

# PSYCHOLOGICAL FIRST AID

## A Guide for Responding to Emergencies at Colleges and Universities

National Child Traumatic Stress Network  
National Center for PTSD

Ohio Department of Mental Health (ODMH):  
University Linkages Committee

# Acknowledgements

## Original Guide

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Special contributors (in alphabetical order) include: Steve Berkowitz, Dora Black, Carrie Epstein, Julian Ford, Laura Gibson, Robin Gurwitch, Jessica Hamblen, Jack Herrmann, Russell Jones, Robert Macy, Betty Pfefferbaum, Rose Pfefferbaum, Beverly Raphael, Margaret Samuels, William Saltzman, Merritt Schreiber, Janine Shelby, Cynthia Whitham, Bonita Wirth, Ruth Wraith, and Bruce Young.

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## This Guide

This guide was redesigned specifically for colleges and universities by the Ohio Department of Mental Health (ODMH) University Linkages Committee, chaired by Joseph Hill, ODMH Risk Administrator. Two members of the ODMH University Linkages Committee assumed principal responsibility for spearheading revisions to this guide: Craig Vickio, Director of the Counseling Center at Bowling Green State University and Carol Yoken, Director of the Counseling Center at the University of Cincinnati,.

Others who contributed to this guide included the following members of the University Linkages Committee: Roger Buck (Counselor at Hocking College), Natalie Bonfine (Center Coordinator of the Criminal Justice Coordinating Center of Excellence), Carolyn Givens (Executive Director of the Ohio Suicide Prevention Foundation), and Bounthanh Phommasathit (Program Coordinator of the Ohio Commission on Minority Health). Finally, valuable suggestions regarding the content of this guide were offered by the following individuals: Melissa Brymer (one of the original authors of the PFA Guide as well as Director of Terrorism and Disaster Programs at the UCLA/Duke University National Center for Child Traumatic Stress), Jill Carr (Dean of Students at Bowling Green State University), Daniel Ison (Social Worker in the Counseling Center at the University of Cincinnati), and three psychologists from the Bowling Green State University Counseling Center—Rebecca Conrad Davenport, Catherine Kocarek, and Arena Mueller (who lent volunteer assistance in the aftermath of the Northern Illinois shootings).

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# **Introduction and Overview**

## **The Purpose of This Guide**

Unfortunately, there are no magical steps to safeguard universities from traumatic events. Although various practices can help to mitigate risk, all campuses remain vulnerable to crises and disasters—whether natural (e.g., floods, tornadoes, etc.) or those of human design (e.g., shootings, terrorist activities, hazardous material spills, etc.). Therefore, it is incumbent upon colleges and universities to establish preparedness plans that describe in detail what should be done if a traumatic event occurs. Being prepared means having emergency response plans in place that direct attention not only to rescue, recovery, and organizational continuity but also to meeting the *basic psychological needs* of the campus community. This detailed guide describes how to optimally address those needs in the aftermath of a large-scale crisis or traumatic event. As will be evident in the forthcoming pages, attending to a campus’s psychological needs is the responsibility of *everyone*—including faculty, staff, and students.

## **What is Psychological First Aid?**

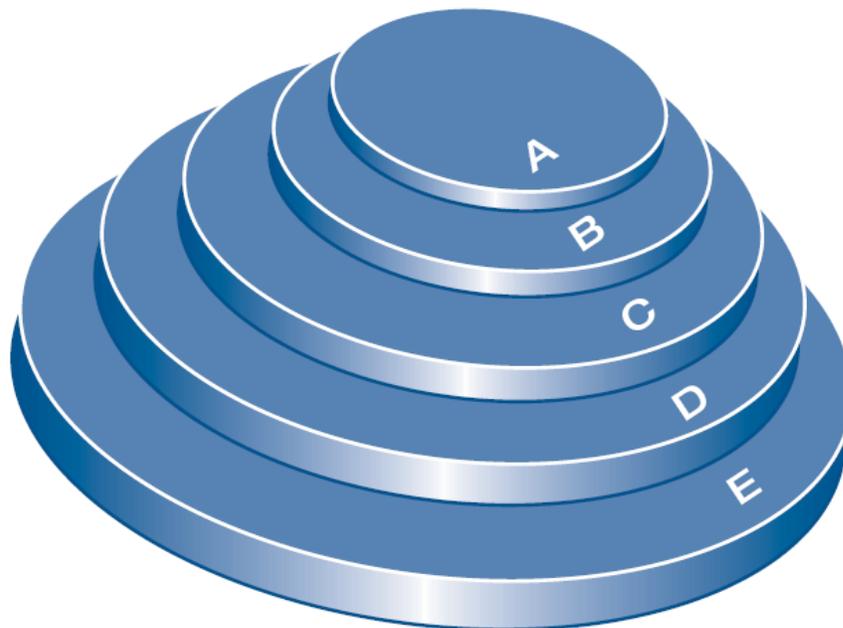
Psychological First Aid is a supportive intervention for the immediate aftermath of traumatic events or large-scale crises. It is an evidence-informed<sup>1</sup> modular approach designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards. They are: (1) consistent with research evidence on risk and resilience following trauma; (2) applicable and practical in field settings; (3) appropriate for developmental levels across the lifespan; and (4) culturally informed and delivered in a flexible manner. Psychological First Aid does not assume that all individuals will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that those who have been impacted by traumatic events experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping. Support from compassionate and caring responders can promote recovery.

<sup>1</sup> Psychological First Aid is supported by disaster mental health experts as the “acute intervention of choice” when responding to the psychosocial needs of children, adults, and families affected by traumatic events. At the time of this writing, this model requires systematic empirical support; however, because many of the components have been guided by research, there is consensus among experts that these components provide effective ways to help individuals manage trauma-related distress and adversities, and to identify those who may require additional services.

## **Population Exposure Model**

- A. Direct personal experience of a crisis event such as a serious injury to self (physical attack, sexual assault, accidental injury) or witnessing death or serious injury of family member, loved ones, college roommates, professor/instructor, close friends.
- B. Exposed to a crisis incident and/or scene, but not personally injured nor directly involved in the event. For example, discovering that a college roommate, friend or professor has died, was injured, or is missing following a crisis event.
- C. Bereavement due to loss or injury of a fellow student, faculty or other staff that you have had some contact or a limited relationship with. Experiencing the loss of property or possessions due to natural or man made disaster such as storm damage or structural fire, theft and/or flooding.
- D. Bereavement occurs due to the death and/or injury of someone you may not know but feel some form of attachment to. You might see the destruction of property and you have some awareness or feel some connection with the victims. For example: A group of students at a neighboring College or University may feel connected to victims at another institution because they share the status of “student” with those who have died, been injured or lost possessions.
- E. Groups that identify with the victim group, or are aware of the circumstances of the crisis event but have no direct connection to the victims.

**FIGURE 1: POPULATION EXPOSURE MODEL**



## **Should Psychological First Aid Be Used at Colleges and Universities?**

The interventions of Psychological First Aid are appropriate for use with any population exposed to traumatic events—including members of college or university communities. Psychological First Aid can also be provided to first responders, including law enforcement and other disaster relief workers.

