Disaster Behavioral Health First Aid Specialist Training (FAST) Foundations Course

“FAST Foundations”
Course Manual

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• The page numbers in the following Power Point presentation slides refer to the page numbers in the Psychological first aid: Field operations guide.
Psychological First Aid: Introduction and Overview

Section I. (pp. 5-10)
Psychological First Aid (PFA): Definition (p. 5)

• Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

• Psychological First Aid is supported by disaster mental health experts as the “acute intervention of choice” when responding to the psychosocial needs of children, adults and families affected by disaster and terrorism.
Psychological First Aid: Purpose (p. 5)

- Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.
• Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
Psychological First Aid intervention strategies are intended for use with children, adolescents, parents/caretakers, families, and adults exposed to disaster or terrorism. Psychological First Aid can also be provided to first responders and other disaster relief workers.
Psychological First Aid is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort.
Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorism.
Psychological First Aid: Delivery Settings (p. 6)

- Psychological First Aid is designed for delivery in diverse settings.
- Mental health and other disaster response workers may be called upon to provide Psychological First Aid in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (for example, Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings.
Psychological First Aid: Basic Objectives (p. 6)

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught survivors.
- Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate.
- Offer practical assistance and information to help survivors address their immediate needs and concerns.
Psychological First Aid: Objectives (Cont.) (p. 7)

- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.
- Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Provide information that may help survivors cope effectively with the psychological impact of disasters.
- Be clear about your availability, and (when appropriate) link the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.
Operate only within the framework of an authorized disaster response system.

Model healthy responses; be calm, courteous, organized, and helpful.

Be visible and available.

Maintain confidentiality as appropriate.

Remain within the scope of your expertise and your designated role.

Make appropriate referrals when additional expertise is needed or requested by the survivor.

Be knowledgeable and sensitive to issues of culture and diversity.

Pay attention to your own emotional and physical reactions, and practice self-care.
Psychological First Aid: Some Behaviors to Avoid (p. 8)

- Do not make assumptions about what survivors are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize.
- Do not label reactions as “symptoms,” or speak in terms of “diagnoses,” “conditions,” “pathologies,” or “disorders.”
- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weaknesses, mistakes, or disability.
- Do not assume that all survivors want to talk or need to talk to you.
- Do not “debrief” by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information.
Psychological First Aid: General Delivery Guidelines (p. 7)

- Politely observe first, don’t intrude. Then ask simple respectful questions to determine how you may help.
- Often, the best way to make contact is to provide practical assistance (food, water, blankets).
- Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be intrusive or disruptive.
- Be prepared that survivors will either avoid you or flood you with contact.
- Speak calmly. Be patient, responsive, and sensitive.
• Speak slowly, in simple concrete terms; don’t use acronyms or jargon.

• If survivors want to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you, and how you can be of help.

• Acknowledge the positive features of what the survivor has done to keep safe.

• Give information that directly addresses the survivor’s immediate goals and clarify answers repeatedly as needed.

• Give information that is accurate and age-appropriate for your audience.

• When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
• For young children, sit or crouch at the child’s eye level.
• Help school-age children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Do not use extreme words like “terrified” or “horrified” because this may increase their distress.
• Listen carefully and check in with the child to make sure you understand him/her.
• Be aware that children may show developmental regression in their behavior and use of language.
• Match your language to the child’s developmental level.
• Use direct and simple language as much as possible.
• Talk to adolescents “adult-to-adult,” so you give the message that you respect their feelings, concerns, and questions.
• Reinforce these techniques with the child’s parents/caregivers to help them provide appropriate emotional support to their child.
Older adults have strengths as well as vulnerabilities. Many older adults have acquired effective coping skills over a lifetime of dealing with adversities.

For those who may have a hearing difficulty, speak clearly and in a low pitch.

Don’t make assumptions based only on physical appearance or age, for example, that a confused elder has irreversible problems with memory, reasoning, or judgment.

An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings. If you identify such an individual, help to make arrangements for a mental health consultation or referral.
When needed, try to provide assistance in an area with little noise or other stimulation. (p. 9)

Address the person directly, rather than the caretaker, unless direct communication is difficult. (p. 9)

If communication (hearing, memory, speech) seems impaired, speak simply and slowly. (p. 10)

Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you. (p. 10)
• When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
• When possible, enable the person to be self-sufficient.
• Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
• If needed, offer to write down information and make arrangements for the person to receive written announcements.
• Keep essential aids (such as medications, oxygen, respiratory equipment, and wheelchair) with the person.
Study Questions

• Define Psychological First Aid. (p. 5)
• Describe Psychological First Aid (e.g., goal, purpose). (pp. 5 & 8)
• For whom is Psychological First Aid intended? (p. 5)
• Who may provide Psychological First Aid? (p. 5)
• When should Psychological First Aid be delivered? (p. 6)
• List Psychological First Aid delivery settings. (p. 6)
• List the basic objectives of Psychological First Aid. (pp. 6-7)
Study Questions (Cont.)

