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Appendix A:

- Overview of Psychological First Aid
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# Overview of Psychological First Aid

<table>
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<th>Section Headers</th>
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| **Preparing to Deliver Psychological First Aid** | 1. Entering the setting  
2. Providing services  
3. Group settings  
4. Maintain a calm presence  
5. Be sensitive to culture and diversity  
6. Be aware of at-risk populations |
| **Contact and Engagement**       | 1. Introduce yourself/ask about immediate needs  
2. Confidentiality |
| **Safety and Comfort**           | 1. Ensure immediate physical safety  
2. Provide information about disaster response activities and services  
3. Attend to physical comfort  
4. Promote social engagement  
5. Attend to children who are separated from their parents/caregivers  
6. Protect from additional traumatic experiences and trauma reminders  
7. Help survivors who have a missing family member  
8. Help survivors when a family member or close friend has died  
9. Attend to grief and spiritual issues  
10. Provide information about casket and funeral issues  
11. Attend to issues related to traumatic grief  
12. Support survivors who receive death notification  
13. Support survivors involved in body identification  
14. Help caregivers confirm body identification to a child or adolescent |
| **Stabilization**                | 1. Stabilize emotionally overwhelmed survivors  
2. Orient emotionally overwhelmed survivors  
3. The role of medications in stabilization |
| **Information Gathering: Current Needs and Concerns** | 1. Nature and severity of experiences during the disaster  
2. Death of a loved one  
3. Concerns about immediate post-disaster circumstances and ongoing threat  
4. Separations from or concern about the safety of loved ones  
5. Physical illness, mental health conditions, and need for medications  
6. Losses (home, school, neighborhood, business, personal property, and pets)  
7. Extreme feelings of guilt or shame  
8. Thoughts about causing harm to self or others  
9. Availability of social support  
10. Prior alcohol or drug use  
11. Prior exposure to trauma and death of loved ones  
12. Specific youth, adult, and family concerns over developmental impact |
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<thead>
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<th>Section Headers</th>
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<tr>
<td>Practical Assistance</td>
<td>1. Offering practical assistance to children and adolescents</td>
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<td>2. Identify the most immediate needs</td>
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<td>3. Clarify the need</td>
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<td>5. Act to address the need</td>
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<tr>
<td>Connection with</td>
<td>1. Enhance access to primary support persons (family and</td>
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<td>Social Supports</td>
<td>significant others)</td>
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<td></td>
<td>2. Encourage use of immediately available support persons</td>
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<td>3. Discuss support-seeking and giving</td>
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<td></td>
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<td>5. Modeling support</td>
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<tr>
<td>Information on</td>
<td>1. Provide basic information about stress reactions</td>
</tr>
<tr>
<td>Coping</td>
<td>2. Review common psychological reactions to traumatic experiences</td>
</tr>
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<td></td>
<td>and losses</td>
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<td></td>
<td>• Intrusive reactions</td>
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<td>• Avoidance and withdrawal reactions</td>
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<td>• Physical arousal reactions</td>
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<td>• Trauma reminders</td>
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<td>• Loss reminders</td>
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<td>• Change reminders</td>
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<td>• Hardships</td>
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<td>• Grief reactions</td>
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<td>• Traumatic grief reactions</td>
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<td>• Depression</td>
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<td>• Physical reactions</td>
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<td>3. Talking with children about physical and emotional reactions</td>
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<td>4. Provide basic information on ways of coping</td>
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<td>5. Teach simple relaxation techniques</td>
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<td>6. Coping for families</td>
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<td>7. Assist with developmental issues</td>
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<td>8. Assist with anger management</td>
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<td>9. Address highly negative emotions</td>
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<td>10. Help with sleep problems</td>
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<td>11. Address alcohol and substance use</td>
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<tr>
<td>Linkage with</td>
<td>1. Provide direct link to additional needed services</td>
</tr>
<tr>
<td>Collaborative</td>
<td>2. Referrals for children and adolescents</td>
</tr>
<tr>
<td>Services</td>
<td>3. Referrals for older adults</td>
</tr>
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<td></td>
<td>4. Promote continuity in helping relationships</td>
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</table>
Appendix B:

- Service Delivery Sites and Settings
Service Delivery Sites and Settings

Service Site Challenges in Delivering Psychological First Aid

You can face many challenges in delivering services to disaster survivors and disaster relief workers. These challenges are often related to the specific disaster characteristics (for example, natural vs. human caused, size, location) and those of the individuals involved (for example, populations of special consideration—those with disabilities, youth, disadvantaged groups, individuals with pre-existing medical or mental health conditions). Other challenges pertain to the multiple settings in which you may be deployed. The following information will be helpful in anticipating and understanding the unique challenges of some disaster-related service sites.

General Population Shelters

When it is determined that a community or area of the community must be evacuated because of dangerous or threatening conditions, General Population Shelters are opened for the temporary housing of individuals. General Population Shelters are usually located in schools, community and recreation centers, or in other large facilities. Shelters usually have limited space for people to sleep, as well as an area for meals to be served. Typical challenges include establishing shelter rules (for example, lights out, regulated use of showers when in limited supply, meal times), addressing the socio-cultural and ethnic issues that arise when bringing diverse populations together, managing public health issues (for example, sanitation, medication dispensing, isolating the sick), and resolving disputes that arise among shelter residents or between shelter residents and staff.

Service Centers

Service Centers may be opened by a local or federal governmental agency or by disaster relief organizations to meet the initial needs of disaster survivors. These centers typically offer assistance with locating temporary housing or providing for the immediate personal needs of disaster survivors, such as food, clothing, and clean-up materials. Depending on the size and magnitude of the disaster, you may encounter large numbers of survivors seeking services, and anger and frustration expressed by survivors in circumstances where there are inadequate supplies.

Community Outreach Teams

Community Outreach Teams are usually established in the event of disasters that affect a large geographic area and/or a significant percentage of the population. These teams are often necessary to avoid long lines at Service Centers or when transportation services for the general population are limited. The teams are usually composed of two or more individuals that can provide comprehensive services to disaster survivors. For example, a disaster mental health or spiritual care professional may be teamed up with a representative from the American Red Cross who can provide assistance in meeting the survivors’ food, clothing, and shelter needs.
Family Reception Centers

Family Reception Centers are typically opened in the immediate aftermath of a disaster involving mass casualties or fatalities. There is a common recognition that after such disasters, individuals may be trying to locate family or other loved ones specifically involved in the disaster or separated during the evacuation process. Often these are temporary holding sites until a more structured and operational Family Assistance Center can be opened. Family Reception Centers may be established in close proximity to the immediate disaster scene where individuals arrive in search of family and other loved ones involved in the incident, or in healthcare facilities where the injured have been transported.

Family Assistance Centers

Family Assistance Centers are commonly opened in the event of a disaster involving mass casualties or fatalities. These centers usually offer a range of services in an effort to meet the needs of individuals under these circumstances. Mental health services, spiritual care, and crime victims’ services, as well as the services of law enforcement, the medical examiner, disaster relief agencies, and other local, state, and federal agencies are also offered on site. Family Assistance Centers are usually located away from the immediate disaster site. Family members may request visits to the affected site or memorial services. Therefore, the Family Assistance Centers should be close enough to facilitate those activities.

Points of Dispensing (POD) Centers

PODs might be established by local, state, or federal public health agencies in the event of a public health emergency. These centers may be established to provide mass distribution of medications or vaccinations in an effort to prevent or mitigate the spread of any communicable disease or other public health risk. Healthcare facilities may open PODs with the goal of vaccinating or distributing necessary medications to their own personnel or to reduce the burden on the community POD sites.

Phone Banks and Hotlines

Communities and healthcare systems may wish to set up a Phone Bank to address and respond to numerous calls with questions that typically arise after a disaster. These Phone Banks are likely to be overwhelmed in the first few hours or days, with many questions regarding such issues as locating missing or injured family members or healthcare concerns. Community hotlines may encounter similar questions and address additional information such as the availability of shelter locations, mass food distribution sites, and other disaster relief services.
Emergency First Aid Stations

Emergency First Aid Stations provide basic medical services to disaster survivors as well as responders who may suffer minor injuries in the rescue and recovery efforts. They are usually located in close proximity to the direct impact of a disaster. In the event of a disaster resulting in mass casualties, makeshift emergency first aid stations may be set up near a healthcare facility in an effort to relieve the burden on emergency room services and ensure that such high level care is available to the seriously injured.

Hospitals and Hospital Emergency Room Settings

During a mass casualty event, survivors who are triaged on site and listed as “immediate” will be brought to a hospital. In addition, many others will self-transport to the hospital wanting to be seen in the Emergency Room. This is likely to create a surge on medical resource capacity. Survivors may arrive in large numbers, many with both psychological and physical reactions.

One important goal is to facilitate the treatment of injured survivors by removing individuals who do not require immediate medical care from the patient flow. However, increased physical symptoms have frequently been reported after disasters, particularly among those who witness injury and death, and those who may have had toxic exposure to a chemical or biological attack. As a result, differential diagnosis may at times be difficult, since signs and symptoms may be nonspecific and/or status may change over time. News or rumors of such an attack may generate an influx of those who fear they have been exposed, and rapidly overwhelm the system. Along with a system of triage, hospitals may set up a “support center” where Psychological First Aid providers can refer those in need to a spectrum of medical, psychological, behavioral, and pharmacological interventions.

Respite Centers

Respite Centers are locations where first responders can rest and obtain food, clothing, and other basic support services. They are usually opened where prolonged rescue and recovery efforts are necessary. Respite Centers are usually located in close proximity to the direct impact of a disaster. Typical challenges for Psychological First Aid include limited time to interact with responders who are extremely busy and tired, and feel a sense of urgency to continue working.
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Appendix C:

- Psychological First Aid Provider Care
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Psychological First Aid Provider Care

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after engaging in disaster relief work.

Before Relief Work

In deciding whether to participate in disaster response, you should consider your comfort level with this type of work and your current health, family, and work circumstances. These considerations should include the following:

Personal Considerations

Assess your comfort level with the various situations you may experience while providing Psychological First Aid:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g., distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or conversely, micro-managed
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to mental health support
- Working with a diverse group of professionals, often with different interaction styles

Health Considerations

Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts in disaster settings, including:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems
Health Considerations - continued

- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

Family Considerations

Assess your family’s ability to cope with your providing Psychological First Aid in a disaster setting:

- Is your family prepared for your absence, which may span days or weeks?
- Is your family prepared for you to work in environments where the risk of harm or exposure to harm is not fully known?
- Will your support system (family/friends) assume some of your family responsibilities and duties while you are away or working long hours?
- Do you have any unresolved family/relationship issues that will make it challenging for you to focus on disaster-related responsibilities?
- Do you have a strong, supportive environment to return to after your disaster assignment?

Work Considerations

Assess how taking time off to provide Psychological First Aid might affect your work life:

- Is your employer supportive of your interest and participation in Psychological First Aid?
- Will your employer allow “leave” time from your job?
- Will your employer require you to utilize vacation time or “absence-without-pay time” to respond as a disaster mental health worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?
- Will your co-workers be supportive of your absence and provide a supportive environment upon your return?
Personal, Family, Work Life Plan

If you decide to participate in disaster response, take time to make preparations for the following:

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns

During Relief Work

In providing Psychological First Aid, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and how best to take care of yourself during your work.

Common Stress Reactions

Providers may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, being easily startled)
- Depressive or anxiety symptoms
- Decreased social activities
Extreme Stress Reactions

Providers may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation
- Preventing feelings by relying on substances, becoming overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

Organizational Care of Providers

Organizations that recruit providers can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting work shifts to no more than 12 hours and encouraging work breaks
- Rotating of providers from the most highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough providers at all levels, including administration, supervision, and support
- Encouraging peer partners and peer consultation
- Monitoring providers who meet certain high risk criteria, such as:
  - Survivors of the disaster
  - Those having regular exposure to severely affected individuals or communities
  - Those with pre-existing conditions
  - Those with multiple stresses, including those who have responded to multiple disasters in a short period of time
- Establishing supervision, case conferencing, and staff appreciation events
- Conducting trainings on stress management practices

**Provider Self-Care**

Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation
- Using stress management tools regularly, such as:
  - Accessing supervision routinely to share concerns, identifying difficult experiences, and strategizing to solve problems
  - Practicing brief relaxation techniques during the workday
  - Using the buddy system to share upsetting emotional responses
  - Staying aware of limitations and needs
  - Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
  - Increasing activities that are positive
  - Practicing religious faith, philosophy, and spirituality
  - Spending time with family and friends
  - Learning how to “put stress away”
  - Writing, drawing, and painting
  - Limiting caffeine, tobacco, and substance use

As much as possible, you should make every effort to:

- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation/stress management/bodily care/refreshment breaks
- Utilize regular peer consultation and supervision
Provider Self-Care - continued

- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

You should avoid engaging in:

- Extended periods of solo work without colleagues
- Working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excessive use of food/substances as a support
- Common attitudinal obstacles to self-care:
  - “It would be selfish to take time to rest.”
  - “Others are working around the clock, so should I.”
  - “The needs of survivors are more important than the needs of helpers.”
  - “I can contribute the most by working all the time.”
  - “Only I can do x, y, and z.”