## **Who Should Deliver Psychological First Aid at Colleges and Universities?**

With appropriate training, Psychological First Aid can be provided by any member of a campus community—including counseling center staff, other administrative staff, faculty, and students. Law enforcement officers who are Crisis Intervention Team (CIT) trained may be especially helpful in a crisis situation by de-escalating the reactions of individuals experiencing a mental health crisis who may pose a threat to themselves or others. In the aftermath of a traumatic event, a university or college may also benefit from community behavioral health practitioners, representatives from faith-based organizations, and trained staff from neighboring college campuses.

## **When and Where Should Psychological First Aid Be Used?**

Psychological First Aid is designed for the immediate aftermath of traumatic events or large-scale crises. It can occur in a range of university settings. Psychological First Aid responders may go to residence halls, faculty or staff offices, classroom buildings, dining facilities, gymnasiums, student unions, and especially at shelters. Psychological First Aid can also be provided over the telephone when necessary (through the use of crisis hotlines or phone banks) and by electronic means (such as specially-designed computer web sites).

## **Strengths of Psychological First Aid**

- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of settings. Psychological First Aid includes basic information-gathering techniques to help providers make rapid assessments of survivors' immediate concerns and needs and to implement supportive activities in a flexible manner.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for individuals of various ages and backgrounds.
- Psychological First Aid includes handouts that provide important information for members of the campus community than can be used over the course of recovery.

## **Basic Objectives of Psychological First Aid**

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught individuals.
- Help individuals relay their immediate needs and concerns and gather additional information as appropriate.
- Offer practical assistance and information to help individuals address their immediate needs and concerns.
- Connect individuals as soon as possible to social support networks, including family, friends, neighbors, and campus and community resources.

- Support adaptive coping, acknowledge coping efforts and strengths, and empower individuals; encourage students, faculty, and staff to take an active role in their own recovery.
- Provide information that may help individuals cope effectively with the psychological impact of large-scale crises or traumatic events.
- Be clear about your availability, and (when appropriate) link individuals to services and resources on campus and in the surrounding community.

## **Delivering Psychological First Aid**

### **Professional Behavior**

- Be visible and available.
- Model healthy responses; be calm, courteous, organized, and helpful.
- Remain within the scope of your expertise and your designated role.
- Maintain confidentiality as appropriate.
- Make appropriate referrals when additional expertise is needed or requested.
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

### **General Guidelines**

- Initiate contact only after you have observed the situation and have determined that contact is not likely to be intrusive or disruptive.
- Politely observe first, don't intrude. Then ask simple respectful questions to determine how you may help.
- Often, the best way to make contact is to provide practical assistance (for example; food, water, blankets).
- Keep in mind that your foremost goals are to provide a caring presence and to help connect individuals to resources.
- Be prepared for the possibility that individuals who have experienced a traumatic event or crisis may either avoid you or flood you with contact.
- Speak calmly. Be patient, responsive, and sensitive.
- Speak slowly, in simple concrete terms; don't use acronyms or jargon.
- If individuals want to talk, be prepared to listen. When you listen, focus on hearing what they want you to understand and how you can be of help.
- Acknowledge the positive features of what the individual has done to keep safe.
- Give information that directly addresses the individual's immediate goals and clarify your message repeatedly as needed.
- Give information that is accurate and appropriate for your audience.
- When communicating through an interpreter, look at and talk to the person you are addressing, not the interpreter.
- Remember that the purpose of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

### **Some Behaviors to Avoid**

- Do not make assumptions about what individuals have experienced or are feeling.
- Do not assume that everyone exposed to a traumatic event will display signs of trauma; people vary markedly in their resilience.
- Do not pathologize. Most acute reactions to traumatic events are expectable and understandable. Do not label reactions as “symptoms,” or speak in terms of “diagnoses”, “conditions”, “pathologies”, or “disorders.
- Do not assume that all individuals who have experienced a crisis or traumatic event want to talk or need to talk to you. Often, you’re being physically present in a supportive and calm way helps affected people feel safer and more able to cope.
- Do not talk down or patronize; do not focus on helplessness, weakness, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the traumatic event and in the present setting.
- Do not attempt to conduct group or individual therapy-activities that may be particularly tempting for responders who are mental health professionals.
- Do not “debrief” by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a question, do your best to learn the facts.

### **Working With College Students**

- Talk to students on an “adult-to-adult” basis, showing that you respect their feelings, concerns, and questions.
- Recognize that in times of major crisis, many students will wish to connect with family members, other loved ones, or friends who are geographically remote. They may want to make phone calls, use other technology (for example; My Space, FaceBook, text-messaging), or travel to see family or friends. When possible, assist students in considering optimal ways of making such contact and subsequently taking action.
- Provide students with opportunities to lend support to one another. Many students who have not been directly impacted by a traumatic event may wish to offer their assistance to their peers who have.
- Offer practical assistance to meet students’ basic needs (for example; locating them in setting that afford a sense of safety, providing food and beverages).
- Consider creative ways of providing students with sources of comfort, such as bringing “therapy dogs” to campus.
- Afford them opportunities to be active as a way to counteract feeling of helplessness. (For instance, after the shooting at Northern Illinois University, many students made special ribbons to commemorate the victims, helped create memorial sites, or offered “free hugs”).
- Provide as much information as possible on a regular basis.
- Insure students are made aware of how and where they can get up-to-date information.
- Request assistance from campus ministers and local clergy. Bring them to designated locations on campus and request local churches, synagogues, mosques, and other spiritual settings to make themselves available to students. Provide transportation if possible.
- If students miss classes due to a crisis or traumatic event provide verification for instructors that they were absent for legitimate reasons.

- Help students understand how they might respond to media requests for interviews and apprise students of their right to not respond to such requests.

### **Working with Students' Families**

- Facilitate contact between families and students.
- When appropriate, provide families with assurance of their students' safety.
- Help guide families in how to best support their student. (For further information, please refer to the handout in Appendix E entitled, "*In the Aftermath of Campus Tragedies: What Family Members Can Do*").
- Coordinate with the school's emergency management team, follow their lead or instructions, and get their permission to assist in the following recommended ways.
- Once family has been notified of their student's injury or death, assign one person to be the communication link between the first aid providers and the family. Even if there are multiple injuries or multiple deaths affecting a family, only one person should be assigned to each family.
- If the family(s) comes to campus or the hospital, the first aid provider may meet the family at a pre-arranged location.
- Designate a specific area on campus for families. Have group space as well as private space available. Arrange for counselors, clergy, food, lodging, etc.
- Assist families in identifying and accessing appropriate university officials for specific needs.
- In the case of a student death, the assigned first aid provider may attend the visitation and/or funeral service.
- For seriously injured or deceased students, the first aid provider may offer to arrange packing and shipping of the students personal belongings to a location of the family's choice.
- Include the family(s) in planning a campus memorial service if applicable.
- Continue to communicate and follow up with families for at least 3 months after the incident.

### **Working with Faculty and Staff**

- Many of the guidelines for working with students also applies to faculty and staff. Provide assistance by listening to their concerns, answering questions, and offering general support.
- Emphasize the importance of following procedures specified in the college's emergency response plans and insure that faculty and staff are familiar with such plans.
- Provide factual information and updates to faculty and staff on a regular basis.
- If there is a representative from academic affairs on the school's crisis response team, try to coordinate to provide a strong communication link with faculty.
- Do not be surprised if faculty want to return to a normal academic routine or are concerned about how they will make up for lost time with their classes.
- Offer suggestions on how to handle the first meeting of classes after an incident, especially if a member of the class was injured or died.
- If you are asked to be physically present in classrooms following a crisis or traumatic event, be respectful of how the faculty member wishes to conduct the class. Use faculty members' expertise about which students may need special attention. (For further

information about ways faculty can assist students, refer to the handout in the Appendix H, “*Dealing with the Aftermath of Tragedy in the Classroom*”).