• Describe professional behaviors for delivering Psychological First Aid. (pp. 7-8)
• List general guidelines for delivering Psychological First Aid. (pp. 7-8)
• List specific guidelines for working with children and adolescents. (p. 9)
• List specific guidelines for working with older adults. (p. 9)
• List specific guidelines for working with survivors who have disabilities. (pp. 9-10)
Psychological First Aid: Provider Ability Areas  (p. 13-14)

- Individuals who may need assistance include those showing signs of acute distress, including individuals who are:
  - Disoriented
  - Confused
  - Frantic or agitated
  - Panicky
  - Extremely withdrawn, apathetic, or “shut down”
  - Extremely irritable or angry
  - Exceedingly worried
• Maintain a Calm Presence (p. 14)
• Be Sensitive to Culture, Ethnic, Religious, Racial, and Language Diversity. (p. 14)
• Be Aware of At-Risk [Individuals and] Populations (p. 15)
At-Risk Individuals/Populations (p. 15)

Individually vulnerable after a disaster include:

- Children
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness
- Those with physical disabilities, illness, or sensory deficit
- Adolescents who may be risk-takers
- Adolescents and adults with substance abuse problems
Individuals that are at special risk after a disaster include:

- Pregnant women
- Mothers with babies and small children
- Disaster response personnel
- Those with significant loss of possessions (for example, home, pets, family memorabilia)
- Those exposed first hand to grotesque scenes or extreme life threat
Study Questions

• Identify things that you, as the Psychological First Aid provider, should know when preparing for delivering Psychological First Aid. (pp. 13-15)

• Identify things that you, as the Psychological First Aid provider, should do and/or be able to do when preparing for delivering Psychological First Aid. (pp. 13-15)

• Identify individuals and populations who are at increased risk for adverse outcomes in disaster. (p. 15)
Psychological First Aid
Core Actions and Related Goals

Section 3. (p. 19)
Psychological First Aid: Core Actions and Related Goals (p. 19)

1. Contact and Engagement
   • **Goal**: To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.

2. Safety and Comfort
   • **Goal**: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)
   • **Goal**: To calm and orient emotionally overwhelmed or disoriented survivors.
4. Information Gathering: Current Needs and Concerns
   - **Goal**: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

5. Practical Assistance
   - **Goal**: To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with Social Supports
   - **Goal**: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.
7. Information on Coping

- **Goal**: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with Collaborative Services

- **Goal**: To link survivors with available services needed at the time or in the future.
Study Questions

• List the 8 Core Actions of Psychological First Aid. (p. 19)
• Identify the related goal(s) of each of the Psychological First Aid Core Actions. (p. 19)
Contact and Engagement

Section 3.1. (pp. 23-24)
Contact and Engagement: Goal (p. 23)

- To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
Contact and Engagement: Key Tasks (pp. 23-24)

- Introduce Yourself [to the Survivor]/Ask about [the Survivor’s] Immediate Needs (p. 23)
- Confidentiality (p. 24)
Introduce Yourself/Ask About Immediate Needs

(p. 23)

• Introduce yourself with your name, title, and describe your role.

• Ask for [survivor’s] permission to talk to him/her, and explain that you are there to see if you can be of help.

• Unless given permission to do otherwise, address adult survivors using last names.

• Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention.

• Speak softly and calmly.
Introduce Yourself/Ask About Immediate Needs

(Cont.) (p. 23)

• Refrain from looking around or being distracted.

• Find out whether there is any pressing problem that needs immediate attention. Immediate medical concerns have the utmost priority.

• When making contact with children or adolescents, it is good practice to first make a connection with a parent or accompanying adult to explain your role and seek permission.

• If you speak with a child in distress when no adult is present, find a parent or caregiver as soon as possible to let him/her know about your conversation.
Protect Confidentiality (p. 24)

- Maintaining the highest level of confidentiality possible in any conversation you have with survivors or disaster responders is extremely important.
- If you are a professional who belongs to a category of mandated reporters, you should abide by state abuse and neglect reporting laws.
- You should also be aware of the Health Insurance Portability and Accountability Act (HIPAA) and the provisions related to disaster and terrorism.
- If you have questions about releasing information, discuss this with a supervisor or an official in charge.
Study Question

- List and describe the key tasks of Core Action 1: Contact and Engagement. (pp. 23-24)
Safety and Comfort

Section 3.2. (pp. 25-45)
Safety and Comfort: Goal (p. 27)

- To enhance immediate and ongoing safety, and provide physical and emotional comfort.
Safety and Comfort: Key Tasks (pp. 27-32)

- Ensure Immediate Physical Safety [of Self and Survivors] (p. 27)
- Providing Information about Disaster Response Activities and Services [to Survivor] (p. 28)
- Attend to [Survivor’s] Physical Comfort (p. 30)
- Promote [Survivor] Social Engagement (p. 30)
- Attend to Children Who are Separated from their Parents/Caregivers [and to Persons with Special Needs Who are Separated from their Caregivers] (p. 31)
- Set Up a Child-Friendly Space (p. 31)
- Protect [Survivor] from Additional Traumatic Experiences and Trauma Reminders (p. 32)
Safety and Comfort: Key Tasks (Cont.) (pp. 33-45)

• Help Survivors Who Have a Missing Family Member (p. 33)
• Help Survivors When a Family Member or Close Friend has Died (p. 34)
• Attend to [Survivor] Grief and Spiritual Issues (p. 39)
• Provide Information about Casket and Funeral Issues [when needed] (p. 41)
• Attend to Issues Related to Traumatic Grief [when needed] (p. 42)
• Support Survivors Who Receive Death Notification (p. 42)
• Support Survivors Involved in Body Identification [when needed] (p. 44)
• Help Caregivers Confirm Body Identification to a Child or Adolescent [when needed] (p. 45)
Ensure Immediate Physical Safety (p. 27)

