

Enhancing Community Preparedness through Psychological First Aid: Insights from a Psychologist-Led Disaster Training in a Rural Municipality in Brazil

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Abstract:

Background:

Psychological intervention in disaster contexts is a critical domain within the field of psychology, as disasters invariably involve profound emotional and social consequences for individuals and communities. Psychological First Aid (PFA) has emerged as a key tool in supporting disaster-affected populations, providing non-invasive, compassionate care that addresses immediate needs while preventing long-term psychological harm. In the preparedness phase of disaster response, psychologists play a vital role in training frontline teams to apply PFA effectively. This study reports on a training program implemented with a municipal contingency team in a rural region of Brazil, aiming to build local capacity for psychosocial response in emergencies through structured education in PFA principles.

Materials and Methods:

The training initiative was developed in partnership with the local Civil Defense contingency team. Three in-person training sessions were conducted over the course of one year, each lasting approximately two hours. The sessions combined theoretical instruction, audiovisual resources, practical exercises, and group reflection dynamics. An open and supportive environment was cultivated to encourage active engagement, emotional expression, and adaptation of content to local realities. Approximately 60 professionals participated in the training activities.

Results:

The training program significantly enhanced participants' knowledge and preparedness to deliver PFA in disaster scenarios. Participants reported increased confidence and improved understanding of psychological responses to disasters. The interactive methodology—featuring lectures, videos, and group discussions—facilitated integration of theoretical knowledge with real-life application. Participants also reported strengthened group cohesion and a greater sense of readiness to respond collectively to future emergencies. Challenges included scheduling limitations due to overlapping emergency operations, highlighting the need for better coordination with Civil Defense agendas in future iterations.

Conclusion:

The results underscore the importance and feasibility of incorporating psychological preparedness into municipal disaster plans through structured PFA training. The program successfully mobilized local human resources and fostered a proactive psychosocial approach to disaster response. Future projects should expand the number of sessions and include additional response teams to maximize outreach and resilience-building.

Keywords: Psychological First Aid; Disaster Preparedness; Psychologist's Role; Emergency Training; Psychosocial Support.

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I. Introduction

Psychological care in contexts of risk and disaster constitutes a vital domain of practice within psychology, as such events inevitably involve the dynamic interaction between human beings and their environments—a relationship that often results in significant emotional and social consequences (Favero & Diesel, 2008, as cited in Trindade & Serpa, 2013). This field of intervention is particularly relevant when considering the diverse nature of events capable of causing severe distress, including natural disasters, accidents, fires, and episodes of violence. These events often affect not only individuals but also entire families and communities (World Health Organization [WHO], 2015).

Human behavior in disaster scenarios is strongly influenced by how each community perceives and manages threats to its stability, as well as by the psychological coping strategies adopted in response (Mattedi, 2008, as cited in Trindade & Serpa, 2013). In Brazil, the institutionalization of this area of practice has been closely linked to several major disasters in the 2010s, such as the landslides in Rio de Janeiro, the floods in Santa Catarina, and the tragic fire at the Kiss nightclub in 2013 in Santa Maria, Rio Grande do Sul. These events mobilized psychologists nationwide and led to an increase in the provision of psychosocial support to both direct and indirect victims (Favero, Sarriera & Trindade, 2014). The psychological response to these emergencies highlighted the urgent need for well-defined protocols to guide mental health professionals in emergency contexts.

One of the key phases in which psychologists can operate is the pre-disaster period—also referred to as the preparedness or prevention phase. During this stage, mental health professionals may be engaged in the training of first responders, equipping them to offer appropriate support to affected individuals through Psychological First Aid (PFA). These training courses often involve awareness-raising activities among the population and efforts to strengthen connections with local service networks (Ribeiro & Freitas, 2020). PFA is designed to provide non-intrusive, compassionate assistance that addresses immediate concerns and promotes emotional stabilization (Prado et al., 2021). Its primary goals include supporting basic needs, offering calm and empathetic presence, ensuring active but pressure-free listening, sharing relevant information on available services, and protecting individuals from further harm (WHO, 2015; Hobfoll et al., 2007).

Aligned with this framework, a training schedule was developed for the Contingency Team of a rural municipality in southern Brazil, aimed at equipping professionals with the tools and competencies necessary to apply PFA in the field and within community settings. The central objective of this initiative was to disseminate knowledge regarding the relevance of PFA in disaster scenarios and to instruct local teams on the practical implementation of this approach in accordance with international best practices.

II. Material And Methods

The activities were developed in collaboration with the Contingency Plan Team of a rural municipality in southern Brazil and conducted through three pre-scheduled in-person training sessions. Each session lasted approximately two hours and was structured to deliver lectures, practical training exercises, and detailed guidance on the application of Psychological First Aid (PFA). The sessions took place on April 12, June 21, and August 16 of the current year, reaching an estimated total of 60 participants.

The training sessions were designed not only to transfer technical knowledge but also to foster a psychologically safe and welcoming environment. Within this setting, participants were encouraged to freely express their concerns and expectations regarding their work in disaster contexts. This dialogical space was considered fundamental for promoting active engagement and for tailoring the training content to the specific needs and realities of the local emergency team.

To enhance learning outcomes and ensure instructional effectiveness, a range of educational resources was employed. These included slide-based presentations, illustrative videos, and group reflection activities. The integration of these tools aimed to facilitate the assimilation of theoretical concepts while stimulating critical discussion, thereby promoting a more effective linkage between theory and practice.

Study Design: Prospective, open-label, practice-based intervention study.

Study Location: The study was conducted in a rural municipality in southern Brazil, in collaboration with the local Civil Defense Contingency Plan Team. Training sessions were carried out at designated community facilities suitable for group instruction and interactive activities.

