which case use the minimum physical intervention needed to prevent that specific harm.

- **A pre-written card helps with strangers, not just the person melting down.** Something as simple as "This person has autism and is experiencing sensory overload, not a medical emergency" hands off an explanation neither of you has the bandwidth to give in the moment.
- **Pack for this in advance if it's a known need in your household**: noise-canceling headphones or earplugs, a fidget item, and a weighted lap pad or blanket are the standard sensory-kit contents, and they belong in a go-bag the same way medication does. See Go-Bags & 72-Hour Kits.

Where to find it: Autism Speaks maintains its own natural disaster resources, adapted specifically from Ready.gov, FEMA, and Red Cross guidance for this exact population.

Survivor's guilt and identity loss are real, and often show up later

Feeling guilty for still having a home when a neighbor doesn't, or grieving a role, not just a possession, "the one the block came to for help," "the one who always had it together", is a documented, common reaction, distinct from the acute stress the rest of this guide covers, and it often surfaces weeks or months out, not in the first hours. SAMHSA names guilt directly as a common disaster reaction, one that can happen even when the survivor had no control over what occurred. Naming it accurately for someone, "that's survivor's guilt, not something wrong with you," is often the single most useful thing psychological first aid can do at this later stage.

Where longer-term support actually lives: SAMHSA's **National Helpline**, 1-800-662-4357, is free, confidential, and provides ongoing treatment referrals rather than crisis counseling, the right resource once the acute crisis has passed and what's actually needed is longer-term support, not an immediate intervention.

When it's beyond what psychological first aid can do

Seek professional help for anyone expressing thoughts of self-harm or suicide, showing signs of severe dissociation or panic that isn't easing, or whose distress is significantly interfering with basic functioning days after the event. This isn't a failure of the support you gave; some reactions need more than psychological first aid was ever designed to provide.

Crisis resources, for you or someone you're helping

The **988 Suicide & Crisis Lifeline** is free, confidential, and available 24/7 by call, text, or online chat at 988lifeline.org. It's not just for suicidal crisis; it covers mental health distress broadly, and offers specialized

support for Spanish speakers, people who are Deaf or hard of hearing, and veterans and their families (routed to the Veterans Crisis Line).

SAMHSA's **Disaster Distress Helpline**, 1-800-985-5990 (or text "TalkWithUs" to 66746), is the one built specifically for exactly this situation, emotional distress tied to a natural or human-caused disaster, rather than crisis in general. It's free, confidential, multilingual, and staffed 24/7; worth having written down alongside 988 rather than assuming one number covers both use cases.

After a federally declared disaster specifically, FEMA's **Crisis Counseling Assistance and Training Program** funds free, local, disaster-specific crisis counseling delivered through a state or tribal agency, not FEMA staff directly. It only activates once a state or tribe requests it after a Presidential disaster declaration, so it won't exist for every event, but where it's active it's a real, no-cost option worth asking about through your state's health or human services department.

Supporting someone else through acute stress is itself draining. Use the same resource for yourself if you need it, not just the people you're helping.

Write your own plan, in one sentence

Look, Listen, Link is easy to agree with and easy to forget under real stress. Finish this sentence with your own real plan:

"The next time someone around me is in acute distress, I will *stop and ask what's happening* instead of *rushing to reassure them* ."

Know someone this guide would actually help? Being the person who's ready includes being the person who says something.

Send them this page ›

Sources

- World Health Organization / Red Cross, Psychological First Aid guide and the Look, Listen, Link model: IFRC Psychosocial Centre
- 988 Suicide & Crisis Lifeline services and access: SAMHSA
- SAMHSA Disaster Distress Helpline, number and text code: SAMHSA

- Evidence against forced trauma debriefing (critical incident stress debriefing) and WHO/NIMH guidance: PMC, effectiveness of psychological first aid; Fire Engineering
- Box breathing technique and its use by military, first-responder, and clinical populations for acute stress: Medical News Today; Ubie Health
- Autistic meltdown de-escalation technique (reducing sensory input, not adding demands, minimum necessary physical intervention): Defuse De-Escalation Training; Reframing Autism
- Sensory kit contents (noise-canceling headphones, fidget items, weighted lap pads) and communication cards: The Ability Toolbox; Autism Speaks, natural disaster resources
- Guilt, including survivor's guilt, as a common and documented disaster reaction: SAMHSA, Survivors of Disasters Resource Portal
- SAMHSA National Helpline, free treatment referral service: SAMHSA
- FEMA Crisis Counseling Assistance and Training Program, structure and activation requirements: FEMA