

PSYCHOLOGICAL FIRST AID

Medical Reserve Corps Facilitator's Guide

National Child Traumatic Stress Network

National Center for PTSD

NCTSN

The National Child
Traumatic Stress Network



NACCHO
National Association of County & City Health Officials



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Facilitator Introduction and Preparation

Introduction

This course provides comprehensive instruction in the preparation, knowledge, and skills needed to deliver state-of-the-art training in Psychological First Aid (PFA) to disaster response workers. PFA is an evidence-informed intervention for assisting children, adults, and families in the early aftermath of disaster and terrorism. It is designed to reduce the initial distress caused by disasters and to foster short- and long-term adaptive functioning. Participants will actively learn and practice facilitation skills needed for effective delivery of PFA training.

Psychological First Aid is intended not only for the mental health professional, but also for a wide range of disaster response workers who provide early assistance to survivors. PFA providers may be imbedded in a variety of response units, such as first responder teams, primary and emergency health care teams, school crisis response teams, faith-based organizations, and other disaster relief agencies and organizations.

The Psychological First Aid version used for this training is the Medical Reserve Corps (MRC) adaptation which has been approved by the US Surgeon General. There are other adaptations of PFA, including versions for community religious professionals and for schools. For the development of this version of PFA, the National MRC Mental Health Work Group reviewed the disaster field and, working with the National Child Traumatic Stress Network and the National Center for PTSD, developed the MRC adaptation. It is the Work Group recommendation that Psychological First Aid be adopted as the standard model of mental health intervention in early response to disasters and other traumatic events.

Psychological First Aid Facilitator's Course Goal

The goal of this course is for facilitators to master the Psychological First Aid course material in order to train providers to understand how and when to provide PFA in the aftermath of disasters.

Learning Objectives

Upon successful completion of the Psychological First Aid Facilitator's course, participants will be able to:

- Identify the basic objectives and intervention strategies of Psychological First Aid
- Appreciate the importance of providing Psychological First Aid in the aftermath of disaster
- Gain skills needed to train providers in the implementation of the intervention strategies of Psychological First Aid
- Facilitate exercises and role plays to enhance providers' skills in delivering Psychological First Aid
- Guide PFA providers in applying Psychological First Aid in diverse settings and with different populations
- Identify ways to enhance provider care before, during, and after disaster work

Training Materials

In order to deliver training on Psychological First Aid, you will need the following materials:

- *Psychological First Aid Field Operations Guide*
- *Psychological First Aid Training Facilitator's Guide*
- Psychological First Aid Training PowerPoint slide deck
- *Responding to Crisis In the Aftermath of Disasters* DVD set
 - Disc One: Acute grief (Brief) (Adult) 5:07
 - Disc One: Relaxation/breathing (Adult) 5:02
 - Disc Two: Trauma reminders (Brief) (Child) 5:52
- Psychological First Aid Activity Handouts
- Psychological First Aid Post-Test
- Psychological First Aid Evaluation Form
- Psychological First Aid Certificate of Completion

Requirements for Effectively Facilitating the Course

To effectively facilitate the Psychological First Aid course:

- Use two facilitators to increase participant interest and decrease facilitator fatigue. Have facilitators alternate modules rather than slides.
- Read the Facilitator Introduction and Preparation section of the Facilitator's Guide three weeks before the scheduled training date and perform the recommended steps.
- Completely review the contents of the Facilitator's Guide.
- Completely review and have a thorough knowledge of the material contained within the Psychological First Aid Field Operations Guide.
- Review the Psychological First Aid training PowerPoint slide deck.
- Be skilled in group facilitation.
- Be prepared to respond to questions about the material.
- Have a clear understanding of what is to be accomplished during the training and the facilitation process.
- Complete the PFA Train-the-Trainer Course.

How to Use the Facilitator's Guide

The Psychological First Aid Facilitator's Guide gives you a step-by-step process to help you deliver and facilitate the Psychological First Aid training. Read through the Facilitator's Guide carefully and well in advance of the scheduled training date.

You will notice that the Facilitator's Guide:

- Contains all content needed for each lesson
- Contains a lesson flow chart for the training
- Defines the learning objectives for the participants
- Guides you in implementing the instructor-led training and activities, as well as in presenting the videos

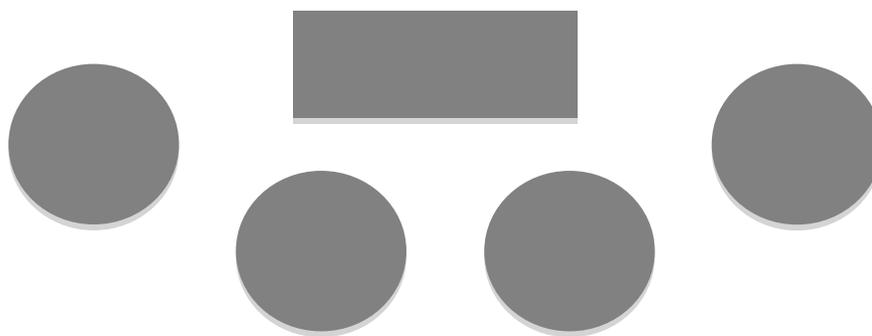
Recommended Class Size

Classes should have a minimum of 8 participants and should not exceed 100. Ideally, the activities work best when you do not exceed 60 participants.

Recommended Room Set-up

Determine the size and location of the room needed and reserve the room as early in advance as possible. If you have to order tables, several round or square tables which can accommodate 5-8 participants will work best. Request an extra table in front for facilitator supplies, an extra table for food (if being served), and an extra table for the projector.

The table layout below works best for this training.



Preparation Checklist

Complete the following items at least one week before the scheduled training day:

- Confirm the training room reservation
- Confirm the number of attendees
- Assemble your materials and supporting documentation
- Ensure that refreshments/lunches have been ordered
- Check to make sure you are giving participants enough time to have lunch and adjust the agenda accordingly
- Do a dry run to test the materials and your comfort-level
- Review the objectives to be sure they are in line with what you intend to deliver
- Assemble backup of supplies, such as markers, masking tape, name tags, spare bulbs for equipment, extension cords, etc.
- Learn as much as you can about the skill level and demographics of the attendees
- Test the PowerPoint slides, the overhead projector, and DVDs

Equipment Needed

Request or reserve the following equipment for the training session:

- Desktop computer/laptop with mouse
- Lapel microphone (depending upon size of group and of room)
- LCD projector and screen
- Speakers for playing DVD's
- Remote control to advance slides

Materials and Supplies Needed to Deliver and Facilitate PFA Training

The material and supplies needed to deliver this training include:

- Facilitator's Guide
- The Psychological First Aid Field Operations Guide for each participant
- Psychological First Aid Activity Handouts for each participant
- Psychological First Aid Training PowerPoint slide deck file
- Handouts for participants; print 3 slides per page, double-sided (excluding activity slides)
- Responding to Crisis In the Aftermath of Disasters DVD set
 - Disc One: Acute grief (Brief) (Adult) 5:07
 - Disc One: Relaxation/breathing (Adult) 5:02
 - Disc Two: Trauma Reminders (Brief) (Child) 5:52
- Psychological First Aid Post-Test for each participant
- Psychological First Aid Evaluation Form for each participant
- Psychological First Aid Certificates of Completion for each participant
- Name badges
- Sign-in sheets
- Scratch paper
- Pens/pencils

Activities: Delivery Methodology

As you read through the activities in the Facilitator's Guide, you will see that most of them involve small group discussion followed by a spokesperson reporting the findings to the larger group. Ideally, for PFA training, small groups consist of 4 participants.

Listed below are some general guidelines for you to follow during an activity that can help provide group members with a meaningful experience:

- Prepare the group so that members know what they are expected to do
- Encourage everyone to participate
- Use second facilitator as a small group participant if needed
- Give clear directions
- Show enthusiasm and interest
- Move about the room during small group discussion to answer any questions and help maintain focus on the task
- Stay in control of the activity
- Be flexible and alter the activity to best fit the size and dynamics of the group, if necessary

Modify Activities

If you are training in a specific region, change the activities to reflect the common types of disasters experienced in that region.

Tips for Facilitating

Your primary task in presenting information is to (1) improve understanding of the PFA course content, (2) transfer knowledge, and (3) encourage retention of the material. Use the following tips to help you accomplish this:

- Welcome the participants as they enter the room
- Start off with as much enthusiasm as possible
- Stick to the training agenda
- Keep the presentation to the point
- Use the participants' names as much as possible
- Do not read word-for-word from your notes or slides
- Give participants a chance to read from their book or slides
- Encourage participation; however, keep focused on the training agenda when faced with overly active groups, long-winded discussion, or any individuals monopolizing the training
- Keep eye contact with your audience
- Do not turn your back to the participants
- Move around the room
- Be flexible (be ready to adapt the training to the needs of the participants)
- Maintain the participants' attention by asking questions or quoting a surprising statistic
- Use the space in front of the participants (avoid standing behind a podium), but do not stand in front of slides or block the participants' view
- Improve retention and interest by sharing stories or using analogies
- Speak a little louder than you would normally and confirm that everyone can hear you
- Nod your head to acknowledge that you are listening
- Be sure to stay on schedule for breaks, lunch, and ending the training

Support and Course Feedback

For questions, support, or to provide feedback regarding Psychological First Aid training contact:

Melissa Brymer, Ph.D., NCCTS Director of Terrorism & Disaster Programs
e-mail: mbrymer@mednet.ucla.edu

NCTSN/NCPTSD Psychological First Aid Course

Facilitator Lesson Flow

Module	Duration	Content	Exercise	Time
Welcome and Introduction	15 min	<ul style="list-style-type: none"> ▪ Welcome and facilitator introduction ▪ Logistics and housekeeping ▪ Learning objectives ▪ Course agenda ▪ Participant introductions and ice-breaker activity 	<ul style="list-style-type: none"> ▪ Participant introduction activity 	9:00-9:15
PFA Background and Guidelines for Delivery	60 min	<ul style="list-style-type: none"> ▪ PFA Developers ▪ Acknowledgements ▪ PFA authors ▪ Medical Reserve Corps Adaptation authors ▪ Background information ▪ Early intervention principles ▪ PFA Core Actions ▪ PFA basics ▪ Strengths of PFA ▪ Requirements for PFA providers <ul style="list-style-type: none"> – Discussion question ▪ Factors to consider prior to relief work ▪ Delivering PFA <ul style="list-style-type: none"> – Behaviors to perform – Behaviors to avoid doing 		9:15-10:15
Core Action #1: Contact and Engagement	15 min	<ul style="list-style-type: none"> ▪ Contact and engagement <ul style="list-style-type: none"> – Establish a connection with survivors <ul style="list-style-type: none"> • Discussion question – Personal contact 		10:15-10:30
Break	15 min			10:30-10:45

Module	Duration	Content	Exercise	Time
Core Action #2: Safety and Comfort	45 min	<ul style="list-style-type: none"> ▪ Ensure immediate safety <ul style="list-style-type: none"> – Group Activity #1 – Discussion question ▪ Attend to unaccompanied children ▪ Attend to acutely bereaved individuals <ul style="list-style-type: none"> – Things to say/not say ▪ Video: Adult Grief ▪ Grief and spiritual issues 	<ul style="list-style-type: none"> ▪ Small group table activity: Determine five steps to provide PFA ▪ Adult Grief video and debrief 	10:45-11:30
Core Action #3: Stabilization	30 min	<ul style="list-style-type: none"> ▪ Stabilize emotionally overwhelmed survivors <ul style="list-style-type: none"> – Signs a person may need stabilization – Steps toward stabilization – Grounding ▪ Video: Adult Breathing 	<ul style="list-style-type: none"> ▪ Adult Breathing video and debrief 	11:30-12:00
Lunch	60 min			12:00-1:00
Core Action #4: Information Gathering	30 min	<ul style="list-style-type: none"> ▪ Identify immediate needs and concerns <ul style="list-style-type: none"> – Examples of content areas ▪ Clarify disaster-related experiences ▪ Group Activity #2 	<ul style="list-style-type: none"> ▪ Small group activity: Information gathering and five actions to take in conducting PFA 	1:00-1:30
Core Action #5: Practical Assistance	15 min	<ul style="list-style-type: none"> ▪ Offer practical help <ul style="list-style-type: none"> – Discussion ▪ Set achievable goals 		1:30-1:45
Core Action #6: Connection with Social Supports	15 min	<ul style="list-style-type: none"> ▪ Encourage use of support persons <ul style="list-style-type: none"> – Discussion question ▪ Work with those who are withdrawn or isolated 		1:45--2:00

Module	Duration	Content	Exercise	Time
Core Action #7: Information on Coping	45 min	<ul style="list-style-type: none"> ▪ Provide information about stress reactions and coping mechanisms ▪ Education points <ul style="list-style-type: none"> – Video: Trauma Reminders ▪ Identify developmental issues which may occur <ul style="list-style-type: none"> – Discussion question ▪ Assist with anger management skills for survivors <ul style="list-style-type: none"> – Discussion question ▪ Assist with children’s sleep problems ▪ Address alcohol and substance use ▪ Group Activity #3 	<ul style="list-style-type: none"> ▪ Trauma Reminders video and debrief ▪ Small group table activity: Types of coping information to share 	2:00-2:45
Break	15 min			2:45-3:00
Core Action #8: Linkage with Collaborative Services	15 min	<ul style="list-style-type: none"> ▪ Link survivors with available services <ul style="list-style-type: none"> – Agencies providing services – If a referral to mental health care is refused 		3:00-3:15
Handouts	60 min	<ul style="list-style-type: none"> ▪ Review assorted handouts for survivors provided in the Field Guide ▪ Group #4 Activity 	<ul style="list-style-type: none"> ▪ Small group activity: Role Play 	3:15-4:15
Provider Care	15 min	<ul style="list-style-type: none"> ▪ Suggestions for providers <ul style="list-style-type: none"> – Provider Care: Management – Provider Care: Personal – Provider Care: Following disaster response 		4:15-4:30
Wrap Up	15 min	<ul style="list-style-type: none"> ▪ The future of PFA ▪ Take home messages ▪ NCTSN/NCPTSD contact information ▪ Brief summary ▪ Post-test ▪ Workshop evaluations 	<ul style="list-style-type: none"> ▪ Post-test 	4:30-4:45

15 min

Welcome and Introduction



Display the Psychological First Aid title slide as the participants are entering the room.

Welcome the participants to class.

- Greet the participants as they enter the room.
- Direct the participants to the seating area.
- Inform the participants of the time remaining until the class begins.

Note:

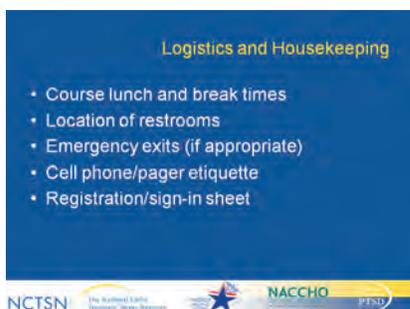
Prior to class, add the following to the first slide:

- *Your Name*
- *Your Title*
- *Name of Institution*

Note to Facilitator:

- Begin class at 9:05 at the latest. For those who arrive after class has started, bring them up-to-date during the participant introduction exercise or during the first break.

Begin the class by introducing yourself and telling the participants about your background. Share a personal experience with the group on how PFA has helped you or about your experience conducting disaster work.



Display the slide: Logistics and Housekeeping

Review the logistics and housekeeping items with the participants.

- Course lunch and break times
- Location of restrooms
- Emergency exits (if applicable)
- Cell phone/pager etiquette
- Registration/sign-in sheet



Ask for and address the participants' questions.

Refer the participants to the PFA Field Operations Guide and inform them that it is a comprehensive guide that contains all the information that will be discussed in class. Inform them that they will have an opportunity to refer to the Guide during training.

Display the slide: Learning Objectives

Review the learning objectives with the participants.

Explain to the participants that following the successful completion of this course, they will be able to:

- Identify the basic objectives and intervention strategies of Psychological First Aid
- Gain skills needed to implement the intervention strategies of Psychological First Aid
- Adapt Psychological First Aid in diverse settings and with different populations
- Appreciate the importance of providing Psychological First Aid in the aftermath of disaster
- Gain confidence in implementing Psychological First Aid in the immediate aftermath of disaster
- Identify ways to enhance provider care before, during, and after disaster care

Display the slide: Course Agenda

Review the agenda with the participants.

- Welcome and Introduction
- PFA Background and Guidelines for Delivery
- Core Action #1: Contact and Engagement
- Core Action #2: Safety and Comfort
- Core Action #3: Stabilization
- Core Action #4: Information Gathering
- Core Action #5: Practical Assistance
- Core Action #6: Connection with Social Supports
- Core Action #7: Information on Coping
- Core Action #8: Linkage with Collaborative Services
- Handouts and Provider Care
- Wrap Up

Learning Objectives

- At the end of this course, participants will be able to:
 - Identify the basic objectives and intervention strategies of Psychological First Aid.
 - Gain skills needed to implement the intervention strategies of Psychological First Aid
 - Adapt Psychological First Aid in diverse settings and with different populations
 - Appreciate the importance of providing Psychological First Aid in the aftermath of disaster
 - Gain confidence in implementing Psychological First Aid in the immediate aftermath of a disaster.
 - Identify ways to enhance provider care before, during, and after disaster care.

NCTSN The National Child Traumatic Stress Network NACCHO PTSD

Course Agenda

- Welcome and Introductions
- PFA Background and Guidelines for Delivery
- Core Action #1: Contact and Engagement
- Core Action #2: Safety and Comfort
- Core Action #3: Stabilization
- Core Action #4: Information Gathering
- Core Action #5: Practical Assistance
- Core Action #6: Connection and Social Supports
- Core Action #7: Information and Coping
- Core Action #8: Linkage with Collaborative Services
- Handouts and Provider Care
- Wrap Up

NCTSN The National Child Traumatic Stress Network NACCHO PTSD



Display the slide: Participant Introduction

Take five minutes to facilitate participant introductions.

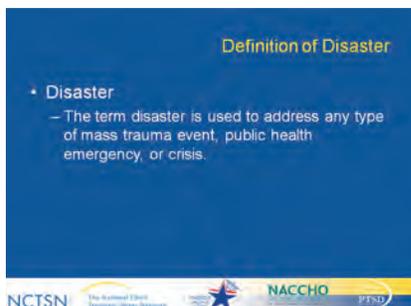
Ask each participant to state their name, their profession, and their primary reason for taking the course.

Note to Facilitator:

- If the group is larger than 15 participants, you may just ask for a few volunteers to address their primary reason for taking the course. Then, later, you may ask the others to state their name and profession when called upon or when making a comment.

Make these points about PFA:

- PFA is an acute intervention to assist children, adults, and families in the immediate aftermath of disaster and terrorism.
- The course is designed to enhance your skills, knowledge, and attitudes in providing PFA.
- Most of the material should not appear new if you are experienced in providing acute interventions after disasters, and you will find this is a great resource that comprehensively identifies the key elements that you probably have used over the years.



Display the slide: Definition of Disaster

State:

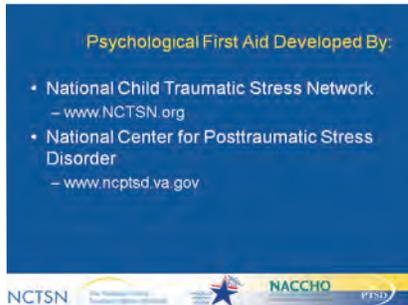
In this course, the term disaster is used to refer to any type of mass trauma event (e.g., terrorist event, public health emergency, school crisis, and natural or man-made disaster).

Transition to the PFA Background and Guidelines for Delivery topic.



60 min

PFA Background and Guidelines for Delivery



Display the slide: Psychological First Aid Developed By:

Make these points about NCTSN and NCPTSD:

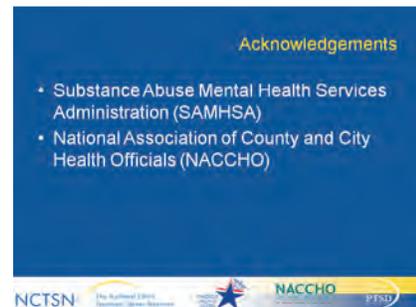
- The National Child Traumatic Stress Network and the VA's National Center for Posttraumatic Stress Disorder developed the Psychological First Aid Field Operations Guide. The Medical Reserve Corps was a partner in this adaptation.
- The NCTSN's mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States.
- The NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education for traumatized children and their families.
- The VA's NCPTSD is a leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress.
- The NCTSN and the NCPTSD have a multitude of online resources on traumatic stress for parents, educators, veterans, the general public, policy makers, and mental health/medical professionals, including fact sheets, video trainings, and other products.
- The NCTSN and the NCPTSD website addresses are on the slide and you can access the websites for more information about each organization.

Make these points about the development of PFA:

- PFA was developed in partnership with NCTSN and NCPTSD.
- The importance of this partnership is that PFA covers the lifespan.
- The PFA Field Operations Guide highlights how to conduct this intervention with children, adolescents, and adults.
- It also highlights the role of parents in the recovery of children—something that most interventions neglect.

Display the slide: Acknowledgements

- PFA was commissioned by SAMHSA, the Substance Abuse Mental Health Services Administration. Members of NCTSN and NCPTSD were asked to review what is known about acute interventions and to operationalize the term PFA.
- The term PFA has been around for decades, and if you review the previous material written, you will see that it does not specify what a provider should actually do.
- The PFA Field Operations Guide you have in front of you today gives practical guidelines on how to perform PFA.
- NACCHO, the National Association of County and City Health Officials in conjunction with a cooperative agreement with the Office of the Civilian Volunteer Medical Reserve Corps, funded this MRC PFA project.