After Relief Work

Expect a readjustment period upon returning home. You may need to make personal reintegration a priority for a while.

Organizational Care of Providers

Organizations should:

- Encourage time off for providers who have experienced personal trauma or loss.
- Institute exit interviews to help providers with their experience—this should include information about how to communicate with their families about their work.
- Encourage providers to seek counseling when needed, and provide referral information.
- Provide education on stress management.
- Facilitate ways providers can communicate with each other by establishing listservs, sharing contact information, or scheduling conference calls.
- Provide information regarding positive aspects of the work.
Provider Self-Care

Make every effort to:

- Seek out and give social support.
- Check in with other relief colleagues to discuss relief work.
- Increase collegial support.
- Schedule time for a vacation or gradual reintegration into normal life.
- Prepare for worldview changes that may not be mirrored by others in your life.
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.
- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving from others.
- Find activities that you enjoy or that make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask help in parenting if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.
Provider Self-Care - continued

- Obstacles to better self-care:
  - Keeping too busy
  - Making helping others more important than self-care
  - Avoiding talk about relief work with others
Appendix D:

- Psychological First Aid Worksheets
Provider Worksheets

Survivor Current Needs

Date: __________ Provider: ______________________

Survivor Name: _____________________________

Location: _________________________________

This session was conducted with (check all that apply):

☐ Child     ☐ Adolescent     ☐ Adult     ☐ Family     ☐ Group

Provider: Use this form to document what the survivor needs most at this time. This form can be used to communicate with referral agencies to help promote continuity of care.

1. Check the boxes corresponding to difficulties the survivor is experiencing.

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Emotional</th>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Extreme disorientation</td>
<td>☐ Acute stress reactions</td>
<td>☐ Headaches</td>
<td>☐ Inability to accept/cope with death of loved one(s)</td>
</tr>
<tr>
<td>☐ Excessive drug, alcohol, or</td>
<td>☐ Acute grief reactions</td>
<td>☐ Stomachaches</td>
<td>☐ Distressing dreams or nightmares</td>
</tr>
<tr>
<td>prescription drug use</td>
<td>☐ Sadness, tearfulness</td>
<td>☐ Sleep difficulties</td>
<td>☐ Intrusive thoughts or images</td>
</tr>
<tr>
<td>☐ Isolation/withdrawal</td>
<td>☐ Irritability, anger</td>
<td>☐ Difficulty eating</td>
<td>☐ Difficulty concentrating</td>
</tr>
<tr>
<td>☐ High risk behavior</td>
<td>☐ Feeling anxious, fearful</td>
<td>☐ Worsening of health conditions</td>
<td>☐ Difficulty remembering</td>
</tr>
<tr>
<td>☐ Regressive behavior</td>
<td>☐ Despair, hopelessness</td>
<td>☐ Fatigue/exhaustion</td>
<td>☐ Difficulty making decisions</td>
</tr>
<tr>
<td>☐ Separation anxiety</td>
<td>☐ Feelings of guilt or shame</td>
<td>☐ Chronic agitation</td>
<td>☐ Preoccupation with death/destruction</td>
</tr>
<tr>
<td>☐ Violent behavior</td>
<td>☐ Feeling emotionally numb,</td>
<td>☐ Other __________</td>
<td>☐ Other __________</td>
</tr>
<tr>
<td>☐ Maladaptive coping</td>
<td>disconnected</td>
<td></td>
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<tr>
<td>☐ Other __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Check the boxes corresponding to difficulties the survivor is experiencing.
   - Past or preexisting trauma/psychological problems/substance abuse problems
   - Injured as a result of the disaster
   - At risk of losing life during the disaster
   - Loved one(s) missing or dead
   - Financial concerns
   - Displaced from home
   - Living arrangements
   - Lost job or school
   - Assisted with rescue/recovery
   - Has physical/emotional disability
   - Medication stabilization
   - Concerns about child/adolescent
   - Spiritual concerns
   - Other: __________________________________________

3. Please make note of any other information that might be helpful in making a referral.
   __________________________________________

4. Referral
   - Within project (specify) ________________________
   - Substance abuse treatment
   - Other disaster agencies
   - Other community services
   - Professional mental health services
   - Clergy
   - Medical treatment
   - Other: ________________

5. Was the referral accepted by the individual?
   - Yes
   - No
# Provider Worksheets

## Psychological First Aid Components Provided

Date: ______  Provider: __________________________

Location: __________________________

This session was conducted with (check all that apply):

- [ ] Child
- [ ] Adolescent
- [ ] Adult
- [ ] Family
- [ ] Group

Place a checkmark in the box next to each component of Psychological First Aid that you provided in this session.

### Contact and Engagement

- [ ] Initiated contact in an appropriate manner
- [ ] Asked about immediate needs

### Safety and Comfort

- [ ] Took steps to ensure immediate physical safety
- [ ] Attended to physical comfort
- [ ] Attended to a child separated from parents
- [ ] Assisted with concern over missing loved one
- [ ] Assisted with acute grief reactions
- [ ] Attended to spiritual issues regarding death
- [ ] Provided information about funeral issues
- [ ] Helped survivors regarding death notification
- [ ] Gave information about the disaster/risks
- [ ] Encouraged social engagement
- [ ] Protected from additional trauma
- [ ] Assisted after death of loved one
- [ ] Helped with talking to children about death
- [ ] Attended to traumatic grief
- [ ] Helped survivor after body identification
- [ ] Helped with confirmation of death to child

### Stabilization

- [ ] Helped with stabilization
- [ ] Gathered information for medication referral for stabilization
- [ ] Used grounding technique

### Information Gathering

- [ ] Nature and severity of disaster experiences
- [ ] Concerns about ongoing threat
- [ ] Physical/mental illness and medications(s)
- [ ] Extreme guilt or shame
- [ ] Availability of social support
- [ ] History of prior trauma and loss
- [ ] Other _______________________
- [ ] Death of a family member or friend
- [ ] Concerns about safety of loved one(s)
- [ ] Disaster-related losses
- [ ] Thoughts of harming self or others
- [ ] Prior alcohol or drug use
- [ ] Concerns over developmental impact
### Practical Assistance
- Helped to identify most immediate need(s)
- Helped to develop an action plan
- Helped to clarify need(s)
- Helped with action to address the need

### Connection with Social Supports
- Facilitated access to primary support persons
- Modeled supportive behavior
- Helped problem-solve obtaining/giving social support
- Discussed support seeking and giving
- Engaged youth in activities

### Information of Coping
- Gave basic information about stress reactions
- Taught simple relaxation techniques(s)
- Assisted with developmental concerns
- Addressed negative emotions (shame/guilt)
- Addressed substance abuse problems
- Gave basic information on coping
- Helped with family coping issues
- Assisted with anger management
- Helped with sleep problems

### Linkage with Collaborative Services
- Provided link to additional service(s)
- Promoted continuity of care
- Provided handout(s)
Appendix E:

Handouts for Survivors

- Connecting with Others: Seeking Social Support (for adults and adolescents)
- Connecting with Others: Giving Social Support (for adults and adolescents)
- When Terrible Things Happen (for adults and adolescents)
- Parent Tips for Helping Infants and Toddlers (for parents/caregivers)
- Parent Tips for Helping Preschool-Age Children (for parents/caregivers)
- Parent Tips for Helping School-Age Children (for parents/caregivers)
- Parent Tips for Helping Adolescents (for parents/caregivers)
- Tips for Adults (for adult survivors)
- Basic Relaxation Techniques (for adults, adolescents, and children)
- Alcohol and Drug Use after Disasters (for adults and adolescents)
Connecting with Others

Seeking Social Support

- Making contact with others can help reduce feeling of distress
- Children and adolescents can benefit from spending some time with similar-age peers
- Connections can be with family, friends, or others who are coping with the same traumatic event

Social Support Options

- Spouse/partner or parents
- Trusted family member
- Close friend
- Clergy
- Doctor or nurse
- Crisis/School counselor or other counselor
- Support group
- Co-worker/Teacher/Coach
- Pet

Do . . .

- Decide carefully whom to talk to
- Decide ahead of time what you want to discuss
- Choose the right time and place
- Start by talking about practical things
- Let others know you need to talk or just to be with them
- Talk about painful thoughts and feelings when you’re ready
- Ask others if it’s a good time to talk
- Tell others you appreciate them listening
- Tell others what you need or how they could help—one main thing that would help you right now

Don’t . . .

- Keep quiet because you don’t want to upset others
- Keep quiet because you’re worried about being a burden
- Assume that others don’t want to listen
- Wait until you’re so stressed or exhausted that you can’t fully benefit from help

Ways to Get Connected

- Calling friends or family on the phone
- Increasing contact with existing acquaintances and friends
- Renewing or beginning involvement in religious group activities
- Getting involved with a support group
- Getting involved in community/school recovery activities
Connecting with Others

Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help those events seem less overwhelming. For others, just spending time with people they feel close to and accepted by, without having to talk, can feel best. Here is some information about giving social support to other people.

Reasons Why People May Avoid Social Support

- Not knowing what they need
- Feeling embarrassed or “weak”
- Fearing they will lose control
- Not wanting to burden others
- Doubting it will be helpful, or that others will understand
- Having tried to get help and feeling that it wasn’t there
- Wanting to avoid thinking or feeling about the event
- Assuming that others will be disappointed or judgmental
- Not knowing where to get help

Good Ways to Give Support

- Show interest, attention, and care
- Find an uninterrupted time and place to talk
- Be free of expectations or judgments
- Show respect for the person’s reactions and ways of coping
- Acknowledge that this type of stress can take time to resolve
- Help brainstorm positive ways to deal with reactions
- Talk about expectable reactions to disasters, and healthy coping
- Express belief that the person is capable of recovery
- Offer to talk or spend time together as many times as is needed
Behaviors That Interfere with Giving Support

- Rushing to tell someone the he/she will be okay or that they should just “get over it”
- Acting like someone is weak or exaggerating because he or she isn’t coping as well as you are
- Discussing your own personal experiences without listening to the other person’s story
- Giving advice without listening to the person’s concerns or asking the person what works for him or her
- Stopping people from talking about what is bothering them
- Telling them they were lucky it wasn’t worse

When Your Support is Not Enough

- Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery.
- Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany them.
- Encourage the person to get involved in a support group with others who have similar experiences
- Enlist help from others in your social circle so that you all take part in supporting the person.
When Terrible Things Happen - What You May Experience

Immediate Reactions

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a disaster. These include:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Negative Responses</th>
<th>Positive Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Confusion, disorientation, worry, intrusive thoughts and images, self-blame</td>
<td>Determination and resolve, sharper perception, courage, optimism, faith</td>
</tr>
<tr>
<td>Emotional</td>
<td>Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame</td>
<td>Feeling involved, challenged, mobilized</td>
</tr>
<tr>
<td>Social</td>
<td>Extreme withdrawal, interpersonal conflict</td>
<td>Social connectedness, altruistic helping behaviors</td>
</tr>
<tr>
<td>Physiological</td>
<td>Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping</td>
<td>Alertness, readiness to respond, increased energy</td>
</tr>
</tbody>
</table>

Common negative reactions that may continue include:

Intrusive reactions

- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“flashback”)

Avoidance and withdrawal reactions

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities
Physical arousal reactions

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the disaster
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action steps, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulty making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing, and wanting to search for the person who died
- Children are particularly likely to worry that they or a parent might die
- Children may become anxious when separated from caregivers or other loved ones