### **Working with Police and Other Emergency First Responders**

- Be professional and helpful, recognizing that everyone is trying to assist with the situation.
- When interfacing with campus police and other first responders, follow the procedures in the university or college’s emergency response plans. These plans should help clarify the incident command structure and the specific roles and responsibilities to be undertaken by different parties.
- Police officers may be armed or wearing external bulletproof vests, helmets, or other tactical equipment. Remember the area may be a crime scene, and law enforcement may regulate traffic patterns and access to areas. Remain calm and do not be afraid of the officers.
- Do not use acronyms or technical jargon when working with officers or other first responders who come from outside the campus or community.
- Set up “hospitality stations” for responders where they can obtain refreshment, have the opportunity to “decompress”, and debrief, etc.
- Encourage first responders to attend to their personal needs and to engage in healthy self-care.

### **Working with Individuals with Disabilities**

- Believe people who say they have a disability, even if the disability is not obvious or familiar to you.
- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
- When needed, try to provide assistance where there is little noise or other distractions.
- Address the person directly, rather than a caretaker, unless direct communication is exceedingly difficult.
- If communication (hearing, memory, speech) appears to be impaired, speak simply and slowly.
- When possible, enable the person to be self-sufficient.
- Offer a blind or visually impaired person your arm to assist in moving about in unfamiliar surroundings.
- For a hearing impaired or deaf person, face the person when speaking, offer to write information out, and speak normally without exaggerating mouth movements. Speak more loudly only if the person requests it.
- Keep essential aids (for example; medications, oxygen tank, respirator equipment, wheelchair, and therapeutic animal) with the person.

## **Preparing to Deliver Psychological First Aid**

The Psychological First Aid provider must be knowledgeable about the nature of the event, current circumstances, and the type and availability of relief and support services. Therefore, it may be helpful to brief volunteers on available facts, particularly if they are volunteers from outside the campus community.

### **Preparation**

Planning, preparation, up-to-date training in crisis response, and knowledge of the college or university emergency response plans are critical. You may be working with students, faculty, and staff from culturally diverse backgrounds. . It is important to have additional knowledge to provide culturally competent services. In deciding whether you are in a position to offer Psychological First Aid, consider your comfort level with this type of work, your current health, and your family and work circumstances. Be prepared to engage in appropriate self-care. (For more guidance on these topics see Appendix C.)

### **Entering the Setting**

Psychological First Aid begins when the college or university emergency plan is activated. Successful entry involves working within the framework of the college or university's emergency response plans and following their expectations for your role. It is essential to establish communication and coordinate all activities with authorized personnel or organizations that are managing the setting. On many campuses, the counseling center will assume major responsibility for organizing, instructing, and dispatching Psychological First Aid providers—and will do so in close collaboration with other campus offices. On campuses that lack a counseling center, such responsibility is likely to be assumed by the Dean of Students or higher administration in Student Affairs. (For an example of one university's protocol for mobilizing mental health resources following a large-scale crisis, see Appendix K.) It is important that responders have accurate information about what is going to happen, what services are available, and where they can be found. This information should be gathered as soon as possible because it is often critical to reducing distress and promoting adaptive coping.

### **Providing Services**

At some colleges and universities, Psychological First Aid may be provided in designated areas. At other schools, providers may circulate around the campus to identify those who might need assistance. Consider having some means by which Psychological First Aid providers can be easily identified, such as their wear a colored arm band or name tag). Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress, such as appearing disoriented, confused, frantic or agitated, panicky, extremely withdrawn, apathetic, or “shut down,” extremely irritable or angry, or exceedingly worried.

### **Group Settings**

While Psychological First Aid is designed primarily for working with individuals and families, many components can be used in group settings when people are gathered together formally or informally--for example, in a residence hall lounge or classroom. When meeting with groups of students, faculty, or staff keep in mind:

- Tailor the discussion to the group's shared needs and concerns.
- Focus the discussion on problem-solving and applying coping strategies to immediate issues.
- Do not let discussions about concerns lapse into speculation or complaints.
- If an individual needs further support, offer to meet with him/her after the group discussion.

### **Maintain a Calm Presence**

People take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help individuals feel that they can rely on you. Others may follow your lead in remaining focused, even if they do not feel calm, safe, effective, or hopeful. Psychological First Aid providers often model the sense of hope that individuals cannot always feel spontaneously when they are still attempting to deal with what has happened and their current pressing concerns.

### **Be Sensitive to Culture and Diversity**

Universities are very diverse places, and Psychological First Aid providers must be sensitive to diversity in culture, ethnicity, religious affiliation, race, sexual orientation, and disability status. Whether providing outreach or services, you should be aware of your own values and beliefs and how these may agree or differ with those of the person you are there to serve. Training in cultural competence can facilitate this awareness. Helping to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds is important in helping individuals cope with the impact of a traumatic event. Information about the communities being served, including how emotions and other psychological reactions are expressed, attitudes toward university administrators, and receptivity to counseling, should be gathered with the assistance of campus and community cultural experts who represent and best understand.

### **Be Aware of At-Risk Populations**

At colleges and universities, individuals that are at special risk after a traumatic event include people:

- Who have been injured
- Who lack a support network and feel socially isolated
- With serious mental illness
- With physical disabilities or illness
- Who may be more prone to take risks
- With substance abuse problems
- Are pregnant
- With babies and small children (see Appendix F)
- With significant loss of possessions
- Exposed first hand to grotesque scenes or extreme life threat
- Who have already been contending with significant life stressors
- Who have previously experienced other disasters

Emergency response personnel are also at heightened risk after the event.

## **Core Actions**

These core actions of Psychological First Aid reflect the basic objective of providing early assistance within days or weeks following an event. Providers should be flexible and base the amount of time they spend on each core action on an individual's specific needs and concerns.

### **1. Contact and Engagement**

**Goal: To respond to contacts initiated by individuals who have experienced a traumatic event, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.**

Your first contact with a person who has experienced a crisis or traumatic event is important. If managed respectfully and compassionately, you can establish an effective helping relationship and increase the person's receptiveness to further help. Your first priority should be to respond to individuals who seek you out. If a number of people approach you simultaneously, make contact with as many individuals as you can. Even a brief look of interest and calm concern can be grounding and helpful to people who are feeling overwhelmed or confused. Some individuals may not seek your help but may benefit from assistance. When you identify such persons, timing is important. Do not interrupt conversations. Do not assume that people will respond to your outreach with immediate positive reactions. It may take time for some individuals to feel some degree of safety, confidence, and trust. If an individual declines your offer of help, respect that decision and indicate when and where to locate a Psychological First Aid provider later on.

**Culture Alert:** The type of physical or personal contact considered appropriate may vary from person to person and across cultures and social groups. For example, cultural differences exist in how close to stand to someone else and how acceptable physical contacts are, especially with someone of the opposite sex. Unless you are familiar with the culture of an individual, you should not approach too closely; follow that person's lead. In some cultures, averted eyes are a sign of respect. Look for clues to an individual's need for "personal space" and seek guidance about cultural norms from campus and community cultural leaders. In working with family members, find out who is the spokesperson for the family and initially address this person. It is important to learn about:

- Concepts, beliefs, values, and practices of various ethnic and racial cultures and subcultures regarding interpersonal behavior, means of expression, privacy, care, and health care.
- Similarities and differences between traditional and "western" cultures, including potential conflicts between the two.
- The importance of language assistance through qualified interpreters (at no cost to the individual) during emergencies, especially because in times of high emotion or stress, people often revert to their native language.
- Local resources that provide culturally relevant services, including written material in various languages and a directory.