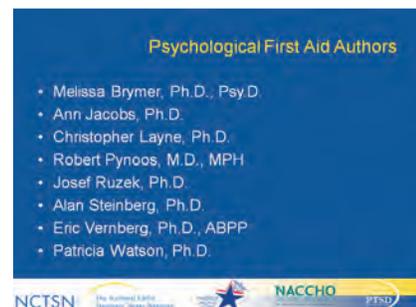


Display the slide: Psychological First Aid Authors

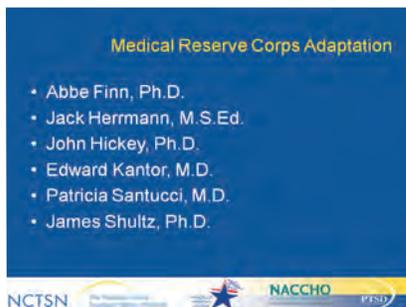
Say: “Here is the list of principle authors.”

Make the following points:

- Many professionals contributed to the development of PFA and a list of those individuals is located on page 1 of the Field Operations Guide.



-
- The authors held several focus groups, expert panel meetings, and had international and national independent reviewers contribute to the final document.
 - The authors worked with others who had developed specific interventions that were pertinent to PFA.
 - Contributors included disaster workers, researchers, first responders, mental health and medical professionals, school staff, and survivors.
 - Each group was important in the development of PFA.



Display the slide: Medical Reserve Corps Adaptation

Make the following points:

- The material for the Guide was drawn from an adaptation by the National Medical Reserve Corps (MRC) Mental Health Work Group.
- The MRC is dedicated to organizing and using public health and medical volunteers to improve the health and safety of communities across the country.
- When the National MRC Mental Health Work Group was first formed, they examined the field of disaster mental health and reviewed a host of issues with the intent of providing guidance to local MRC units on areas of core competencies, the availability of existing training curricula, gaps in service delivery, and controversies in the field.
- One of the group's first actions was to recommend Psychological First Aid as a standard model of mental health intervention in early response to disasters.
- This work group then formed a partnership with NCTSN and NCPTSD to develop a version of PFA that was geared to the MRC.
- This is what will be presented today.

Display the slide: How Do We Know How to Respond Following Disasters?

Make the following points:

- The evidence base was drawn from many sources, including a review of the current disaster research on children, adults, and families.
- Due to limited disaster research (especially for intervention studies), the field of knowledge was expanded to include trauma research and crisis intervention.
- Staff conducted a systematic review of previous disaster programs, interviewed survivors and disaster responders, and held several consensus expert meetings where researchers and clinicians were asked key questions about what intervention strategies work best following disasters.
- Each of these sources of knowledge contributed to the development of PFA. Each has its strengths and limitations.
- For instance, controlled research does not always generalize across disaster types and settings, and consumer feedback is notoriously overly positive.
- All information was weighed in a balanced way to arrive at the principles that guided the development of the PFA model.



Display the slide: Five Empirically-Supported Early Intervention Principles

Explain that when the literature was reviewed, five elements were most evident. PFA is based on the five principles of safety, calming, connectedness, self and collective efficacy, and hope.

Make the following points about the principles:

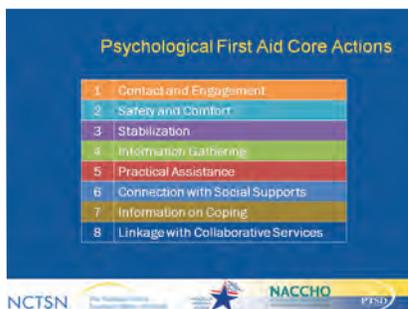
- Promoting Safety - Ensure the removal of actual or perceived threats to reduce physiological and psychological responses of fear and anxiety. This can include providing survivors with accurate information and connecting unaccompanied children with their caregivers.



- Promoting Calming - Traumatic events and losses create anxiety and emotional arousal that can interfere with sleep, decision-making, and effective coping. Anxiety management techniques and problem-solving strategies can be useful.
- Promoting Self and Community Efficacy - Disaster research has indicated that loss of personal, social, and economic resources is associated with diminished perception of self-efficacy and confidence in the community's ability to promote recovery. To promote efficacy, offer practical assistance, encourage constructive activities and positive coping, assist in problem-solving, and promote engagement in community activities.
- Promoting Connectedness - Research shows that social support is related to improved emotional well-being and recovery. Making sure that groups are not divided along ethnic, religious, racial, or other lines is important.
- Instilling Hope - This principle has been identified as a crucial component in disaster recovery. Those who are likely to have more favorable outcomes after disasters are those who maintain optimism, positive expectancy, and feeling of confidence that life and self are predictable.



Ask for and address the participants' questions.



Display the slide: Psychological First Aid Core Actions

Make the following points:

There are 8 Psychological First Aid Core Actions.

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

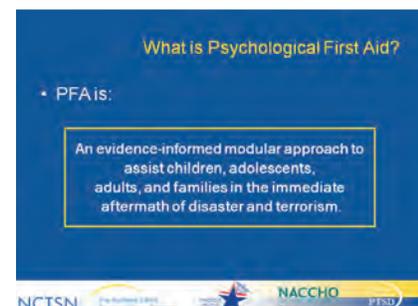
For training purposes, we will review each of the Core Actions in order. However, PFA is a modular approach, meaning that providers will implement the Core Actions according to the survivor's current needs and concerns.

- Example: If a survivor comes to you with immediate medical concerns, you will want to make sure that they are safe (Core Action #2), and you will immediately connect them with a physician or EMT (Core Action #8), or if needed, you will get them to a hospital.
- Example: If a child tells you that he/she has been worried since the hurricane, you would want to first introduce yourself (Core Action #1), identify more specifically his/her concerns (Core Action #4), provide some information about hurricanes and current safety issues (Core Action #2), and provide coping strategies to address reminders and anxiety issues (Core #7).

The modular approach is one way that PFA differs from other acute intervention strategies, and throughout the day you will be providing different examples and exercises to illustrate the flexibility of PFA.

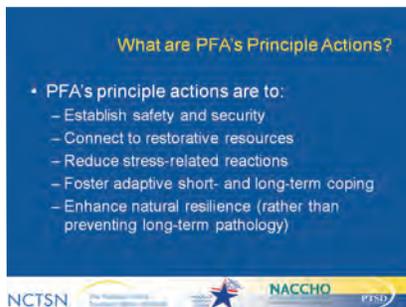
Explain to the participants that before you go into more details about each of the Core Actions, you would like to talk a little about the basics of PFA.

Display the slide: What is Psychological First Aid?



Make the following points about PFA:

- PFA is an evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of a disaster. This approach is considered a best practice by many agencies in the United States and around the world. However, it is important to increase the evidence-base for PFA.
- PFA is based on the understanding that survivors and others affected by disasters will experience a broad range of reactions, and the support from compassionate and caring disaster responders may help their recovery. Not all survivors will develop severe mental health problems or long-term difficulties in recovery.



Display the slide: What are PFA's Principle Actions?

Make the following points about PFA's principle actions:

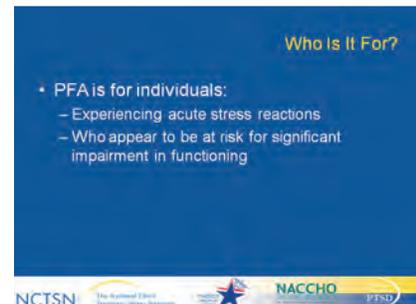
- Establish safety and security.
 - Safety and security should always be kept in the forefront of our minds. In disasters, situations are always changing. Providers need to be concerned about the safety of the survivors as well as their own safety.
 - For example, if certain ethnic groups are being stigmatized or poorly treated, speak to the Incident Commander and security personnel on how best to protect these survivors.
- Connect to restorative resources.
 - Disasters impact community resources and social supports. The quicker survivors are connected to these resources, the better they will be able to cope.
- Reduce stress-related reactions.
 - Survivors will experience a broad range of stress-related reactions. Providers should give general psychoeducation, positive coping, and problem-solving techniques to help survivors manage and reduce these reactions.

- Foster adaptive short- and long-term coping.
 - The goals of PFA are modest. Providers need to focus on survivors' current concerns and foster short-term coping. They need to ask about and help survivors identify their immediate concerns. Give survivors handouts and encourage them to practice the skills they have learned, so that these short-term goals lead to long-term positive coping.
- Enhance natural resilience (rather than preventing long-term pathology).
 - PFA providers need to identify the survivor's strengths and how they can enhance those strengths.

Display the slide: Who Is It For?

Make the following points about PFA:

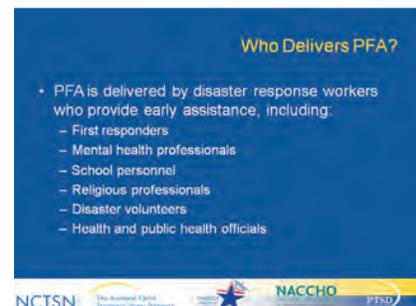
- PFA is for any survivor or disaster responder experiencing acute stress reactions or acute grief issues, having concerns about safety and danger, or having significant impairments in functioning, such as difficulties with decision-making, coping, or behavior.
- For example, PFA was used after Hurricane Katrina on the cruise ships to help first responders connect with their own families and to get their children enrolled in school.



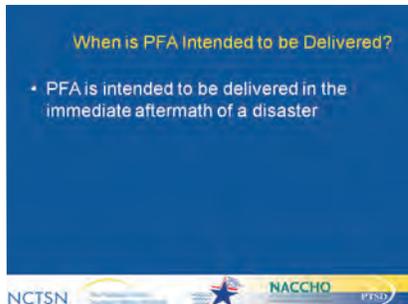
Display the slide: Who Delivers PFA?

Make the following points about PFA providers:

- PFA is intended to be delivered not only by the mental health professional, but also by anyone who provides early assistance to survivors following a disaster, including members of faith communities, school personnel, health and public health officials, first responders, or those who volunteer after a disaster.
- PFA providers may be embedded in a variety of response units, such as first responder teams, primary and emergency health care, school crisis response teams, faith-based organizations, or other disaster relief organizations.



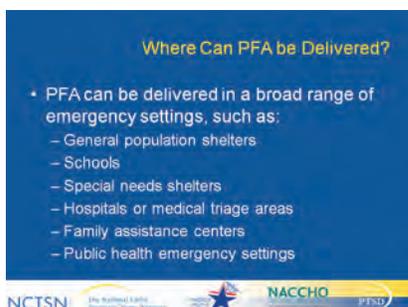
- This version of PFA was developed for the Medical Reserve Corps. There are other adaptations of PFA, including one for community religious professionals and one for schools.
- For more information and updated products on PFA, go to the NCTSN or NCPTSD websites.



Display the slide: When Is PFA Intended to Be Delivered?

Make the following points about when PFA is delivered:

- PFA is a supportive intervention for use in the immediate aftermath of disasters, in the first few hours to days.
 - Example: For two large catastrophic disasters, such as the Indian Rim Tsunami and Hurricane Katrina, where entire communities were impacted, the acute phase lasted several months after the event and providers continued to use PFA throughout this time.
- PFA providers need to consider the different phases after a disaster and not use the same intervention for the acute phase, intermediate, and long-term recovery. A variety of interventions are appropriate at different stages and for different levels of distress.



Display the slide: Where Can PFA Be Delivered?

Make the following points about where PFA can be delivered:

- PFA is designed for delivery in diverse settings and in any place that the need for the services exists: general population shelters, schools, special needs shelters, field hospitals and medical triage areas, acute care facilities, or in public health emergency settings, such as decontamination settings and Point of Dispensing (POD) sites.
- Providers may have only 10-15 minutes with a survivor or may have several contacts.

Ask:

In what setting have your MRC units worked in the past?
What do you think some of the challenges will be in providing PFA in these settings?



Make the point that some of the challenges in providing PFA in various settings are addressed in the Service Delivery Sites and Settings (Appendix B) located towards the back of the Field Operations Guide on page 105.



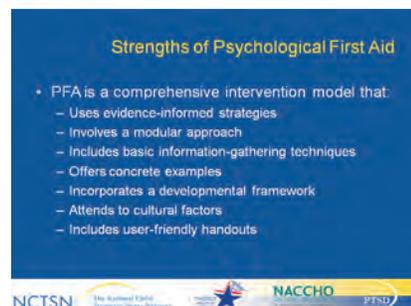
Ask for and address the participants' questions.



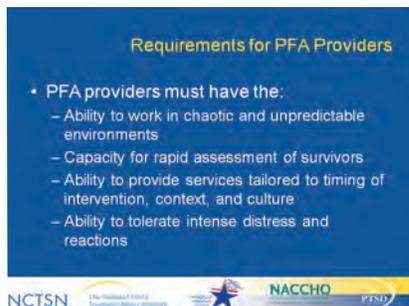
Display the slide: Strengths of Psychological First Aid

Make the following points about the strengths of PFA:

- Uses evidence-informed strategies
 - Can be performed in a variety of disaster settings.
- Involves a modular format
 - Any of the PFA Core Actions can be used at any given time, depending upon the needs of the survivor. It helps providers make rapid assessments of a survivor's immediate concerns and needs so that support can be implemented in a flexible manner.
- Includes basic information-gathering techniques
 - The information-gathering determines what goals and strategies providers will implement.
- Offers concrete examples
 - Providers can use the many concrete examples throughout the guide to introduce the interventions to the survivors.
- Incorporates a developmental framework
 - Identifies the varying needs of children, adolescents, adults, and families, and highlights how disasters may impact important developmental milestones, for example toilet training, graduation, and getting married.



-
- Attends to cultural factors
 - Emphasizes culturally appropriate interventions for survivors of various ages and backgrounds. Provides guidance regarding cultural issues that are particularly sensitive, such as the appropriate way to make contact with a survivor or ways to be sensitive to grief and mourning rituals. Encourages providers to speak to cultural leaders if they are providing services in areas outside of their community or experience.
 - Utilizes handouts
 - User-friendly handouts are an important component of PFA. They reinforce the skills taught to the survivor, can serve as a reference later on, and can allow the survivor to become more self-reliant. They are contained in the Field Operations Guide and also on the NCTSN and NCPTSD websites. Translations of the handouts will also be located on both websites.



Display the slide: Requirements for PFA Providers

Make the following points about what is required for a person to provide PFA:

Providers need to consider these factors prior to delivering PFA; they:

- Should not work by themselves, but within a team
- Should have completed up-to-date disaster training, including having knowledge of an Incident Command System (ICS) and MRC procedures
- Must be willing to take orders from others, sometimes providing services such as handing out water or passing out forms

Providers must be able to:

- Handle chaotic environments and work in unpredictable and frequently changing situations
- Have the capacity for rapid assessment of survivors, which means being able to make quick decisions and to assess situations quickly
- Provide services tailored to timing of intervention, context, and culture
- Tolerate intense distress and reactions. If providers are not comfortable with survivors expressing intense emotions or with handling difficult topics, they may want to consider volunteering in another way, not providing PFA

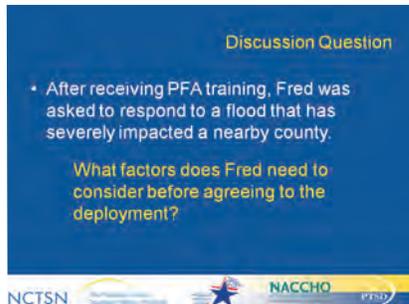
Display the second slide: Requirements for PFA Providers (cont.)

Make the following points about requirements for PFA providers:

- Providers must be able to accept tasks that they may not consider to be mental health activities.
 - In order for survivors to be able to discuss their distress reactions, their basic needs must be met.
 - For example, if someone is dehydrated, provide water to help him/her feel better physically before discussing distress reactions.
- Providers must have the ability to work with diverse cultures, ethnic groups, developmental levels, and faith backgrounds.
 - PFA providers must be willing to work with all individuals who have been impacted by a disaster equally, including working with all cultures, ethnic groups, faiths, and developmental levels.
 - PFA providers must make sure that all groups get services equally and that individuals are not marginalized, treated unfairly, or harassed.



- PFA providers must have the capacity for self-care immediately after a disaster.
 - Providers should learn to pace themselves and practice stress management skills.
 - Provider care will be covered in detail in the last module of this training.



Display the slide: Discussion Question

Read the discussion scenario to the group.

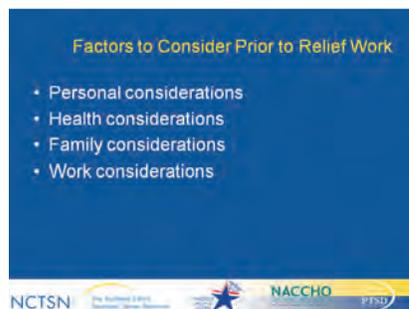
Note to Facilitator:

- Conduct the exercise with the entire group of participants.
- Take approximately 10-15 minutes for this exercise.
- Read the scenario aloud and facilitate a discussion among group members.
- Make sure points from each category on pages 111-113 in the “Before Relief Work” section in the Guide are covered.

Ask the group to put themselves in Fred’s shoes.



Ask the group:
What factors does Fred need to consider before agreeing to the deployment?



Display the slide: Factors to Consider Prior to Relief Work

Praise the group for their participation and their responses.

Highlight that there are four categories to consider.

Refer participants to pages 111-113 of the Field Operations Guide.



Review the considerations with the participants.

- Personal considerations
- Health considerations
- Family considerations
- Work considerations

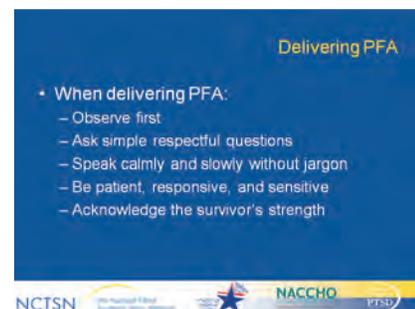
Ask for and address the participants' questions.



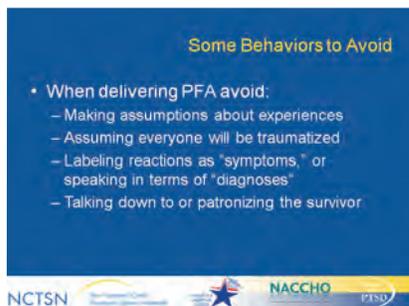
Display the slide: Delivering PFA

There are some basics to keep in mind when delivering PFA:

- Politely observe first.
 - Wait to see if survivors need your help or if they are coping well on their own.
 - Be aware that, as providers, you want to help others.
 - That need may make some of you assume that all survivors actually need your help.
 - Don't put your needs before those of the survivors.
 - Observe first. Don't intrude; watch and wait for a good time to speak.
- Ask simple, respectful questions to determine how a provider may help.
 - Survivors of a disaster go through a lot and may have lost a lot.
 - Speak simply and respectfully (For example, in some cultures respect is shown by using the person's formal title, such as Miss or Mr.)
- Speak calmly and slowly, without jargon.
 - It is easy to get caught up in disaster response and begin using jargon, such as ICS, MRC, ARC, and SERT teams with an S or CERT teams with a C.
 - These terms mean nothing to survivors and only confuse everyone.
 - Stay away from jargon.



- Behave in a calm manner.
- The way a provider presents him/herself will have an impact on survivors.
- For example, after one school shooting, providers had difficulty hearing the student's stories and became upset and started crying. The students then left the classrooms agitated and upset.
- Be patient, responsive, and sensitive.
 - Be prepared to listen and focus on hearing what survivors are telling you and how you can be of help.
- Acknowledge the survivor's strength.
 - Listen for and identify the survivor's strengths and find ways to reinforce these strengths.
 - Point out that the survivor has somehow gotten to this point. Ask what has worked in the past; perhaps it can help in the current situation.



Display the slide: Some Behaviors to Avoid

Make the following points about behaviors to avoid.

- Avoid making assumptions about experiences.
 - Each survivor's experience of a disaster is different.
 - Providers should not presume that they know a survivor's current concerns or needs.
 - For example, a student, who was interviewed after a school shooting in which her best friend was shot and who reported being fearful for her life, indicated that it was not the school incident that was her concern (as first thought by school personnel), but the grief she felt about the death of her mother a month before.
- Avoid assuming everyone will be traumatized.
 - We know from experience and research that most survivors will recover on their own.
 - Just because a survivor is expressing intense emotions in the acute phase of disaster does not mean he/she will develop PTSD or depression in the future.

- Avoid labeling reactions as “symptoms” or speaking in terms of “diagnosis.”
 - Don’t use labels such as PTSD, depression, client, patient, symptoms, as this implies that there is a problem with a person.
 - Be careful of other labels being used and how they can impact survivors.
 - For example, in the immediate aftermath of Katrina, media identified displaced survivors as refugees.

Ask:

What is the definition of refugee?



Part of the definition of a refugee is that a person moves from one country to another. The media were saying, in essence, that survivors were not part of America.

Ask:

Would this label help a survivor’s recovery or cause more intense negative feelings?

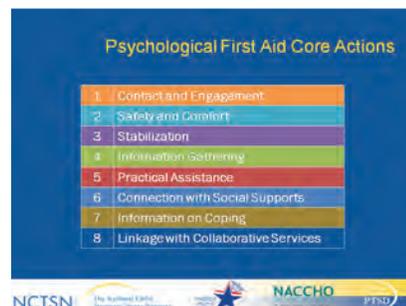


- Avoid talking down to or patronizing the survivor.
 - PFA providers need to be respectful of others. For example, you cannot assume that older adults are frail and need extra assistance. Ask them to tell you their needs.