**What Helps**

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling
What Doesn’t Help

- Using alcohol or drugs to cope
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Violence or conflict
- Overeating or failing to eat
- Excessive TV or computer games
- Blaming others
- Working too much
- Extreme withdrawal from family or friends
- Not taking care of yourself
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Withdrawing from pleasant activities
# Parent Tips for Helping Infants and Toddlers after Disasters

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<tr>
<th>If Your Child</th>
<th>Understand</th>
<th>Ways to Help</th>
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| . . has problems sleeping, doesn’t want to go to bed, won’t sleep alone, wakes up at night screaming. | - When children are scared, they want to be with people who help them feel safe, and they worry when you are not together.  
- If you were separated during the disaster, going to bed alone may remind your child of that separation.  
- Bedtime is a time for remembering because we are not busy doing other things. Children often dream about things they fear and can be scared of going to sleep. | - If you want, let your child sleep with you for now.  
- Have a bedtime routine: a story, a prayer or song, and a security object (every day), so he knows what to expect when you leave. Understand that he is not being unloved. It may take time, but when he feels safer, he will need less help. |
| . . worries something bad will happen to you. (You may also have worries like this.) | - It is natural to have fears like this after being in danger.  
- These fears may be even stronger: if your child was separated from loved ones during the disaster. | - Remind your child and yourself that it’s okay to worry.  
- If you are not safe, talk about how you feel and make plans for staying safe.  
- Make a plan for who would care for your child if something bad happens to you. This may help you worry less.  
- Do positive activities together to help your child feel better. |
| . . cries or complains whenever you leave him, even when you go to the bathroom. . . can’t stand to be away from you. | - Children who cannot yet speak or say how they feel may show their fear by clinging or crying.  
- Goodbyes may remind your child of any separation you had related to the disaster.  
- Children’s bodies react to separations (stomach sinks, heart beats faster). Something inside says, “Oh no, I can’t lose her.”  
- Your child is not trying to manipulate or control you. He is scared.  
- He may also get scared when other people (not just you) leave. Goodbyes make him scared. | - Try to stay with your child and avoid stranger anxiety.  
- For brief separations (store, bathroom), talk about where you will be, why you need to go, and how you will be back.  
- “You’re so scared. Don’t want me gone you didn’t know where I was. Then come back.”  
- For longer separations, have him stay with someone he trusts who knows you will think about him. Leave a special object and call if you can. When you come back, he may not have thought about him, and did come back.  
- Do positive activities together to help your child feel better. |
| . . has problems eating, eats too much or refuses food. | - Stress affects your child in different ways, including her appetite.  
- Eating healthfully is important, but focusing too much on eating can cause stress and tension in your relationship. | - Relax. Usually, as your child’s level of stress and anxiety goes down, his eating habits will return to normal. Don’t force him.  
- Eat together and make meal times fun.  
- Keep healthy snacks around. Young children may need more carbohydrates than normal.  
- If you are worried, or if your child loses weight, consult a pediatrician. |

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*Psychological First Aid - Field Operations Guide*
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| . . is not able to do things he used to do (like use the potty). | • Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned.  
• This is the way young children tell us that they are not okay and need our help.  
• Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive.  
• Your child is not doing this on purpose. | • Avoid criticism. It makes him worried that he is not doing it right.  
• Do not force your child. It creates a power struggle.  
• Instead of focusing on the ability (like not being able to wet the bed), focus on how your child feels. He may feel understood, accepted, loved, and supported.  
• As your child feels safer, he will recover the skill. |
| . . does not talk like he used to. | • It may seem strange, but when children feel unsafe, they often behave in unsafe ways.  
• It is one way of saying, “I need you. Show me I’m important by keeping me safe.” |
| . . is reckless, does dangerous things. | • Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe.  
• Because of what happened, this belief has been damaged, and without it, the world is a scarier place.  
• Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her.  
• It is not your fault—it was the disaster. | • Keep her safe. Calmly go and get her and hug her.  
• Let her know that what she is doing is unsafe and she wouldn’t want anything to happen to her.  
• Show her other more positive ways that she can express her fear.  
• When your child is scared, talk to her about it.  
• If things remind your child of the disaster and things are happening again, help her understand how the disaster (earthquakes, or aftershocks) is different from the disaster.  
• If she talks about monsters, join her in chasing them. Don’t bother my baby. I’m going to tell them I’m scared and go away. Boo, boo.”  
• Your child is too young to understand and needs help, but remind yourself of the good things you have. |
| . . is scared by things that did not scare her before. | • Fear can create nervous energy that stays in our bodies.  
• Adults sometimes pace when worried. Young children run, jump, and fidget.  
• When our minds are stuck on bad things, it is hard to pay attention to other things.  
• Some children are naturally active. | • Help your child to recognize his feelings (feel), but make sure that he is safe.  
• Help your child get rid of nervous energy (emergency breathing deep and slow).  
• Sit with him and do an activity you both enjoy (picture draw). Even if he doesn’t stop running around and talking, you will know he is safe.  
• If your child is naturally active, focus on things that he has to get done, and find activities to help him calm down, help him feel safe, and help. |
| . . seems “hyper,” can’t sit still, and doesn’t pay attention to anything. | • Young children often talk through play. Violent play can be their way of telling us how crazy things were or are, and how they feel inside.  
• When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger). | • If you can tolerate it, listen to your child while you are both calm.  
• As your child plays, notice the feelings he has (anger, fear, sadness) and being there to support him (hugs, sit with him, keep him safe).  
• If he gets overly upset, spaces out, or he plays, help him calm down, help him feel safe, and find activities to help him. |
| . . plays in a violent way.  
. . keeps talking about the disaster and the bad things he saw. | • Fear can create nervous energy that stays in our bodies.  
• Adults sometimes pace when worried. Young children run, jump, and fidget.  
• When our minds are stuck on bad things, it is hard to pay attention to other things.  
• Some children are naturally active. | • Help your child to recognize his feelings (feel), but make sure that he is safe.  
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<td>. . is now very demanding and controlling.</td>
<td>• Between the age of 18 months to 3 years, young children often seem “controlling.”</td>
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<td>. . seems “stubborn” insisting that things be done her way.</td>
<td>• It can be annoying, but it is a normal part of growing up and helps them learn that they are important and can make things happen.</td>
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<td>. . tantrums and is cranky.</td>
<td>• When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying, “Things are so crazy I need control over something.”</td>
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<td>. . yells a lot – more than usual.</td>
<td>• Even before the disaster, your child may have had tantrums. They are a normal part of being little. It’s frustrating when you can’t do things and when you don’t have the words to say what you want or need.</td>
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<td>. . hits you.</td>
<td>• Now, your child has a lot to be upset about (just like you) and may really need to cry and yell.</td>
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<td>. . says “Go away, I hate you!”</td>
<td>• For children, hitting is a way of expressing anger.</td>
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<td>. . says “This is all your fault.”</td>
<td>• When children can hit adults they feel unsafe. It’s scary to be able to hit someone who’s supposed to protect you.</td>
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<td></td>
<td>• Hitting can also come from seeing other people hit each other.</td>
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<td>• The real problem is the disaster and everything that followed, but your child is too little to fully understand that.</td>
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<td></td>
<td>• When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening.</td>
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<td>• You are not to blame, but now is not the time to defend yourself. Your child needs you.</td>
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<td>• Remember what your child has been through and everything he is saying; he’s angry and needs to vent his feelings.</td>
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<td></td>
<td>• Support your child’s feeling of anger, but don’t do or say things that will exacerbate the disaster. “You are really mad. It happened. I’m mad too. I really wish it was me.”</td>
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<td></td>
<td>• Let your child control over small things that she wears or eats, games you play, control over small things, it can make her feel unsafe if she ‘comes to the show.”</td>
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<td>• Cheer her on as she tries new things. Since she can put her shoes on, put a pair in front of her and let her put them on.</td>
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<td>• Remember your child is not controlling; it may be worse right now because she feels unsafe.</td>
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<tr>
<td></td>
<td>• Let your child have control over small things. It can make her feel unsafe if she ‘runs to the show.”</td>
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<td></td>
<td>• Tolerate tantrums more than you usually would, rather than discipline. You might not normally allow crying. If she cries, stay with her and comfort her.</td>
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</table>

**Psychological First Aid - Field Operations Guide**
### Parent Tips for Helping Infants and Toddlers after Disasters

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</table>
| . . doesn’t want to play or do anything. | • Your child needs you. So much has happened and he may be feeling sad and overwhelmed.  
• When children are stressed, some yell and others shut down. Both need their loved ones. | • Sit by your child and keep him close. If you can, give words to his feelings. “I know you’re sad, mad, or worried. ‘It seems like you wonder if you are sad. It’s okay to be sad.”  
• Try to do things with your child, anything: singing, play together). |
| . . seems to not really have any feelings (happy or sad). | • Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad.  
• When you let your child feel sad and provide her with comfort, you help your child even if she remains sad.  
• If you have strong feelings of sadness, it may be good for you to get support. Your child’s well-being is connected to your well-being. | • Allow your child to express feelings of sadness.  
• Help your child name her feelings and accept that way. “I think you’re sad. A lot of people feel that way.”  
• Support your child by sitting with her and honestly spending special time together.  
• Help your child feel hopeful about the future by talking about how your lives will continue and that you will like go for a walk, go to the park or zoo.  
• Take care of yourself. |
| . . cries a lot. | • Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people.  
• If someone close to your child died, your child may show stronger reactions to the disaster.  
• Young children do not understand death, and may think that the person can come back. | • For those that have moved away, help put things back to the same way (for example, sending pictures).  
• Help your child talk about these important people apart from people, we can still have phone calls, remembering and talking about them.  
• Acknowledge how hard it is to not be able to go. “It is sad.”  
• Where someone has died, answer your questions honestly. When strong reactions last longer, talk to a professional. |
| . . misses people you are no longer able to see after the disaster. | • When a disaster brings so much loss to a family and community, it is easy to lose sight of how much the loss of a toy or other important item (blanket) can mean to a child.  
• Grieving for a toy is also your child’s way of grieving for all you had before the disaster. | • Allow your child to express feelings of grief if she misses her lost toy or blanket.  
• If possible, try to find something that would be acceptable and satisfying to a child.  
• Distract your child with other activities. |
| . . misses things you have lost because of the disaster. | | |

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**National Child Traumatic Stress Network**
## Parent Tips for Helping Preschool-Age Children after Disasters