### **Introduce Yourself/Ask about Immediate Needs**

Introduce yourself with your name, title, and a description of your role. Wearing a name tag, armband, or other identifier can be helpful in facilitating confidence. Ask for permission to talk with someone and explain that you are there to see if you can be of help. Unless given permission to do otherwise, address college administrators, faculty, and staff by their title and last names (Ms., Dr., etc.). Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention. Speak softly and calmly. Refrain from looking around or being distracted. Find out whether there is any pressing problem that needs immediate attention. Immediate medical concerns have the utmost priority. When making contact with students, remember that many will want to reach out to family or significant others who live some distance from the institution. You may also be called upon to interact with family members who heard about the traumatic event and driven to campus. Whether you are interacting with students, students' families, faculty, or staff, you might initiate your contact by saying:

- Hello. My name is \_\_\_\_\_. I work with \_\_\_\_\_. I'm checking in with people to see how they are doing, and if I can help in any way. Is it okay if I talk to your for a few minutes? May I ask your name? 'Persons name', before we talk, is there something right now that can help you, like some water or juice?

### **Confidentiality**

Protecting the confidentiality of your interactions with students, families, faculty, and staff after a traumatic event can be challenging, especially since there is a lack of privacy in some settings. However, maintaining the highest level of confidentiality possible in any conversation you have with individuals in crisis or first responders is extremely important.

If you are a professional who belongs to a category of mandated reporters, you should abide by state abuse and neglect reporting laws. You should also be aware of the **Health Insurance Portability and Accountability Act** (HIPAA) and the provisions related to emergency response. In general, information can be released as needed in situations of imminent danger and with other health care providers for purposes of treatment and referral. In addition, information may be given to emergency relief workers to coordinate care and find appropriate treatment, and to legally authorized or chartered emergency relief programs, such as Red Cross, if not providing information would interfere with their functioning related to the traumatic event. Information about the location, general condition, care, or death of a person can be provided to family members or guardians with the verbal permission of the individual or, if that is not possible, if it appears to be in the best interests of the individual. In addition to HIPAA, state licensing laws for mental health and other professionals may regulate confidentiality. These laws may not be explicit about requirements and exceptions during large-scale crises or emergencies. If you have questions about releasing information, discuss the issue with a supervisor or an official in charge.

## 2. Safety and Comfort

**Goal: To enhance immediate and ongoing safety and provide physical and emotional comfort.**

Restoring a sense of safety is an important goal in the immediate aftermath of a traumatic event or large-scale crisis. Promoting safety and comfort can reduce distress and worry and help members of the campus community cope with the death, injury, or emotional distress of their peers, students, faculty, or co-workers.

Comfort and safety can be supported in a number of ways, including helping individuals:

- Do things that are active, practical (using available resources), and familiar (drawing on past experiences).
- Get current accurate and up-to-date information, while avoiding exposure to information that is inaccurate or excessively upsetting.
- Get information about how responders are making the situation safer.
- Connect with available practical resources.
- Connect with others who have had similar experiences.

### **Ensure Immediate Safety**

Make sure that individuals and families are safe to the extent possible. If necessary, re-organize the immediate environment to increase physical and emotional safety. For example:

- Find the appropriate law enforcement officers or school administrators who can resolve safety concerns that are beyond your control, such as threats, weapons, etc.
- Remove broken glass, sharp objects, furniture, spilled liquids, and other objects that could cause people to trip and fall.

If there is an immediate need for medical attention or medication, contact the appropriate unit leader or medical professional immediately. Remain with the affected person or find someone to be there until you can obtain help. Other safety concerns involve:

- **Threat of harm to self or others** – seek immediate support for containment and management by medical professionals, mental health practitioners, or law enforcement officers from the campus or local community if you see signs that persons may hurt themselves or others. These signs include intense anger toward self or others, expressions of despair or hopelessness, talk about a desire to die, and extreme agitation.
- **Shock** – seek immediate medical support if an individual shows signs of shock. These signs include pale, clammy skin; weak or rapid pulse; dizziness; irregular breathing; dull or glassy eyes; lack of response to communication; lack of bladder or bowel control; restlessness or agitation; and confusion.

To promote safety and comfort for students, faculty and staff who are elderly or disabled, you can:

- Help make the physical environment safer (for example, try to insure adequate lighting; protect against slipping, tripping and falling).
- Ask specifically about needs for eyeglasses, hearing aids, wheelchair, walker, cane or other devices. Try to insure that all essential aids are kept with the person.

- Ask whether the individual need help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication. Ask about a list of current medications or where this information can be obtained, and make sure the person has a readable copy of this information.
- Consider keeping a list of individuals with special needs so they can be checked on more frequently.
- When appropriate, contact relatives of individuals who have experienced a crisis or traumatic event, generally with the individual's permission, encourage the individual to make such contact in order to further insure safety, nutrition, medication, and rest. Make sure that appropriate college administrators are aware of any daily needs that are not being met.

### **Provide Information about Response Activities and Services**

To help re-orient and comfort individuals who have experienced a crisis or traumatic event, provide information about:

- What to do next
- What is being done to assist them
- What is currently know about the unfolding event
- Available services
- Common stress reactions
- Self-care, family care, and coping

Usually you will focus on one individual at a time and individualize a follow-up plan.

In providing information:

- Use your judgment about whether and when to present information. Does the individual appear able to comprehend what is being said? Is the individual ready to hear the content of the message?
- Address immediate needs and concerns and answer pressing questions in order to reduce fears.
- Use clear and concise language and avoid technical jargon.

Ask individuals if they have any questions about what is going to happen, and give simple accurate information about what they can expect. Ask if the person has any special needs that the authorities should know about. Be sure to ask about concerns regarding current danger and safety in their new situation. Provide information that addresses people's specific concerns. If you do not have specific information, do not guess or invent information in order to provide reassurance. Instead, develop a plan with the person for ways you both can gather the needed information.

Examples of what you might say include:

- From what I understand, we will start transporting people to the shelter at the campus field house (or student union, university auditorium, etc.) in about an hour. There will be food, clean clothing, and a place to rest. Please stay in this area. A member of the team will look for you here when we are ready to go.

**Do not** reassure people that they are safe unless you have definite factual information that they truly are. Also do not reassure people of the availability of goods or services (for example, food, medicines) unless you have definite information that those things will be available. However, do address safety concerns based on your understanding of the current situation. For example, you may say:

Student:	Mark, I want to assure you that members of our University community and the local fire department, are responding as well as they can right now. I am not sure if the fire has been completely contained, but you and the other students in your residence hall are not in danger here. Do you have any concerns about your safety right now?
Faculty/Staff Member	Ms. Ortega, the police and rescue workers are working actively and as best they can. I do not know all of the conditions in your building, but I will try to get that information for you as soon as it is available. We are in a safe location right here now. Do you have any concerns about your current safety?
Family Member of Student	Mr. Singh, all available police, fire fighters, and other emergency personnel are here working to locate people and to contain the incident. I do not know where your daughter is, but I will try to find out and let you know. However, the phone systems are overloaded so I may not be able to get through to you immediately once I know. Do you have any specific concerns for her safety related to medical or similar needs?