Display the slide: Psychological First Aid Core Actions

Make the following points about the 8 Core Actions:

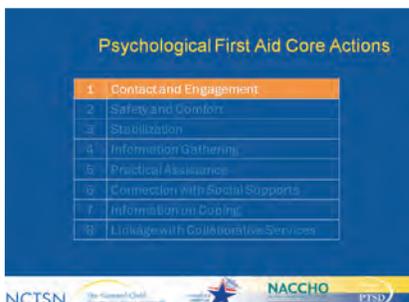
- Remember, we are going through these in order, but PFA is a flexible model.
- Psychological First Aid begins when a provider is on scene at a disaster or immediately after. Providers must be focused and prepared to help.



Transition to 1st Core Action: Contact and Engagement.

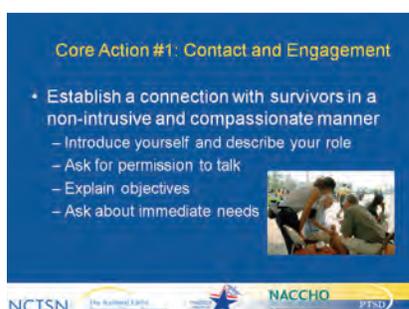
15 min

Core Action #1: Contact and Engagement



Display the slide: Psychological First Aid Core Actions

Explain that the next few hours will be dedicated to a detailed review of the Core Actions introduced earlier.



Display the slide: Core Action #1: Contact and Engagement

Say: “The first Core Action is Contact and Engagement.”

Make the following points about Contact and Engagement:

- The first step is important because the type of personal and physical contact considered appropriate may vary from person to person and across cultures and social groups.
- The main goal is for the provider to establish a connection with survivors in a non-intrusive, compassionate, and helpful manner.
- PFA providers must take into consideration such things as:
 - How close to stand next to someone
 - How much eye contact to make
 - Whether or not to touch someone
- Some survivors may not seek help, but would benefit from assistance. Some survivors or bereaved persons may need time to pass before they feel some degree of safety, confidence, and trust. Timing is very important here.
- This Core Action was not initially in PFA, but survivors indicated that providers do not feel equally comfortable making contact with all survivors. Remember the basic rule: observe first before introducing yourself, as some survivors may not want your help.

Explain that if an individual declines an offer to help, providers should respect his/her decision and let him/her know how to locate a Psychological First Aid provider at a later time.

Point out these key items for PFA providers to do when performing Core Action #1 Contact and Engagement:

- Introduce yourself/ask about immediate needs.
 - State your name, title, and describe your role.
 - Identify your organization; survivors may not recognize clothing logos or identification badges or know the purpose of your approaching them.
 - Respect the person's privacy and adhere to confidentiality requirements.
- Ask for permission to talk.
 - Address adult survivors by using titles (Mr., Miss, Mrs.) and last names (until given permission to do otherwise). Do not assume that you are the first person with whom the survivor has spoken. He/she may have previously had negative interactions and may not trust you.
 - Your only goal is to have a positive interaction. Until this is accomplished, do not move beyond this goal.
- Explain that you are there to help.
 - Give the person your full attention.
 - Speak softly and calmly.
 - Do not make promises you cannot keep.
- Ask about immediate needs.
 - Ask if they have an immediate need (medical emergency) and offer some water or food. Keep in mind that survivors may have gone through a lot before you meet them.
 - Immediate medical concerns have the utmost priority.

Give this example: *Dr. Brymer, one of the authors of the Field Operations Guide, worked with child landmine victims who were hospitalized in Kosovo. When her translator introduced her to a 10-year-old boy who had lost his leg, the boy asked for her business card. Dr. Brymer requested that the translator re-introduce her and her role a second time. The boy then pulled out a stack of business cards from a drawer and told Dr. Brymer about promises other providers and media staff had made to him. None of them had ever returned. The boy again asked Dr. Brymer for her business card and asked her what she would promise. He then told her they were done.*



Ask:
Do you blame the boy for not trusting Dr. Brymer?

Participant discussion.

Add that Dr. Brymer asked for the boy's permission to visit him again. She made sure that she returned on the day she promised. It was not until the third or fourth visit that Dr. Brymer could move beyond the initial goal of having a positive interaction. Other survivors may be mistrustful and we need to respect their concerns and not rush the initial contact.



Ask for and address the participants' questions.

Display the slide: Discussion Questions

The slide is titled "Discussion Questions" and is set against a dark blue background with white text. It contains two bullet points: "I am a female survivor sobbing by myself. You heard from another relief worker that I was just notified that my husband died in a fire." and "When you approach me, I have difficulty speaking because I can't stop crying." Below the second bullet point are two sub-points: "To initiate contact, what do you say?" and "Do you give me a hug?". At the bottom of the slide are logos for NCTSN, NACCHO, and PHSU.

Note to Facilitator:

- Conduct the exercise with the entire group.
- Read the scenario to the group and facilitate a 10-minute discussion.

Ask the group to put themselves in the shoes of a provider who wishes to help a female survivor who just learned that her husband died in a fire. She is extremely distraught, is crying uncontrollably, and can barely speak.

Ask the group:

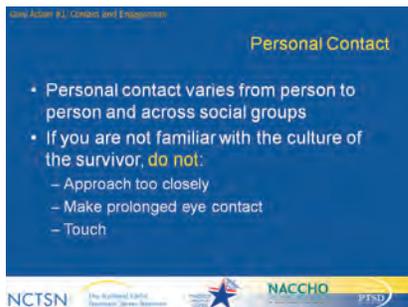
What do you say to initiate contact?

Do you give her a hug to help her to feel better?



Make the following recommendations for responding to this scenario:

- *Show the survivor nonverbally that you are supportive.*
 - *For example, giving a tissue is a universal sign that you care.*
- *Sit next to the survivor until she speaks to you, asks for your support, or otherwise indicates she wants contact.*
- *Sit patiently and do not interrupt her grieving. There are probably no words that are going to make her feel better.*
- *See if there is another family member around to provide the survivor support.*
- *Avoid hugging or physical touch until it is clearly invited.*
- *Keep in mind that comfort with hugging and physical touch varies from person to person and among different cultures.*
 - *You don't know if she has been previously abused and that touching her could cause a negative reaction.*
 - *When the Field Operations Guide was developed, the authors didn't want to convey a message of absolutely "no touching" as this can be a welcome and comforting support to many survivors.*
 - *We have to remember that for some, this is not the case.*



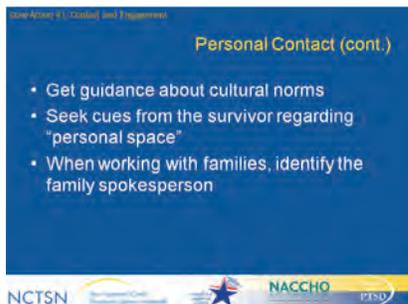
Display the slide: Personal Contact

Make the following points about Personal Contact:

- Personal contact varies from person to person and across cultures and social groups.
- Exercise caution when not familiar with the culture of the survivor.
- Don't approach too closely and avoid making prolonged eye contact or touch.
- Learn about the cultural norms before speaking to the survivor.
- Ask permission and also watch for nonverbal signs.
 - For example, when you sit down next to the survivor, does she become uncomfortable?



Ask participants to share any similar experiences they encountered and how they handled them.



Display the slide: Personal Contact (cont.)

Make the following points about cultural issues that arise with Personal Contact:

- It is important to get information about cultural norms from community or cultural leaders. By being culturally sensitive and appropriate, providers can show respect to and gain the respect of survivors.
- Some cultures require that—before approaching the survivor—you first speak to the family spokesperson. In some cultures, it would not be appropriate for a male provider to offer assistance to a female survivor. Male providers, in this case, should ask a female colleague to offer assistance.

Ask for and address the participants' questions.



Announce the break.

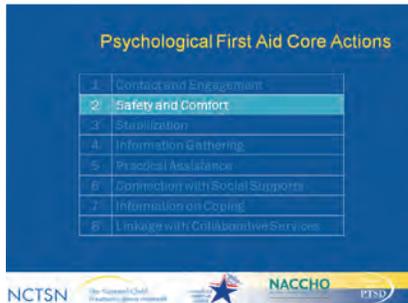
Say that after break we will talk about Core Action #2, Safety and Comfort.

Inform the participants that they have 15 minutes for a break and announce the time that they should return to their seats.



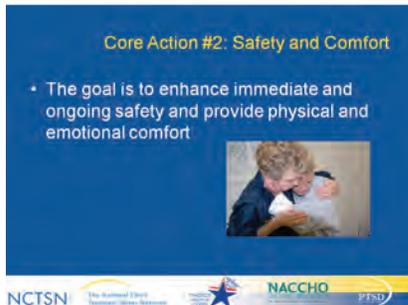
45 min

Core Action #2: Safety and Comfort



Display the slide: Psychological First Aid Core Actions

Announce that you will now discuss the steps for helping a survivor to feel safe and comfortable.



Display the slide: Core Action #2: Safety and Comfort

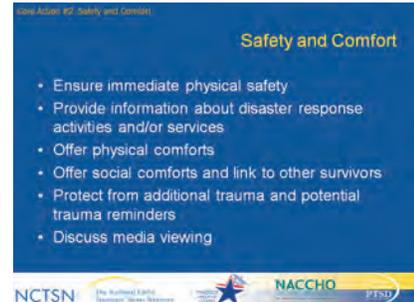
Make the following points about Safety and Comfort:

- The goal for Safety and Comfort is to enhance immediate and ongoing safety and provide physical and emotional comfort.
- Once the PFA provider has contacted and engaged the survivor, restore a sense of safety in order to reduce distress and worry.
- Core Action #2 has several components, including attending to immediate safety issues, promoting initial social engagement, and helping with issues such as body identification, death notification, and acute grief.
- You will want to use the Field Operations Guide as a resource, since all the topics will not be covered in class today.

Display the slide: Safety and Comfort

Review the contents of the slide with the participants:

- Ensure immediate physical safety.
 - Keep physical safety at the forefront of your mind throughout your work. Keep up-to-date on the status of the disaster and determine if you need to take any action to keep survivors safe.
 - For example, in a wildfire disaster, has the fire changed direction putting the shelter at risk, or is the shelter getting overcrowded and do additional shelters need to be opened?
 - Physical safety issues can include making sure the environment is safe and that those who are in need of immediate medical attention receive it quickly.
 - Safety can also include protecting survivors from abuse, such as protecting women from sexual assault in refugee camps and protecting unaccompanied minors.
- Provide information about disaster response activities and/or services.
 - Provide survivors with up-to-date information about what is happening and what services are available.
 - Highlight when and how the information will be delivered (e.g., regular announcements, an announcement board).
 - Use caution and good judgment in choosing whether or not and when to present information.
 - Avoid overwhelming survivors with too much information. Give them information that they appear ready to hear and do so in a respectful, clear, and concise way.





Ask:

Where would you get updated information about what is happening?

Should we get the information we need from local news stations?

Solicit participant responses.

Make the following points about providing information:

- Get information by official procedures in the Incident Command System. Typically, a Public Information Officer will provide the most up-to-date and accurate information.
- Avoid spreading rumors. Know what the media outlets are reporting so that you can clarify misunderstandings.
- Ask survivors if they have questions about what is going to happen. Addressing survivors' needs and concerns helps to reduce fears. Give simple, straightforward information about what they can expect.
- Make sure you have definite information when reassuring people that they are safe. If you do not have specific information, do not guess or invent information in order to reassure.



Ask:

How do you handle situations when information is limited?

Elicit examples from the participants.

Ask the participants to identify the event, what he/she said, and the age of the survivor (e.g., child, adolescent, adult).

Thank the individuals for sharing with the rest of the group.

Explain that it is always helpful for others to hear real-life experiences when learning.

Continue with the Safety and Comfort items on the slide.

- Offer physical comforts.
 - Take steps to attend to survivors' physical comforts.
 - They may need dry clothes.
 - They may have special needs, such as the immediate need for an oxygen tank or critical medications.
 - Reorganize the immediate environment—as needed—to increase safety and to make it more comfortable. Adjust the lighting, get a chair, rearrange furniture, or provide a blanket and pillow.
 - Make sure to address these issues early in your interactions with survivors.

Ask:

What might you offer a child to help him/her feel more comfortable?



Solicit participants' responses.

If not made, make these points:

- Give the child a toy or tell him/her how to care for one of his/her own toys.
- Help to create a designated child-friendly space.
- Monitor who comes in and out of the child area.
- Help to organize activities that are calming, such as playing with building blocks, doing cut-outs, or working on coloring books.

When attending to the physical needs of the frail elderly or people with disabilities, be mindful of:

- Health problems
- Age-related sensory loss (e.g., visual, hearing)
- Cognitive problems
- Lack of mobility
- Unfamiliar or overly stimulating surroundings
- Noise that can interfere with hearing devices
- Limited access to bathroom facilities or eating areas
- Safety of a service animal

Make the point that, in addition to the physical comforts of survivors, social comforts are important as well.

- Offer social comforts and link them to other survivors.
 - Many survivors may be worrying about the safety of loved ones (connecting them to their loved ones as quickly as possible can reduce unnecessary worry and fear).
 - Survivors who are not coping well can be comforted by others who are coping well, especially if they share a similar faith or are from the same community.
 - Social comforts include making spaces where children can safely play with each other.
- Protect survivors from additional trauma and potential trauma reminders.
 - If providing services on scene, try to position the survivors away from rescue efforts to protect them from seeing grotesque sights.
 - For example, in the case of a shooting, encourage first responders to make sure that evacuation routes bypass the crime scenes, so that survivors do not see an injured or deceased person unnecessarily.
 - Be aware that reminders are common for survivors after disasters.
 - Protecting survivors from additional reminders can help recovery.
 - For example, schools may temporarily suspend balloons on campus after a shooting to prevent students from reacting to popping sounds that could remind them of the shooting.

Make the following points about media viewing:

- Research shows that excessive media viewing can cause distress in survivors.
- Assist survivors who are continually watching the media and are showing distress (e.g., having sleep difficulties, trouble with daily routine) to limit this viewing. For example, media coverage gives updates on the hour. Recommend to survivors that they watch the first 10 minutes of the news and then go do something else.
- Advocate for televisions not to be on continually in settings, such as shelters, school, and hospitals.
- Plan for how survivors can get information without increasing their distress by overexposure.
- Encourage parents to monitor and limit children's exposure to television and the media. Also have parents talk to their children about what they have seen and answer their questions.
 - Example: after 9/11, preschool children thought that the replays of the World Trade Center buildings collapsing were additional building collapses—that each replay was a new event—and they were afraid that their own building would collapse.
 - Example: in hurricane-prone areas when a new hurricane season starts, the media plays preparedness messages that include images of previous hurricanes. Some children are afraid that another hurricane is coming.
 - To prevent children from unnecessary worry, parents should monitor and ask their children what they think is happening.
 - Remind parents that children might be upset by images on the Internet as well. For example, some of the pictures of the shooter after the Virginia Tech incident were distressing to some students. Parents should communicate with their children, asking about what they have seen through different media outlets, and what they feel and think about it.

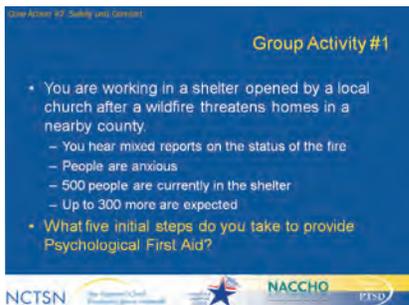
Parents should be advised to be careful of what they say in front of their children and clarify things that might be upsetting.



Ask for and address the participants' questions.



Group Activity #1:



Display the Group Activity slide.

Distribute the Group Activity #1 handout.

Explain the following to the participants:

Purpose: For you to identify five initial steps in providing Psychological First Aid to survivors of a disaster.

Duration: 10 minutes to complete the activity.

Logistics: Work in groups of 4 to perform this activity.

Note to Facilitator:

- Organize the participants into groups of 4 people
- Have participants call off numbers to organize into groups, or if the class is larger than 15-20 people, ask them to form small groups with their surrounding neighbors.

Participant Instructions:

1. Read the scenario on the slide and discuss five initial steps you would take to provide Psychological First Aid.
2. Identify what you would say or do for each of the steps.
3. Select one person to write down your group's responses.
4. After about 10 minutes, you will share your responses with the larger group.

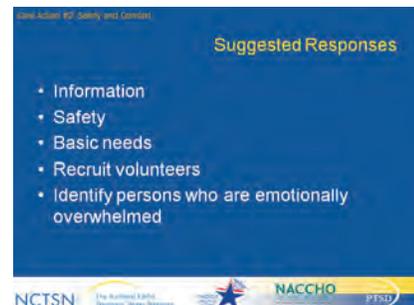
Note to Facilitator:

- Allow each group to present before providing feedback. If a group is too large, have 3 or 4 groups provide feedback and then ask the other groups if they have anything additional they would like to add.
- Plan on 10 minutes for the debriefing.

Display the slide: Suggested Responses

Review the steps with the participants.

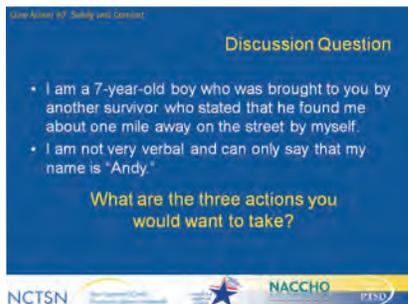
- *Information*
 - *Providers need to discuss with survivors the latest information about the disaster and highlight the plan for how often updates will be coming and if there will be an announcement board.*
 - *Understanding the signature of the disaster is important. If you have been near a wildfire, you know that ash and smoke can travel far distances. When the winds change, air quality deteriorates which can result in fear that the fire is nearing. Having knowledge about the safety of the shelter will be important to reassure concerned survivors and staff.*
- *Safety*
 - *Ensure the safety of survivors.*
 - *Assess if any survivors need immediate medical attention or assistance with special needs.*
 - *If the shelter is at capacity, alert the Incident Commander so plans can be made to open an additional shelter.*
 - *If survivors are evacuated without warning, they may be more distressed and in need of comfort.*
- *Basic needs*
 - *Attend to basic needs including water, clothing, food, etc.*



- *Recruit volunteers*
 - *If there are 800 survivors at a shelter, think about getting more assistance to have a fully functional shelter.*
 - *Since the shelter is at a church, ask the minister or leader of the church if they know any of the survivors and who can serve as volunteers. Remember the basics—tap into survivors’ strengths.*
- *Identification of persons who are emotionally overwhelmed*
 - *Set up a triage system, to get basic information and to identify those with a need for PFA or other services (with wildfires, survivors with respiratory illnesses will be more at risk).*



Ask for and address the participants’ questions.



Display the slide: Discussion Question

Read the scenario to the participants.

Note to Facilitator:

- Read the scenario and facilitate a 10-minute group discussion.



Ask:

What are the three actions you would want to take?

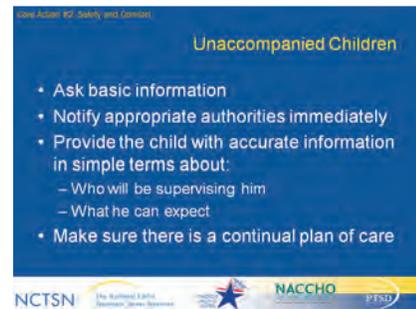
Suggested Actions:

- *Assess if the child is in need of any medical attention.*
- *Attend to his basic needs (after walking a mile in heat, he could be dehydrated or hungry).*
- *Crouch down and talk to the child at his eye level.*
- *Allow the child to play in the play area when appropriate (children, even in these situations, want routine which includes play).*

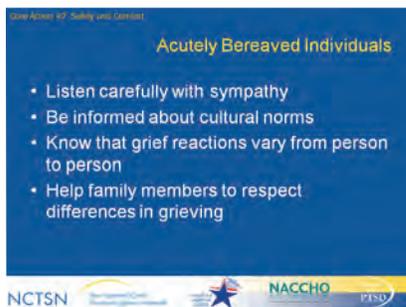
Display the slide: Unaccompanied Children

Review additional actions with the participants.

- Ask basic information (name, names of parents or siblings, address, school).
 - Get basic information about the child when and if he is willing to give you more information.
 - Get a description or the name of the school he attends as schools hold emergency contact information.
 - Having Andy draw pictures while he is talking may be helpful.
- Notify the appropriate authorities immediately.
 - Follow the shelter's plan for how to deal with unaccompanied minors.
 - Depending on the level of the disaster, regular systems may not be operational (DCFS or social services will be closed; police will be too busy with recovery issues) thus; you need to know and understand what the procedure is in the shelter.
 - Make sure you work with an appropriate authority.
 - Providers should not turn over children to other survivors on their own. A 7-year-old can recognize his/her parent, but infant/toddlers may not. Not everyone in a disaster will have the child's best interests in mind.
 - Know that in Presidentially-declared natural disaster areas there will be a National Emergency Child Locator Center run by the Center for Missing & Exploited Children to assist in the location and reunification of children with their families.
- Provide the child with accurate information in simple terms about who will be supervising him and what he can expect.
 - Do not make promises that you cannot keep. No matter how distressed a child is, do not promise that you will find his parents, as you may not be able to.