<table>
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<tr>
<th>Reactions/Behavior</th>
<th>Responses</th>
<th>Examples of things that can happen</th>
</tr>
</thead>
</table>
| **Helplessness and passivity:** Young children know they can’t protect themselves. In a disaster, they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated. | - Provide comfort, rest, food, water, and opportunities for play and drawing.  
- Provide ways to turn spontaneous drawing or playing about traumatic events to something that would make them feel safer or better.  
- Reassure your child that you and other grownups will protect them. | - Give your child something to hold in your lap.  
- Make sure there is something for your child to play with.  
- In play, a four year old who is knocked down by a truck and then rolled over by a car can quickly build a doll “Winds won’t get us” and “That wall won’t fall on me.” “We’re doing a lot of playing in your lap.” |
| **General fearfulness:** Young children may become more afraid of being alone, being in the bathroom, going to sleep, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them. | - Be as calm as you can with your child. Try not to voice your own fears in front of your child.  
- Help children regain confidence that you aren’t leaving them and that you can protect them.  
- Remind them that there are people working to keep families safe, and that your family can get more help if you need to.  
- If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time.  
- Give your child ways to communicate their fears to you. | - Be aware when your child talks to others, that you’re expressing fear.  
- Say things such as “You’ll be safe, and a big earthquake now, and a big earthquake now, and we’re in a safe building.”  
- Say, “If you start to get scared, just take my hand. Then we can do something.” |
| **Confusion about danger being over:** Young children can overhear things from adults and older children, or see things on TV, or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away. | - Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using.  
- Find out what other words or explanations they have heard and clarify inaccuracies.  
- If you are at some distance from the danger, it is important to tell your child that the danger is not near you. | - Continue to explain as the danger has passed and the debris is being cleaned up.  
- Draw, or show old photos, of the disaster and how it’s not safe. “See? The danger is over near the fire.”  
- If your child starts to ask questions and then continues to ask about it, don’t criticize or shame. |
<p>| <strong>Returning to earlier behaviors:</strong> Thumb sucking, bedwetting, baby-talk, needing to be in your lap. | - Remain neutral or matter-of-fact, as best you can, as these earlier behaviors may continue a while after the disaster. | - If your child starts to ask questions and then continues to ask about it, don’t criticize or shame. |</p>
<table>
<thead>
<tr>
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<th>Examples of things parents might say</th>
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| **Fears the disaster will return:** When having reminders—seeing, hearing, or otherwise sensing something that reminds them of the disaster. | - Explain the difference between the event and reminders of the event.  
- Protect children from things that will remind them as best you can. | “Even though it’s been a year since the hurricane is here, it’s still smaller and can’t destroy what we can.”
- Keep your child focused on computer stories to work on fears of it happening again. |
| **Not talking:** Being silent or having difficulty saying what is bothering them. | - Put common feelings into words, such as anger, sadness, and worry about the safety of parents, friends, and siblings.  
- Do not force them to talk, but let them know they can talk to you any time. | Draw simple “happy faces” on paper plates to express feelings such as, “Remember the house and you/your family.”  
- Say something like, “It’s okay to feel sad when their home was destroyed.”  
- Provide art or play materials. Then talk about how they felt.  
- “Were you scared?” |
| **Sleep problems:** Fear of being alone at night, sleeping alone, waking up afraid, having bad dreams. | - Reassure your child that he is safe. Spend extra quiet time together at bedtime.  
- Let the child sleep with a dim light on or sleep with you for a limited time.  
- Some might need an explanation of the difference between dreams and real life. | Provide calming bedtime routines.  
- At bedtime say, “What will you do tomorrow?”  
- “Bad dreams can’t happen at the same time.” |
| **Not understanding about death:** Preschool age children don’t understand that death is not reversible. They have “magical thinking” and might believe their thoughts caused the death. The loss of a pet may be very hard on a child. | - Give an age-appropriate consistent explanation—that does not give false hopes—about the reality of death.  
- Don’t minimize feelings over a loss of a pet or a special toy.  
- Take cues from what your child seems to want to know. Answer simply and ask if he has any more questions. | Allow children to cry, talk, and help them find things they enjoy to do.  
- Help them find things that make them feel better.  
- Drawing a happy face and saying a prayer for the pet.  
- “No, Pepper won’t be back, so how do you think you will feel?”  
- “What a silly dog, and it wasn’t your fault, you’re very much.” |
Parent Tips for Helping School-Age Children after Disasters

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<th>Responses</th>
<th>Examples of things</th>
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| Confusion about what happened               | ▪ Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any misinformation that your child has about whether there is a present danger.  
▪ Remind children that there are people working to keep families safe and that your family can get more help if needed.  
▪ Let your children know what they can expect to happen next. | ▪ “I know other kids are coming, but we are here.”  
▪ Continue to answer questions (without getting into specifics)  
▪ Tell them what’s happened and help them deal with issues regarding staying safe. |
| Feelings of being responsible: School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others. | ▪ Provide opportunities for children to voice their concerns to you.  
▪ Offer reassurance and tell them why it was not their fault. | ▪ Take your child aside and say, “I should have been doing more, but it doesn’t mean they should do less.”  
▪ “Remember? The instructions were to save Pepper and it wasn’t you.” |
| Fears of recurrence of the event and reactions to reminders | ▪ Help identify different reminders (people, places, sounds, smells, feelings, time of day) and clarify the difference between the event and the reminders that occur after it.  
▪ Reassure them, as often as they need, that they are safe.  
▪ Protect children from seeing media coverage of the event, as it can trigger fears of the disaster happening again. | ▪ When they recognize the reminders, say, “Try to think back on the day. I am being reminded, but now is safe.”  
▪ “I think we need to talk about this.”  
▪ Try to sit with your child and help them to describe their feelings.  
▪ Clarify any misunderstanding. |
| Retelling the event or playing out the event over and over | ▪ Permit the child to talk and act out these reactions. Let him know that this is normal.  
▪ Encourage positive problem-solving in play or drawing. | ▪ “You’re drawing a different story of what happened. Did you really think that?”  
▪ “It might help to do a bit more playing with your school to be sure.” |

Psychological First Aid - Field Operations Guide
## Parent Tips for Helping School-Age Children after Disasters

<table>
<thead>
<tr>
<th>Reactions</th>
<th>Responses</th>
<th>Examples of things to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of being overwhelmed by their feelings</td>
<td>Provide a safe place for her to express her fears, anger, sadness, etc. Allow children to cry or be sad; don’t expect them to be brave or tough.</td>
<td>“When scary things are happening, it’s okay to feel sad. Would you like to tell me about what you’re feeling right now?”</td>
</tr>
<tr>
<td>Sleep problems: Bad dreams, fear of sleeping alone, demanding to sleep with parents.</td>
<td>Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream.</td>
<td>“That was a scary dream. You are safe now, and good things you did today will keep you safe.”</td>
</tr>
<tr>
<td>Concerms about the safety of themselves and others.</td>
<td>Help them to share their worries and give them realistic information.</td>
<td>Create a “worry box” to help them organize their worries and give them time to look through it.</td>
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<tr>
<td>Altered behavior: Unusually aggressive or restless behavior.</td>
<td>Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration.</td>
<td>“I know you didn’t enjoy that. It must be hard to feel this way.” “How about if we try a new activity to help get our bodies to feel better?”</td>
</tr>
<tr>
<td>Somatic complaints: Headaches, stomachaches, muscle aches for which there seem to be no reason.</td>
<td>Find out if there is a medical reason. If not, provide comfort and assurance that this is normal. Be matter-of-fact with your child; giving these complaints too much attention may increase them.</td>
<td>Make sure the child drinks plenty of water. “How about if we try some stretching to help relieve some muscle tension?”</td>
</tr>
<tr>
<td>Closely watching a parent’s responses and recovery: Not wanting to disturb a parent with their own worries.</td>
<td>Give children opportunities to talk about their feelings, as well as your own. Remain as calm as you can, so as not to increase your child’s worries.</td>
<td>“Yes, my ankle is still tender. The paramedics were worried about seeing me hurt, which is why they kept coming back to check on me.”</td>
</tr>
<tr>
<td>Concern for other survivors and families.</td>
<td>Encourage constructive activities on behalf of others, but do not burden them with undue responsibility.</td>
<td>Help children identify how they can help others who may need it most.</td>
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</tbody>
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**National Child Traumatic Stress Network**
### Parent Tips for Helping Adolescents after Disasters

<table>
<thead>
<tr>
<th>Reactions</th>
<th>Responses</th>
<th>Examples of things</th>
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</table>
| Detachment, shame, and guilt       | • Provide a safe time to discuss with your teen the events and their feelings.  
                                 | • Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done. | “Many teens—and adults—are feeling helpless. Most people say, ‘He can’t have done more. You’re nagging. The firefighters saved as much as they could have done.’” |
| Self-consciousness: About their fears, sense of vulnerability, fear of being labeled abnormal. | • Help teens understand that these feelings are common.  
  • Encourage relationships with family and peers for needed support during the recovery period. | “I was feeling helpless. Most people say, ‘The disaster happened. Don’t worry about yourself, just go outside.’”  
  “My cell phone is always ringing. You see if you can call your friends and see what they’re doing.”  
  “And thanks for being so brave, little sister. She’s really gone through a lot.” |
| Acting out behavior: Using alcohol or drugs, sexually acting out, accident-prone behavior. | • Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened.  
  • Limit access to alcohol and drugs.  
  • Talk about the danger of high-risk sexual activity.  
  • On a time-limited basis, keep a closer watch on where they are going and what they are planning to do. | “Many teens—especially the ones who have low self-control and angry. They think drinking and drugs can somehow solve their problems. It’s very dangerous. It’s not a good idea.”  
  “It’s important during this time that you are assertive with them that this is not all right. Just until things have cooled down.” |
| Fears of recurrence and reactions to reminders | • Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it.  
  • Explain to teens that media coverage of the disaster can trigger fears of it happening again. | “When you’re really upset to yourself, ‘I am going to be reminded, but it has to be me, no hurricane around’ “  
  Suggest, “Watching it on TV might make it worse, but the same images over and over again?” |

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**Psychological First Aid - Field Operations Guide**
## Parent Tips for Helping Adolescents after Disasters

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<tr>
<th>Reactions</th>
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<th>Examples of things</th>
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<tr>
<td>Abrupt shifts in interpersonal relationships: Teens may pull away from</td>
<td>- Explain that the strain on relationships is expectable. Emphasize that everyone needs family and</td>
<td>- Spend more time with your siblings, making sure everyone is doing things they can tolerate.</td>
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<td>parents, family, and even from peers; they may respond strongly to</td>
<td>friends for support during the recovery period.</td>
<td>- You might say, “It’s okay that you’re feeling</td>
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<td>parent’s reactions in the crisis.</td>
<td>- Encourage tolerance for different family members’ courses of recovery.</td>
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<td></td>
<td>- Accept responsibility for your own feelings.</td>
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<td>Radical changes in attitude</td>
<td>Explain that changes in people’s attitudes after a disaster are common, but often return back over</td>
<td>“We are all under stress and scared, angry—even if it seems like it, but we get back to a more</td>
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<tr>
<td>Premature entrance into adulthood: (wanting to leave school, get married)</td>
<td>Encourage postponing major life decisions. Find other ways to make the teens feel more in control.</td>
<td>healthy.”</td>
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<tr>
<td>Concern for other survivors and families</td>
<td>Encourage constructive activities on behalf of others, but do not let them burden themselves with</td>
<td>Help teens to identify appropriate and needed</td>
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<td>undue responsibility.</td>
<td>school supplies for those who need or request them.</td>
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<tr>
<td>Reactions/Behavior</td>
<td>Responses</td>
<td>Examples of things</td>
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| **High anxiety/arousal:** Tension and anxiety are common after disasters. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating, and feel jumpy and nervous. These reactions can include rapid heart beat and sweating. | ▪ Use breathing and/or other relaxation skills.  
▪ Take time during the day to calm yourself through relaxation exercises. These can make it easier to sleep, concentrate, and will give you energy. | ▪ Breathing exercises nose and mouth, and舒服 down to your spine.  
▪ “My body is filled with thoughts, but I can’t get my mind to go.” Do this five times a day as needed. |
| **Concern or shame** over your own reactions. Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame about how they reacted, and feeling guilty about something. It is expectable and understandable to feel many emotions in the aftermath of an extremely difficult event. | ▪ Find a good time to discuss your reactions with a family member or trusted friend.  
▪ Remember that these reactions are common and it takes time for them to subside.  
▪ Correct excessive self-blame with realistic assessment of what actually could have been done. | ▪ When talking with others, ask for help and advice.  
▪ Remind yourself that you are not “at fault” for the disaster.  
▪ If these feelings persist, consider seeking professional help. |
| **Feeling overwhelmed** by tasks that need to be accomplished (housing, food, paperwork for insurance, child care, parenting). | ▪ Identify what your top priorities are.  
▪ Find out what services are available to help get your needs met.  
▪ Make a plan that breaks down the tasks into manageable steps. | ▪ Make a list of your priorities and tackle first. Take on one task at a time.  
▪ Find out which agencies are available to assist and how to access services.  
▪ Where appropriate, contact community and volunteer organizations. |
| Fears of recurrence and reactions to reminders: It is common for survivors to fear that another disaster will occur, and to react to things that are reminders of what happened. | ▪ Be aware that reminders can include people, places, sounds, smells, feelings, time of day.  
▪ Remember that media coverage of the disaster can be a reminder and trigger fears of it happening again. | ▪ When you are reminded of the disaster, but it is not happening again.  
▪ Limit your viewing of the information that sets off your reminders. |
| **Changes in attitude, view of the world and of oneself:** Strong changes in people’s attitudes after a disaster are common, including questioning one’s spiritual beliefs, trust in others and social agencies, and concerns about one’s own effectiveness, and dedication to helping others. | ▪ Postpone any major unnecessary life changes in the immediate future.  
▪ Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness.  
▪ Get involved with community recovery efforts. | ▪ Getting back to a normal life improves decision-making.  
▪ Remind yourself that positive changes have positive effects on your quality of life and feelings.  
▪ Spend your time wisely and efficiently. |
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<tr>
<th>Reactions/Behavior</th>
<th>Responses</th>
<th>Examples of things</th>
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<tr>
<td>Using alcohol and drugs, or engaging in</td>
<td>Understand that using substances and engaging in addictive behaviors can</td>
<td>Remember that substance use behaviors can lead to problems in personal relationships, jobs, and health.</td>
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<td>gambling or high-risk sexual behaviors:</td>
<td>be a dangerous way to cope with what happened.</td>
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<td>Many people feel out of control, scared,</td>
<td>Get information about local support agencies.</td>
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<td>hopeless, or angry after a disaster and</td>
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<td>engage in these behaviors to feel better.</td>
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<td>This can especially be a problem if there</td>
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<td>was pre-existing substance abuse or</td>
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<td>addiction.</td>
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<td>Shifts in interpersonal relationships:</td>
<td>Understand that family and friends are a major form of support during the</td>
<td>Don’t withdraw from your family and friends. They might burden them with the stress of the disaster.</td>
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<td>People may feel differently towards</td>
<td>recovery period.</td>
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<td>family and friends; for example, they</td>
<td>It is important to understand and tolerate different courses of recovery</td>
<td>Ask your friends and family to give you a helping hand instead of just saying “get over it.”</td>
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<td>may feel overprotective and very</td>
<td>among family members.</td>
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<td>concerned for each other’s safety,</td>
<td>Rely on other family members for help with parenting or other daily</td>
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<td>frustrated by the reactions of a family</td>
<td>activities when you are upset or under stress.</td>
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<td>member or friend, or they may feel like</td>
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<td>pulling away from family and friends.</td>
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<td>Excessive anger: Some degree of anger is</td>
<td>Find ways to manage your anger that help you rather than hurt you.</td>
<td>Take time to cool down when you are angry, get physical exercise, and talk to someone who can help you get through it.</td>
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<td>understandable and expected after a</td>
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<td>disaster, especially when something</td>
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<td>Remind yourself that these anger reactions are important.</td>
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<td>feels unfair. However, when it leads to</td>
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<td>If you become violent, contact a professional.</td>
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<td>violent behavior, extreme anger is a</td>
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<td>serious problem.</td>
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<td>Sleep difficulties: Trouble falling</td>
<td>Make sure you have good sleep routines.</td>
<td>Go to sleep at the same time every night. Don’t have caffeine before bedtime.</td>
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<td>asleep and frequent awakening is common</td>
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<td>Reduce alcohol consumption.</td>
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<td>after a disaster, as people are on edge</td>
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<td>Increase daytime sleep.</td>
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<td>and worried about adversities and life</td>
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<td>Relax before bedtime.</td>
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<td>changes.</td>
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<td>Limit daytime naps to no later than 4 pm.</td>
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</tbody>
</table>
Tips for Relaxation