### **Attend to Physical Comfort**

Look for simple ways to make the physical environment more comfortable. If possible, consider things like temperature, lighting, air quality, access to furniture, and how the furniture is arranged. In order to reduce feelings of helplessness or dependency, encourage individuals to participate in getting things they need for (for example, offer to walk over to the supply area with the person rather than retrieving supplies yourself). Help people to soothe and comfort themselves and others around them.

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

- Health problems such as: physical illness, problems with blood pressure, fluid and electrolyte balance, respiratory issues, frailty that can increase susceptibility to falls, minor injuries, bruising, and extremes of temperature.
- Physical disabilities that may involve limited or a lack of mobility and require wheelchairs, walkers, canes, crutches, or helpful arm. (A person who has not needed a wheelchair before the event may need one now).
- Sensory Losses:
  - Visual loss, which can limit awareness of surrounding and add to confusion unless information is conveyed orally.

- Hearing loss, resulting in gaps in understanding of what others are saying unless an interpreter is present or notes can be written or in some cases, hearing devices are available.
- Unfamiliar or over-stimulating surroundings.
- Noise that can limit hearing and interfere with hearing devices.
- Limited access to bathroom facilities or mass eating areas, long lines.
- Service animals and their needs and safety.

### **Promote Social Engagement**

Facilitate group and social interactions as appropriate. It is generally soothing and reassuring to be near people who are coping adequately with a situation. On the other hand, it is upsetting to be near others who appear very agitated and emotionally overwhelmed. When possible, place people near others who appear relatively calm. As appropriate, encourage people who are coping well to talk with others who are distressed or not coping as well. Reassure people that talking together, especially about things they have in common (for example, having similar interests or hobbies, belonging to the same student organizations.), can help them support one another. This contact often reduces a sense of isolation and helplessness in both parties. You can tell them that it is sometimes better not to focus exclusively on the current situation or traumatic event; it does not mean they are unconcerned if they talk about more everyday things. If individuals have heard upsetting information or been exposed to rumors, help to clarify and correct misinformation to keep it from spreading. College students are likely to look to student leaders, police or security personnel, residence hall staff, campus administrators, and faculty for cues about safety and appropriate behavior.

### **Attend to Students Who Are Experiencing Distress Over Separation from Families**

Parents and other family members play a crucial role in many students' sense of safety and security. For such students, helping them reconnect quickly is a high priority. Do not make any promises that you may not be able to keep, such as saying they will see their parents or other family members soon. You may also need to support students while their families are being located or during periods when family members are en-route to the campus. This support can include **setting up a student-friendly space**. Nonetheless, because of their developmental status or perhaps their family dynamics, some college students will look primarily to their peers for mutual assistance in coping so it is best not to make assumptions about the role of family.

### **Protect from Additional Traumatization**

In addition to securing physical safety, it is also important to protect people from unnecessary exposure to additional traumatic events and trauma reminders, including sights, sounds, or smells that may be frightening. To help protect their privacy, shield individuals from reporters, other media personnel, onlookers, or attorneys. Advise students, faculty, and staff that they can decline to be interviewed by the media, and that, if they wish to be interviewed, it may be helpful to first consult with the college's media relations or marketing and communications) specialists for advice. Many colleges and universities mandate that faculty and staff refrain from speaking with media unless they have first obtained approval from staff in marketing and communications. Furthermore, inform individuals that repeated viewing of media coverage can be highly upsetting.

### **Help Individuals Who Have a Missing Friend, Colleague, or Family Member**

In the immediate aftermath of a traumatic event, students, faculty, staff, and families will often feel a strong desire to connect with those closest to them. When such people cannot be immediately located, traumatized individuals may experience a number of different feelings: anxiety, denial, worry, anger, shock, numbness, or guilt. The Psychological First Aid provider should strive to normalize such feelings and help traumatized individuals identify ways of connecting with loved ones. Today's technology allows for varied ways of communicating with those dear to us (e.g., via cell phones, text messaging, etc.); however, some of these communication devices may not function immediately following a large-scale crisis. In such cases, the PFA provider may be called upon to identify creative, alternative ways of helping traumatized individuals connect with their loved ones or derive needed social support.

**Acute grief reactions** are likely to be intense and prevalent among those who have suffered the death of a loved one or close friend. They may feel numbness, sadness, or anger over the death; guilt over not having been able to prevent the death; or regret about not providing comfort or having a proper leave-taking. They may miss the deceased, and wish for reunion, including dreams of seeing the person again. Although painful to experience at first, grief reactions are healthy responses that reflect the significance of the death. Over time, grief reactions tend to include more pleasant thoughts and activities, such as telling positive stories about a loved one, and comforting ways to remember him/her. The Psychological First Aid provider should remember:

- Treat acutely bereaved individuals with dignity, respect, and compassion.
- Grief reactions vary from person to person.
- There is no single “correct” course of grieving.
- Some people may wish to be alone. If safe, provide them with some privacy. When an individual does want to talk with you, you should listen quietly and not feel compelled to talk a lot. Do not probe.
- Grief puts people at risk for abuse of over-the-counter and prescription medications and other drugs, increased smoking, and consumption of alcohol. Tell people about these risks, the importance of self-care, and the availability of professional help.

In working with individuals who have experienced the death of a close friend or colleague, the Psychological First Aid provider can:

- Discuss how individuals will each have their own special set of reaction; no particular way of grieving is right or wrong, and there is not a “normal” period of time for grieving. What is most important is to respect and understand how each person may be experiencing grief.
- Discuss with family member and friends how culture or religious beliefs influence the ways people grieve.

To emphasize how important it is for individuals to understand and respect each others' manner of grieving, the Psychological First Aid provider may say:

- Individuals may express their grief differently. Some may not cry, while others might cry a lot. People should not feel bad about this or think there is something wrong with them. What is most important is to respect the different ways each feels and help each other in the days and weeks ahead.

**Do:**

- Reassure grieving individuals that what they are experiencing is expectable and understandable.
- Use the deceased person's name, rather than saying "the deceased".
- Let them know that they may continue to experience periods of sadness, loneliness, or anger and that these reactions are normal.
- Tell them they if they continue to experience feelings of grief or depression after several weeks, they may find it helpful to talk to staff at the college's counseling center, a member of the clergy, or a counselor in the community who specializes in grief.
- Tell them that their university's counseling center can refer them to appropriate services.

**Don't say:**

- I know how you feel.
- It was probably for the best.
- He is better off now.
- It was her time to go.
- At least he went quickly.
- Let's talk about something else.
- You should work towards getting over this.
- You should be glad he passed quickly.
- That which doesn't kill us makes us stronger.
- You'll feel better soon.
- You did everything you could.
- You need to grieve.
- You need to relax.
- It's good that you are alive.
- It's good that no one else died.
- If could be worse; you still have a brother/sister/mother/father.
- Everything happens for the best according to a higher plan.
- We are not given more than we can bear.
- Someday you will have an answer.

If the grieving person says any of the above things, you can respectfully acknowledge the feeling or thought, but don't initiate statements like these yourself.