- Do reassure him that everything possible is being done to reunite him with family.
- Let him know the steps being taken.
- Introduce him to your team and to the person who will supervise him when you are off duty.
- Make sure there is a continual plan of care in place so that children are not put in harm's way or go off on their own.



Display the slide: Acutely Bereaved Individuals

Explain that it is very difficult to find the right words to say or the right things to do when working with survivors who have learned that a family member or close friend has died. Grief reactions among survivors are likely to be intense.



Ask:

Has anyone worked with a survivor or family member who just received a death notification?

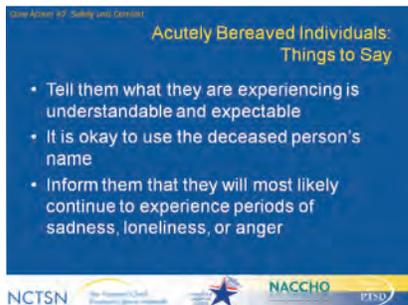
Elicit participant responses.

Thank the participants for sharing and highlight how difficult these situations can be for providers.

Review the steps to take when helping acutely bereaved individuals.

- Listen carefully with sympathy.
 - When a survivor has just been notified that his/her loved one died, there typically are no words that can make the person feel better. In these cases, saying less is better.
 - Be there for the survivor and let him/her tell you what he/she needs.
 - Be aware that providers get anxious by intense emotions and often talk too much. Remember the basics—stay calm and observe first.

-
- Be informed about cultural norms.
 - Grief is an area that is often influenced by cultural and ethnic customs and traditions.
 - Make sure you learn about the rituals related to mourning and how the culture expresses grief.
 - Help family members to respect differences in grieving (grief reactions vary from person to person).
 - The more you can highlight that there is no correct course of grieving, and that it varies from person to person, the more it will help recovery.
 - During these times, families may turn away from each other because of differences in grieving. As we discussed previously, support by loved ones is important for recovery.
 - It may be necessary for you to tell family members to respect each other's way of grieving. For example, just because one parent cries and the other does not and returns back to work quickly does not mean one parent loved the deceased child more than the other. Explain that each family member will have his/her own special set of reactions and that they should support each other during this time.
 - Parents may have special questions on how to talk to their children about death and about children's attendance at funerals. These topics are covered in the Field Operations Guide.
 - Highlight that children may only show their grief for short periods of time each day, and even though they may play or engage in other positive activities, their grief can be just as strong as that of any other family member.



Display the slide: Acutely Bereaved Individuals: Things to Say

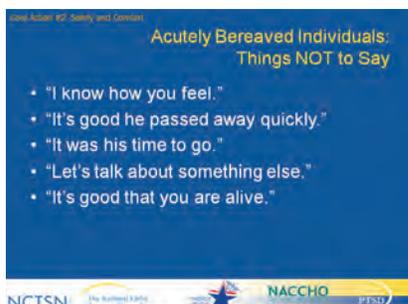
Review the contents of the slide with the participants.

It is okay to:

- Acknowledge that what they are experiencing is understandable and expectable
- Use the deceased person's name if culturally appropriate
- Highlight that they will continue to experience periods of sadness, loneliness, or anger

Make the following points:

- Notice in the Field Operations Guide that the list of what to say is much shorter than what not to say. Much of your work with survivors during this time will be providing them with some privacy and sitting with them.
- Know your limitations: if you are not comfortable talking about death, ask a teammate to work with an acutely grieving survivor.
- Survivors told the PFA development team that they often met with providers who clearly were not comfortable with the topic and would try to change the conversation, describe a person as being "lost," or would not acknowledge the deceased person. As long as it is appropriate to the culture, providers should use the person's name and follow the lead of the survivor on how to talk about the deceased person.
- Help them understand that there is no timetable to grief and that they will continue to experience these feelings for some time. That period of time will vary from person to person.



Display the Slide: Acutely Bereaved Individuals: Things NOT to Say

Review the contents of the slide with the participants.

You should not say:

- “I know how you feel.”
- “It’s good he/she passed quickly.”
- “It was his/her time to go.”
- “Let’s talk about something else.”
- “It’s good that you are alive.”

Make the following points:

- Why is it inappropriate to say, “It’s good that you are alive?” If you have just lost your entire family, you may not feel good that you are alive and may question why they died and not you. Remember, being less verbal is often better than saying the wrong thing.
- If the grieving person says any of the things on the slide, you can respectfully acknowledge the feeling or thought, but don’t initiate statements like these yourself.

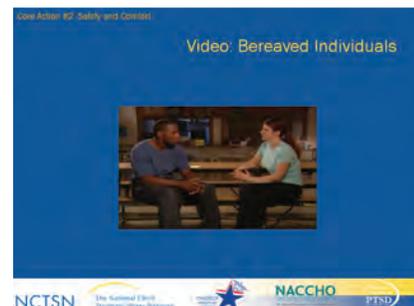
To help in teaching how to support acute bereaved individuals, show the following short video.



Display the slide: Video: Bereaved Individuals

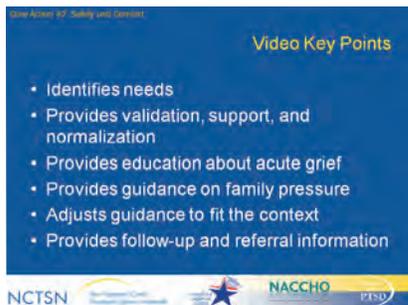
Note to Facilitator:

- Click on the video clip in the PowerPoint slide to begin the video.



Provide the following video background information to the participants.

“The video shows an example of a brief supportive/ educational intervention taking place in a family assistance center shortly after a bombing. The man depicted has lost his wife in a bombing. He has two children, is overwhelmed with the details of dealing with the death, and has a sense of guilt over not expressing emotions following the loss. His friends and relatives have been pressuring him to express his emotions, but he has not felt ready to do so.”



Display the slide: Video Key Points.

Tell the participants that, while viewing the video, you would like for them to listen for how the counselor did the following:

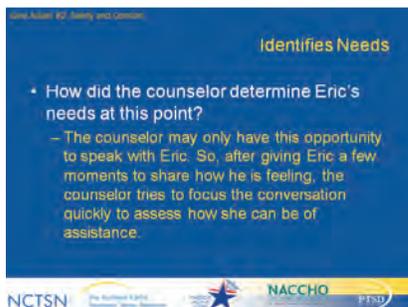
1. Identifies needs
2. Provides validation, support, and normalization
3. Provides education about acute grief
4. Provides guidance on family pressure
5. Adjusts guidance to fit the context
6. Provides follow-up and referral information

Instructions:

- Play the video.
- At the end of the video, ask the participants to respond to the questions on the slides.

Note to Facilitator:

- For each of the following six slides, read the question to the group, solicit responses from the participants, and display the answer when all responses have been exhausted.



Display the slide: Identifies Needs

Ask:

How did the counselor determine Eric's needs at this point?

Elicit participant responses.

Click the mouse to animate the suggested response:

The counselor may only have this opportunity to speak with Eric. So, after giving Eric a few moments to share how he is feeling, the counselor tries to focus the conversation quickly to assess how she can be of assistance.

Display the slide: Provides Validation, Support, and Normalization

Ask:

How does the counselor perceive Eric to be feeling?
What does the counselor do to provide validation, support, and normalization?

Elicit participant responses.

Click the mouse to animate the following suggested response:

The counselor perceives Eric to be feeling overwhelmed, exhausted, and in shock. She provides support by telling him that the way he is feeling is to be expected in these circumstances.

Display the slide: Provides Education about Acute Grief

Ask:

What does the counselor say to Eric about grief?

Solicit participant responses.

Click the mouse to animate the following suggested response:

The counselor provides basic psychoeducation about early grief reactions, informing Eric that it is common to feel numb just after experiencing a traumatic death.

Slide 10/201 © J. Saizy and Associates

Provides Validation, Support, and Normalization

- How does the counselor perceive Eric to be feeling?
- What does the counselor do to provide validation, support, and normalization?
 - The counselor perceives Eric to be feeling overwhelmed, exhausted, and in shock.
 - She provides support by telling him that the way he is feeling is to be expected in these circumstances.

NCTSN The National Child Traumatic Stress Network NACCHO PTSD



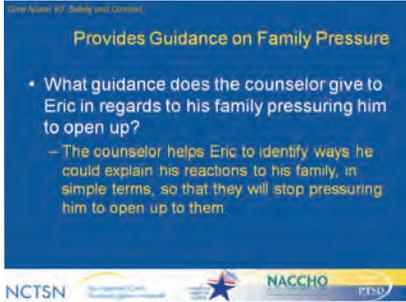
Slide 10/201 © J. Saizy and Associates

Provides Education about Acute Grief

- What does the counselor say to Eric about acute grief?
 - The counselor provides basic psychoeducation about early grief reactions, informing Eric that it is common to feel numb just after experiencing a traumatic death.

NCTSN The National Child Traumatic Stress Network NACCHO PTSD





Display the slide: Provides Guidance on Family Pressure



Ask:

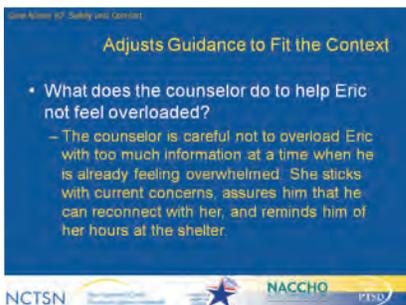
What guidance does the counselor give to Eric regarding family pressure to open up?

Elicit participant responses.

Click the mouse to animate the following suggested response:

The counselor helps Eric to identify ways he could explain his reactions to his family, in simple terms, so that they will stop pressuring him to open up to them.

Display the slide: Adjusts Guidance to Fit the Context



Ask:

What does the counselor do to help Eric not feel overloaded?

Elicit participant responses.

Click the mouse to animate the following suggested response.

The counselor is careful not to overload Eric with too much information at a time when he is already feeling overwhelmed. She sticks with current concerns, assures him that he can reconnect with her, and reminds him of her hours at the shelter.

Display the slide: Provides Follow-up and Referral Information

Provides Follow-up and Referral Information

- What does the counselor do to provide Eric with follow-up and referral information?
 - The counselor refers Eric to the toll-free number and website address.
 - Eric may be feeling too overwhelmed to seek counseling in the short-term.
 - Making a positive connection with the counselor may open the door for him to get help in the future.

NCTSN The National Child Traumatic Stress Network NACCHO PTSD

Ask:
What does the counselor do to provide Eric with follow-up and referral information?



Elicit participant responses.

Click the mouse to animate the following suggested response:

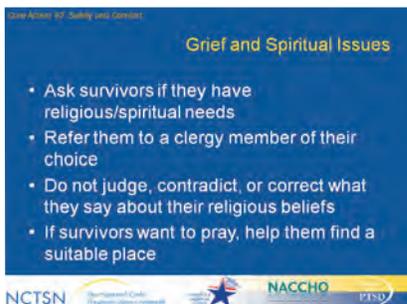
The counselor gives Eric a card with a toll-free number and a website he can access for additional resources. Eric may be feeling too overwhelmed to deal with matters and to seek counseling regarding his wife's death in the short-term. The fact that the counselor has made a positive connection with Eric may open the door for him to get help at a future time, when he is ready to do so.

Make the following other points:

- Many survivors are uncomfortable with feeling numb. The provider should let Eric know that feeling numb is expected, especially since he has a lot going on right now.
- Some survivors feel that if they do not cry, they are crazy or not empathic. Eric has enough to worry about, so the provider telling him that he is not going crazy is important.
- Survivors may jump to issues that are long-term. Help focus the survivor on his current concerns. The provider can then give him information on things that he can address with someone at a later date.
- Note that the provider in the video was empathic and followed his lead. She also discussed the importance of each family member having different ways of grieving.
- Some parents will have questions about how to talk to their children about death. There is information about these issues in the Field Operations Guide on page 38.



Thank the participants for their input and ask if they have any questions.



Display the slide: Grief and Spiritual Issues

Point out the importance that spiritual issues play in grief. It is common for people to rely on religious and spiritual beliefs/practices as a way to cope with the death of a loved one. Survivors may use religious language or want to engage in prayer or other religious practices.

Review the grief and spiritual issues with the participants:

- Ask survivors if they have religious/spiritual needs at this time.
 - Note that grief and spirituality are closely tied together for some survivors.
 - Ask survivors what their spiritual needs are related to the death of their loved ones and address those needs. For example, would they like to pray or do they need any religious objects, such as rosary beads.
- Refer to a clergy member of the survivor's choice.
 - Make sure you have a list of available community religious professionals.
- Do not judge, contradict, or correct what survivors say about their religious beliefs.
 - In the acute phase, survivors may question their faith. Do not answer religious questions such as, "Why was this allowed to happen?" These questions generally represent expressions of emotions, rather than real requests that require an answer.
- Help find a suitable place for survivors to pray.
 - It is not necessary for you to share the survivor's beliefs in order to be supportive. Often, simply listening and attending is all that is required. This includes standing silently while survivors pray.

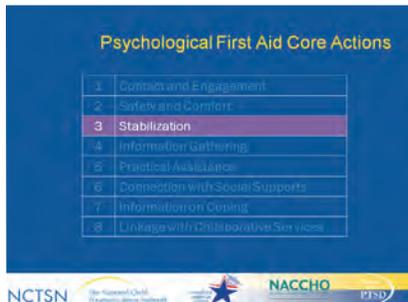
Ask for and address the participants' questions.



Transition to Core Action #3: Stabilization.

30 min

Core Action #3: Stabilization

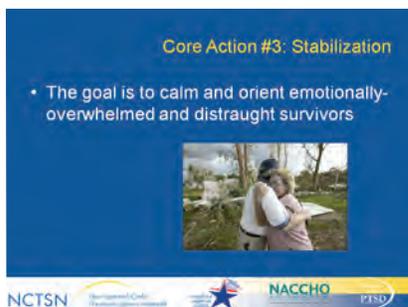


Display the slide: Psychological First Aid Core Actions

Explain that next we are going to discuss the signs of emotionally overwhelmed survivors and how to stabilize them.

Note to Facilitator:

- Make sure you get through this Core Action before lunch.
- Doing the breathing exercise after lunch is not a good idea!



Display the slide: Core Action #3: Stabilization

Make the following points about Stabilization:

- The goal of Core Action #3 is to calm and orient emotionally overwhelmed or disoriented survivors.
- In the Field Operations Guide, it says, “If needed” for this Core Action. Most survivors will not require stabilization.
- Expressions of strong emotions, even muted emotions, are expected and do not mean that survivors need stabilization.
- Be concerned about individuals whose reactions are so intense and persistent that they significantly interfere with their ability to function, who are not in control and need help to calm down, or who are disoriented.
- In most situations, you will be able to get medical assistance to help you with these survivors. However, if medical personnel are not available (e.g., in lockdown situations), there are some basic skills to help stabilize a person.
- While expression of strong emotions, numbing, and anxiety are normal responses to traumatic stress, when these emotions become extreme, they can interfere with sleep, eating, decision-making, parenting, and other life tasks.

Ask:

What are the signs of a disoriented or an emotionally overwhelmed survivor?



Display the slide: Signs a Person May Need Stabilization

Review the signs with the participants.

- Glassy-eyed and vacant
- Unresponsive
- Disoriented
- Exhibiting strong emotional responses
- Uncontrollable physical reactions
- Frantic and searching behavior



Make the following points about the appearance of someone who is disoriented:

- He/she may look glassy eyed and appear almost catatonic.
- He/she will not respond to your voice and may seem paralyzed.
- He/she might be extremely emotional and have uncontrollable physical reactions, such as shaking and trembling.
- He/she may also exhibit bizarre behavior (continually fidgeting with a button or rocking back and forth) or walking around aimlessly.

Make the following points about the role of the PFA provider:

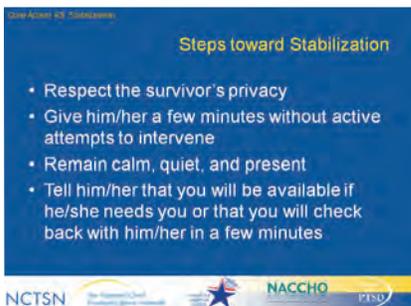
- Do not assume that a survivor who has just received a death notification and is expressing intense emotions is in need of stabilization.
 - In some cultures, emotional and behavioral responses—that may seem extreme to you—are customary.
 - Support other survivors who grow concerned and are afraid that a person needs help.
 - Reassure them that the person is okay or that they are in good hands.

- Give the person space to grieve with the rest of his/her family, who will usually provide the support needed.



Ask:

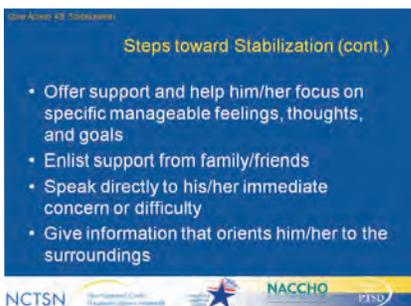
So what steps can you take to help stabilize an emotionally overwhelmed survivor?



Display the slide: Steps Toward Stabilization

Review the steps with the participants.

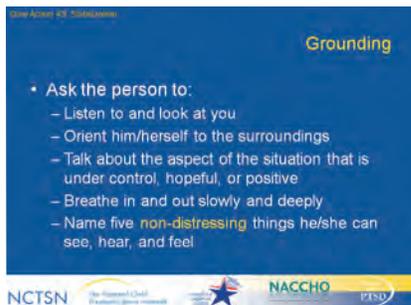
- Respect the survivor's privacy.
 - It is difficult to discriminate between a survivor who is in need of stabilization and one who is expressing intense emotions, but is in control.
 - Thus, the first step is to respect the survivor's privacy and give him/her a minute before intervening.
- Remain calm, quiet, and present.
 - Remain available and see if the survivor can calm down on his/her own.
 - Remember to remain calm yourself, as seeing someone with intense emotions can be stressful.
- Tell the survivor that you will be available if he/she needs you.
 - Be sure to check back with the survivor in a few minutes.



Display the slide: Steps Toward Stabilization (cont.)

-
- Offer support and help the survivor to focus on specific manageable feelings, thoughts, and goals.
 - It is helpful for the survivor to understand his/her reactions and explain why he/she is feeling overwhelmed.
 - Show how to become calmer by doing calming activities, such as going for a walk, breathing deeply, or practicing muscle relaxation techniques.
 - For example, help the survivor by teaching him/her simple breathing techniques.
 - Enlist support from the survivor's family and friends.
 - See if there are any family members or friends who could assist. Have him/her take the lead in assisting the distressed survivor, with you helping the family member.
 - Speak directly to the survivor's immediate concern or difficulty.
 - Ask the person what he/she is experiencing. (Is he having a reminder? Is she concerned about her safety or the safety of family members?)
 - Address the survivor's primary concern or difficulty, rather than simply trying to convince the person to calm down.
 - Provide information to the survivor that may help to orient him/her to the surroundings.
 - Let him/her know, for example, how the setting is organized, what is happening, and what is known about the disaster; or clarify any misunderstandings about safety.

If a person appears extremely agitated, shows a rush of speech, seems to be losing touch with surroundings, or is experiencing ongoing intense crying, stabilize the individual by using a grounding technique.



Display the slide: Grounding

Review the steps for grounding with the participants.

Ask the person to:

- Listen to and look at you.
- Orient to surroundings (ask him/her to describe the surroundings and identify his/her location).
- Talk about aspects of the situation that are under control, hopeful, or positive.
- Breathe in and out slowly and deeply.
- Name five non-distressing things he/she can see, hear, and feel. (“I hear a woman. I see a dog. I feel my hand touching the table.”)

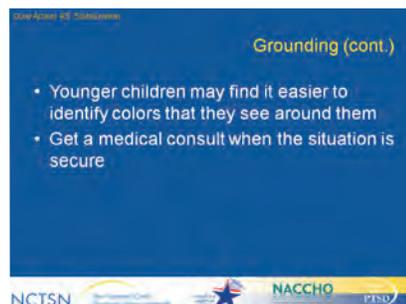
Demonstrate this with the participants.

- Position yourself right in front of the person so he/she begins by focusing on you.
- Speak in a calm voice to orient the person, waiting until he/she can speak.
- See if the survivor can hear you and look at you.
- Have the person describe the surroundings or what you are wearing.
- Help the survivor know that he/she has control over his/her breathing and how he/she is feeling right now and that you can help him/her feel less overwhelmed.
- Help the person breathe in and out slowly.
- Demonstrate by breathing in and out slowly yourself.
- Once he/she is breathing quietly, have the survivor name several non-distressing things he/she can see, hear, or feel.
- Caution the participants not to use listening to sounds if the sounds are distressing.
 - For example, if you are in a shelter with a lot of noise it will be hard to relax.

Display the slide: Grounding (cont.)

Make the points that:

- Younger children may find it easier to identify colors that they see around them.
- Get a medical consult when the situation is secure.



Explain that you have another video segment that provides an excellent example for deep breathing techniques to cope with anxiety reactions.

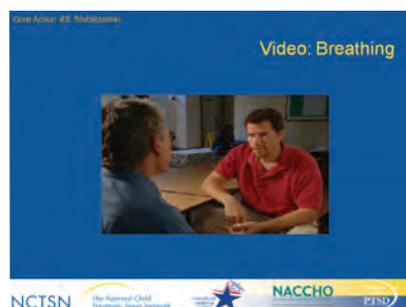


Display the slide: Video: Breathing

Explain that the video is a little over five minutes in length.