- Help make the physical environment safer (for example, try to ensure adequate lighting, and protect against slipping, tripping, and falling).
- Remove broken glass, sharp objects, furniture, spilled liquids, and other objects that could cause people to trip and fall.
- Ask specifically about his/her needs for eyeglasses, hearing aids, wheelchairs, walkers, canes, or other devices. Try to ensure that all essential aids are kept with the person.
- Find the appropriate officials who can resolve safety concerns that are beyond your control, such as threats, weapons, etc.
Ensure Immediate Physical Safety (Cont.) (p. 28)

- Ask whether the survivor needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication.
- Consider keeping a list of survivors with special needs so that they can be checked on more frequently.
- Contact relatives, if they are available, to further ensure safety, nutrition, medication, and rest. Make sure that the authorities are aware of any daily needs that are not being met.
Providing Information about Disaster Response Activities and Services (p. 28)

To help reorient and comfort survivors, provide information about:

- What to do next
- What is being done to assist them
- What is currently known about the unfolding event
- Available [on-site] services [and resources]
- Common stress reactions
- Self-care, family care, and coping
Providing Information about Disaster Response Activities and Services (pp. 28-29)

In providing information:

• Use your judgment as to whether and when to present information. (p. 28)

• Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping. (p. 29)

• Use clear and concise language, while avoiding technical jargon. (p. 29)

• Ask survivors if they have any questions about what is going to happen, and give simple accurate information about what they can expect. (p. 29)

• Also, ask whether he/she has any special needs that the authorities should know about in order to decide on the best placement. (p. 29)
Providing Information about Disaster Response Activities and Services (Cont.) (p. 29)

In providing information to the survivor:

• Be sure to ask about concerns regarding current danger and safety in their new situation.

• Try to connect survivors with information that addresses these concerns.

• Do not reassure people that they are safe unless you have definite factual information that this is the case.

• Also do not reassure people of the availability of goods or services (for example, toys, food, medicines) unless you have definite information that such goods and services will be available.
Attend to Survivor Physical Comfort (p. 30)

- Look for simple ways to make the physical environment more comfortable. If possible, consider things like temperature, lighting, air quality, access to furniture, and how the furniture is arranged.

- In order to reduce feelings of helplessness or dependency, encourage survivors to participate in getting things needed for comfort (for example, offer to walk over to the supply area with the person rather than retrieving supplies for him/her).

- Help survivors to soothe and comfort themselves and others around them.
Attend to Physical Comfort: Survivors with Special Needs

When working with the elderly or people with disabilities, pay attention to factors that may increase their vulnerability to stress or worsen medical conditions. When attending to the physical needs of these survivors, be mindful of:

- Health problems, such as physical illness, problems with blood pressure, fluid and electrolyte balance, respiratory issues (supplemental oxygen dependency), frailty (increased susceptibility to falls, minor injuries, bruising, and temperature extremes)

- Age-related sensory loss:
  - Visual loss, which can limit awareness of surroundings and add to confusion
  - Hearing loss, resulting in gaps in understanding of what others are saying
Attend to Physical Comfort: Survivors with Special Needs

Be mindful of: (Cont.) (p. 30)

- Cognitive problems, such as difficulty with attention, concentration, and memory
- Lack of mobility
- Unfamiliar or over-stimulating surroundings
- Noise that can limit hearing and interfere with hearing devices
- Limited access to bathroom facilities or mass eating areas, or having to wait in long lines
- Concern for the safety of a service animal
Promote Social Engagement (p. 31)

- As appropriate, encourage people who are coping adequately to talk with others who are distressed or not coping as well.
- Reassure them that talking to people, especially about things they have in common (for example, coming from nearby neighborhoods or having children about the same age), can help them support one another.
Attend to Children Who Are Separated from their Parents/Caregivers (p. 31)

- If children are separated from their caregivers, helping them reconnect quickly is a high priority.
- If you encounter an unaccompanied child, ask for information (such as their name, parent/caregiver and siblings names, address, and school), and notify the appropriate authorities.
- Provide children accurate information in easy-to-understand terms about who will be supervising them and what to expect next.
- Do not make any promises that you may not be able to keep, such as promising that they will see their caregiver soon.
Set Up a Child-Friendly Space (pp. 31-32)

- Help to create a designated child-friendly space, such as a corner or a room that is safe, out of high traffic areas, and away from rescue activities. (p. 31)
- Arrange for this space to be staffed by caregivers with experience and skill in working with children of different ages. (p. 31)
- Monitor who comes in and out of the child area to ensure that children do not leave with an unauthorized person. (p. 31)
- Stock the child-friendly space with materials for all age ranges. This can include kits with toys, playing cards, board games, balls, paper, crayons, markers, books, safety scissors, tape, and glue. (p. 32)
- Invite older children or adolescents to serve as mentors/role models for younger children, as appropriate. They can do this by helping you conduct group play activities with younger children, or by reading a book to them or playing with them. (p. 32)
- Set aside a special time for adolescents to get together to talk about their concerns, and to engage in age-appropriate activities like listening to music, playing games, making up and telling stories, or making a scrapbook. (p. 32)
Protect from Additional Traumatic Experiences and Trauma Reminders (p. 32)

- In addition to securing physical safety, it is also important to protect survivors from unnecessary exposure to additional traumatic events and trauma reminders, including sights, sounds, or smells that may be frightening.
- To help protect their privacy, shield survivors from reporters, other media personnel, onlookers, or attorneys.
- If survivors have access to media coverage (for example, television or radio broadcasts), point out that excessive viewing of such coverage can be highly upsetting, especially for children and adolescents.
- Encourage parents to monitor and limit their children’s exposure to the media, and to discuss any concerns after such viewing.
Help Survivors Who Have a Missing Family Member (pp. 33-34)