Study Duration: April to August 2024.

Sample Size: Approximately 60 participants.

Sample Description and Selection Method: Participants were members of the local Civil Defense and public service personnel included in the municipal Contingency Plan. Selection was conducted by invitation and voluntary enrollment, targeting individuals actively involved in disaster preparedness and emergency response operations. Attendance was distributed across three scheduled sessions.

Intervention Details: The intervention consisted of three structured in-person training sessions focused on the application of Psychological First Aid (PFA) in disaster contexts. Each session lasted approximately two hours and included lectures, audiovisual presentations, guided discussions, and group reflection exercises. Educational

content was based on the WHO's *Psychological First Aid: Field Guide* (WHO, 2015), adapted to local needs and realities.

Inclusion Criteria:

1. Members of the Civil Defense team or affiliated public servants.
2. Participants actively involved in emergency response or contingency planning.
3. Availability to attend all scheduled training sessions.
4. Voluntary informed participation.

Exclusion Criteria:

1. Individuals not involved in emergency response or disaster preparedness activities.
2. Unavailability to attend the scheduled training sessions.
3. Refusal to provide informed consent for participation in the training process.

III. Results

The outcomes derived from the training and awareness activities conducted with the local Contingency Plan Team of a rural municipality in Brazil indicate the effectiveness of Psychological First Aid (PFA) implementation in risk and disaster contexts. Over the course of three scheduled sessions—held on April 12, June 21, and August 16—approximately 60 participants received training. A significant improvement was observed in participants' knowledge and preparedness to respond adequately and efficiently to emergency situations. The training enhanced their understanding of the psychological impacts of disasters and positioned PFA as a critical tool for mitigating emotional distress.

The sessions were carefully designed not only to transmit technical knowledge but also to create a psychologically safe and welcoming space for participants. This environment enabled individuals to openly share their concerns and anxieties related to working in disaster scenarios. A combination of lectures, educational videos, and group reflection exercises fostered dynamic learning and facilitated the integration of theory with practice. This methodology aligns with Prado et al. (2021), who emphasize the value of collaborative learning settings in disaster preparedness initiatives. The primary educational material used during the sessions was the *Psychological First Aid: Field Guide* published by the World Health Organization (WHO, 2015), which served as a central reference for the training content.

Participants also had the opportunity to share personal experiences, which proved essential for adapting the content to the specific realities of the local team. These exchanges strengthened group cohesion and built confidence in the practical application of PFA during real-life disaster situations. This outcome is consistent with WHO (2015), which highlights the importance of collaborative approaches to emergency mental health interventions.

The implementation of PFA in disaster scenarios is widely endorsed in the literature and promoted by leading international organizations, including the Pan American Health Organization (PAHO, 2015). PFA is recognized for its non-intrusive nature and its capacity to offer immediate psychological support to disaster-affected individuals, fostering emotional stabilization and preventing escalation of psychological suffering. This theoretical foundation was successfully operationalized in the training sessions, as participants reported enhanced confidence in addressing the emotional and psychological needs of disaster victims.

Furthermore, the literature underscores the importance of tailoring training initiatives to local contexts. Mattedi (2008, as cited in Trindade & Serpa, 2013) argues that individual and collective responses to disasters are shaped by how communities perceive and manage threats to their stability. In this case, the training sessions helped construct a shared perception of local vulnerabilities and promoted strategies aligned with the specific needs of the community.

Despite the positive results, it is important to note that the training impact could be further improved through the inclusion of additional sessions and the engagement of a broader range of emergency response teams. One of the main challenges encountered was scheduling conflicts due to real-time emergencies—such as the severe floods in Rio Grande do Sul—which constrained participation. This finding highlights the need for improved coordination between Civil Defense schedules and contingency planning efforts in future projects (PAHO, 2015).

In summary, the implementation of PFA training proved to be a successful intervention for strengthening the psychological readiness of the local contingency team. The combination of technical instruction and collaborative learning empowered participants to address the emotional complexities of disaster contexts. These results corroborate existing literature, confirming PFA as an effective and essential tool to reduce trauma impact and support community recovery (WHO, 2015).

IV. Conclusion

The implementation of Psychological First Aid (PFA) training for the Contingency Plan Team of a rural Brazilian municipality demonstrated significant relevance and impact in preparing professionals to respond effectively to the psychological demands of disaster situations. The structured sessions, based on internationally recognized protocols and enriched with interactive methods, contributed to the development of essential competencies in psychosocial care, strengthened group cohesion, and fostered a more integrated and humanized approach to emergency response.

This initiative not only broadened participants' understanding of the emotional consequences of disasters but also reaffirmed the value of preventive and preparatory strategies in mental health interventions. The outcome suggests that incorporating PFA into local contingency plans can enhance the resilience of frontline teams and promote more effective community-level recovery.

However, this study is not without limitations. The small number of training sessions and the restricted availability of some participants—especially due to competing demands from real-time emergency operations—limited the scope and depth of the intervention. Additionally, the absence of a formal pre- and post-intervention assessment tool hindered the ability to quantitatively measure gains in knowledge, skill development, and long-term retention of PFA principles.

Future research should consider longitudinal studies to evaluate the sustained impact of PFA training on disaster response performance and mental health outcomes. It would also be valuable to replicate this model across different regions and compare outcomes to assess scalability and contextual adaptability. Moreover, the development and validation of standardized instruments to evaluate training effectiveness in PFA would strengthen the empirical base for its application in various emergency preparedness programs.

In conclusion, while preliminary in scope, this study reinforces the practical relevance of PFA training in disaster contexts and offers a replicable model for other municipalities aiming to enhance their psychosocial response capabilities.

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