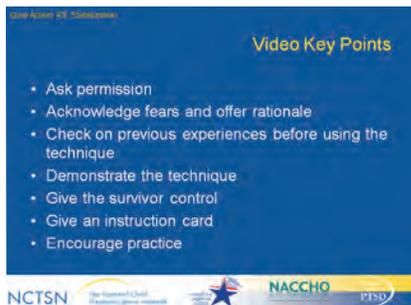
Note to Facilitator:

- Click on the video clip on the PowerPoint slide to begin the video.



Provide the following video background information to the participants.

The video shows an example of a Disaster Mental Health (DMH) worker teaching a man deep breathing techniques to cope with anxiety symptoms. The vignette provides a brief rationale for deep breathing as a coping tool, and contains a demonstration of how to teach breathing retraining. The goal of this breathing technique is not to provide 'relaxation' per se, but rather to give the survivor an opportunity to take small breaks during the day as a way to cope with anxiety and stress.



Display the slide: Video Key Points

Explain to the participants that while viewing the video, you would like for them to listen for how the following key points illustrated in the video are used:

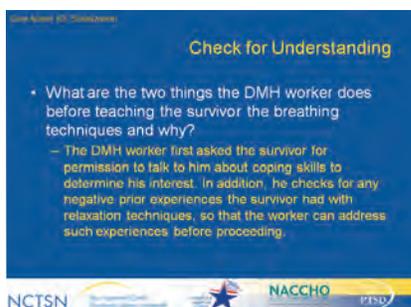
- Ask permission
- Acknowledge fears and offer rationale
- Check on previous experiences before using the technique
- Demonstrate the technique
- Give the survivor control
- Give an instruction card
- Encourage practice

Instructions:

- Play the video.
- At the end of the video, ask the participants to respond to the questions on the slide.

Note to Facilitator:

- The following Q and A is performed in a large group setting.



Display the slide: Check for Understanding

Ask the participants the first review question:

What are the two things the Disaster Mental Health (DMH) worker does before teaching the survivor the breathing techniques and why?

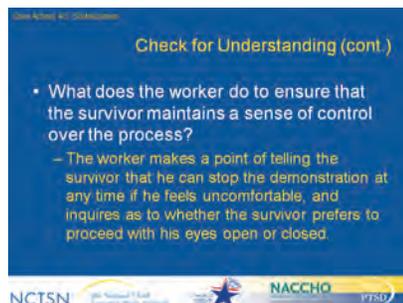
Elicit participant responses.

Click the mouse to animate the suggested response.

The DMH worker first asked the survivor for permission to talk to him about coping skills to determine his interest. In addition, he checks for any negative prior experiences the survivor had had with relaxation techniques, so that the worker can address such experiences before proceeding.

Explain that the survivor has to be interested and open to the technique before trying to engage him in the exercise.

Display the slide: Check for Understanding (cont.)



Ask the participants the second review question.

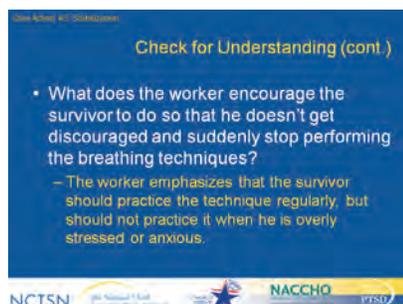
What does the worker do to ensure that the survivor maintains a sense of control over the process?

Elicit participant responses.

Click the mouse to animate the suggested response:

The worker makes a point of telling the survivor that he can stop the demonstration at any time if he feels uncomfortable, and inquires as to whether the survivor prefers to proceed with his eyes open or closed.

Display the slide: Check for Understanding (cont.)



Ask the participants the third review question.

What does the worker encourage the survivor to do so that he does not get discouraged and suddenly stop performing the breathing techniques?

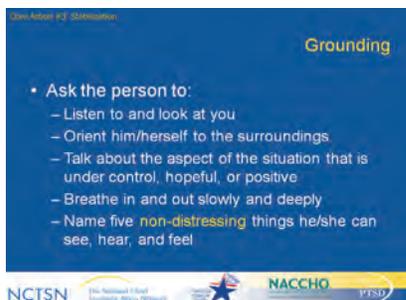
Elicit participant responses.

Click the mouse to animate the suggested response:

The worker emphasizes that the survivor should practice the technique regularly, but should not practice it when he is overly stressed or anxious.

Highlight the following points:

- With breathing techniques, focus not only on breathing in slowly, but focus also on breathing out slowly (this is even more important). You may want to count to three to slow the breathing down (“Breathe in, one-two-three, breathe out, one-two-three”).
- Use a cognitive metaphor. Many times a survivor’s thoughts are racing during these times and a simple metaphor, such as the word calming, can slow down his/her racing thoughts.
- For children, you can use colors. Example: Ask a participant, what his/her favorite color is. Ask that he/she breathe in the color (pink), and breathe out the color gray. Gray is the distress. Pink is the happy color.



Note to Facilitator:

- Have the participants divide into pairs and spend 10 minutes practicing the grounding technique.
- They should spend five minutes each taking the role of the provider.
- Show the grounding slide again to review the steps.
- Instruct each partner to provide feedback to his/her partner after each role play.

Thank the participants for their input and ask if they have any questions.

Explain that it is time to break for lunch and when you return you will discuss the steps for gathering enough information so that you can tailor and prioritize your interventions to meet the need of individual survivors.

Inform the participants that they have one hour for lunch and remind them of the actual time they are to return.

Dismiss the participants for lunch.



30 min

Core Action #4: Information Gathering

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

• The goal is to identify immediate needs and concerns, gather additional information, and tailor PFA interventions
• It is used to determine: <ul style="list-style-type: none">– Need for immediate referral– Need for any additional available ancillary services– Which components of PFA may be helpful

Welcome the participants back from lunch.

Display the slide: Psychological First Aid Core Actions

Announce that you will now discuss strategies to gather information in order to tailor and prioritize interventions with survivors.

Display the slide: Core Action #4: Information Gathering

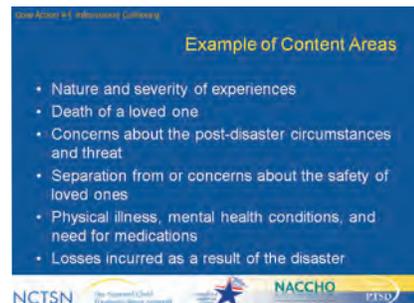
Make the following points about Information Gathering:

- The goal of information gathering is to identify the immediate needs and concerns of survivors so that providers can select the appropriate intervention strategies to meet the specific needs of the survivors.
- The provider must gather information before deciding which of the components is appropriate for a specific survivor. Not every survivor requires every component.
- Information gathering is not done using a systematic interview format, but is accomplished by knowing what to listen for and having some important categories of needed information in mind.
- The process of gathering information may be informal and integrated throughout the visit with a survivor.
- In most settings, the ability of the provider to gather information will be limited by time, survivors' needs and priorities, and other factors, such as a survivor's linguistic ability and willingness to talk.
- The information the PFA provider gathers is used to determine:
 - The need for immediate action or referral.
 - The need for any additional available ancillary services.
 - Which components of PFA may be helpful.

Display the slide: Example of Content Areas

Make the following points about the content areas:

- Listed are a few of the content areas a provider should consider when gathering information.
- The Field Operations Guide identifies more specific areas of concern and provides questions to ask survivors in order to gather information about these areas.
 - The Guide also recommends interventions for use with each area of concern, so that information gathering is linked with the specific types of interventions to be provided.



Note to Facilitator:

- Highlight the link between content areas and intervention strategies by reviewing a few of the content areas on the slide.

Make the following points about the examples of content areas listed on the slide:

- Nature and severity of experiences
 - Survivors who have had the most serious exposure to direct life-threat to self or loved ones, injury to self, or who have witnessed grotesque injury or death may experience more severe and prolonged distress.
 - Those who felt extremely terrified and helpless may also have more difficulty in recovering.

Ask:

What information might you ask a survivor about the nature and severity of his/her experiences during the disaster?



Elicit the participants' responses.

Suggested Responses:

- *“You’ve been through a lot of difficult things. May I ask you some questions about what you have been through?”*
- *“Where were you during the disaster?”*
- *“Did you get hurt?”*
- *“Did you see anyone get hurt?”*
- *“How afraid were you?”*

For survivors with these kinds of experiences, PFA providers should give information about typical post-disaster reactions and coping and offer a follow-up meeting.

Continue making points about the examples of content areas listed on the slide:

- Death of a loved one
 - To determine if the death of a loved one has occurred, ask the survivor if someone close to him/her got hurt or died as a result of the disaster.
 - For those survivors who have experienced the death of a loved one, provide emotional comfort, information about coping, social support, and acute grief, and offer a follow-up meeting.
- Concerns about the post-disaster circumstances and threat



Ask:

What questions would you ask to address the survivor’s concerns about post-disaster circumstances and ongoing threats?

Elicit the participants’ responses.

Suggested Responses:

- *Do you need any information to help you better understand what has happened?*
- *Do you need information about how to keep you and your family safe?*
- *Do you need information about what is being done to protect the public?*

Explain that, for these types of concerns, helping the survivors obtain information about safety and protection is advised.

Continue making points about the remaining examples of content areas listed on the slide:

- Separation from or concerns about the safety of loved ones
 - Gather information about separation and safety concerns by asking questions, such as:
 - Are you worried about anyone close to you right now?
 - Do you know where they are?
 - Is there anyone especially important like a family member or friend who is missing?
 - For survivors with these types of concerns, connect them with available information sources and registries that help locate and reunite family members.
- Physical illness, mental health conditions, and need for medications
 - Give high priority to immediate medical and mental health concerns.
 - Ask the survivors if they need medications or if they need any help in getting in touch with a doctor or pharmacy.
- Losses incurred as a result of the disaster
 - If survivors have extensive material losses and post-disaster adversities, their recovery may be complicated with feelings of depression, demoralization, and hopelessness.
 - Ask them what damage has occurred.
 - Provide emotional comfort, practical assistance to link them to available resources, and information about coping and social support.

Explain that additional categories to consider in information gathering are:

- Extreme guilt or shame
- Thoughts about harming self or others
- Availability of social support
- Prior alcohol or drug use
- Prior exposure to trauma or loss
- Specific youth, adult, or family developmental concerns



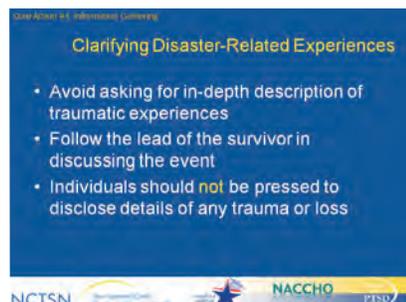
Point out that the Survivor Current Needs form in Appendix D (page 121) can be used to document the basic information gathered from survivors.

- The categories covered in this form include:
 - Behavioral Problems (such as extreme disorientation, regression, isolation, and excessive drug, alcohol, or prescription drug use)
 - Emotional Reactions (such as acute grief, irritability, anger, and feelings of guilt or shame)
 - Physical Reactions (such as sleep difficulties, headaches, and chronic agitation)
 - Cognitive Problems (such as difficulty concentrating or paying attention)
- The form also includes categories related to pre-disaster, disaster, and post-disaster issues that may place a survivor at risk for a more difficult recovery.
 - This form can be used to communicate with referral agencies to help promote continuity of care.

Display the slide: Clarifying Disaster-Related Experiences

Review the recommendations for clarifying disaster-related experiences:

- Avoid asking for in-depth descriptions of traumatic experiences, as this may provoke unnecessary additional distress.
- Follow the lead of survivors in discussing the event.
- Do not press them to disclose details of any trauma or loss.
- After considerable review of the literature about providing acute assistance to disaster survivors (and discussion with experienced providers and survivors), our PFA development team found that an in-depth review of traumatic experiences is not recommended and may constitute a risk to survivors with no immediate or long-term benefit.

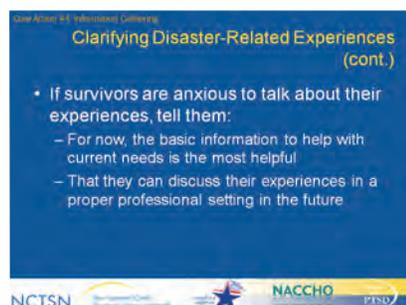


Display the slide: Clarifying Disaster-Related Experiences (cont.)

Review the remaining recommendations with the participants.

Make the following points about Clarifying Disaster-Related Experiences:

- If survivors are anxious to talk about their experiences, explain to them that basic information to help with their current needs is the most helpful at this point in time.
 - Psychological First Aid is not the proper time or setting for in-depth exploration of traumatic experiences.
 - Let survivors know that those with the most severe disaster-related experiences and losses may have the most persistent distress and problems after the disaster.



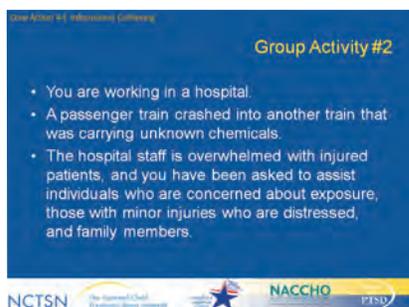
- Remind survivors that they can arrange a time to discuss their experiences in a proper professional setting in the future, for example, with a physician or mental health professional.
- Be respectful to those who want to talk about their experience, but do not probe for the worst moments and feelings. Make sure you end with addressing the survivors' concerns or needs.



Ask for and address the participants' questions.



Group Activity #2:



Display the slide: Group Activity #2

Explain the following to the participants:

Purpose: The purpose of this activity is for you to identify the information you need to begin providing assistance and the five actions you would take in providing Psychological First Aid to survivors.

Duration: You will have 10 minutes to complete the activity.

Logistics: Work in the same small groups to perform this activity.

Distribute the Group Activity #2 handout to the participants.

Participant Instructions:

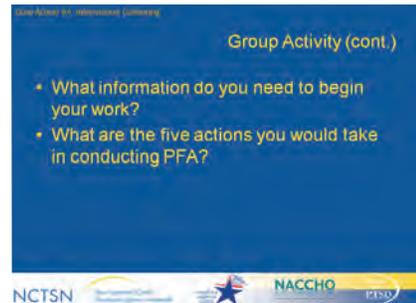
1. Read the scenario and questions on the handout and determine the responses to the two questions.
2. Select one person to write down your group's responses.
3. After about 10 minutes, share your responses with the larger group.

Display the slide: Group Activity #2 (cont.)

Read the questions to the participants.

Explain that, at this point in time, the type of chemical involved is unknown. You may suggest that the hospital has set up a Family Reception Center to provide assistance to those who may have been on the train and to family members who have arrived at the hospital to find out about loved ones. If asked, explain that you are not a hospital staff employee, but someone who is volunteering or has been assigned to provide assistance at the family reception center.

Emphasize that it is important to know your role during the disaster.



Note to Facilitator:

- Allow each group to present before providing feedback.
- If a group is too large, have three or four groups provide feedback, and then ask the other groups if they have anything additional that they would like to add.
- Plan on 10-15 minutes for the debrief session.

Debrief the activity by discussing the points below, your comments and suggestions based on the Core Actions, and your previous experience in providing Psychological First Aid.

- Providers need to take care of themselves. They should ask what precautions they need to take until the chemical is known to protect them from exposure. When the chemical is identified, providers should educate themselves about the typical symptoms and the potential for exposure.

-
- Discuss the importance of PFA providers understanding that, typically, there will be an Incident Command System and a Public Information Officer who can provide timely information, as it emerges, about the nature of the chemical involved and any public health directives.
 - To begin working in this scenario, providers should know how to get this information in a timely way so that they can relay information to survivors or inform them about how they can obtain such information. This may include getting information on what other hospitals may be involved and community response services being activated (e.g. 1-800 numbers, lodging, transportation, etc.).

Five Action Steps:

- Contact and engage with survivors.
- Address safety issues (explain why exposed patients may have to be kept separately from family members for a period of time).
- Connect loved ones together (especially attend to unaccompanied minors).
- Provide acute grief support for those families given death notification.
- Offer practical assistance (provide cell phones for loved ones to make connections, assist with lodging for out-of-state survivors, etc.).



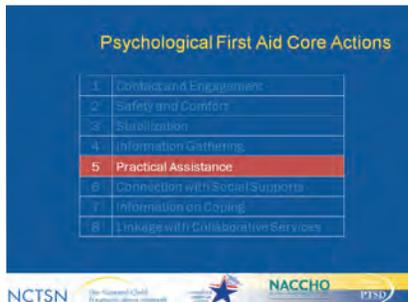
Ask for and address the participants' questions.

Explain that next we are going to discuss Practical Assistance.



15 min

Core Action #5: Practical Assistance

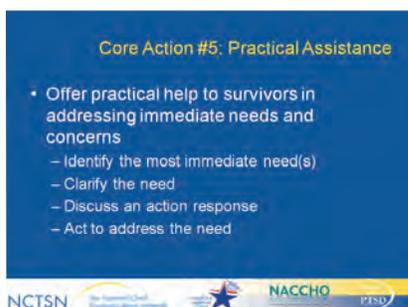


Display the slide: Psychological First Aid Core Actions

Explain that next we are going to discuss Core Action #5: Practical Assistance

Make the following points about practical assistance:

- Providing survivors with practical assistance can empower them, give them hope, and restore their sense of dignity.
- Survivors may have numerous losses after a disaster. Identifying their needs and helping them problem-solve ways to get their needs met is important.
- As the needs may be great and numerous, providers may need to help survivors in clarifying their needs and concerns, developing a plan to address them, and acting on the plan.
- Some practical assistance can provide immediate relief and comfort to survivors. For example, ice is nice in hot weather or a phone call to a family member can be comforting.
- Practical assistance can be a very effective “mental health” intervention in reducing distress and anxiety.



Display the slide: Core Action #5: Practical Assistance

Explain that the goal of Core Action #5 is to offer practical help to survivors in addressing immediate needs and concerns.



Ask:
How is this done?

Review the four items on the slide.

-
- Identify the most immediate need(s).
 - Focus on one need at a time.
 - Acknowledge that some needs will have immediate solutions, while others will take more time to solve.
 - Help the survivor prioritize the need by identifying the most important need to work on first.
 - Clarify the need.
 - Specify the problem or need as much as possible. If it is a big problem to solve, break it down into smaller chunks.
 - If the need is clarified, it will be easier to identify practical steps to address it.
 - Discuss an action response.
 - Develop a plan on how to address the need.
 - Discuss realistically what services or resources are currently available and what can be expected in the future. Identify steps as to how the survivor can update him/herself as more information is available.
 - Act to address the need.
 - Help the survivor take action (e.g., help complete paperwork, set appointments, and obtain services).

You should not assume that when helping survivors with practical assistance a survivor is helpless. Take the lead from the survivor on how much help he/she needs with practical assistance.

Ask:

Putting yourself in a survivor's role, how would you feel if someone came up to you and started asking all these questions?



- “Can I get you a cup of coffee?”
- “Can I fill out this form for you?”
- “Can I get you a blanket?”
- “Can I show you to the bathroom?”



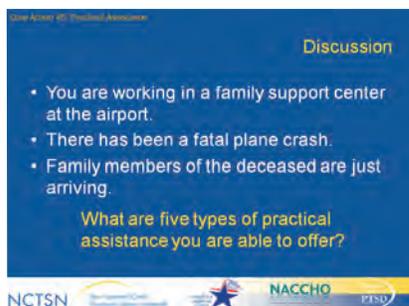
Ask:
How do you think you would feel?

Elicit from a participant that he/she would feel not capable or helpless. Then highlight that a provider's eagerness to help others may play against the survivors' strengths if we always try to do for them. Make sure to follow the lead of survivors when deciding how much assistance to provide.

Group Discussion:

Display the slide: Discussion

Read the scenario to the participants.



Note to Facilitator:

- Read the scenario and facilitate a 10-minute group discussion.
- Whenever possible, add your own examples/ experiences to help clarify key points.



Ask:
What are the five types of practical assistance you are able to offer?

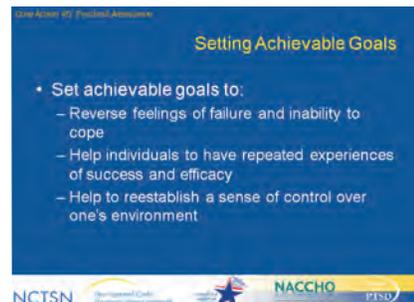
Share the following possibilities with the participants:

- *Help get lodging for out-of-town family members.*
- *Make sure basic needs are met (e.g., food, water).*
- *Help to clarify any questions about how death notification or body identification occurs in that area.*
- *Assist with getting family members connected with other supports (faith community, other loved ones).*
- *Help with how to get remains back home, assist with planning for religious rituals, if desired, etc.*
- *Assist parents with questions about children's understanding of death.*

Display the slide: Setting Achievable Goals

Make the following points:

- By setting achievable goals for survivors, you may:
 - Reverse feelings of failure and the inability to cope.
 - Help individuals to have repeated experiences of success and efficacy.
 - Help to reestablish a sense of control over one's environment.
- Although practical assistance may be the shortest core action in the Field Operations Guide, it can have important outcomes such as these.
- Do not underestimate how connecting a mother to her son by phone or providing a teddy bear to a child can help alleviate a survivor's distress (Provide your own example of how practical assistance impacted a survivor).



Ask for and address the participants' questions.

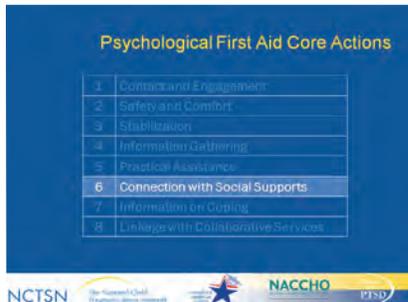


Say:

“Next we are going to discuss how we can assist survivors with social connections.”