The Psychological First Aid provider should give information to members of the campus community about reactions that they might experience following a traumatic event or large-scale crisis. The handout, *When Terrible Things Happen* (Appendix E), describes common reactions to a traumatic event or disaster and ways of coping. When speaking to students, faculty, or staff, you can say:

- There are a number of reactions that are common after a traumatic event or crisis, and they are normal responses to extreme events. Sometimes the reactions occur immediately, sometimes after an initial "adrenalin rush" has worn off, and sometimes weeks and months later. A common reaction is to feel tense or anxious, and to be hyper alert to signs of possible danger. This reaction might include trouble sleeping and concentrating

or feeling a fast heart beat or trouble breathing. People often feel that everything is overwhelming, even things that were simple before. People may feel responsible or guilty about something that they neglected to do. Most of these reactions diminish and go away with the passage of time. There are some ways to cope. These include finding ways to relax, including slow, deep breathing; returning to a regular routine; making sure that you are getting enough sleep, nutritious food, and exercise; prioritizing what to do with lists; and expressing your emotions by talking, writing, drawing, or using other mediums. Find out what people or agencies can assist you with practical needs—like childcare, financial pressures, or support groups. If reactions continue and are disruptive to your everyday functioning after a month, consider talking to a counseling professional who can work with you to find additional ways of dealing with what you are going through.

**Culture Alert: Beliefs and attitudes about death, funerals, and expressions of grief are strongly influenced by family, culture, religious beliefs, and rituals related to mourning. Learn about cultural norms with the assistance of campus and community cultural leaders who understand various customs. Even within cultural and religious groups, belief and practices can vary widely. Do not assume that all members of a given group will believe or behave the same way. It is important for families to engage in their own traditions, practices, and rituals to provide mutual support, seek meaning, manage a range of emotional responses and death-related adversities, and honor the death.**

**The Psychological First Aid provider who becomes aware of people needing language assistance services should strive to communicate this need to those overseeing the crisis response efforts.**

### **Attend to Grief and Spiritual Issues**

The Psychological First Aid provider should become familiar with staff from campus ministry and other clergy who may be on-site. They should also obtain contact information for clergy of local religious groups to make referrals. People often rely on religious and spiritual beliefs and practices to cope with the death of a loved one. Individuals may use religious language to talk about what is happening or may want to engage in prayer or other religious practices. It is not necessary for the Psychological First Aid provider to share these beliefs in order to be supportive. Often, simply listening and attending is all that is required. Things to keep in mind include:

- A good way to introduce this topic is to ask, “Do you have any religious or spiritual needs at this time? This question is not meant to lead to a theological discussion or to your engaging in spiritual counseling. If requested, you can refer them to clergy of their choice.
- Do not contradict or try to “correct” what a person says about his/her religious beliefs, even if you disagree and think that it may be causing them distress.
- Do not try to answer religious questions like, “Why was this allowed to happen?” These questions generally represent expressions of emotion rather than real requests for an answer.
- For people who are clearly religious, ask if they would like to see a staff person from the campus ministry or clergy of their faith.

- Many students, faculty and staff rely on religious objects such as prayer beads, statues, or sacred texts, items that may have been lost or left behind following the traumatic event. Locating such objects can help to increase their sense of security and control. Staff from the campus ministry or local clergy can often help provide religious items.
- Individuals may want to pray alone or in a group. You may help by finding a suitable place for them to do so. For some people, facing in the proper direction while praying is important. You can help to orient them.
- You may also provide information to campus administrators regarding space and items needed for religious observances.
- If you are asked to join in prayer, you may decline if you feel uncomfortable. Keep in mind that joining in at the end with an “Amen”; this can help your relationship with the person and the family.
- Many people routinely light candles or incense when they pray. However, open flames are often prohibited in campus facilities. You may need to explain this to the individual, and assist him or her in finding a nearby place where an open flame would be allowed.
- Some people believe in miracles. An individual may voice hope for a miracle, even in the face of virtual certainty that his or her friends or colleagues have died. Do not take this as evidence of missing information or a loss of touch with reality. This hope may be the person’s way of continuing to function in devastating circumstances.
- Every religion has specific practices around death, particularly in regard to the care of dead bodies. These issues may be especially complicated when the body is not recovered. Ask individuals about their religious needs in this area. They may want staff from the campus ministry or other clergy to advise them.
- In some cultures, expressions of grief can be very loud and may seem out of control. It may be helpful to move individuals to a more private space to prevent them from upsetting others. If the behavior is upsetting to you, you should find someone else to assist the individual(s).
- If a person expresses anger associated with their religious beliefs (a sign of spiritual distress), do not judge or argue. Most people are not looking for an answer, but they can benefit from a willing, non-judgmental listener. If spiritual concerns are a contribution to significant distress, grief, or functional impairment, you can ask if they would like a referral to a staff person from campus ministry or other clergy.

**Provider Alert: Many times following traumatic events, well-meaning religious people seek out those who have been impacted in order to proclaim their own religious beliefs. If you become aware of activities like this, do not try to intervene; instead notify security personnel or campus administrators in charge.**

### **Issues Pertaining to Attending Funerals, Conducting Campus Memorial Services, and Creating Memorial Sites**

The Psychological First Aid provider may be asked to attend funerals or other events. You may feel that this will be a helpful way of visibly demonstrating your support to members of the campus community. It is also common for colleges and universities to hold their own memorial services following deadly disasters or traumatic events. You can work with the university’s administrators who are preparing such memorial services. Important considerations include the wishes of family members of the deceased and those of peers and colleagues. To help counteract

feelings of helplessness, provide traumatized or grieving individuals with the opportunity to actively DO something such as participating in the planning of memorial services, creating their own memorial sites, or joining in efforts to lend support to other traumatized individuals. Keep cultural factors in mind.

### **Attend to Issues Related to Traumatic Grief**

After traumatic death, some individuals may stay focused on the circumstances of the death, including a preoccupation with how it would have been prevented, what the last moments were like, and who was at fault. These preoccupations may interfere with grieving, making it more difficult for individuals to adjust to the death. Signs of traumatic reactions include:

- Intrusive, disturbing images of the death that interfere with positive remembering and reminiscing.
- Retreat from close relationships with others.
- Avoidance of usual activities (for example, such as attending particular classes, visiting certain campus buildings) because they are reminders of the traumatic death.

These traumatic reactions can change mourning; often putting individuals on a different time course than that of other members of the campus community. You may want to speak privately to students, faculty, or staff who were present at the time of the death in order to advise them about the extra burden of witnessing it directly. Let them know that talking to a mental health professional, staff from campus ministry or other clergy may be very helpful. For example, the provider might say:

- It must have been awful to have been there when Joe died. Other students (faculty/staff) or members of your immediate family may want to know details about what happened, but there may be some details that you think will be too upsetting for you or for them. Discussing what you went through with a professional can help you decide what to share with others; it can also help you with your grief.

### **Support Individuals Who Receive Death Notification**

In some catastrophic situations, such as a major fire in a residence hall, the news media or individuals may report incorrect information. Caution people to wait for official confirmation from the authorities. After learning of the death of a colleague or close friend, people may have psychological and physiological reactions that vary from agitation to numbness. At the same time, they must cope with the continuing stress of remaining in the environment where the traumatic event took place. In providing support, keep the following in mind:

- Don't rush. People need time to process the news and ask questions.
- Allow for initial strong reactions; these will likely diminish over time.
- When talking about a person who is a confirmed fatality, use the word "died", not "lost" or "passed away".
- Remember that students, faculty and staff do not want to know how you feel (sympathy); they want to know you are trying to understand how **they** feel (empathy).