Tension and anxiety are common after disasters. Unfortunately, they can make it more difficult to cope with the many things that must be done to recover. There is no easy solution to coping with post-disaster problems, but taking time during the day to calm yourself through relaxation exercises may make it easier to sleep, concentrate, and have energy for coping with life. These can include muscle relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, prayer, exercise, listening to quiet music, spending time in nature, and so on. Here are some basic breathing exercises that may help:

For Yourself:
1. 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.
2. Silently and gently say to yourself, “My body is filled with calmness.” 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 stomach.
3. Silently and gently say to yourself, “My body is releasing the tension.”
4. Repeat five times slowly and comfortably.
5. Do this as many times a day as needed.

For Children:
Lead a child through a breathing exercise:
1. “Let’s practice a different way of breathing that can help calm our bodies down.
2. Put one hand on your stomach, like this [demonstrate].
3. Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this [demonstrate].
4. Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate].
5. We are going to breathe in really slowly while I count to three. I’m also going to count to three while we breathe out really slowly.
6. Let’s try it together. Great job!”

Make a Game of It:
- Blow bubbles with a bubble wand and dish soap.
- Blow bubbles with chewing gum.
- Blow paper wads or cotton balls across the table.
- Tell a story where the child helps you imitate a character who is taking deep breaths.
Alcohol, Medication, and Drug Use after Disaster

Some people increase their use of alcohol, prescription medications, or other drugs after a disaster. You may feel that using drugs and alcohol helps you escape bad feelings or physical symptoms related to stress responses (for example, headaches, muscle tension). However, they can actually make these worse in the long term because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance. If your use of alcohol or drugs has increased since the disaster or is causing problems for you, it is important for you to reduce your level of use or seek help in gaining control over your use.

- Pay attention to any change in your use of alcohol and/or drugs.
- Correctly use prescription and over-the-counter medications as indicated.
- Eat well, exercise, get enough sleep, and use your family and others for support.
- If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a healthcare professional.
- Consult with a healthcare professional about safe ways to reduce anxiety, depression, muscle tension, and sleep difficulties.
- If you find that you have greater difficulty controlling alcohol/substance use since the disaster, seek support in doing so.
- If you believe you have a problem with substance abuse, talk to your doctor or counselor about it.

If you have had an alcohol, medication, or drug problem in the past

For people who have successfully stopped drinking or using drugs, experiencing a disaster can sometimes result in strong urges to drink or use again. Sometimes it can lead them to strengthen their commitment to recovery. Whatever your experience, it is important to consciously choose to stay in recovery.

- Increase your attendance at substance abuse support groups.
- If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use.
- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby alcohol or drug recovery groups, or ask them to help organize a new support group.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.
- Increase your use of other supports that have helped you avoid relapse in the past.
Appendix F:

- Duplicate Handouts to Copy and Distribute
- For Psychological First Aid Providers
  - Overview of Psychological First Aid
  - Psychological First Aid Worksheets
- Handouts for Survivors
  - Connecting with Others: Seeking Social Support (for adults and adolescents)
  - Connecting with Others: Giving Social Support (for adults and adolescents)
  - When Terrible Things Happen (for adults and adolescents)
  - Parent Tips for Helping Infants and Toddlers (for parents/caregivers)
  - Parent Tips for Helping Preschool-Age Children (for parents/caregivers)
  - Parent Tips for Helping School-Age Children (for parents/caregivers)
  - Parent Tips for Helping Adolescents (for parents/caregivers)
  - Tips for Adults (for adult survivors)
  - Basic Relaxation Techniques (for adults, adolescents, and children)
  - Alcohol and Drug Use after Disasters (for adults and adolescents)
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### Overview of Psychological First Aid

<table>
<thead>
<tr>
<th>Section Headers</th>
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<th>12.</th>
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<th>14.</th>
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</thead>
<tbody>
<tr>
<td>Preparing to Deliver Psychological First Aid</td>
<td>Entering the setting</td>
<td>Providing services</td>
<td>Group settings</td>
<td>Maintain a calm presence</td>
<td>Be sensitive to culture and diversity</td>
<td>Be aware of at-risk populations</td>
<td>Contact and Engagement</td>
<td>Introduce yourself/ask about immediate needs</td>
<td>Confidentiality</td>
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<tr>
<td>Safety and Comfort</td>
<td>Ensure immediate physical safety</td>
<td>Provide information about disaster response activities and services</td>
<td>Attend to physical comfort</td>
<td>Promote social engagement</td>
<td>Attend to children who are separated from their parents/caregivers</td>
<td>Protect from additional traumatic experiences and trauma reminders</td>
<td>Help survivors who have a missing family member</td>
<td>Help survivors when a family member or close friend has died</td>
<td>Attend to grief and spiritual issues</td>
<td>Provide information about casket and funeral issues</td>
<td>Attend to issues related to traumatic grief</td>
<td>Support survivors who receive death notification</td>
<td>Support survivors involved in body identification</td>
<td>Help caregivers confirm body identification to a child or adolescent</td>
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<tr>
<td>Stabilization</td>
<td>Stabilize emotionally overwhelmed survivors</td>
<td>Orient emotionally overwhelmed survivors</td>
<td>The role of medications in stabilization</td>
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<td>Information Gathering: Current Needs and Concerns</td>
<td>Nature and severity of experiences during the disaster</td>
<td>Death of a loved one</td>
<td>Concerns about immediate post-disaster circumstances and ongoing threat</td>
<td>Separations from or concern about the safety of loved ones</td>
<td>Physical illness, mental health conditions, and need for medications</td>
<td>Losses (home, school, neighborhood, business, personal property, and pets)</td>
<td>Extreme feelings of guilt or shame</td>
<td>Thoughts about causing harm to self or others</td>
<td>Availability of social support</td>
<td>Prior alcohol or drug use</td>
<td>Prior exposure to trauma and death of loved ones</td>
<td>Specific youth, adult, and family concerns over developmental impact</td>
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## Overview of Psychological First Aid - continued

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<th>Section Headers</th>
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<td>Practical Assistance</td>
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<td>1. Offering practical assistance to children and adolescents</td>
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<td>2. Identify the most immediate needs</td>
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<td>3. Clarify the need</td>
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<td>4. Discuss an action plan</td>
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<td>5. Act to address the need</td>
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<td>Connection with Social Supports</td>
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<tr>
<td>1. Enhance access to primary support persons (family and significant others)</td>
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<td>2. Encourage use of immediately available support persons</td>
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<td>3. Discuss support-seeking and giving</td>
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<td>4. Special considerations for children and adolescents</td>
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<td>5. Modeling support</td>
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<td>Information on Coping</td>
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<td>1. Provide basic information about stress reactions</td>
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<td>2. Review common psychological reactions to traumatic experiences and losses</td>
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<td>• Intrusive reactions</td>
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<td>• Avoidance and withdrawal reactions</td>
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<td>• Physical arousal reactions</td>
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<td>• Trauma reminders</td>
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<td>• Loss reminders</td>
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<td>• Change reminders</td>
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<td>• Hardships</td>
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<td>• Grief reactions</td>
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<td>• Traumatic grief reactions</td>
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<td>• Depression</td>
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<td>• Physical reactions</td>
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<tr>
<td>3. Talking with children about physical and emotional reactions</td>
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<td>4. Provide basic information on ways of coping</td>
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<tr>
<td>5. Teach simple relaxation techniques</td>
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<td>6. Coping for families</td>
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<td>7. Assist with developmental issues</td>
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<td>8. Assist with anger management</td>
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<td>9. Address highly negative emotions</td>
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<td>10. Help with sleep problems</td>
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<tr>
<td>11. Address alcohol and substance use</td>
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<td>Linkage with Collaborative Services</td>
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<tr>
<td>1. Provide direct link to additional needed services</td>
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<tr>
<td>2. Referrals for children and adolescents</td>
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<td>3. Referrals for older adults</td>
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<tr>
<td>4. Promote continuity in helping relationships</td>
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</tbody>
</table>

National Child Traumatic Stress Network • National Center for PTSD
Survivor Current Needs

Date: _______  Provider: ______________________

Survivor Name: ______________________________

Location: ______________________________________

This session was conducted with (check all that apply):

☐ Child  ☐ Adolescent  ☐ Adult  ☐ Family  ☐ Group

Provider: Use this form to document what the survivor needs most at this time. This form can be used to communicate with referral agencies to help promote continuity of care.