15 min

Core Action #6: Connection with Social Support



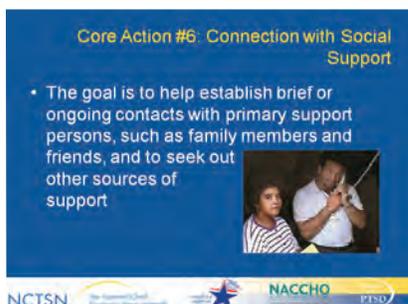
Display the slide: Psychological First Aid Core Actions

Explain that next we are going to discuss Core Action #6: Connection with Social Support.

Display the slide: Core Action #6: Connection with Social Support

Make the following points about social support:

- The goal of this Core Action is to help a survivor establish brief or ongoing contacts with primary support persons, such as family members and friends, and to seek out other sources of support, such as community resources (e.g., faith communities, nonprofit groups).
- Social support is positively linked to emotional well-being and recovery, following disaster.
- The PFA provider should, first and foremost, take practical steps to enable the person to make contact (i.e., by e-mail, phone) with persons important to them, with other disaster survivors, or community resources.
- Disasters can have a profound impact on community resources. They can deprive survivors of their natural networks. It is important to identify ways to reconnect survivors with those networks. For example, if a survivor who is a member of AA cannot make contact with his sponsor, the PFA provider can help the survivor connect with another interim sponsor.



Display the slide: Core Action #6: Connection with Social Support

Review the list of PFA actions on the slide.

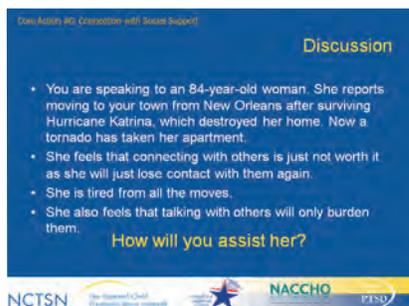
Display the slide: Core Action #6: Connection with Social Support (cont.)

Make the following points about social supports:

- Enhance access to primary support persons (family and significant others).
 - Contacting family and significant others is usually an immediate concern for survivors.
 - Take practical steps to assist survivors to reach these individuals.
 - Facilitate survivors' efforts to support each other and to interact in a positive way with the resources that are immediately available.
 - Access to primary support persons may not be possible due to displacement, separation, or injury or death. Link survivors to support in the immediate vicinity.
- Encourage use of immediately available support persons, such as relief workers and other survivors.
 - Help educate survivors about the importance of social support, and how to be supportive to others. For example, placing survivors of similar faith together or from the same neighborhoods are two ways to accomplish this.
 - Providers can be a positive influence on survivors by modeling ways to engage and interact with others.
- Discuss ways to seek and give support.
 - Identify possible support persons.
 - Discuss what to do and/or talk about.
 - Explore reluctance to seek support.
 - Clarify that survivors can both give and seek many different types of support (e.g., emotional support, social connection, material assistance), and help them to devise a plan for how to talk with others and what to do to gain the best social support for themselves.
 - Remind participants there is a handout in Appendix E (pp. 127-130) illustrating how survivors can give and receive social support.



- Address extreme social isolation or withdrawal.
 - For individuals who have a history of relative social isolation, encourage having the survivor think about the type of support that would be most helpful, how to approach someone for this type of support, and helping them to approach the person at the right time.



Display the slide: Discussion

Note to Facilitator:

- Conduct the exercise with the entire group of participants.
- Take approximately 10 minutes for this exercise.
- Read the scenario and facilitate a discussion.

Read the following scenario to the participants:

“You are speaking to an 84-year-old woman. She reports moving to your town from New Orleans after surviving Hurricane Katrina which destroyed her home. Now a tornado has taken her new apartment.

She feels that connecting with others is just not worth it as she will just lose contact with them again. She is tired from all the moves. She also feels that talking with others will only burden them.”



Ask:

How will you assist this 84-year old woman?

Suggested Responses:

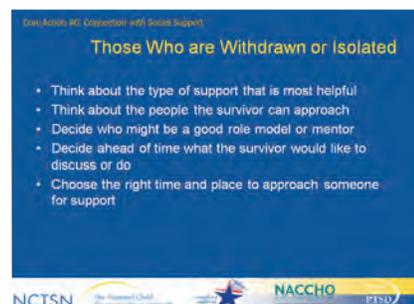
- *PFA providers should not assume that just because she is 84 she will need additional services (such as assisted living housing or that she is frail).*
- *Many older adults do not talk with providers for fear of losing their independence. Make sure that you remember the basics—take the survivor’s lead in identifying the help she needs.*

- *Do consider that a survivor who has experienced multiple disasters, especially over a short period of time, is at greater risk for having more emotional difficulty and greater recovery needs. She will potentially need referral to ancillary services.*
- *PFA providers should attempt to identify and tap into her strengths and interests (e.g., if she enjoys reading, you can ask her to help by reading to children in the play area). This is a way to indirectly address her feeling that she does not want to be a burden to others.*
- *PFA providers should inform the woman of the full range of supports available (e.g., emotional support, social connection, advice and information, physical assistance). You should also see if there are supports that may be less threatening than social interactions. For example, is she willing to receive physical assistance or material assistance to help her get into a new place?*
- *Many survivors of Katrina are still cut off from their former supports. Perhaps a provider could facilitate reconnecting her to loved ones from this disaster.*

Display the slide: Those Who Are Withdrawn or Isolated

Make the following points about withdrawn or isolated individuals:

- Think about the type of support that will be most helpful.
 - A socially isolated person may need to choose specific ways to be involved with others and the type of support that would be most helpful.
 - The provider can discuss the importance of social support in recovery from disasters and can help the survivor take small steps towards interacting with others in a way that is comfortable for him/her.
- Think about the people the survivor can approach.
 - Help the survivor consider who might be a friendly, approachable, or helpful person.



-
- Decide who might be a good role model or mentor.
 - Have the survivor identify others in their lives who are good at seeking support. See if she can enlist his/her support.
 - Decide ahead of time what the survivor would like to discuss or do.
 - For survivors who feel uncomfortable in social situations, the provider can help the survivor make a plan for approaching the other person and for what she will do and talk about during their interaction.
 - Choose the right time and place to approach someone for support.
 - The provider can monitor the survivor's progress and reinforce the survivor's efforts to gain social support. The provider can also role play approaching and interacting with others and give feedback to the survivor on role play skills.



Ask for and address the participants' questions.

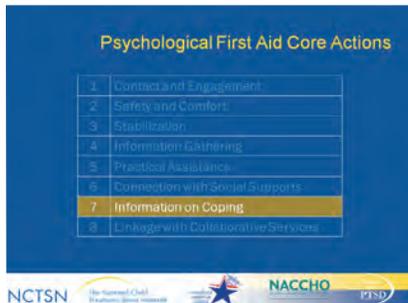
Introduce the next Core Action by saying:

“Next we are going to talk about how providers can help survivors enhance positive coping in order to reduce distress and promote adaptive functioning.”



45 min

Core Action #7: Information on Coping

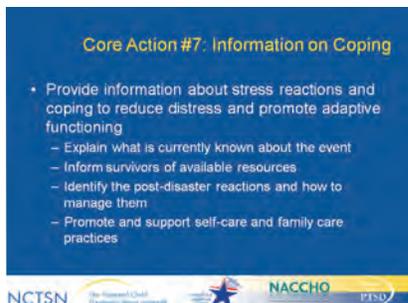


Display the slide: Psychological First Aid Core Actions

Explain that next we are going to discuss Core Action #7: Information on Coping.

Make the following points about information on coping:

- Information on Coping is one of the lengthiest sections in the Guide. The amount of time you spend on this goal will vary greatly based on timing after the event, and how much time you have to spend with the survivor.
- When there is time, PFA providers may discuss ways of coping in greater detail and, if the survivor is receptive, provide guidance on a number of topics that commonly emerge after disaster, such as:
 - Disruption in developmental progress
 - Anger management
 - Negative emotions such as guilt
 - Sleep problems
 - Alcohol and substance abuse



Display the slide: Core Action #7: Information on Coping

Make the following points:

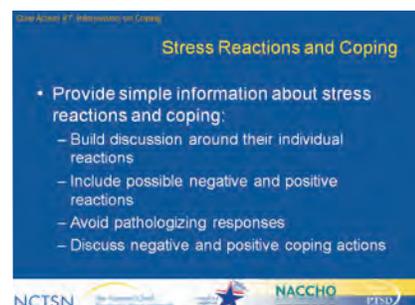
- The goal of this core action is to provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
- The PFA provider may enhance coping by talking with survivors about:
 - What is currently known about the event
 - Identifying available services and community resources
 - Identifying post-disaster reactions and how to manage them
 - Promoting self-care and family care practices

- Enhancing positive coping strategies can lead to improved sleep, concentration, and increased frustration tolerance.
- Highlight the role that families play in coping and that each family and each member of a family may have different reactions and different courses of recovery.
 - Sometimes it is difficult to deal with these differences, which can lead to family members feeling misunderstood, frustrated, or not supported. For example, one family member may be more troubled by a trauma or loss reminder than other family members.
 - When family members communicate about their reactions and acknowledge these differences, it can enhance mutual understanding and tolerance.

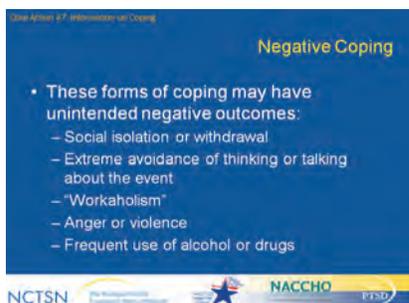
Display the slide: Stress Reactions and Coping

Make the following points:

- The provider can discuss simple information about stress reactions and coping.
 - Information on stress reactions can include posttraumatic stress and grief reactions, trauma and loss reminders, and depression, which are highlighted in the Guide (pp. 78-79).
 - Remind participants that there is a handout “When Terrible Things Happen” in Appendix E (pp. 131-134) that describes common adult and adolescent reactions, and positive/negative coping. There are also handouts for parents and adults in Appendix E (pp. 135-146) for ways adults can help themselves and their children cope.
 - Let survivors know that it is common to experience troubling reactions and that these may go on for some time.



- Highlight that there are no easy ways to cope with all the additional stress the survivor is dealing with since the disaster, however it is important that he/she takes time out during the day to care of him/herself.
- Identify coping methods the survivor has been successful in using in the past and assess if the survivor has tried them for the current circumstances.
- The provider can discuss a variety of ways to effectively cope with post-disaster reactions and adversity. In order to:
 - Help survivors consider different coping options
 - Identify and acknowledge personal coping strengths
 - Think through consequences of negative coping actions and encourage survivors to make conscious goal-oriented coping choices
 - Enhance a sense of personal control



Display the slide: Negative Coping

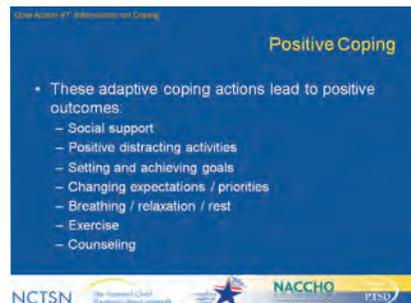
Make the following points about negative coping:

- Some forms of coping may have unintended negative outcomes, such as interfering with sleep, concentration, problem-solving, and relationship with others. Negative coping includes:
 - Social isolation from family or friends
 - Withdrawal from activities
 - Extreme avoidance of thinking or talking about the event
 - Working too many hours
 - Anger or violence
 - Frequent alcohol or drug use

Display the slide: Positive Coping

Make the following points about positive coping:

- Positive coping actions can help to reduce anxiety, lessen other distressing reactions, improve the situation, and help survivors get through bad times.
 - Positive coping actions include talking to another person, getting adequate rest, exercise and nutrition, engaging in positive distracting and pleasurable activities, and spending time with others.
 - Other strategies include breathing exercises, muscular relaxation exercises, meditation, swimming, stretching, yoga, prayer, listening to quiet music, walking, seeking counseling or a support group, etc.
 - Focusing on something practical that can be done right now to manage the situation.

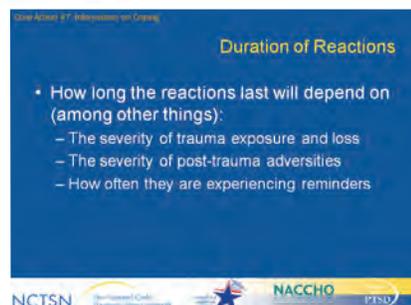


Ask for and address the participants' questions.

Display the slide: Duration of Reactions

Make the following points:

- Survivors ask about how often and for how long they or their family members may experience their distress reactions.
- Tell them that the duration will depend on:
 - The severity of their trauma exposure and loss
 - The severity of their post-trauma adversities
 - How often they are experiencing reminders
- Telling survivors that their reactions are "normal" may not make them feel better. In fact, survivors interviewed as part of the PFA project said that this term bothered them. The reactions may be common but the survivor feels anything but "normal."



-
- Offer simple feedback on negative and distressing beliefs related to the event. Providers can listen for such negative beliefs, and help survivors identify alternatives. For example, if the survivor states that his spouse will never be able to smile again, talk with him about how his spouse is currently reacting and ways to improve her coping.
 - Survivors should seek help from a physician or mental health professional when:
 - Reactions persist longer than four weeks
 - They feel unable to attend school, perform at work, or otherwise function in their everyday life
 - They have difficulty relating to family and friends
 - They feel suicidal
 - The PFA provider can use the analogy of a hospital discharge summary. The patient gets a discharge summary that indicates what to do if symptoms persist beyond a certain number of days. The PFA provider can follow the same type of procedure.

Display the slide: Helping with Reminders

Make the following points:

- Most survivors will experience reminders in the future.
- Providing them with basic education of what reminders are and how to cope with them will help in their recovery.

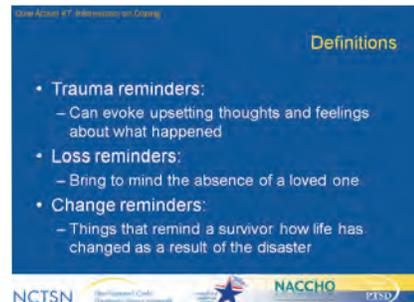
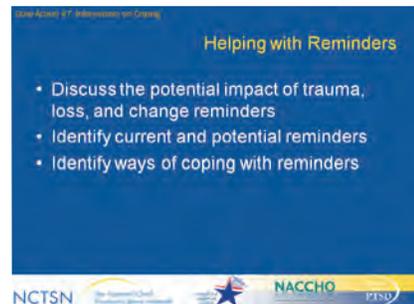
Say:

“In a couple of minutes we are going to view a video that highlights ways of providing psychoeducation and coping with reminders. First, let’s go over some key definitions.”

Display the slide: Definitions

Review the definitions with the participants.

- Trauma reminders:
 - Include sights, sounds, places, smells, specific people, the time of day, situations, or even feelings such as being afraid or anxious
 - Examples include the sound of wind, rain, helicopters, screaming or shouting, and specific people who were present at the time of the event
 - Evoke fears of recurrence, highly distressing thoughts, feelings, and physical reactions
 - Are associated with maladaptive avoidance and reenactment behavior
 - Are related to the type of event (for example, the sound of wind after a hurricane; potato chip bag popping after a shooting)



-
- Loss reminders:
 - Include sights, sounds, places, smells, specific people, the time of day, situations, or feeling
 - Examples include seeing a picture of a lost loved one, seeing the loved one's clothes or belongings, or an empty chair at dinner time.
 - Bring to mind the absence of a loved one
 - Missing the deceased can bring up strong feelings, such as sadness, nervousness, uncertainty about what life will be like without the loved one, anger, feeling alone or abandoned, or hopelessness
 - Are associated with avoidance
 - Change reminders:
 - Include people, places, things, activities, or hardships that remind someone of how life has changed as a result of the disaster
 - Examples include waking up in a different bed in the morning, going to a different school, or being in a different place
 - Can also be positive; even nice things or improvements in quality of life can remind a survivor of how life has changed and evoke longing for what has been lost



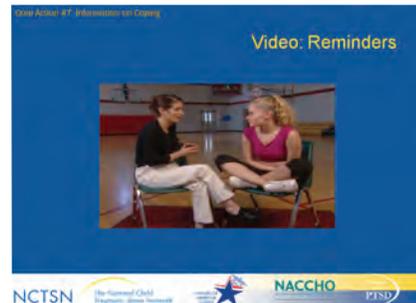
Say:

"I am now going to show a six-minute video that illustrates how the PFA provider can help survivors cope with reminders."

Display the slide: Video: Reminders

Note to Facilitator:

- Click the video clip in the PowerPoint slide to begin the video.



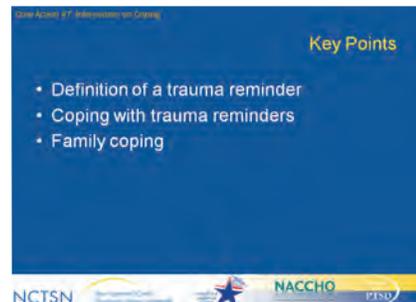
Here is some background information:

"Martha is an adolescent girl who experienced a severe earthquake. During the earthquake, a bookcase in her bedroom fell on top of her younger brother, breaking his arm. Due to structural damage to the apartment, Marta's family moved to a temporary shelter."

Display the slide: Key Points

Prompt the participants to listen for how the counselor illustrates the following key points in the video:

- Definition of a trauma reminder
- Coping with trauma reminders
- Family coping



Instructions:

- Play the video.
- After viewing the video, facilitate a discussion about its content.

Ask:

What are some common trauma reminders for an event such as an earthquake?



Elicit the participants' responses.

Emphasize the importance of providing psychoeducation about reminders.

Explain again that trauma reminders can include people, places, noises, specific dates and times, a physical scar or disability, media viewing, emotions, or bodily sensations. Some reminders may be the same for most of the community, such as blue tarps in a hurricane area or charred hills after a wildfire. They can also be highly personal to the survivor (e.g., the person they were with during the disaster; what they ate right before it struck).



Ask:

What is a simple way to address reminders?

Elicit the participants' responses.

Explain that trauma, loss, and change reminders can be managed by following the three steps of identifying, discriminating, and soothing.

- Identifying
 - How is what I am experiencing now the same as what I experienced? What does it remind me of?
- Discriminating
 - How is what I am experiencing now different from what I experienced before?
 - Teach discrimination skills by having survivors make a mental list of ways in which the reminder differs from the actual disaster-related event (different time and place, different people, etc).
- Soothing
 - How can I feel better?
 - Teach self-soothing skills including breathing and muscle relaxation, support-seeking, distraction, exercise, play, listening to music, journal writing, and validating self-statements such as, "Of course I get upset when I am reminded of that! Who wouldn't?" or "But it's not the same as when it happened."

Note to Facilitator:

- Share a reminder with the participants that you encountered in the past and highlight how you used the three steps of identifying, discriminating, and soothing.

Ask for and address the participants' questions.

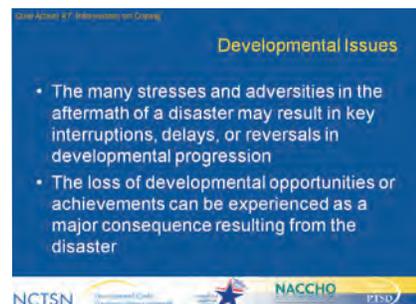


Thank the participants for their participation.

Display the slide: Developmental Issues

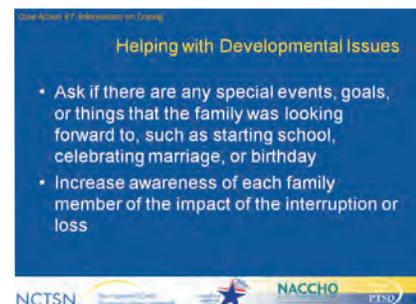
Make the following points:

- Many stresses and adversities in the aftermath of a disaster may result in key interruptions, delays, or reversals in developmental progression.
- The loss of developmental opportunities or achievements can be experienced as a major consequence resulting from the disaster. Examples include:
 - A couple may have planned to get married the weekend after the disaster and cannot because the facilities were destroyed.
 - A survivor may have just closed on a new house that is now too damaged to move into.
 - A teenager may be missing her first school dance.



Display the slide: Helping with Developmental Issues

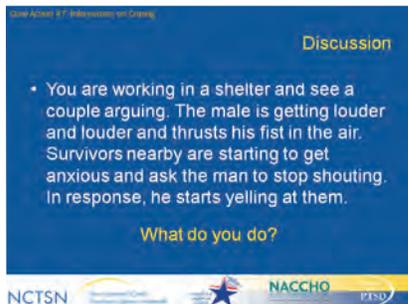
- Explain that the PFA provider can help families to:
 - Acknowledge the key activities/milestones that may have been disrupted.
 - Increase the awareness of each family member of the impact of the interruption or loss.
 - Make an effort to recapture or compensate for these milestones in whatever way makes the most sense to the family. For example, in the aftermath of Katrina, communities asked for donations of prom dresses and tuxedos so that youth who had lost their own prom apparel could still attend.



- Create a plan that addresses the developmental needs of each family member and make amends for any skipped or delayed progression.



Ask for and address the participants' questions.



Display the slide: Discussion

Read this scenario to the participants.

