

Guidelines for response to the recent tragic events in the U.S.

Edna B. Foa

Center for the Treatment and Study of Anxiety
Department of Psychiatry, University of Pennsylvania

Below are recommendations for mental health professionals:

1. The mechanisms of natural recovery from traumatic events are strong. We agree with Dr. Staab that the psychological outcome of our community as a whole will be resilience, not psychopathology. For most, fear, anxiety, re-experiencing, urges to avoid, and hyperarousal symptoms, if present, will gradually decrease over time.
2. People should be encouraged to use natural supports and to talk with those they are comfortable with – friends, family, co-workers – at their own pace. They should follow their natural inclination with regard to how much and to whom they talk.
3. If someone wants to speak with a professional in this immediate aftermath period, a helpful response will be to:
 - a. listen actively and supportively, but do not probe for details and emotional responses. Let the person say what they feel comfortable saying without pushing for more.
 - b. validate and normal natural recovery.
4. Outcome studies of Psychological Debriefing (PD) are mixed. Overall, they do not support the efficacy of a one-session intervention shortly after the trauma in decreasing psychological disturbances after a trauma beyond natural recovery. Some studies found that in the long run, a single-session OF PD may hinder natural recovery (see Bisson, Jenkins, Alexander, & Bannister, 1997; Mayou, Ehlers, & Hobbs, 2000).
5. Accordingly, we do not recommend intervention in this initial aftermath period. If people do present to clinics or counselors requesting help, single-session contact should be avoided. In these instances people should be scheduled for 2-3 more visits over 2-6 weeks time.
6. Traumatic experiences may stir up memories and/or exacerbate symptoms related to previous traumatic events. Thus some people will feel like this is “opening old wounds”. These symptoms should also be normalized and are likely to abate with time. It may be helpful to ask people what strategies they have successfully used in the past to deal with this, and to encourage them to continue to use them.
7. Individuals who continue to experience severe distress that interferes with functioning after three months are at higher risk for continued problems. These individuals should be referred for appropriate treatment.

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