1. Check the boxes corresponding to difficulties the survivor is experiencing.

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Emotional</th>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Extreme disorientation</td>
<td>☐ Acute stress reactions</td>
<td>☐ Headaches</td>
<td>☐ Inability to accept/cope with death of loved one(s)</td>
</tr>
<tr>
<td>☐ Excessive drug, alcohol, or prescription drug use</td>
<td>☐ Acute grief reactions</td>
<td>☐ Stomachaches</td>
<td>☐ Distressing dreams or nightmares</td>
</tr>
<tr>
<td>☐ Isolation/withdrawal</td>
<td>☐ Sadness, tearfulness</td>
<td>☐ Sleep difficulties</td>
<td>☐ Intrusive thoughts or images</td>
</tr>
<tr>
<td>☐ High risk behavior</td>
<td>☐ Irritability, anger</td>
<td>☐ Difficulty eating</td>
<td>☐ Difficulty concentrating</td>
</tr>
<tr>
<td>☐ Regressive behavior</td>
<td>☐ Feeling anxious, fearful</td>
<td>☐ Worsening of health conditions</td>
<td>☐ Difficulty remembering</td>
</tr>
<tr>
<td>☐ Separation anxiety</td>
<td>☐ Despair, hopelessness</td>
<td>☐ Fatigue/exhaustion</td>
<td>☐ Difficulty making decisions</td>
</tr>
<tr>
<td>☐ Violent behavior</td>
<td>☐ Feelings of guilt or shame</td>
<td>☐ Chronic agitation</td>
<td>☐ Preoccupation with death/destruction</td>
</tr>
<tr>
<td>☐ Maladaptive coping</td>
<td>☐ Feeling emotionally numb, disconnected</td>
<td>☐ Other _________</td>
<td>☐ Other _________</td>
</tr>
<tr>
<td>☐ Other _________</td>
<td>☐ Other _________</td>
<td>☐ Other _________</td>
<td>☐ Other _________</td>
</tr>
</tbody>
</table>
2. Check the boxes corresponding to difficulties the survivor is experiencing.
   - [ ] Past or preexisting trauma/psychological problems/substance abuse problems
   - [ ] Injured as a result of the disaster
   - [ ] At risk of losing life during the disaster
   - [ ] Loved one(s) missing or dead
   - [ ] Financial concerns
   - [ ] Displaced from home
   - [ ] Living arrangements
   - [ ] Lost job or school
   - [ ] Assisted with rescue/recovery
   - [ ] Has physical/emotional disability
   - [ ] Medication stabilization
   - [ ] Concerns about child/adolescent
   - [ ] Spiritual concerns
   - [ ] Other: ______________________

3. Please make note of any other information that might be helpful in making a referral.
   __________________________________________________________
   __________________________________________________________

4. Referral
   - [ ] Within project (specify) __________________
   - [ ] Other disaster agencies
   - [ ] Professional mental health services
   - [ ] Medical treatment
   - [ ] Substance abuse treatment
   - [ ] Other community services
   - [ ] Clergy
   - [ ] Other: __________________

5. Was the referral accepted by the individual?
   - [ ] Yes
   - [ ] No
# Provider Worksheets

## Psychological First Aid Components Provided

**Date:** ______  
**Provider:** ________________________  
**Location:** ________________________

This session was conducted with (check all that apply):

- [ ] Child  
- [ ] Adolescent  
- [ ] Adult  
- [ ] Family  
- [ ] Group

Place a checkmark in the box next to each component of Psychological First Aid that you provided in this session.

### Contact and Engagement

- [ ] Initiated contact in an appropriate manner  
- [ ] Asked about immediate needs

### Safety and Comfort

- [ ] Took steps to ensure immediate physical safety  
- [ ] Attended to physical comfort  
- [ ] Attended to a child separated from parents  
- [ ] Assisted with concern over missing loved one  
- [ ] Assisted with acute grief reactions  
- [ ] Attended to spiritual issues regarding death  
- [ ] Provided information about funeral issues  
- [ ] Helped survivors regarding death notification  
- [ ] Gave information about the disaster/risks  
- [ ] Encouraged social engagement  
- [ ] Protected from additional trauma  
- [ ] Assisted after death of loved one  
- [ ] Helped with talking to children about death  
- [ ] Attended to traumatic grief  
- [ ] Helped survivor after body identification  
- [ ] Helped with confirmation of death to child

### Stabilization

- [ ] Helped with stabilization  
- [ ] Gathered information for medication referral for stabilization  
- [ ] Used grounding technique

### Information Gathering

- [ ] Nature and severity of disaster experiences  
- [ ] Concerns about ongoing threat  
- [ ] Physical/mental illness and medications(s)  
- [ ] Extreme guilt or shame  
- [ ] Availability of social support  
- [ ] History of prior trauma and loss  
- [ ] Other ________________________  
- [ ] Death of a family member or friend  
- [ ] Concerns about safety of loved one(s)  
- [ ] Disaster-related losses  
- [ ] Thoughts of harming self or others  
- [ ] Prior alcohol or drug use  
- [ ] Concerns over developmental impact
### Practical Assistance
- Helped to identify most immediate need(s)
- Helped to develop an action plan
- Helped to clarify need(s)
- Helped with action to address the need

### Connection with Social Supports
- Facilitated access to primary support persons
- Modeled supportive behavior
- Helped problem-solve obtaining/giving social support
- Discussed support seeking and giving
- Engaged youth in activities

### Information of Coping
- Gave basic information about stress reactions
- Taught simple relaxation techniques(s)
- Assisted with developmental concerns
- Addressed negative emotions (shame/guilt)
- Addressed substance abuse problems
- Gave basic information on coping
- Helped with family coping issues
- Assisted with anger management
- Helped with sleep problems

### Linkage with Collaborative Services
- Provided link to additional service(s)
- Promoted continuity of care
- Provided handout(s)
Connecting with Others

Seeking Social Support

- Making contact with others can help reduce feeling of distress
- Children and adolescents can benefit from spending some time with similar-age peers
- Connections can be with family, friends, or others who are coping with the same traumatic event

Social Support Options

- Spouse/partner or parents
- Trusted family member
- Close friend
- Clergy
- Doctor or nurse
- Crisis/School counselor or other counselor
- Support group
- Co-worker/Teacher/Coach
- Pet

Do . . .

- Decide carefully whom to talk to
- Decide ahead of time what you want to discuss
- Choose the right time and place
- Start by talking about practical things
- Let others know you need to talk or just to be with them
- Talk about painful thoughts and feelings when you’re ready
- Ask others if it’s a good time to talk
- Tell others you appreciate them listening
- Tell others what you need or how they could help—one main thing that would help you right now

Don’t . . .

- Keep quiet because you don’t want to upset others
- Keep quiet because you’re worried about being a burden
- Assume that others don’t want to listen
- Wait until you’re so stressed or exhausted that you can’t fully benefit from help

Ways to Get Connected

- Calling friends or family on the phone
- Increasing contact with existing acquaintances and friends
- Renewing or beginning involvement in religious group activities
- Getting involved with a support group
- Getting involved in community/school recovery activities
Connecting with Others

Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help those events seem less overwhelming. For others, just spending time with people they feel close to and accepted by, without having to talk, can feel best. Here is some information about giving social support to other people.

Reasons Why People May Avoid Social Support

- Not knowing what they need
- Not wanting to burden others
- Wanting to avoid thinking or feeling about the event
- Feeling embarrassed or “weak”
- Doubting it will be helpful, or that others will understand
- Assuming that others will be disappointed or judgmental
- Fearing they will lose control
- Having tried to get help and feeling that it wasn’t there
- Not knowing where to get help

Good Ways to Give Support

- Show interest, attention, and care
- Show respect for the person’s reactions and ways of coping
- Talk about expectable reactions to disasters, and healthy coping
- Find an uninterrupted time and place to talk
- Acknowledge that this type of stress can take time to resolve
- Express belief that the person is capable of recovery
- Be free of expectations or judgments
- Help brainstorm positive ways to deal with reactions
- Offer to talk or spend time together as many times as is needed
Behaviors That Interfere with Giving Support

- Rushing to tell someone the he/she will be okay or that they should just “get over it”
- Discussing your own personal experiences without listening to the other person’s story
- Stopping people from talking about what is bothering them
- Acting like someone is weak or exaggerating because he or she isn’t coping as well as you are
- Giving advice without listening to the person’s concerns or asking the person what works for him or her
- Telling them they were lucky it wasn’t worse

When Your Support is Not Enough

- Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery.
- Encourage the person to get involved in a support group with others who have similar experiences
- Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany them.
- Enlist help from others in your social circle so that you all take part in supporting the person.
When Terrible Things Happen - What You May Experience

Immediate Reactions

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a disaster. These include:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Negative Responses</th>
<th>Positive Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Confusion, disorientation, worry, intrusive thoughts and images, self-blame</td>
<td>Determination and resolve, sharper perception, courage, optimism, faith</td>
</tr>
<tr>
<td>Emotional</td>
<td>Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame</td>
<td>Feeling involved, challenged, mobilized</td>
</tr>
<tr>
<td>Social</td>
<td>Extreme withdrawal, interpersonal conflict</td>
<td>Social connectedness, altruistic helping behaviors</td>
</tr>
<tr>
<td>Physiological</td>
<td>Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping</td>
<td>Alertness, readiness to respond, increased energy</td>
</tr>
</tbody>
</table>

Common negative reactions that may continue include:

Intrusive reactions

- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“flashback”)

Avoidance and withdrawal reactions

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities
Physical arousal reactions

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the disaster
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action steps, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulty making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing, and wanting to search for the person who died
- Children are particularly likely to worry that they or a parent might die
- Children may become anxious when separated from caregivers or other loved ones

**What Helps**

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling
What Doesn’t Help

- Using alcohol or drugs to cope
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Violence or conflict
- Overeating or failing to eat
- Excessive TV or computer games
- Blaming others
- Working too much
- Extreme withdrawal from family or friends
- Not taking care of yourself
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Withdrawing from pleasant activities
### Parent Tips for Helping Infants and Toddlers after Disasters

<table>
<thead>
<tr>
<th>If Your Child</th>
<th>Understand</th>
<th>Ways to Help</th>
</tr>
</thead>
</table>
| . . . has problems sleeping, doesn’t want to go to bed, won’t sleep alone, wakes up at night screaming. | - When children are scared, they want to be with people who help them feel safe, and they worry when you are not together.  
- If you were separated during the disaster, going to bed alone may remind your child of that separation.  
- Bedtime is a time for remembering because we are not busy doing other things. Children often dream about things they fear and can be scared of going to sleep. | - If you want, let your child sleep with you for now.  
- Have a bedtime routine: a story, a prayer, a bath (every day), so he knows what to expect.  
- Hold him and tell him that he is safe, that you will take time, but when he feels safer, he will leave. Understand that he is not being difficult; he just needs to feel safe. |
| . . . worries something bad will happen to you. (You may also have worries like this.) | - It is natural to have fears like this after being in danger.  
- These fears may be even stronger: if your child was separated from loved ones during the disaster. | - Remind your child and yourself that it’s okay to be scared.  
- If you are not safe, talk about how you feel.  
- Make a plan for who would care for your child if something happened to you. This may help you worry less about him.  
- Do positive activities together to help him feel better. |
| . . . cries or complains whenever you leave him, even when you go to the bathroom. . . . can’t stand to be away from you. | - Children who cannot yet speak or say how they feel may show their fear by clinging or crying.  
- Goodbyes may remind your child of any separation you had related to the disaster.  
- Children’s bodies react to separations (stomach sinks, heart beats faster). Something inside says, “Oh no, I can’t lose her.”  
- Your child is not trying to manipulate or control you. He is scared.  
- He may also get scared when other people (not just you) leave. Goodbyes make him scared. | - Try to stay with your child and avoid separations.  
- For brief separations (store, bathroom), feelings and linking them to what he hears about you love him and that this goodbye is over. “You’re so scared. You don’t want me gone you didn’t know where I was. That’s okay back.”  
- For longer separations, have him stay where you are going and why, and when you know you will think about him. Leave a note and call if you can. When you come back, think about him, and did come back and over. |
| . . . has problems eating, eats too much or refuses food. | - Stress affects your child in different ways, including her appetite.  
- Eating healthfully is important, but focusing too much on eating can cause stress and tension in your relationship. | - Relax. Usually, as your child’s level of stress returns to normal, his habits will return to normal. Don’t force feeding.  
- Eat together and make meal times fun.  
- Keep healthy snacks around. Young children often feel better with something in their mouth.  
- If you are worried, or if your child loses weight, consult a pediatrician. |
## Parent Tips for Helping Infants and Toddlers after Disasters