“You are working in a shelter and see a male and female couple arguing. The man’s voice is getting louder and louder, and he is thrusting his fist in the air. Survivors nearby are starting to get anxious and ask the man to stop shouting. In response, he starts yelling at them.”

Note to Facilitator:

- Read the scenario and facilitate a 10-minute group discussion.



Ask:
What do you do?

Suggested Responses:

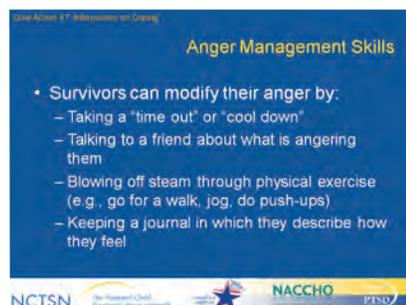
- *Some providers have difficulty with this intensity of emotion. It is important to remember the basics: remain calm and speak calmly.*
- *It is important to act quickly and authoritatively.*
- *If security is not present, providers need to be able to take action with minimal risk of harm to themselves.*
- *Enlist a survivor to help you move other survivors out of harm’s way.*
 - *Survivors may want to help, but too many untrained helpers may only escalate the situation, add to confusion, and make matters worse.*

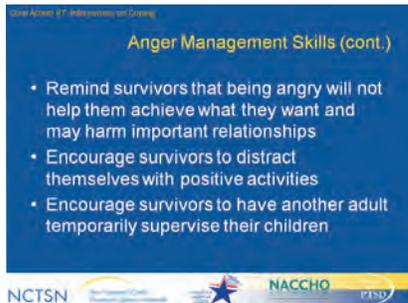
-
- *After other people are out of the way:*
 - *See if you can have the female move to another location (another survivor can help). Then you can work with the male.*
 - *Allow him to express his frustrations and see if there are ways you can help him with his anger.*

Display the slide: Anger Management Skills

Make the following points about Anger Management Skills:

- Anger management refers to providing survivors with basic support to handle their anger and does not mean intensive anger management skills training.
- Teaching can be done by example, storytelling, or in a very informal, conversational way, depending on the context.
- Communicate these core ideas:
 - Anger and frustration are common, particularly in the aftermath of disaster.
 - Anger can adversely affect the survivor's life and relationships with others.
 - Anger can push others away, increase interpersonal conflict, and can potentially lead to violence.
 - Compare how holding on to the anger, versus how coping with, letting go of, or directing anger toward positive activities can help or hurt him.
 - Identify ways that survivors can modify their anger, such as:
 - Taking a "time out" or "cool down"
 - Talking to a friend about the sources of their anger
 - Blowing off steam through physical exercise (a walk, jog, set of pushups)
 - Keeping a journal

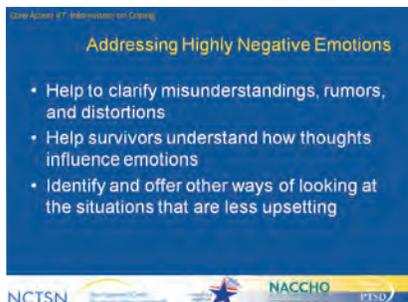




Display the slide: Anger Management Skills (cont.)

Make the following points:

- Remind the survivor that being angry (and acting out on this anger) will not help him/her achieve what he/she wants and it may harm important relationships.
- Distract himself/herself with positive activities.
- If the survivor has children, encourage that another adult temporarily supervise the children.



Display the slide: Addressing Highly Negative Emotions

Make the following points:

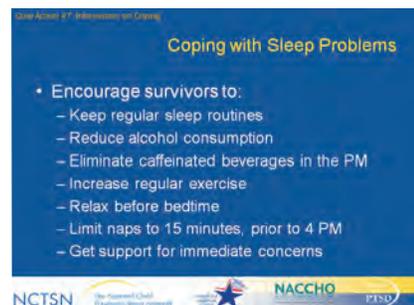
- After a disaster, it is common for survivors' appraisals of the world, other people, and themselves to change in ways that are unhelpful and unproductive. For example:
 - Seeing the world as dangerous or unreliable
 - Having difficulty trusting other people
 - Seeing themselves as unable to cope
 - Developing intense negative feelings such as guilt, shame, fear, and anger
- For most survivors, such distortions are temporary. They may only require an empathic PFA provider to listen and challenge them gently to give them another perspective. Do this by:
 - Clarifying any misunderstandings or rumors.
 - Helping survivors understand how thoughts influence emotions. They can compare how their current negative thoughts affect their emotions, versus the effects of new, more positive thoughts.
 - Identify and offer other ways of looking at the situation that are less upsetting. For instance, the PFA provider can say: "How might you respond if a good friend were talking to you like this? What would you say to him/her?"
 - Check back in with them later, if possible, to see how they did.

-
- For children and adolescents, the PFA provider can help by:
 - Writing down the child’s negative thoughts (e.g., “I caused this to happen.”) and have the child add to the list.
 - Discuss each of the child’s negative thoughts, clarify misunderstandings and confusions, discuss more adaptive thoughts, and write them down.

Display the slide: Coping with Sleep Problems

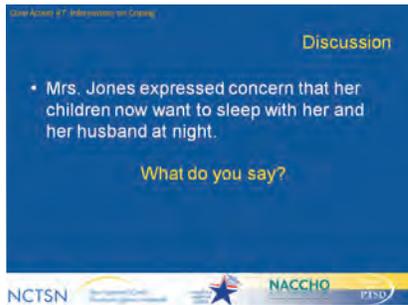
Make the following points about sleep problems:

It is very common for survivors to have difficulty sleeping after a disaster. The PFA provider can empathize with this and offer basic information on good sleep hygiene to help survivors have a better chance of getting a good night’s sleep.



Basic information on sleep hygiene includes encouraging survivors to:

- Go to sleep and get up at the same times each day
- Reduce alcohol consumption; alcohol disrupts sleep
- Eliminate caffeinated beverages in the afternoon or evening
- Increase regular exercise, though not too close to bedtime
- Relax before bedtime by doing something calming
- Limit daytime naps to 15 minutes and do not nap later than 4:00 p.m.
- Seek support for immediate concerns and ways to cope with daily reminders



Display the slide: Discussion

Read the following scenario to the participants:

"Mrs. Jones expressed concern that her children now want to sleep with her and her husband at night."

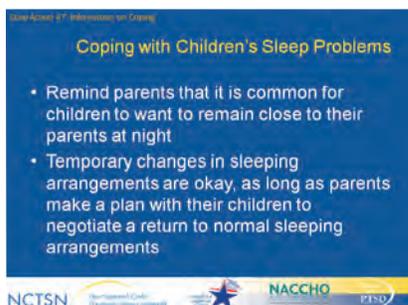
Note to Facilitator:

- Read the scenario and facilitate a 4-minute group discussion.



Ask:
What do you say?

Display the slide: Coping with Children's Sleep Problems



Make the following points:

- Remind parents that it is common after a disaster for children to want to remain close to their parents at night.
- This includes children of any age. Even adolescents, especially if a disaster occurred in the middle of the night, will want to remain close.
- Temporary changes in sleeping arrangements are okay, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements.
- When parents ask this question, they are usually concerned that these behaviors will persist for a long time.

Share the following script of how parents can prevent a temporary plan from continuing over time:

"We have all been scared by what happened. You can stay in our bedroom for the next couple of nights. Then you will sleep in your bed, but we will sit with you in your bedroom for a while before you go to sleep so you can feel safe. If you get scared again, we can talk about it."

Make the following points about communicating a plan with the child:

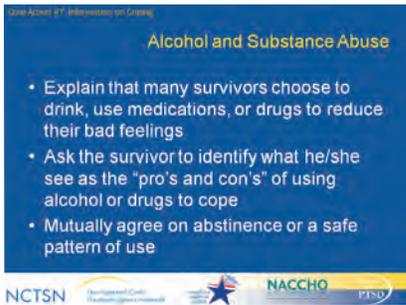
- Parents need to communicate a plan with the child. That way, the child knows what to expect.
- Highlight the importance of parents spending more time with the child in his/her own bed. Thus, it is a gradual change, rather than an abrupt shift for the child.
- If a child gets anxious, the parents can practice the breathing exercises from the handout with their child. (Give them the handout on Tips for Relaxation in Appendix E, p. 147.)

Share the following sample script that parents, or PFA providers, can use to teach a breathing exercise to a child:

“Let’s practice a different way of breathing that can help calm our bodies down. Put one hand on your stomach, like this [demonstrate]. 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].

Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate]. We can pretend like we are a balloon, filling up with air, and then letting the air out, nice and slowly.

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. Let’s try it together. Great job!”



Display the slide: Alcohol and Substance Use

Make the following points about alcohol and substance use:

- While self-medication is not a primary focus of PFA, knowing about it and preventing it may be an important component of teaching about negative versus positive coping, and of preventing longer-term problems associated with alcohol/substance use and abuse.
- For those survivors for whom substance use is an issue, provide some basic facts:
 - Survivors may increase their use of alcohol, prescription medications, or other drugs after a disaster.
 - Medication, drugs and alcohol may seem to help survivors escape bad feelings or physical reactions related to stress responses (e.g., headaches, muscle tension).
 - However, misusing substances can actually make these reactions worse in the long term. Substances can create a hazard in shelter settings, interrupt natural sleep cycles, create health problems, interfere with relationships, and have the potential to create dependence.
- The PFA provider can discuss this informally, or ask the survivor to identify the “pros and cons” of using alcohol, medications, or drugs to cope, and then mutually agree on abstinence or a safe pattern of use.
- Remind the participants of the handout in Appendix E (pg. 149) regarding this issue which may be given to a survivor for whom substance use is an issue.



Ask for and address the participants’ questions.

Group Activity #3:

Display the slide: Group Activity #3

Purpose: The purpose of this activity is for you to identify ways of coping that you would share with survivors.

Duration: You will have 10 minutes to complete the activity.

Logistics: You will be working with the same groups of four.

Distribute the Group Activity #3 handout to the participants.

Read the following scenario to the participants:

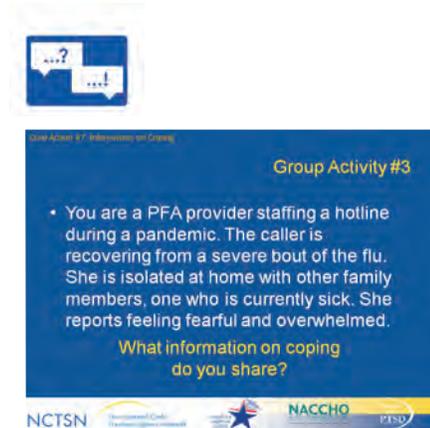
“You are a PFA provider staffing a hotline during a pandemic. The caller is recovering from a severe bout of the flu. She is isolated at home with other family members, one who is currently sick. She reports feeling fearful and overwhelmed.”

Read the instructions as follows:

1. Read the scenario and question on the slide and determine the response to the question.
2. Select one person to write down your group’s responses.
3. After about 10 minutes, you will share your responses with the larger group.

Note to Facilitator:

- Allow each group to present before providing feedback.
- If a group is too large, have three or four groups provide feedback, and then ask the other groups if they have anything additional that they would like to add.
- Plan on 10 minutes for the debrief session.



Debrief the activity by adding the points below, your comments, and suggestions based on the Core Actions, and your previous experience in providing Psychological First Aid.

Suggested Responses:

- *This exercise illustrates that PFA can be conducted by phone when there are public health emergencies such as a pandemic.*
 - *We realize that such situations may necessitate modifications, but the 8 Core Actions can still be executed.*
 - *For example, you will not be able to make the usual contact with the survivor (e.g., have eye contact etc.) but you can engage the caller in other ways. However, it is still important that you introduce yourself and others.*
- *This caller may need information, such as:*
 - *Core Action 2: address safety issues by giving accurate, timely information about the disease from credible sources. Maintain risk-reduction behaviors such as hand-washing. If someone has died, the caller may need help with acute grief.*
 - *Core Action 4: help identify further what her needs and concerns are.*
 - *Core Action 5: practical assistance on getting her basic needs met; does she have access to food and medical care?*
 - *Core Action 6: identify ways to seek support from family, friends, clergy, and others. Be flexible and creative in accessing support, such as phones, e-mail, instant messages, etc.*
 - *Core Action 7: if it is a severe pandemic, schools will be closed for several weeks. Does the caller need help coping with her family? Does the caller need information about the flu?*
 - *She is actually the best person to care for her sick family member because she was just sick. She should encourage those who have not been sick to keep at a distance.*

-
- *Reassure the caller that feeling anxious and worried is understandable and expected. If the caller is getting more stressed by watching the news, encourage her to minimize media viewing, particularly prior to sleep.*
 - *Encourage her to redefine a “good day” to meet the current reality of the situation, and have her focus on what she can accomplish.*
 - *Have her maintain as much of a normal daily routine as possible.*
 - *Have her apply coping mechanisms that have worked in the past.*
 - *She may need to find other positive coping strategies while remaining at her residence. The PFA provider can teach her the breathing technique over the phone.*
 - *She may also need help with anger, anxiety, or insomnia, depending on what was identified.*
 - *Finally being cooped up for several weeks at a time can be challenging. Helping the family cope with this sense of isolation will be important in such events.*

Ask for and address the participants' questions.



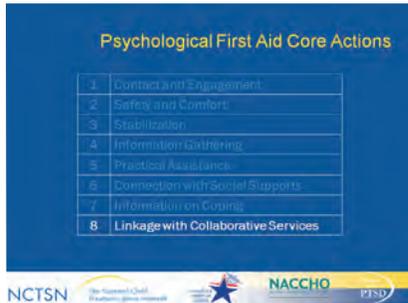
Explain that when we return from a 15 minute break we will talk about the last Core Action. Give the actual time they are to return.



Dismiss the participants for a break.

15 min

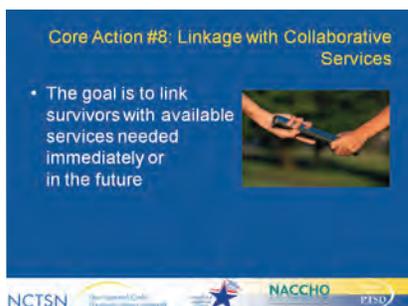
Core Action # 8: Linkage with Collaborative Services



Display the slide: Psychological First Aid Core Actions

Make the following points:

- Next we are going to discuss the final goal of Psychological First Aid and this is Core Action #8: Linkage with Collaborative Services.
- An extremely important component of assisting survivors in the acute aftermath of disaster is linking them with appropriate available ancillary services.
- The PFA provider needs to know about what services are available in the post-disaster environment. The provider should be careful not to make a referral to a service that is unavailable or to one for which there is a long waiting list. The PFA provider should accurately inform the survivor of this information.
- Some situations require immediate referral. These include:
 - An acute medical problem
 - An acute mental health problem
 - An urgent need for medication
 - A worsening of a preexisting medical or mental health problem
 - A threat of harm to self or others
 - Serious substance abuse or withdrawal



Display the slide: Core Action #8: Linkage with Collaborative Services

Make the following points:

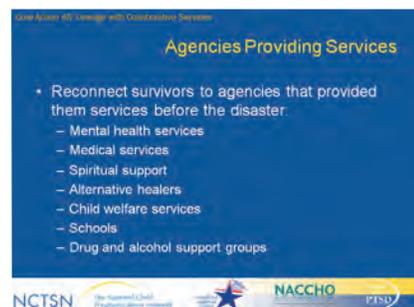
- The goal of Core Action #8 is to link survivors with available services needed immediately or in the future.
- The PFA provider should describe referral options and what may take place when the survivor goes for further help.

- Ask about the survivor’s reaction to the referral and, if possible, help to make an appointment there and then.
- Give written referral information to the survivor.
- Connect a survivor requiring additional services with a provider who is local and able to follow-up on a more regular basis. For example, if working in a school after a school shooting, have the school counselor provide services to the injured, as they will need follow-up, rather than professionals who are only deployed to provide such services for a short period of time.

Display the slide: Agencies Providing Services

Make the following points:

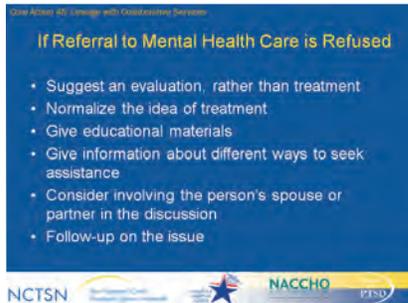
- Refer for services for more than mental health.
- Identify the unique services the survivor may need. For example, for older frail adults, referral sources may include:
 - A primary care physician
 - A local senior center
 - Social support services
 - Transportation services
 - Senior housing or assisted living
 - Meals on Wheels
- For children or adolescents:
 - Parental consent for services outside of immediate emergency care is needed.
 - They may be less likely to follow through on referrals without an adult being engaged in the process.



Ask:

What if a survivor refuses a referral for mental health care? What do you do?





Display the slide: If Referral to Mental Health Care is Refused

Review the practices with the participants.

- Suggest an evaluation, rather than treatment.
 - Recommend that the survivor meet with a mental health professional so that he/she can learn more about trauma/grief issues, ask questions, and consider whether more contact would be useful.
- Normalize the idea of treatment.
 - Explain that treatment involves basic skills that include learning more about his/her reactions, finding and practicing ways of coping with trauma-related reactions and problems, taking steps to improve relationships with family and friends, and making contact with other survivors who experience similar problems.
- Give educational materials.
 - Suggest that sometimes a survivor will read the materials at a later time when he/she is ready.
- Give information about different ways to seek assistance.
 - Point out that avenues for assistance include local mental health and social services, online resources, as well as other local community and spiritual resources.
- Consider involving the person's spouse or partner in the discussion.
 - If it seems appropriate, this approach may help clarify for the survivor the impact of the disaster on others in his/her life, and increase his/her motivation to seek help.
- Make sure to follow-up on this issue.
 - Include helping to place a call for the survivor or following-up with the survivor directly at a later date.

Ask for and address the participants' questions.

State that you have covered all of the Core Actions.

Ask:

What do you think about the Core Actions and what you've learned?

What did you find most useful?

Do you feel more knowledgeable and confident about providing PFA?

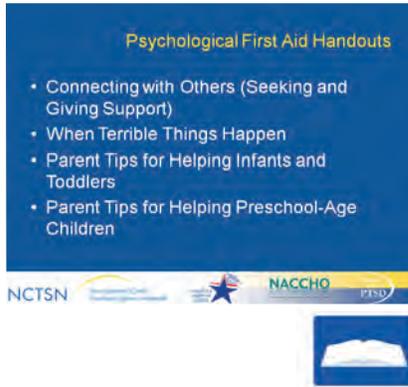


Elicit the participants' responses.

Transition to the Handouts topic.

60 min

Handouts



Display the slide: Psychological First Aid Handouts

Refer the participants to Appendix E, beginning on page 127 of the Field Operations Guide for the series of handouts for survivors.

Emphasize the importance of the PFA handouts in providing assistance to survivors. The handouts represent an important component of assistance that survivors can refer to over the course of recovery.

Make the following points about the PFA Handouts:

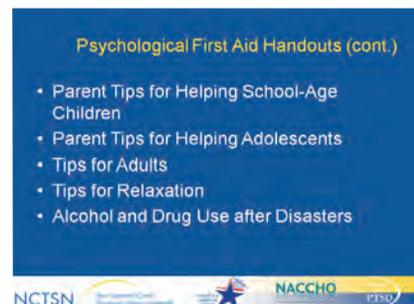
- Connecting with Others (Seeking and Giving Support)
 - Stresses the importance of social support, along with suggestions about how to ask for and give social support.
- When Terrible Things Happen
 - Lists common kinds of reactions after disasters and how to manage them, such as:
 - Talking to another person
 - Engaging in positive and pleasant activities
 - Getting adequate rest and eating healthy meals
 - Maintaining a normal schedule as much possible
 - Getting enough exercise
 - Using relaxation methods
 - Participating in a support group
- Parent Tips for Helping Infants and Toddlers
 - Gives tips for parents and caregivers of infants and toddlers.
 - Lists common behaviors or reactions, gives parents and caregivers ways to respond and specific examples of things to say or to do to help.

-
- Parent Tips for Helping Preschool-Age Children
 - Give tips for parents and caregivers of preschool-age children.
 - Lists common behaviors or reactions, gives parents and caregivers ways to respond and specific examples of things to say or to do to help.

Display the slide: Psychological First Aid Handouts (cont.)

Make the following points about the handouts:

- Parent Tips for Helping School-Age Children
 - Give tips for parents and caregivers of school-age children.
 - Lists common behaviors or reactions, gives parents and caregivers ways to respond and specific examples of things to say or to do to help.
- Parent Tips for Helping Adolescents
 - Give tips for parents and caregivers of adolescents.
 - Lists common behaviors or reactions, gives parents and caregivers ways to respond and specific examples of things to say or to do to help.
- Tips for Adults
 - Common reactions adults can expect and ways to help themselves.
- Tips for Relaxation
 - Describes a simple breathing exercise for adults and for children.
 - Shows how children can make a simple game of the breathing exercise.
- Alcohol and Drug Use After Disasters
 - Explains the risk of increased substance use after disasters.
 - Provides recommendations for avoiding substance use.
 - Emphasizes the importance of seeking help from support groups or treatment programs.



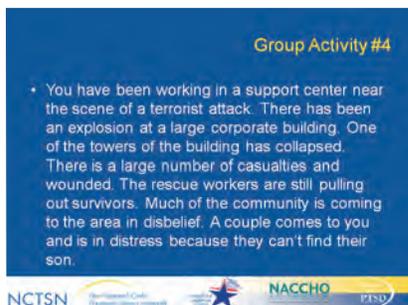
Encourage the participants to review the handouts in detail after the class, so they will feel comfortable sharing them with survivors.