- Assist family members who have a missing loved one by helping them obtain updated information about missing persons, direct them to locations for updated briefings, and tell them the plan in place for connecting/reuniting survivors. (p. 33)

- To help locate a missing family member, you can make an initial review with the family of any pre-disaster plans for post-disaster contact, including school or workplace evacuation plans; plans for tracking transport of students or co-workers for medical care; out-of-state telephone numbers to be used by schools, workplaces, or families in case of emergency; and any pre-arranged or likely meeting places (including homes of relatives), both within and outside the disaster perimeter. (p. 33)

- Just being there to listen to survivors’ hopes and fears, and being honest in giving information and answering questions is often deeply appreciated. (p. 33)

- You can encourage family members to be patient, understanding, and respectful of each other’s feelings until there is more definite news. (p. 34)
Help Survivors When a Family Member or Close Friend has Died

- Reassure grieving individuals that what they are experiencing is understandable and expectable.
- Use the deceased person’s name, rather than referring to him/her as “the deceased.”
- Let them know that they will most likely continue to experience periods of sadness, loneliness, or anger.
- Tell them that if they continue to experience grief or depression that affects daily functioning, talking to a member of the clergy or a counselor who specializes in grief is advisable.
- Tell them that their doctor, their city or county department of mental health, or their local hospital can refer them to appropriate services.
Support Survivors Who Receive Death Notification (p. 43)

- Don’t rush. Family members need time to process the news and ask questions.
- Allow for initial strong reactions: these will likely improve over time.
- When talking about a person who is a confirmed fatality, use the word “died,” not “lost” or “passed away.”
- Remember that family members do not want to know how YOU feel (sympathy); they want to know you are trying to understand how THEY feel (empathy).
- Seek assistance from medical support personnel if a medical need arises.
Support Survivors Who Receive Death Notification (Cont.) (p. 43)

- Get help from the authorities if family members are at risk for hurting themselves or others.
- Make sure that social supports are available, such as family, friends, neighbors, or clergy.
- Try to work with individuals or family units.
- If an unaccompanied child is told that his/her caregiver has died, stay with the child or ensure that another worker stays with the child until he/she is reunited with other family members or is attended to by an appropriate protective service worker.
Study Questions

• List and describe the key tasks of Core Action 2: Safety and Comfort. (pp. 27-45)

• List actions that you can take in ensuring immediate physical safety. (pp. 27-28)

• List information that you would want to provide about disaster response activities and services in order to help reorient and comfort the survivor. (pp. 28-29)

• List considerations you would want to be mindful of when attending to the physical comfort and needs of older survivors and survivors who have disabilities. (p. 30)
Study Questions (Cont.)

• Identify things that you can do to promote social engagement. (pp. 30-31)

• List things you can do to set-up a child-friendly space in the shelter. (pp. 31-32)

• List things you can do and say to protect survivors from additional traumatic experiences and trauma reminders. (pp. 32-33)

• Describe things that you can do and say to help survivors cope with the grief of a missing family or the death of a family member or close friend. (pp. 33-45)
Stabilization

Section 3.3. (pp. 49-53)
Stabilization: Goal (p. 49)

- To calm and orient emotionally overwhelmed or disoriented survivors.
Stabilization: Key Tasks (pp. 49-52)

- Stabilize Emotionally Overwhelmed Survivors [as needed and indicated] (p. 49)
- Orient Emotionally Overwhelmed Survivors [as needed] (p. 50)
- [Discuss] The Role of Medications in Stabilization [as needed and indicated] (p. 52)
Observe individuals for these signs of being disoriented or overwhelmed:

- Looking glassy eyed and vacant-unable to find direction
- Unresponsiveness to verbal questions or commands
- Disorientation (for example, engaging in aimless disorganized behavior)
- Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, rocking or regressive behavior
- Experiencing uncontrollable physical reactions (shaking, trembling)
- Exhibiting frantic searching behavior
- Feeling incapacitated by worry
- Engaging in risky activities
Steps to Stabilize Distressed Survivors  (p. 50)

• Respect the person’s privacy, and give him/her a few minutes before you intervene. Say you will be available if they need you or that you will check back with them in a few minutes to see how they are doing and if there is anything you can do to help at that time.

• Remain calm, quiet, and present, rather than trying to talk directly to the person, as this may contribute to cognitive/emotional overload. Just remain available, while giving him/her a few minutes to calm down.

• Stand close by as you talk to other survivors, do some paperwork, or other tasks while being available should the person need or wish to receive further help.

• Offer support and help him/her focus on specific manageable feelings, thoughts, and goals.