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<tr>
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</table>
| . . . is not able to do things he used to do (like use the potty). | - Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned.  
- This is the way young children tell us that they are not okay and need our help.  
- Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive.  
- Your child is not doing this on purpose. | - Avoid criticism. It makes him worried that he will lose your love.  
- Do not force your child. It creates a power struggle.  
- Instead of focusing on the ability (like not being able to wet the bed again), focus on how your child feels.  
- As your child feels safer, he will recover his ability. |
| . . . does not talk like he used to. | - It may seem strange, but when children feel unsafe, they often behave in unsafe ways.  
- It is one way of saying, “I need you. Show me I’m important by keeping me safe.” | - Keep her safe. Calmly go and get her and bring her back.  
- Let her know that what she is doing is unsafe and that you wouldn’t want anything to happen to her.  
- Show her other more positive ways that she can express herself. |
| . . . is reckless, does dangerous things. | - Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe.  
- Because of what happened, this belief has been damaged, and without it, the world is a scarier place.  
- Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her.  
- It is not your fault—it was the disaster. | - When your child is scared, talk to her about it.  
- If things remind your child of the disaster and she is having a hard time getting them out of her mind (like an earthquake or aftershocks) is different from the disaster.  
- If she talks about monsters, join her in chasing them.  
- Don’t bother my baby. I’m going to tell them to stop being scared and go away. Boo, boo.”  
- Your child is too young to understand and needs to make sense of what happened, but remind yourself of the good things you are doing. |
| . . . is scared by things that did not scare her before. | - Fear can create nervous energy that stays in our bodies.  
- Adults sometimes pace when worried. Young children run, jump, and fidget.  
- When our minds are stuck on bad things, it is hard to pay attention to other things.  
- Some children are naturally active. | - Help your child to recognize his feelings (Hug him, say “I know that he is safe.”)  
- Help your child get rid of nervous energy (Hug him, sit with him and do an activity you both enjoy—like drawing). Even if he doesn’t stop running around, he has to get things done, and find activities he likes.  
- If your child is naturally active, focus on the activity that he has to get things done, and find activities that he likes. |
| . . . seems “hyper,” can’t sit still, and doesn’t pay attention to anything. | - Young children often talk through play. Violent play can be their way of telling us how crazy things were and how they feel inside.  
- When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger). | - If you can tolerate it, listen to your child while he is talking.  
- As your child plays, notice the feelings he has and where he is feeling and being there to support him (hold onto his hand, help him calm down, help him feel safe, and help). |
| . . . plays in a violent way. | - Young children often talk through play. Violent play can be their way of telling us how crazy things were and how they feel inside.  
- When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger). | |
<table>
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<tbody>
<tr>
<td>. . is now very demanding and controlling.</td>
<td>- Between the age of 18 months to 3 years, young children often seem “controlling.”</td>
<td>- Remember your child is not controlling now because it may be worse right now because she feels scared.</td>
</tr>
<tr>
<td>. . seems “stubborn” insisting that things be done her way.</td>
<td>- It can be annoying, but it is a normal part of growing up and helps them learn that they are important and can make things happen.</td>
<td>- Let your child have control over small things that she wears or eats, games you play.</td>
</tr>
<tr>
<td>. . tantrums and is cranky.</td>
<td>- When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying, “Things are so crazy I need control over something.”</td>
<td>- Cheer her on as she tries new things. Star a game when she can put her shoes on, put a puzzle together.</td>
</tr>
<tr>
<td>. . yells a lot – more than usual.</td>
<td>- Even before the disaster, your child may have had tantrums. They are a normal part of being little. It’s frustrating when you can’t do things and when you don’t have the words to say what you want or need.</td>
<td>- Let him know you understand how hard it is and you’re mad.”</td>
</tr>
<tr>
<td>. . hits you.</td>
<td>- Now, your child has a lot to be upset about (just like you) and may really need to cry and yell.</td>
<td>- Tolerate tantrums more than you usually do rather than discipline. You might not feel normal. If he cries or yells, stay with him, show that you’re there for him. Reasonable limits should be frequent or are extreme.</td>
</tr>
<tr>
<td>. . says “Go away, I hate you!”</td>
<td>- For children, hitting is a way of expressing anger.</td>
<td>- Each time your child hits, let her know, “no hands, so she can’t hit, have her sit down.”</td>
</tr>
<tr>
<td>. . says “This is all your fault.”</td>
<td>- When children can hit adults they feel unsafe. It’s scary to be able to hit someone who’s supposed to protect you.</td>
<td>- If she is old enough, give her the words she needs to do. Tell her, “Use your words.”</td>
</tr>
<tr>
<td>. . .</td>
<td>- Hitting can also come from seeing other people hit each other.</td>
<td>- Help her express anger in another ways (pet,画画).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If you are having conflict with other adults, take this private, away from where your child can talk with a friend or professional about it.</td>
</tr>
<tr>
<td>. . says “I hate you!”</td>
<td>- The real problem is the disaster and everything that followed, but your child is too little to fully understand that.</td>
<td>- Remember what your child has been through and everything he is saying; he’s angry and working through feelings.</td>
</tr>
<tr>
<td></td>
<td>- When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening.</td>
<td>- Support your child’s feeling of anger, but do not react towards the disaster. “You are really mad because it happened. I’m mad too. I really wish it didn’t.”</td>
</tr>
<tr>
<td></td>
<td>- You are not to blame, but now is not the time to defend yourself. Your child needs you.</td>
<td>- Mommys can’t make hurricanes not happen.”</td>
</tr>
</tbody>
</table>

**Psychological First Aid - Field Operations Guide**
<table>
<thead>
<tr>
<th>If Your Child</th>
<th>Understand</th>
<th>Ways to Help</th>
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| doesn’t want to play or do anything.           | • Your child needs you. So much has happened and he may be feeling sad and overwhelmed.  
• When children are stressed, some yell and others shut down. Both need their loved ones. | • Sit by your child and keep him close.  
• If you can, give words to his feelings. “I see you are sad, mad, or worried. “It seems like you wonder if you are sad. It’s okay to be sad.”  
• Try to do things with your child, anything singing, play together). |
| seems to not really have any feelings (happy or sad). | • Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad.  
• When you let your child feel sad and provide her with comfort, you help your child even if she remains sad.  
• If you have strong feelings of sadness, it may be good for you to get support. Your child’s well-being is connected to your well-being. | • Allow your child to express feelings of sadness.  
• Help your child name her feelings and why she feels that way. “I think you’re sad. A lot of us feel that way when things are hard.”  
• Support your child by sitting with her and talking about it.  
• Spend special time together.  
• Help your child feel hopeful about the future and the fact that your lives will continue and that you will like go for a walk, go to the park or zoo.  
• Take care of yourself. |
| cries a lot.                                   | • Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people.  
• If someone close to your child died, your child may show stronger reactions to the disaster.  
• Young children do not understand death, and may think that the person can come back. | • For those that have moved away, help your child stay in touch in some way (for example, sending pictures and letters).  
• Help your child talk about these important people apart from people, we can still have parents remember and talk about them.  
• Acknowledge how hard it is to not be around someone.  
• It is sad.  
• Where someone has died, answer your child’s questions honestly. When strong reactions last longer than a month, seek help from a professional. |
| misses people you are no longer able to see after the disaster. | • When a disaster brings so much loss to a family and community, it is easy to lose sight of how much the loss of a toy or other important item (blanket) can mean to a child.  
• Grieving for a toy is also your child’s way of grieving for all you had before the disaster. | • Allow your child to express feelings of loss.  
• If possible, try to find something that would be acceptable and satisfying.  
• Distract your child with other activities. |
<p>| misses things you have lost because of the disaster. |                                                                     |                                                                                                 |</p>
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<th>Examples of things saying/doing</th>
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| **Helplessness and passivity:** Young children know they can’t protect themselves. In a disaster, they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated. | • Provide comfort, rest, food, water, and opportunities for play and drawing.  
• Provide ways to turn spontaneous drawing or playing about traumatic events to something that would make them feel safer or better.  
• Reassure your child that you and other grownups will protect them. | • Give your child many toys to play with.  
• Make sure there is a place to play in your yard.  
• In play, a four-year-old who is knocked down by a tree can be reassured by you that it is safe to continue playing.  
• “Winds won’t get me, because I’m with my family.”  
• “That wall is strong. It will keep us safe.”  
• “We’re doing a lot of fun things.” |
| **General fearfulness:** Young children may become more afraid of being alone, being in the bathroom, going to bed, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them. | • Be as calm as you can with your child. Try not to voice your own fears in front of your child.  
• Help children regain confidence that you aren’t leaving them and that you can protect them.  
• Remind them that there are people working to keep families safe, and that your family can get more help if you need to.  
• If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time.  
• Give your child ways to communicate their fears to you. | • Be aware when your child starts to talk to others, that you are trying to be reassuring and expressing fear.  
• Say things such as “The earthquake now is not going to hurt us. We make sure we are safe.”  
• Say, “If you start to feel scared, just take my hand. Then we can go somewhere safer.” |
| **Confusion about the danger being over.** Young children can overhear things from adults and older children, or see things on TV, or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away. | • Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using.  
• Find out what other words or explanations they have heard and clarify inaccuracies.  
• If you are at some distance from the danger, it is important to tell your child that the danger is not near you. | • Continue to explain that the danger has passed and that it is safe. “See? The danger is not near us. We’re way over here.”  
• Draw, or show on TV, what the disaster was like.  
• “Look, that’s where it happened. But this is safe.” |
<p>| <strong>Returning to earlier behaviors:</strong> Thumb sucking, bed-wetting, baby-talk, needing to be in your lap. | • Remain neutral or matter-of-fact, as best you can, as these earlier behaviors may continue a while after the disaster. | • If your child starts to wet the bed again, give him or her a new sheet and linens without criticizing or shaming. |</p>
<table>
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<th>Reactions/Behavior</th>
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<tbody>
<tr>
<td>Fears the disaster will return:</td>
<td>Explain the difference between the event and reminders of the event.</td>
<td>“Even though it’s the hurricane is here, it is smaller and can’t hurt you.”</td>
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<td></td>
<td>Protect children from things that will remind them as best you can.</td>
<td>Keep your child from computer stories and fears of it happening.</td>
</tr>
<tr>
<td>Not talking: Being silent or</td>
<td>Put common feelings into words, such as anger, sadness, and worry about the</td>
<td>Draw simple “hard” to explain on paper plate. Such as, “Remember, you have to</td>
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<tr>
<td>having difficulty saying what is</td>
<td>safety of parents, friends, and siblings.</td>
<td>the house and you have to go.”</td>
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<td>bothering them.</td>
<td>Do not force them to talk, but let them know they can talk to you any time.</td>
<td>Say something like, “Remember what you were doing when their home was being</td>
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<td>repaired.”</td>
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<td>Sleep problems: Fear of being</td>
<td>Reassure your child that he is safe. Spend extra quiet time together at</td>
<td>Provide calming bedtime stories and a favorite story with your child.</td>
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<td>alone at night, sleeping alone,</td>
<td>bedtime.</td>
<td>At bedtime say, “No, Pepper won’t run away and tomorrow you will have to help</td>
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<tr>
<td>waking up afraid, having bad</td>
<td>Let the child sleep with a dim light on or sleep with you for a limited</td>
<td>“Bad dreams come about being scared happening.”</td>
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<td>dreams.</td>
<td>time.</td>
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<tr>
<td>Not understanding about death:</td>
<td>Give an age-appropriate consistent explanation—that does not give false</td>
<td>Allow children to have religious grieving.</td>
</tr>
<tr>
<td>Preschool age children don’t</td>
<td>hope about what the death was.</td>
<td>Help them find the silver lining.</td>
</tr>
<tr>
<td>understand that death is not</td>
<td>Don’t minimize feelings over a loss of a pet or a special toy.</td>
<td>“No, Pepper was sleeping and it wasn’t you, you were very much.”</td>
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<td>reversible. They have “magical</td>
<td>Take cues from what your child seems to want to know. Answer simply and ask</td>
<td></td>
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<tr>
<td>thinking” and might believe</td>
<td>if he has any more questions.</td>
<td></td>
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<tr>
<td>their thoughts caused the death.</td>
<td></td>
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<tr>
<td>The loss of a pet may be very</td>
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<tr>
<td>hard on a child.</td>
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## Parent Tips for Helping School-Age Children after Disasters

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<tr>
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</table>
| Confusion about what happened                 | ▪ Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any misinformation that your child has about whether there is a present danger.  
▪ Remind children that there are people working to keep families safe and that your family can get more help if needed.  
▪ Let your children know what they can expect to happen next.  | ▪ “I know other kids are coming, but we are coming.  
▪ Continue to answer questions (without getting into details about family is safe.  
▪ Tell them what’s happening next.  |
| Feelings of being responsible: School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others. | ▪ Provide opportunities for children to voice their concerns to you.  
▪ Offer reassurance and tell them why it was not their fault.  | ▪ Take your child aside and say, “I think I should have been able to save Pepper and invited you. But I didn’t. Remember? The light.  
▪ “Remember? The lights went out.”  
▪ “Remember? The lights sailed the wrong way.”  |
| Fears of recurrence of the event and reactions to reminders | ▪ Help identify different reminders (people, places, sounds, smells, feelings, time of day) and clarify the difference between the event and the reminders that occur after it.  
▪ Reassure them, as often as they need, that they are safe.  
▪ Protect children from seeing media coverage of the event, as it can trigger fears of the disaster happening again.  | ▪ When they recognize a reminder, say, “Try to think again. Is it? Is it? I am being reminded of the rain. Yes, it is raining, but now I am safe.”  
▪ “I think we need to go back inside.”  
▪ Try to sit with your child to describe the event. Clarify any misinformation.  |
| Retelling the event or playing out the event over and over | ▪ Permit the child to talk and act out these reactions. Let him know that this is normal.  
▪ Encourage positive problem-solving in play or drawing.  | ▪ “You’re drawing a picture. Did you see that?”  
▪ “It might help to do that again.”  |