Ask for and address the participants' questions.



Group Activity #4:



Display the slide: Group Activity #4

Announce that you'd like to take this time to practice some of the material covered today by performing a role play activity. This is an opportunity to get more comfortable practicing providing PFA.



Distribute the Group Activity #4 handout to the participants.

Give the following instructions:

You will have 15 minutes to conduct the role play.

1. You will be working in small groups of four.
2. Identify one person to be the PFA provider, two people to be survivors, and one person to be the observer.
3. Use the Provider Worksheet (page 123) to help perform the role play.
4. Read the scenario on the slide and practice how you would implement PFA in this situation.
5. Instruct the observer to write down aspects that went well and aspects that appeared more challenging.
6. After about 15 minutes, a spokesperson will share the group's experience and observations with the larger group.



Note to Facilitator:

- Allow each group to present before providing feedback. If a group is too large, have three or four groups provide feedback, and then ask the other groups if they have anything additional that they would like to add.
- Debrief by asking each group the following questions:
 - Ask the provider what was happening with his/her couple and what actions he/she took.
 - Ask the observer for his/her feedback on the role play.
- Respectfully identify actions that need correcting and provide the preferred way to handle the situation and explain why.
- Plan on 10 to 15 minutes for the debrief session.

Ask:

How did it feel conducting PFA?



Elicit the participants' responses.

Make the point that, while there was only one scenario, each couple had slightly different issues and concerns, which warranted the providers to take different actions. This underscores the importance of PFA having a modular approach and illustrates how one size does not fit all.

Thank the participants for their participation and for a job well done.

15 min

Provider Care



Display the slide: Provider Care Management

Announce that you are now going to discuss Provider Care and state that PFA providers have to be aware of the challenges they may face in a disaster situation so they know if they can handle the work.

Make the following points about the challenges of being a PFA provider:

- The work of a PFA provider is extraordinarily stressful.
- Providers are also often themselves survivors of the event.
- Community needs may be overwhelming.
- Providers often push themselves to work long hours for extended periods—setting aside normal activities—which can create problems at home.
- Providers may become emotionally involved with survivors.
- Providers may be exposed to survivors who are:
 - Grieving the death of a loved one
 - Coping with injury
 - Dealing with loss of possessions, including their homes
 - Dealing with neighborhood destruction or community-wide damage

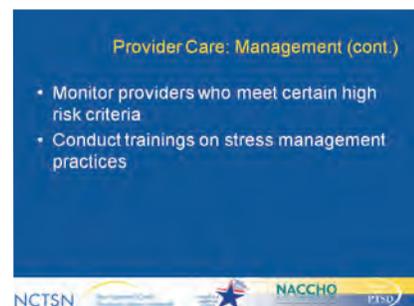
Point out the following supports and policies organizational leaders can put in place to reduce the risk of extreme stress to providers:

- Mandate the rotation of workers from the most highly exposed assignments to lesser levels of exposure.
 - Limit the number of hours and days worked in a row
 - Require that workers use their scheduled time off and benefit time
 - Hire adequate staff at all levels: administration, supervisory, and support

- Enforce support by providing and encouraging:
 - Regular supervision
 - Send team leaders into the field to check on providers
 - Conduct organizational debriefings
 - Regular case conferences
 - Staff appreciation events/other practical supports
 - Staff needs surveys
 - Staff retreats
 - Support groups
 - Peer partners and peer consultation
 - Meetings to brainstorm about:
 - ~ Better serving the community
 - ~ Solving programmatic problems

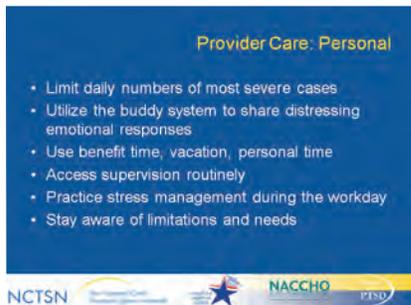
Display the slide: Provider Care: Management (cont.)

- Monitor service providers who meet certain high-risk criteria, such as:
 - Being a survivor of the event
 - Having regular exposure to strongly impacted individuals or communities
 - Having preexisting conditions
 - Having multiple stresses
- Conduct trainings on stress management:
 - Secondary traumatization/compassion fatigue
 - Self-care
 - Stress management practices, such as:
 - Exercising and yoga
 - Progressive muscle relaxation
 - Mindfulness or other meditation



Note to Facilitator:

- Highlight personal ways that you or other leaders have encouraged provider care. (Example: after Katrina some Public Health Corps leaders made sure they swam at the YMCA every day, not only for health purposes, but also to model such practices for their teams.)



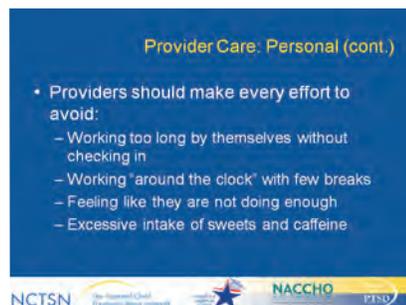
Display the slide: Provider Care: Personal

Make the following points:

- Limit daily numbers of most severe cases.
 - Maintain boundaries: delegate, say “no,” and avoid overloaded caseloads
 - Work with partners or in teams
- Utilize the buddy system to share distressing emotional responses.
 - Access buddy or supervisor when you have concerns, difficult experiences, or need to strategize or problem-solve
- Use benefit time, vacation, personal time.
 - Make time for relaxation, recreation, and intimacy
 - Manage your personal resources
 - Plan for your family/home safety
 - Perform regular check-ins with colleagues, family, and friends
- Access supervision routinely.
- Practice stress management during the workday.
 - Take relaxation/stress management/bodily care/refreshment breaks as needed
 - Do progressive muscle relaxation or stretching
 - Take a brisk, brief walk
 - Meditate for 5 minutes at a time
 - Remember to eat healthfully and stay hydrated
 - Exercise or practice yoga before or after work
- Stay aware of limitations and needs.
 - Self-monitor and pace yourself
 - Use the acronym *HALT*: Ask yourself if you are Hungry, Angry, Lonely or Tired
 - If so, stop and get support from your buddy, call a friend, rest
 - Utilize regular peer consultation and supervision
 - Strive for flexibility, patience, and tolerance
 - Accept that you cannot change everything

Display the slide: Provider Care: Personal (cont.)
Make the point that, as much as possible, providers should avoid:

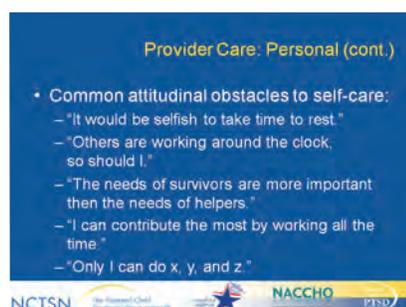
- Working too long by themselves without checking in
- Working “around the clock” with few breaks
- Feeling as if they are not doing enough
- Excessive intake of sweets and caffeine



Display the slide: Provider Care: Personal (cont.)

Providers share the following Common Attitudinal Obstacles to Self-care:

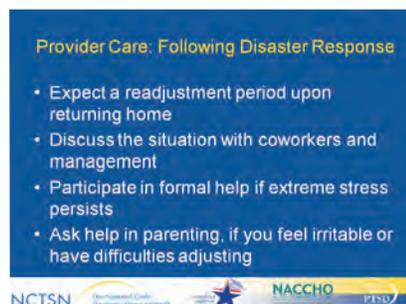
- “It would be selfish to take time to rest.”
- “Others are working around the clock, so should I.”
- “The needs of survivors are more important than the needs of helpers.”
- “I can contribute the most by working all the time.”
- “Only I can do x, y, and z.”



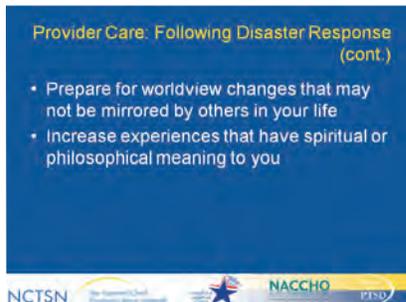
Display the slide: Provider Care: Following Disaster Response

Make the following points about the period following a disaster response, when providers should be prepared to:

- Expect a readjustment period when providers return home or the when the project ends.
 - Reintegration into family activities may take some time
- Discuss the situation with coworkers and management.
- Participate in formal help if extreme stress persists.
 - Increase supervision and consultation
 - Seek support groups or counseling to help with adjustment
 - Check in with other relief colleagues to discuss disaster and work-related experiences
 - Seek out and share social support



-
- Seek out formal help to address your response to relief work if stress persists for more than two to three weeks.
 - Ask for help in parenting if you feel irritable or have difficulties adjusting.



Display the slide: Provider Care: Following Disaster Response (cont.)

Make the following points about provider care:

- Prepare for worldview changes that may not be mirrored by others in your life.
 - Providers find that their philosophical or religious view of the world changes following their participation in disaster response.
 - These changes may contrast with those of others in your life.
- Increase experiences that may have spiritual or philosophical meaning to you.
 - To most effectively integrate these changes in their lives, providers should remember the basics:
 - Increase leisure activities
 - Use stress management
 - Exercise daily
 - Practice good sleep routines
 - Pay extra attention to health and nutrition
- Other suggestions for post-disaster provider care:
 - Use strategies of self-renewal.
 - Make a list of activities that replenish you
 - Engage in them
 - Check each off as you do them
 - Schedule time for a vacation so that you can gradually reintegrate into your everyday life.
 - Make time for self-reflection
 - Identify a realistic, personal mission statement
 - Pay extra attention to rekindling close interpersonal relationships

-
- Let go of what you cannot control; know that you will miss some things.
 - Try to take time off from being “in charge” or the “expert”
 - Know that the world will not fall apart without you
 - Find things to do that make you laugh.
 - Anticipate that you will experience recurring thoughts, dreams, or flashbacks, and that they will decrease over time.
 - Keep a journal to get worries or plans off your mind.

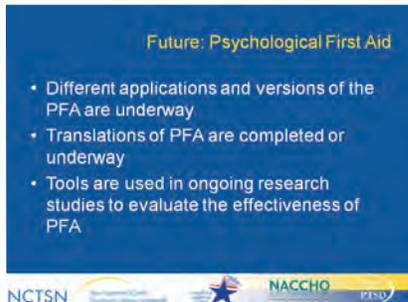
Note to Facilitator:

- PFA providers should use the above recommendations for support from the time they start and as they continue their disaster response work, but especially as they return to pre-disaster schedules and life.

Announce that in a short while, you will complete a post-test to check for understanding of the materials we covered today, but that first, you would like to share a little about what the future holds for PFA.

15 min

Wrap Up



Display the slide: The Future: Psychological First Aid

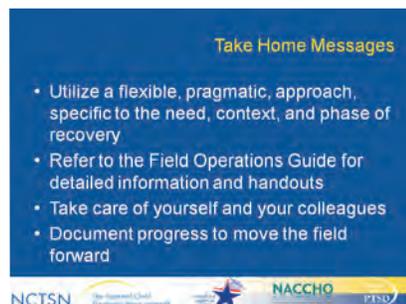
Make the following main points about the future of Psychological First Aid:

- The interventions included in Psychological First Aid are evidence-informed and unlikely to do harm.
- Different applications and versions of the PFA model have either been developed or are underway, including PFA for:
 - Community religious professionals
 - Schools
 - Healthcare systems
 - Combat and operational stress for military members
- Translations of PFA completed or underway: Spanish, Japanese, Cantonese, German, Italian, Arabic, and French.
- Future research is needed to discern what is most effective taking into consideration:
 - Different time frames
 - Different disaster types
 - Different contexts
- Tailoring the model for different settings and populations should make the model more effective and flexible to better fit the needs of different survivor populations.
- The NCTSN and NCPTSD team has developed several evaluation tools to evaluate the effectiveness of the PFA model.
 - As these tools are utilized in ongoing research studies, we can more easily and efficiently evaluate the effectiveness of PFA.
- Check on the NCTSN and NCPTSD websites for updated PFA materials, including foreign language translations of PFA, evaluation tools, and more video clips on other intervention strategies.

Display the slide: Take Home Messages

Give the following take home messages for PFA Providers:

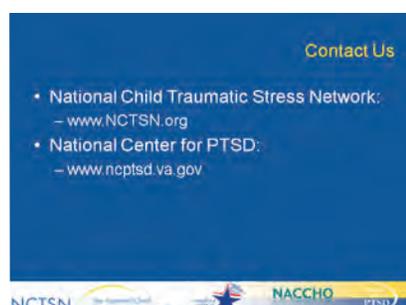
- Utilize a flexible, pragmatic, approach, specific to the need, context, and phase of recovery.
- Refer to the field guide for detailed information and handouts.
- Take care of yourself and your colleagues.
- Document progress to move the field forward.



Display the slide: Contact Us.

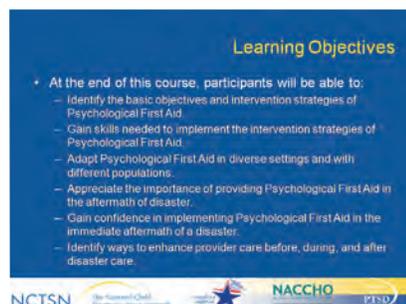
Make the following points:

- You can go to the NCTSN and NCPTSD websites for more information about the products and services offered and for contact information.
- The NCTSN provides a multitude of online resources for parents, educators, the general public, policymakers, and mental health/medical professionals regarding child traumatic stress. The NCTPSD has an online information center containing fact sheets and videos to answer questions related to trauma, posttraumatic stress disorder, and related issues.



Display the slide: Learning Objectives

Review each of the objectives and point out what was covered in training.



Ask for and address the participants' questions.



Post Test:

- Distribute a copy of the Post Test to each participant.
- Explain that it is a 10-question assessment to assess their understanding of the material covered.
- Collect the Post Tests.
- Review the answers.

Course Evaluation Form:

- Distribute the Course Evaluation Form and instruct the participants to complete the entire form.
- Explain that:
 - Evaluations are a great tool for facilitators to know exactly how the participants experienced the training.
 - They will be valuable when considering updates and revisions to the training.
- Ask that participants to return the Evaluation Form to the facilitator when they collect their certificates of completion.

Thank the participants for their participation and wish them luck in their endeavors as a PFA provider.

Dismiss the class.



Group Activity #1

Purpose: For you to identify five initial steps in providing Psychological First Aid to survivors of a disaster.

Participant Instructions:

1. Read the scenario below and discuss five initial steps you would take to provide Psychological First Aid.
2. Identify what you would say or do for each of the steps.
3. Select one person to write down your group's responses.
4. After about 10 minutes, you will share your responses with the larger group.

Scenario:

You are working in a shelter opened by a local church after a wildfire threatens homes in a nearby county. You hear mixed reports on the status of the fire. People are anxious and you have heard reports that there are 500 people in the shelter and up to 300 more are expected.

What five initial steps do you take to provide Psychological First Aid?



Group Activity #2

Purpose: The purpose of this activity is for you to identify the information you need to begin providing assistance and the five actions you would take in providing Psychological First Aid to survivors.

Participant Instructions:

1. Read the scenario and questions below and determine the responses.
2. Select one person to write down your group's responses.
3. After about 10 minutes, share your responses with the larger group.

Scenario:

You are working in a hospital. A passenger train crashed into another train that was carrying unknown chemicals. The hospital staff is overwhelmed with injured patients, and you have been asked to assist individuals who are concerned about exposure, those with minor injuries who are distressed, and family members.

What information do you need to begin your work?

What are the five actions you would take in conducting PFA?



Group Activity #3

Purpose: The purpose of this activity is for you to identify ways of coping that you would share with survivors.

Participant Instructions:

1. Read the scenario and question and determine the response.
2. Select one person to write down your group's response.
3. After about 15 minutes, you will share your response with the larger group.

Scenario:

You are a PFA provider staffing a hotline during a pandemic. The caller is recovering from a severe bout of the flu. She is isolated at home with other family members, one who is currently sick. She reports feeling fearful and overwhelmed.

What information on coping do you share?



Group Activity #4

Purpose: Perform role plays to get more comfortable practicing providing PFA.

Participant Instructions:

1. You will be working in small groups of four.
2. Identify one person to be the PFA provider, two people to be survivors, and one person to be the observer.
3. Use the Provider Worksheet in the “Field Operations Guide” (p. 123) to help perform the role play.
4. Read the scenario below and practice how you would implement PFA in this situation.
5. Instruct the observer to write down aspects that went well and aspects that appeared more challenging.
6. After about 15 minutes, a spokesperson will share the group’s experience and observations with the larger group.

Scenario:

You have been working in a support center near the scene of a terrorist attack. There has been an explosion at a large corporate building. One of the towers of the building has collapsed. There is a large number of casualties and wounded. The rescue workers are still pulling out survivors. Much of the community is coming to the area in disbelief. A couple comes to you and is in distress because they can’t find their son.

What went well?	What was more challenging?

Psychological First Aid Post Test

1. Helping with meeting immediate needs and concerns is not an objective of Psychological First Aid.
True False
2. Psychological First Aid should be delivered within the first hours and days after a disaster.
True False
3. A basic aim of Psychological First Aid is to process a survivor's most distressing disaster-related experiences.
True False
4. When engaging survivors, the Psychological First Aid provider should understand the cultural norms of that community.
True False
5. To insure survivors' safety and comfort, the Psychological First Aid provider should continually watch media reports to calm themselves down.
True False
6. When helping a survivor engage in social support, help him/her choose the right time and place to talk with a person with whom he/she feels comfortable.
True False
7. In completing a Psychological First Aid session, a provider should keep a record of the person's name and diagnosis.
True False
8. In helping parents support their children after a disaster, a Psychological First Aid provider should recommend that parents provide a daily routine to the extent possible.
True False
9. Considering issues of self-care when responding to an event, the Psychological First Aid provider should make sure he/she builds relaxation and positive coping strategies into his/her schedule.
True False
10. A survivor needing stabilization could benefit from a technique called *in vivo* exposure.
True False

Psychological First Aid Post Test – Answer Key

1. Helping with meeting immediate needs and concerns is not an objective of Psychological First Aid.
True **False**
2. Psychological First Aid should be delivered within the first hours and days after a disaster.
True False
3. A basic aim of Psychological First Aid is to process a survivor's most distressing disaster-related experiences.
True **False**
4. When engaging survivors, the Psychological First Aid provider should understand the cultural norms of that community.
True False
5. To insure survivors' safety and comfort, the Psychological First Aid provider should continually watch media reports to calm themselves down.
True **False**
6. When helping a survivor engage in social support, help him/her choose the right time and place to talk with a person with whom he/she feels comfortable.
True False
7. In completing a Psychological First Aid session, a provider should keep a record of the person's name and diagnosis.
True **False**
8. In helping parents support their children after a disaster, a Psychological First Aid provider should recommend that parents provide a daily routine to the extent possible.
True False
9. Considering issues of self-care when responding to an event, the Psychological First Aid provider should make sure he/she builds relaxation and positive coping strategies into his/her schedule.
True False
10. A survivor needing stabilization could benefit from a technique called *in vivo* exposure.
True **False**

Psychological First Aid Course Evaluation

Date of training: _____

Type of work you do: _____ Title: _____

Years of experience: (Circle one) Under 1 1-3 4-5 6-9 10-14 15-19 20 or more

(Circle the response that is closest to your opinion)

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable
1. Instruction:						
• Subject was thoroughly covered	1	2	3	4	5	6
• Participation was encouraged	1	2	3	4	5	6
• Training expectations and objectives were made clear	1	2	3	4	5	6
• Questions were answered completely	1	2	3	4	5	6
• Instructional materials were used effectively	1	2	3	4	5	6
• Differences of opinion were tolerated	1	2	3	4	5	6
2. Training:						
• Contained enough activities	1	2	3	4	5	6
• Included useful activities	1	2	3	4	5	6
• Was a reasonable length	1	2	3	4	5	6
• Covered the right amount of material	1	2	3	4	5	6
• Is worth recommending to others	1	2	3	4	5	6
• Contributed to my knowledge and skills	1	2	3	4	5	6
• Related to my needs	1	2	3	4	5	6
3. Materials:						
• Were related to the course	1	2	3	4	5	6
• Were well organized	1	2	3	4	5	6
• Audio-visual materials were easy to see and read	1	2	3	4	5	6

Please turn over to complete Page 2

How much has this training increased your *confidence* in providing services to children, adults, and families in the acute aftermath of a disaster?

A lot Somewhat Little Not at all

How much has this training increased your *knowledge* about strategies for providing assistance to children, adults, and families in the acute aftermath of a disaster?

A lot Somewhat Little Not at all

What did you find as the most helpful part of this training? _____

Did the training meet with your expectations? Please describe? _____

What would you change regarding this training? _____

Would you recommend this training to a colleague? Why or why not? _____

On a scale of one (1) to five (5), how would you rate this training?

(low) 1 2 3 4 5 (high)

Comments or suggestions: (Regarding this session or for future presentations.)

Thank you for your participation.

NCTSN

The National Child
Traumatic Stress Network



Psychological First Aid Medical Reserve Corps



(Date)

CERTIFICATE OF COMPLETION

(Name of Participant)

This certificate certifies that the above named person completed 8 hours of training in the Psychological First Aid - Medical Reserve Corps Training.