To help support individuals in dealing with death notification:

- Seek assistance from staff in campus health services or from other medical support personnel if a medical need arises.

- Get help from higher administration, the campus counseling center, or campus police and security personnel if individuals are at risk for hurting themselves or others.
- Make sure that social supports are available, such as friends, counselors, colleagues, or staff from campus ministry or other clergy. Such support may involve not only face-to-face contacts by connections with people located elsewhere, telephone calls or instant messages to family, friends, and loved ones.
- Try to work with individuals or identifiable subsets of the campus community (for example, students living on the same floor of a residence hall, faculty within a given department that has been deeply impacted). Even when campus administrators or other officials are addressing large crowds, it is often better to have such subsets of the community assembled at their own tables with the Psychological First Aid provider present.

When working with college students, the Psychological First Aid provider may find it helpful to caution students about doing something risky, like storming off, driving while overwhelmed with such news, engaging in high-risk sexual behavior, using alcohol or other drugs, or acting in some other potentially dangerous. Expression of any suicidal thought should be taken seriously, and appropriate additional assistance should be immediately sought. Expressions of revenge should also be taken seriously. Students (as well as faculty and staff) should be cautioned to think about the consequences of revenge, and be encouraged to consider different constructive ways to respond to their feelings.

### **Support Individuals Involved In Body Identification**

Where identifiable bodies have been recovered and family members have been asked to assist in the identification process, authorities may take family members to the morgue or an alternative location to view and identify the body. The Psychological First Aid provider will typically not participate in these activities, but may be of assistance prior to and after body identification. Some individuals may feel that they must see the body before they can accept that the person is dead. If there is a likelihood of disfigurement, it may be helpful for you to gently prepare the person that what they see may be highly disturbing.

When a body is too disfigured for family members to be able to identify, it is natural for families to want to know when and where the body was found, and what the person experienced before dying. Family members may be more disturbed by unanswered questions than by whatever they learn. You should expect a wide range of reactions after viewing the body, including shock, numbness, fainting, vomiting, trembling, screaming, or hitting something or someone.

### 3. Stabilizing

**Goal: To calm and orient emotionally overwhelmed or disoriented individuals.**

Most individuals affected by large-scale crises or traumatic events will not require specific techniques of stabilization. Both expressions of strong emotions and muted emotions (for example, numb, indifferent, spaced-out, or confused) are normal reactions that do not necessarily signal the need for additional intervention beyond ordinary supportive contact. While expression of strong emotions, numbing, and anxiety are normal and healthy responses to traumatic stress, extremely high and sustained arousal, numbing, or extreme anxiety can interfere with sleep, eating, decision-making, attending class, completing academic work, and engaging in other life tasks. The Psychological First Aid provider should be concerned about individuals whose reactions are so intense and persistent that they significantly interfere with the ability to function on an ongoing basis.

#### **Stabilize Emotionally Overwhelmed Individuals**

Observe individuals for signs of being disoriented or overwhelmed:

- Looking glassy eyed and vacant.
- Unresponsiveness to verbal questions or commands.
- Disorientation (for example, aimless, disorganized behavior, not knowing where he or she is).
- Strong emotional responses, uncontrollable crying, hyperventilation, rocking or regressive behavior.
- Uncontrollable physical reactions (shaking, trembling).
- Frantic searching behavior.
- Feeling incapacitated by worry.
- Risky behavior.

If the person is too upset, agitated, withdrawn, or disoriented to talk, or shows extreme anxiety, fear, or panic, consider:

- Is the person alone? If so, enlist others (roommates, friends, colleagues, family) in comforting the distressed person. You may want to take a distressed individual to a quiet place or speak quietly with that person while friends are nearby.
- What is the person experiencing? Panic, a flashback (imagining that the event is taking place again), a lack of direction? When intervening, address the person's primary immediate concern or difficulty. Trying to convince the person to "calm down" or to "feel safe" tend not to be effective and can feel condescending.

In general, the following steps will help to stabilize the majority of distressed individuals:

- Wait a few minutes before you intervene. Say you will be available if they need you or that you will check back with them in a few minutes to see how they are doing and if there is anything you can do to help at that time.
- Remain calm, quiet, and present without trying to talk directly to the person. Just remain available, while giving the person a few minutes to calm down without additional stimulation that could contribute to cognitive or emotional overload.

- Stand close by as you talk to other individuals, do some paperwork, or other tasks while being available should the person need or wish to receive further help.
- Offer support and help people focus on specific manageable feelings, thoughts, and goals.
- Give information that orients people to their surroundings, such as how the setting is organized, what will be happening, and what actions they may consider.

### **Orient Emotionally Overwhelmed Individuals**

Use these points to help individuals understand their own reactions:

- Intense emotions may come and go like waves.
- Shocking experiences may trigger strong and upsetting reactions in the body—but these feelings can be self-protective “alarms” to engage in self-care.
- Sometimes the best way to recover is to take a few moments for calming routines (for example, go for a walk, breathe deeply, practice muscle relaxation techniques).
- Friends and family are often very important sources of support for calming.
- Staying busy can help people recover their equilibrium.

If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if the person knows who he or she is, where he or she, and what is happening.
- Ask the person to describe the surroundings and tell you where both of you are.

If none of these actions seems to help in stabilizing an agitated individual, a technique called “grounding” may be helpful. You can introduce grounding by saying:

“After a frightening experience, you can sometimes find yourself overwhelmed with emotions or unable to stop thinking about or imagining what happened. You can use a method called ‘grounding’ to feel less overwhelmed. Grounding works by turning your attention from your thoughts back to the outside world. Here’s what you do....” (Modify these interventions for a person who has difficulty with vision, hearing, or expressive language.)

- Sit in a comfortable position with your legs and arms uncrossed.
- Breathe in and out slowly and deeply.
- Look around and name five non-distressing objects that you can see. For example you could say, “I see the floor, I see a shoe, I see a table, I see a chair, I see a person.”
- Breathe in and out slowly and deeply.
- Next, name five non-distressing sounds you can hear. For example you could say, “I hear a woman talking, I hear myself breathing, I hear a door close, I hear someone typing, I hear a cell phone ringing.”
- Breathe in and out slowly and deeply.
- Next, name five non-distressing things you can feel. For example, you could say, “I can feel this wooden armrest with my hands, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket in my hands, I can feel my lips pressed together.”
- Breathe in and out slowly and deeply.

If none of these interventions aid in emotional stabilization, consult with mental health professionals from the campus or community.

**The Role of Medications in Stabilization**

Medication for acute traumatic stress reactions is not recommended as a routine part of Psychological First Aid and it should be considered only if an individual has not responded to other approaches to stabilization. Use of medication should have a specific target (for example, sleep, control of panic attacks), and, be time-limited. Medications may be necessary when the individual is experiencing extreme agitation, extreme anxiety and panic, psychosis, or is dangerous to self or others.

The Psychological First Aid provider should be mindful that:

- Exposure to a traumatic event may worsen pre-existing conditions (for example, schizophrenia, depression, anxiety, pre-existing PTSD)
- Some individuals may be without their medications or face uncertainty about continued access to medications
- Routine contacts with counselors, psychiatrists, physicians, or pharmacies (both on and off campus) may be disrupted
- Monitoring of medication blood levels may be interrupted

Gather information that will be helpful when referring to a physician, including:

- List of current medications.
- Current medications that require ongoing monitoring by a physician.
- Access to currently prescribed medications, doctors, and dispensing pharmacy.
- The individual's compliance with medication.
- Substance abuse/recovery issues.
- Ongoing medical and mental health conditions.