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<tr>
<td>Fear of being overwhelmed by their feelings</td>
<td>▪ Provide a safe place for her to express her fears, anger, sadness, etc. Allow children to cry or be sad; don’t expect them to be brave or tough.</td>
<td>▪ “When scary things like feelings, like being scared, are coming out of your head, it’s okay to feel sad. Would you like some extra hugs and help?”</td>
</tr>
</tbody>
</table>
| Sleep problems: Bad dreams, fear of sleeping alone, demanding to sleep with parents. | ▪ Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream.  
  ▪ Temporary sleeping arrangements are okay, make a plan with your child to return to normal sleeping habits.                                                                 | ▪ “That was a scary dream. Good things you can do are coming back to you when you wake up. You can stay in bed a few more nights. After this, you in your bed by yourself won’t be scared again, we can sleep in your bed.” |
| Concerns about the safety of themselves and others. | ▪ Help them to share their worries and give them realistic information.                                                                                                                                 | ▪ Create a “worry box” where children can put their worries so that they can deal with them at a later time.  
  ▪ “I know you didn’t like it, but we need to figure it out with answers to questions.”                                                                 |
## Parent Tips for Helping Adolescents after Disasters

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| Detachment, shame, and guilt                   | ▪ Provide a safe time to discuss with your teen the events and their feelings.  
▪ Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done. | ▪ “Many teens—and adults—blame themselves and blaming themselves won’t help. You’ve already done more. You’re not the only one.”  
▪ “The firefighters said you did all you could have done.” |
| Self-consciousness: About their fears, sense of vulnerability, fear of being labeled abnormal | ▪ Help teens understand that these feelings are common.  
▪ Encourage relationships with family and peers for needed support during the recovery period. | ▪ “I was feeling pretty helpless. Most people said, ‘It’s just being outside.’”  
▪ “My cell phone is ringing. You see if you can get what’s going on and who’s doing.”  
▪ “And thanks for picking up my little sister. She’s been through a lot.” |
| Acting out behavior: Using alcohol or drugs, sexually acting out, accident-prone behavior | ▪ Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened.  
▪ Limit access to alcohol and drugs.  
▪ Talk about the danger of high-risk sexual activity.  
▪ On a time-limited basis, keep a closer watch on where they are going and what they are planning to do. | ▪ “Many teens—and adults—think it’s a way to express control and angry feelings for the things that are happening to them. They think drinking and doing drugs somehow. It’s very dangerous and it’s not a good idea.”  
▪ “It’s important to let them know what the danger of high-risk sexual activity is, what it is, and how it affects them.”  
▪ “Many teens—and adults—think it’s just until things get better, but they go on for a long time.” |
| Fears of recurrence and reactions to reminders  | ▪ Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it.  
▪ Explain to teens that media coverage of the disaster can trigger fears of it happening again. | ▪ “When you’re reminded of the event, it’s normal to feel scared, but you need to talk to someone about it.”  
▪ “When you’re reminded of the event, it’s normal to feel scared, but you need to talk to someone about it.”  
▪ “Watching repeatedly can make it worse, but it’s also helping you to get it off your mind.” |

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| Abrupt shifts in interpersonal relationships: Teens may pull away from parents, family, and even from peers; they may respond strongly to parent’s reactions in the crisis. | ▪ Explain that the strain on relationships is expectable. Emphasize that everyone needs family and friends for support during the recovery period.  
▪ Encourage tolerance for different family members’ courses of recovery.  
▪ Accept responsibility for your own feelings. | ▪ Spend more time with family; they’re all trying to go back to normal, given what we’re handling this thing we have each other.  
▪ “You might say, “I’m sorry, when your brother woke you up this morning and you know I didn’t know.  
▪ “I want to apologize to you for not being there when you woke up this morning and I need to calm myself.” |
| Radical changes in attitude | ▪ Explain that changes in people’s attitudes after a disaster are common, but often return back over time. | “We are all under stress, so we all live anxious, scared, angry—eventually will we do it like we feel like it, but we get back to a normal life.” |
| Premature entrance into adulthood: (wanting to leave school, get married). | ▪ Encourage postponing major life decisions. Find other ways to make the teen feel more in control. | “I know you’re thinking about leaving school and getting a job, but don’t make big changes. Take time is not a great time to change.” |
| Concern for other survivors and families | ▪ Encourage constructive activities on behalf of others, but do not let them burden themselves with undue responsibility. | ▪ Help teens to identify appropriate and necessary tasks from school groups and supplies for those in need.” |
## Tips for Adults

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<tr>
<td><strong>High anxiety/arousal:</strong> Tension and anxiety are common after disasters. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating, and feel jumpy and nervous. These reactions can include rapid heart beat and sweating.</td>
<td>- Use breathing and/or other relaxation skills.</td>
<td>- Breathing exercises. Nose and comfort down to your story.</td>
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<td></td>
<td>- Take time during the day to calm yourself through relaxation exercises. These can make it easier to sleep, concentrate, and will give you energy.</td>
<td>“My body is filled with fear going through your mouth silently saying to go.” Do this five times a day as needed.</td>
</tr>
<tr>
<td><strong>Concern or shame over your own reactions:</strong> Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame about how they reacted, and feeling guilty about something. It is expectable and understandable to feel many emotions in the aftermath of an extremely difficult event.</td>
<td>- Find a good time to discuss your reactions with a family member or trusted friend.</td>
<td>- When talking-write down and place, and ask feelings.</td>
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<td>- Remember that these reactions are common and it takes time for them to subside.</td>
<td>- Remind yourself that you are not “at fault for the disaster.”</td>
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<td>- Correct excessive self-blame with realistic assessment of what actually could have been done.</td>
<td>- If these feelings persist, you may wish to seek professional help.</td>
</tr>
<tr>
<td><strong>Feeling overwhelmed by tasks that need to be accomplished:</strong> housing, food, paperwork for insurance, child care, parenting.</td>
<td>- Identify what your top priorities are.</td>
<td>- Make a list of your tasks and tackle first. Take one at a time.</td>
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<td>- Find out what services are available to help get your needs met.</td>
<td>- Find out which agency can help and how to access them.</td>
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<td>- Make a plan that breaks down the tasks into manageable steps.</td>
<td>- Where appropriate, and community for assistance.</td>
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<tr>
<td><strong>Fears of recurrence and reactions to reminders:</strong> It is common for survivors to fear that another disaster will occur, and to react to things that are reminders of what happened.</td>
<td>- Be aware that reminders can include people, places, sounds, smells, feelings, time of day.</td>
<td>- When you are reminded “I am upset because the disaster, but it is not happening again.”</td>
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<td>- Remember that media coverage of the disaster can be a reminder and trigger fears of it happening again.</td>
<td>- Limit your viewing of the information that triggers fears.</td>
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<tr>
<td><strong>Changes in attitude, view of the world and of oneself:</strong> Strong changes in people’s attitudes after a disaster are common, including questioning one’s spiritual beliefs, trust in others and social agencies, and concerns about one’s own effectiveness, and dedication to helping others.</td>
<td>- Postpone any major unnecessary life changes in the immediate future.</td>
<td>- Getting back to a normal life can improve decision-making.</td>
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<td>- Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness.</td>
<td>- Remind yourself to divide time you spend your time and effort to the future.</td>
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<td>- Get involved with community recovery efforts.</td>
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| **Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors:** Many people feel out of control, scared, hopeless, or angry after a disaster and engage in these behaviors to feel better. This can especially be a problem if there was pre-existing substance abuse or addiction. | - Understand that using substances and engaging in addictive behaviors can be a dangerous way to cope with what happened.  
- Get information about local support agencies.                                                                                       | - Remember that such behaviors can lead to strained relationships, job loss, and worsened overall functioning. |
| **Shifts in interpersonal relationships:** People may feel differently towards family and friends; for example, they may feel overprotective and very concerned for each other’s safety, frustrated by the reactions of a family member or friend, or they may feel like pulling away from family and friends. | - Understand that family and friends are a major form of support during the recovery period.  
- It is important to understand and tolerate different courses of recovery among family members.  
- Rely on other family members for help with parenting or other daily activities when you are upset or under stress. | - Don’t withdraw from friends or family; this might burden them.  
- Disasters turn ordinary problems into crisis situations.  
- Ask your friends not just to help, but to “be there” as a helping hand.  
- Say, “We’re crabbier, but we’re getting through. I think we’re doing it. It’s a good thing we have each other.” |
| **Excessive anger:** Some degree of anger is understandable and expected after a disaster, especially when something feels unfair. However, when it leads to violent behavior, extreme anger is a serious problem. | - Find ways to manage your anger that help you rather than hurt you.                                                                                                                                   | - Take time to cool down.  
- If you are feeling angry, talk to someone who can help you get perspective.  
- Get physical activity.  
- Remind yourself that your loved ones need your support in time of crisis.  
- If you become violent, get help. |
| **Sleep difficulties:** Trouble falling asleep and frequent awakening is common after a disaster, as people are on edge and worried about adversities and life changes. | - Make sure you have good sleep routines.                                                                                                                                                    | - Go to sleep at the same time every night.  
- Avoid drinking alcohol or using drugs.  
- Reduce alcohol consumption.  
- Increase daytime exercise.  
- Relax before bedtime.  
- Limit daytime naps to less than 4 pm. |
Tips for Relaxation

Tips for Relaxation

Tension and anxiety are common after disasters. Unfortunately, they can make it more difficult to cope with the many things that must be done to recover. There is no easy solution to coping with post-disaster problems, but taking time during the day to calm yourself through relaxation exercises may make it easier to sleep, concentrate, and have energy for coping with life. These can include muscle relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, prayer, exercise, listening to quiet music, spending time in nature, and so on. Here are some basic breathing exercises that may help:

For Yourself:

1. 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.
2. Silently and gently say to yourself, “My body is filled with calmness.” 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 stomach.
3. Silently and gently say to yourself, “My body is releasing the tension.”
4. Repeat five times slowly and comfortably.
5. Do this as many times a day as needed.

For Children:

Lead a child through a breathing exercise:

1. “Let’s practice a different way of breathing that can help calm our bodies down.
2. Put one hand on your stomach, like this [demonstrate].
3. Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this [demonstrate].
4. Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate].
5. We are going to breathe in really slowly while I count to three. I’m also going to count to three while we breathe out really slowly.
6. Let’s try it together. Great job!”

Make a Game of It:

- Blow bubbles with a bubble wand and dish soap.
- Blow bubbles with chewing gum.
- Blow paper wads or cotton balls across the table.
- Tell a story where the child helps you imitate a character who is taking deep breaths.
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Alcohol, Medication, and Drug Use after Disaster

Some people increase their use of alcohol, prescription medications, or other drugs after a disaster. You may feel that using drugs and alcohol helps you escape bad feelings or physical symptoms related to stress responses (for example, headaches, muscle tension). However, they can actually make these worse in the long term because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance. If your use of alcohol or drugs has increased since the disaster or is causing problems for you, it is important for you to reduce your level of use or seek help in gaining control over your use.

- Pay attention to any change in your use of alcohol and/or drugs.
- Correctly use prescription and over-the-counter medications as indicated.
- Eat well, exercise, get enough sleep, and use your family and others for support.
- If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a healthcare professional.
- Consult with a healthcare professional about safe ways to reduce anxiety, depression, muscle tension, and sleep difficulties.
- If you find that you have greater difficulty controlling alcohol/substance use since the disaster, seek support in doing so.
- If you believe you have a problem with substance abuse, talk to your doctor or counselor about it.

If you have had an alcohol, medication, or drug problem in the past

For people who have successfully stopped drinking or using drugs, experiencing a disaster can sometimes result in strong urges to drink or use again. Sometimes it can lead them to strengthen their commitment to recovery. Whatever your experience, it is important to consciously choose to stay in recovery.

- Increase your attendance at substance abuse support groups.
- If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use.
- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby alcohol or drug recovery groups, or ask them to help organize a new support group.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.
- Increase your use of other supports that have helped you avoid relapse in the past.