• Give information that orients him/her to the surroundings, such as how the setting is organized, what will be happening, and what steps he/she may consider.
Talking Points to Help Orient Distressed Survivors (pp. 50-51)

- Ask the individual to listen to you and look at you. (p. 51)
- Find out if he/she knows who he/she is, where he/she is, and what is happening. (p. 51)
- Ask him/her to describe the surroundings, and say where both of you are. (p. 51)
- [Explain that] intense emotions may come and go in waves. Shocking experiences may trigger strong, often upsetting, “alarm” reactions in the body, such as startle reactions. (p. 50)
- [Suggest that] sometimes the best way to recover is to take a few moments for calming routines. (p. 50)
- [Mention that] friends and family are very important sources of support to help calm down. (p. 50)
Study Questions

• List and describe the key tasks of Core Action 3: Stabilization. (p. 47)
• List signs of survivors who are emotionally overwhelmed or needing stabilization. (p. 49)
• List steps for stabilizing distressed survivors. (p. 50)
• Describe talking points to orient emotionally overwhelmed adult and child survivors. (pp. 50-51)
Information Gathering: Needs and Current Concerns

Section 3.4. (pp. 55-62)
Information Gathering: Goal (p. 57)

• To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
Information Gathering: Key Tasks (p. 57)

- Gather enough information so that you can tailor and prioritize your interventions to meet [the survivor’s needs and address the survivor’s current concerns].

- Gathering and clarifying information begins immediately after contact and continues throughout Psychological First Aid [delivery].
Gathering Information: Topics (p. 55)

- Nature and Severity of [Survivor’s] Experiences during the Disaster
- Death of a Loved One
- Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat
- Separation from or Concern about the Safety of Loved Ones
- Physical Illness, Mental Health Conditions, and Need for Medications
Gathering Information: Topics
(Cont.) (p. 55)

- Losses (Home, School, Neighborhood, Business, Personal Property, and Pets)
- Extreme Feelings of Guilt or Shame
- Thoughts about Causing Harm to Self or Others
- Availability of Social Support
- Prior Alcohol or Drug Use
- Prior Exposure to Trauma and Death of Loved Ones
- Specific Youth, Adult, and Family Concerns over Developmental Impact
Gathering Information: Sample Questions to Ask (pp. 57-58)

• Where were you during the disaster? (p. 57)
• Did you get hurt? (p. 57)
• Did you see anyone get hurt? (p. 57)
• How afraid were you? (p. 57)
• Did someone close to you get hurt or die as a result of the disaster? [If yes,] who got hurt or died? (p. 58)
Gathering Information: Sample Questions to Ask (Cont.)
(pp. 58-59)

• Do you need any information to help you better understand what has happened? (p. 58)
• Do you need information about how to keep you and your family safe? (p. 58)
• Do you need information about what is being done to protect the public? (p. 58)
• Are you worried about anyone close to you right now? [If so,] do you know where they are? (p. 59)
• Is there anyone especially important like a family member or friend who is missing? (p. 59)
Gathering Information: Sample Questions to Ask (Cont.)
(p. 59)

• Do you have any medical or mental health condition that needs attention?
• Do you need any medications that you don’t have?
• Do you need to have a prescription filled?
• Can you get in touch with your doctor?
• Was your home badly damaged or destroyed?
• Did you lose other important personal property?
• Did a pet die or get lost?
• Was your business, school, neighborhood badly damaged or destroyed?
Gathering Information: Sample Questions to Ask (Cont.) (pp. 60-61)

- Have you had any thoughts about harming yourself? (p. 60)
- Have you had any thoughts about harming someone else? (p. 60)
- Are there family members, friends, or community agencies that you can rely on for help with problems that you are facing as a result of the disaster? (p. 60)
- Has your use of alcohol, prescription medications, or drugs increased since the disaster? (p. 61)
- Have you had any problems in the past with alcohol or drug use? (p. 61)
- Are you currently experiencing withdrawal symptoms from [alcohol and/or] drug use? (p. 61)
Gathering Information: Sample Questions to Ask (Cont.)
(pp. 61-62)

- Has some other bad thing happened to you in the past? (p. 61)
- Have you ever been in a disaster before? (p. 61)
- Were there any special events coming up that were disrupted by the disaster? (p. 62)
- Is there anything else we have not covered that you are concerned about or want to share with me? (p. 62)
Study Questions

• List and describe the key tasks of Core Action 4: Information Gathering: Needs and Current Concerns. (p. 55)

• List information you would want to gather from the survivor and related questions you would want to ask the survivor to help identify and address the survivor’s needs and current concerns. (pp. 57-62)
Practical Assistance

Section 3.5. (pp. 63-66)
Practical Assistance: Goal (p. 65)

- To offer practical help to survivors in addressing immediate needs and concerns.
Practical Assistance: Key Tasks (p. 63)

- Offering Practical Assistance
- Identify the [Survivor’s] Most Immediate Needs [and Concerns]
- Clarify the [Survivor’s] Need [for Assistance]
- Discuss an Action Plan [to Address the Survivor’s Needs and Concerns]
- Act to Address [the Survivor’s] Need
Characteristics of Survivors who are Likely to Have More Favorable Outcomes in Disaster (p. 65)

- Optimism (because they can have hope for their future)
- Confidence that life is predictable
- Belief that things will work out as well as can reasonably be expected
- Belief that outside sources act benevolently on one’s behalf (responsive government)
- Strong faith-based beliefs
- Positive belief (for example, “I’m lucky, things usually work out for me”)
- Resources, including housing, employment, financial
Steps of Offering Practical Assistance or Action Planning (p. 66)

- Step 1: Identify the [Survivor’s] Most Immediate Needs
- Step 2: Clarify the [Survivor’s] Need
- Step 3: Discuss an Action Plan
- Step 4: Act to Address the [Survivor’s] Need
Study Questions

- List and describe the key tasks of Core Action 5: Practical Assistance. (p. 63)
- List the characteristics of survivors who are likely to have more favorable outcomes in disaster. (p. 65)
- List and describe the 4 steps of offering practical assistance (or action planning). (p. 66)
Connection with Social Supports

Section 3.6. (pp. 67-74)
Connection with Social Supports: Goal (p. 69)

- To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
Connection with Social Supports: Key Tasks (p. 67)

- Enhance Access to [Survivor’s] Primary Support Persons (Family and Significant Others)
- Encourage Use of Immediately Available Support Persons
- Discuss Support-Seeking and Giving
- Special Considerations for Children and Adolescents
- Modeling Support
Forms of Social Support (p. 69)

- Emotional Support
- Social Connection
- Feeling Needed
- Reassurance of Self-Worth
- Reliable Support
- Advice and Information
- Physical Assistance
- Material Assistance
Benefits of Survivor Social Connectedness (p. 69)

- Increased opportunities for knowledge essential to disaster recovery
- Opportunities for a range of social support activities, including:
  - Practical problem-solving
  - Emotional understanding and acceptance
  - Sharing of experiences and concerns
  - Clarifying [stress] reactions
  - Sharing information about coping
Reasons Survivors May Resist Seeking Social Support (p. 71)

- Not knowing what they need (and perhaps feeling that they should know).
- Feeling embarrassed or weak because of needing help.
- Feeling guilty about receiving help when others are in greater need.
- Not knowing where to turn for help.
- Worrying that they will be a burden or depress others.
Reasons Survivors May Resist Seeking Social Support (Cont.)

- Fearing that they will get so upset that they will lose control.
- Doubting that support will be available or helpful.
- Thinking, “No one will understand what I’m going through.”
- Having tried to get help and finding that help wasn’t there (feeling let down or betrayed).
- Fearing that the people they ask will be angry or make them feel guilty for needing help.
Encourage Support-Seeking by Helping Survivors to  (p. 71)

- Think about the type of support that would be most helpful.
- Think about whom they can approach for that type of support.
- Choose the right time and place to approach the person.
- Talk to the person and explain how he/she can be of help.
- Afterwards, thank the person for his/her time and help.
Encourage Support-Giving by Helping Survivors to:  (p. 72)

- Identify ways that they can be helpful to others (volunteer in the shelter or community, help children or older adults).
- Identify a person or persons that they can help.
- Find an uninterrupted time and place to talk or to help them.
- Show interest, attention, and care.
- Offer to talk or spend time together as many times as needed.
Model Positive Supportive Responses: Examples (p. 73)

Reflective comments:
• “From what you're saying, I can see how you would be . . .”
• “It sounds like you're saying . . .”
• “It seems that you are . . .”

Clarifying comments:
• “Tell me if I’m wrong . . . it sounds like you . . .”
• “Am I right when I say that you . . .”
Supportive comments:

- “No wonder you feel . . .”
- “It sounds really hard . . .”
- “It is such a tough thing to go through something like this.”
- “I'm really sorry this is such a tough time for you.”
Empowering comments and questions:

- “What have you done in the past to make yourself better when things got difficult?” (p. 73)
- “Are there any things that you think would help you to feel better?” (p. 73)
- “I have an information sheet with some ideas about how to deal with difficult situations. Maybe there is an idea or two here that might be helpful for you.” (p. 73)
- “People can be very different in what helps them to feel better. When things get difficult, for me, it has helped me to . . . Do you think something like that would work for you?” (p. 74)
Study Questions

- List and describe the key tasks of Core Action 6: Connection with Social Supports. (p. 67)
- Describe the forms of social support. (p. 69)
- List the benefits of fostering social connectedness in disaster survivors. (p. 69)
- Identify reasons why survivors may be reluctant to seek social support. (p. 71)
- Describe ways to encourage support seeking and giving in disaster survivors. (pp. 71-73)
- List three examples of positive supportive responses. (pp. 73-74)
Information on Coping

Section 3.7. (pp. 75-89)
Information on Coping: Goal (p. 77)

- To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
**Information on Coping: Key Tasks**  (p. 75)

- Provide Basic Information about Stress Reactions
- Review Common Psychological Reactions to Traumatic Experiences and Losses
- Talking with Children about Body and Emotional Reactions
- Provide Basic Information on Ways of Coping
- Teach Simple Relaxation Techniques
- [Provide] Coping for Families
- Assisting with Developmental Issues
- Assist with Anger Management
- Address Highly Negative Emotions
- Help with Sleep Problems
- Address Alcohol and Substance Abuse
Provide Basic Information About Disaster Event and Stress Reactions (p. 77)

- What is currently known about the unfolding [disaster] event
- What is being done to assist them
- What, where, and when services are available
- Post-disaster reactions and how to manage them
- Self-care, family care, and coping
Review Common Reactions to Traumatic Experiences and Losses (pp. 77-78)

• For survivors who have had significant exposure to trauma and have sustained significant losses, provide basic psychoeducation about common distress reactions. You can review these, emphasizing that such reactions are understandable and expectable. (p. 77)

• Inform survivors that, if these reactions continue to interfere with their ability to function adequately for over a month, psychological services should be considered. (p. 77)

• It is also useful to discuss the role of trauma reminders, loss reminders, change reminders, and hardships in contributing to distress. (p. 78)
Types of Posttraumatic Stress Reactions (p. 78)

1. **Intrusive reactions** are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or mental images of the event (for example, picturing what one saw), or dreams about what happened.

2. **Avoidance and withdrawal reactions** are ways people use to keep away from, or protect against, distress. These reactions include trying to avoid talking, thinking, and having feelings about the traumatic event, and avoiding any reminders of the event, including places and people connected to what happened.

3. **Physical arousal reactions** are physical changes that make the body react as if danger is still present. These reactions include constantly being “on the lookout” for danger, startling easily or being jumpy, irritable or having outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.
Talk with Children about Body and Emotional Reactions (p. 80)

• Don’t ask children directly to describe their emotions (like telling you that they feel sad, scared, confused, or angry), as they often have a hard time finding the words. Instead, ask them to tell you about physical sensations, for example: “How do you feel inside? Do you feel something like butterflies in your stomach or tight all over?”

• If they are able to talk about emotions, it is helpful to suggest different feelings and ask them to pick one (“Do you feel sad right now, or scared, or do you feel okay?”) rather than asking open-ended questions (“How are you feeling?”).

• You can draw (or ask the child to draw) an outline of a person and use this to help the child talk about his/her physical sensations.
Provide Basic Information to Survivor on Ways of Adaptive Coping (p. 81)

- Talking to another person for support
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Participating in a support group [or counseling]
- Using relaxation methods [e.g., meditation, yoga, deep breathing]
- Using calming [and positive] self talk
- Keeping a journal
- Focusing on something practical that you can do right now to manage the situation better
- Using coping methods that have been successful for you in the past
Maladaptive Coping Actions (pp. 81-82)

- Using alcohol or drugs to cope (p. 81)
- Withdrawing from activities (p. 81)
- Withdrawing from family or friends (p. 81)
- Working too many hours (p. 82)
- Getting violently angry (p. 82)
- Excessive blaming of self or others (p. 82)
- Overeating or undereating (p. 82)
- Watching too much TV or playing too many computer games (p. 82)
- Doing risky or dangerous things (p. 82)
- Not taking care of yourself (p. 82)
Teach Simple Relaxation Technique: Deep Breathing Practice (p. 83)

- Inhale slowly (one-thousand one; one-thousand two; one-thousand three) through your nose, and comfortably fill your lungs all the way down to your belly.
- Silently and gently say to yourself, “My body is filling with calm.”
- Exhale slowly (one-thousand one; one-thousand two; one-thousand three) through your mouth, and comfortably empty your lungs all the way down to your abdomen.
- Silently and gently say to yourself, “My body is releasing tension.”
- Repeat five times slowly.
Ways to Help Families Cope (p. 83)

- Reestablishing family routines to the extent possible after a disaster is important for family recovery.

- Encourage parents and caregivers to try to maintain family routines such as meal times, bedtime, wake time, reading time, and play time, and to set aside time for the family to enjoy activities together.

- If a family member has a pre-existing emotional or behavioral problem that has been worsened by the current events, discuss with the family strategies that they may have learned from a therapist to manage these problems.
Ways to Help Families Cope
(Cont.) (pp. 83-84)

• Discuss ways that these strategies may be adapted for the current setting. (p. 83)

• It is especially important to assist family members in developing a mutual understanding of their different experiences, reactions, and course of recovery, and to help develop a family plan for communicating about these differences. (p. 83)

• You should encourage family members to be understanding, patient, and tolerant of differences in their reactions, and to talk about things that are bothering them, so the others will know when and how to support them. (p. 84)
Assist with Anger Management (p. 86)

- Explain that feelings of anger and frustration are common to survivors after disaster.
- Discuss how the anger is affecting their life (for example, relationship with family members and friends, and parenting).
- Normalize the experience of anger, while discussing how anger can increase interpersonal conflict, push others away, or potentially lead to violence.
- Ask survivors to identify changes that they would like to make to address their anger.
- Compare how holding on to the anger can hurt them, versus how coping with, letting go of anger or directing it toward positive activities can help.
- Emphasize that some anger is normal and even helpful, while too much anger can undermine what they want to do.
Anger Management Activities to Suggest (p. 87)

• Take a “time out” or “cool down” (walk away and calm down, do something else for a while).
• Talk to a friend about what is angering you.
• Blow off steam through physical exercise (go for a walk, jog, do pushups).
• Keep a journal in which you describe how you feel and what you can do to change the situation.
• Remind yourself that being angry will not help you achieve what you want, and may harm important relationships.
Distract yourself with positive activities like reading a book, praying or meditating, listening to upbeat music, going to religious services or other uplifting group activities, helping a friend or someone in need, etc.

Look at your situation in a different way, see it from another’s viewpoint, or find reasons your anger may be over the top.

For parents/caregivers, have another family member or other adult temporarily supervise your children’s activities while you are feeling particularly angry or irritable.
Address Highly Negative Emotions (pp. 87-88)

- You should listen for . . . negative beliefs, and help survivors to look at the situation in ways that are less upsetting. (p. 87)

- You might ask:
  - How could you look at the situation that would be less upsetting and more helpful? What’s another way of thinking about this? (p. 87)
  - How might you respond if a good friend was talking to himself/herself like this? What would you say to him/her? Can you say the same things to yourself? (p. 88)

- If the survivor is receptive, offer some alternative ways of looking at the situation. (p. 88)

- Help to clarify misunderstandings, rumors, and distortions that exacerbate distress, unwarranted guilt, or shame. (p. 88)
Help with Sleep Problems

- Ask whether the survivor is having any trouble sleeping and about sleep routines and sleep-related habits.
- Problem-solve ways to improve sleep. For example the survivor might try to:
  - Go to sleep at the same time and get up at the same time each day.
  - Reduce alcohol consumption, alcohol disrupts sleep.
  - Eliminate consumption of caffeinated beverages in the afternoon or evening.
  - Increase regular exercise, though not too close to bedtime.
  - Relax before bedtime by doing something calming, like listening to soothing music, meditating, or praying.
  - Limit daytime naps to 15 minutes and limit napping later than 4 PM.
- Discuss that worry over immediate concerns and exposure to daily reminders can make it more difficult to sleep, and that being able to discuss these and get support from others can improve sleep over time.
Address Alcohol and Substance Use

(p. 89)

When use of alcohol and other substances is a concern:

• Explain to the survivor that many people (including adolescents) who experience stress reactions choose to drink or use medications or drugs to reduce their bad feelings.

• Ask the individual to identify what he/she sees as the positives and negatives of using alcohol or drugs to cope.

• Discuss and mutually agree on abstinence or a safe pattern of use.

• Discuss anticipated difficulties in changing behavior.

• If appropriate and acceptable to the person, make a referral for substance abuse counseling or detoxification.

• If the individual has previously received treatment for substance abuse, encourage him/her to once again seek treatment to get through the next few weeks and months.
Study Questions

• List and describe the key tasks of Core Action 7: Information on Coping. (p. 75)

• Describe information that you would want to provide to survivors to help them manage their stress reactions and cope with disaster. (pp. 77-84)

• List common reactions to traumatic experiences and disasters. (pp. 77-80)

• Describe ways you can talk to children about body and emotional reactions. (p. 80)

• List adaptive coping actions. (p. 81)

• Identify maladaptive coping actions. (pp. 81-82)
Study Questions (Cont.)

- Describe ways to help families cope with disaster. (pp. 83-84)
- Describe techniques to help survivors manage their anger. (pp. 86-87)
- Describe ways to help survivors address highly negative emotions. (pp. 87-88)
- Describe techniques to help survivors with sleep problems. (p. 88)
- Describe techniques to help survivors who are alcohol and/or substance users or abusers. (p. 89)
Linkage with Collaborative Services

Section 3.8. (pp. 91-95)
Linkage with Collaborative Services: Goal (p. 93)

- To link survivors with available services needed at the time or in the future.
Linkage with Collaborative Services: Key Tasks (p. 91)

- Provide Direct Link to Additional Needed Services
- [Make] Referrals for Children and Adolescents
- [Make] Referrals for [Adults and] Older Adults
- Promote Continuity in Helping Relationships
Provide Direct Link to Additional Needed Services
(p. 93)

- As you provide information, also discuss which of the survivor’s needs and current concerns require additional information or services.
- Do what is necessary to ensure effective linkage [of survivor] with those services (for example, walk the survivor over to an agency representative who can provide a service, set up a meeting with a community representative who may provide appropriate referrals).
- In addition, reconnect survivors to agencies that provided them services before the disaster.
When to Refer (p. 93)

Examples of situations requiring a referral include:

- An acute medical problem that needs immediate attention
- An acute mental health problem that needs immediate attention
- Worsening of a pre-existing medical, emotional, or behavioral problem
- Threat of harm to self or others
- Concerns related to the use of alcohol or drugs
When to Refer (Cont.) (p. 93)

Examples of situations requiring a referral include:

• Cases involving domestic, child, or elder abuse (be aware of reporting laws)
• When medication is needed for stabilization
• When pastoral counseling is desired
• Ongoing difficulties with coping (4 weeks or more after the disaster)
• Significant developmental concerns about children or adolescents
• When the survivor asks for a referral
When Making a Referral (p. 94)

- Summarize your discussion with the person about his/her needs and concerns.
- Check for the accuracy of your summary.
- Describe the option of referral, including how this may help, and what will take place if the individual goes for further help.
- Ask about the survivor’s reaction to the suggested referral.
- Give written referral information [to the survivor], or if possible, make an appointment then and there [for the survivor].
Making Referrals for Children and Adolescents (p. 94)

- Remember that children and adolescents under the age of 18 will need parental consent for services outside of immediate emergency care.
- Recommend that any follow-up services for the family include (at least) a brief evaluation of child and adolescent adjustment.
- Make your interactions with children and adolescents positive and supportive to help them develop a positive attitude towards future care providers.
- When working with youth, summarize in writing the basic information about the event that you have gathered and communicate this information to the receiving professional.
• Help with plans for an elder [or a person with special needs] who is going home or needs access to alternative housing. (p. 94)

• Make sure the elder [or a person with special needs] has referral sources for the following, if needed: (p. 94)
  - A primary care physician (p. 94)
  - A local senior center (p. 94)
  - Council on Aging programs (p. 94)
  - Social support services (p. 94)
  - Meals on Wheels (p. 95)
  - Senior housing or assisted living (p. 95)
  - Transportation services (p. 95)
Promote Continuity in Helping Relationships (p. 95)

- Give [the survivor] the names and contact information for the local public health and public mental health service providers in the community.
- Introduce survivors to other mental health, health care, family service, or relief workers, so that they know several other helpers by name.
- If you are leaving a response site, let the survivor know, and if possible, ensure a direct “hand-off” to another provider, one who will be in a position to maintain an ongoing helping relationship with the person.
- Orient the new provider to what he/she needs to know about the person, and if possible, provide an introduction.
Study Questions

• List and describe the key tasks of Core Action 8: Collaborative Services. (p. 91)
• List situations that require a referral. (p. 93)
• Describe things you would do when making referrals for adults, children, and survivors with special needs. (pp. 94-95)
• Describe what you can do to promote continuity in the helping relationship. (p. 95)