You may obtain more information about current medications from family and friends if the individual is too distressed or confused to give an accurate report.

## 4. Gathering Information

**Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.**

You should be flexible in providing Psychological First Aid and adapt interventions for specific individuals and their identified needs and concerns. Gather enough information so that you can tailor and prioritize your interventions. Gathering and clarifying information begins immediately after contact and continues throughout Psychological First Aid. Remember that your ability to gather information will be limited by time, individuals' needs and priorities, and other factors.

Although a formal assessment is not appropriate, you may ask about:

- Need for immediate referral
- Need for additional services
- Desire for a follow-up meeting
- Components of Psychological First Aid that may be most helpful

The form, *Survivor Current Needs* (Appendix D), may be useful in documenting the basic information gathered from survivors. Likewise, the *Psychological First Aid Provider Worksheet* (Appendix D) may be useful in documenting services provided. These forms are designed for use with proper safeguards for confidentiality. It may be especially useful to ask some questions to clarify the following:

### **Nature and Severity of Experiences during the Traumatic Event**

Individuals who experienced a direct threat to life, suffered injury, or witnessed injury or death of others are at increased risk for more severe and prolonged distress. Those who felt extremely terrified and helpless may also have more difficulty in recovering. For individuals with these experiences, provide information about common reactions and coping, and offer a follow-up meeting. For those who were injured, arrange medical consultation as appropriate.

For information about the individual's experiences you may ask:

- You've been through a lot of difficult things. May I ask you some questions about what you have been through?
- Where were you when the traumatic event took place?
- Did you get hurt?
- Did you see anyone get hurt?
- How afraid were you?

**Provider Alert: In discussing traumatic experiences, avoid asking for in-depth descriptions as they may provoke additional distress. Follow the survivor's lead in discussing what happened. Don't press individuals to disclose details of any trauma or loss. On the other hand, if they are anxious to talk about their experiences, politely and respectfully tell them that what would be most helpful now is to get some basic information so that you can help with their current needs and plan for future care. Let them know that the opportunity to discuss their experiences can be arranged for the future.**

### **Death of a Close Friend or Loved One**

The death of close friends or loved ones under traumatic circumstances is devastating, and over time it can greatly complicate the grieving process. For those individuals, provide emotional comfort; information about coping, social support, acute grief and offer a follow-up meeting. Ask about such deaths with questions like, “Did someone close to you get hurt or die?” or “What was your relationship?”

### **Concerns about Immediate Circumstances and Ongoing Threat following a Large-Scale Crisis**

Individuals who have experienced a traumatic event or crisis may be highly concerned about immediate and ongoing danger. For those with these concerns, help with obtaining information about safety and protection. You may ask questions like:

- Do you need any information to help you better understand what has happened?
- Do you need information about how to keep you and those around you safe?
- Do you need information about what is being done to protect the campus?

### **Separations from or Concern about the Safety of Loved Ones**

Separation from close friends or loved ones and concern about their safety is an additional source of distress. For individuals with these concerns, provide practical assistance in connecting them with available information sources. If not addressed earlier, get information with questions like:

- Are you worried about anyone close to you right now?
- Do you know where they are?
- Is there anyone especially important to you who is missing?

### **Physical Illness, Mental Health Conditions, and Need for Medications**

Pre-existing medical or mental health conditions and need for medications are additional sources of distress in the aftermath of a traumatic event. Those with a history of psychological problems may experience a worsening of these problems as well as more severe and prolonged reactions. Give high priority to immediate medical and mental health concerns. For those with medical or mental health conditions, provide practical assistance in obtaining professional care and medication. Ask questions like:

- Do you have any medical or mental health conditions that need attention?
- Do you need any medications that you don't have with you?
- Do you need to have a prescription filled?
- Can you get in touch with your doctor?

### **Losses (Home, School, Neighborhood, Business, Personal Property, and Pets)**

If individuals have experienced extensive material losses and adversities as a result of the traumatic event, their recovery may be complicated with feelings of depression, demoralization, and hopelessness. For those with losses, provide emotional comfort, practical assistance to help link them with available resources on campus and in the broader community and information about coping and social support. For information about such loss, ask questions like:

- Was your apartment (or home, residence hall room) badly damaged or destroyed?
- Did you lose other important personal property?
- Did a pet die or get lost?

- Did you personally feel a connection to places on campus that were damaged or destroyed?

### **Extreme Feelings of Guilt or Shame**

Extreme negative emotions can be very painful, difficult, and challenging. For those experiencing guilt or shame, provide emotional comfort and information about coping with these emotions. To further clarify, you may say:

- It sounds like you are being really hard on yourself about what happened.
- It seems like you feel that you could have done more.

### **Thoughts about Causing Harm to Self or Others**

It is a priority to get a sense of whether an individual is having thoughts about causing harm to self or others. For those with these thoughts, get medical or mental health assistance immediately. If the individual is at immediate risk of hurting themselves or others, stay with him or her until appropriate personnel arrive on the scene and assume management of the individual. To explore these thoughts and feelings, ask questions like:

- Sometimes situations like these can be very overwhelming, have you had any thoughts about harming yourself or ending your life?
- Have you had any thoughts about harming someone else?

### **Availability of Social Support**

Family, friends, and support from the campus and community can greatly enhance the ability of an individual to cope with distress and adversity. For those lacking in adequate social support, help them connect with available resources and services on campus or in the community, provide information about coping and social support, and offer a follow-up meeting.

**Provider Alert: In clarifying prior history of substance use, prior trauma and loss, and prior mental health problems the Psychological First Aid provider should be sensitive to the immediate needs of the individual and, avoid asking for a history or in-depth description. Give clear reasons for asking (for example, “Sometimes events like this can remind people of previous hard times...” “Sometimes people who use alcohol to cope with stress notice an increase in drinking after something like this happens...”).**

### **Prior Alcohol or Drug Use**

Exposure to trauma can increase substance use, cause relapse of past substance abuse, or lead to new abuse. Get information about this by asking:

- Has your use of alcohol, prescription medications, or drugs increased since the traumatic event took place?
- Have you had any problems in the past with alcohol or drug use?
- Are you currently experiencing withdrawal symptoms from drug use?

For those with potential substance use problems, provide information about coping and social support, link to appropriate services on campus or in the community, and offer a follow-up meeting. For those with withdrawal symptoms, seek medical referral.

**Prior Exposure to Trauma and Death of Loved Ones**

Those with a history of exposure to trauma or death of loved ones may experience more severe and prolonged reactions. They may have a repeat of their reactions to the earlier events. For those with prior exposure and/or loss, provide information about common trauma and grief reactions, information about coping and social support on campus or in the community, and offer a follow-up meeting. For information about prior trauma, ask:

- Sometimes events like this can remind people of previous bad times. Have you ever been in a distressing situation like this before?
- Has some other bad thing happened to you in the past?
- Have you ever had someone close to you die?

**Concerns over Developmental Impact**

People can be very upset when a traumatic event or its aftermath interferes with upcoming special events, including important developmental activities (for example, college graduation, and highly anticipated social occasions). For those with such disruptions, provide information about coping and assist with strategies for practical help. For information, ask:

- Where there any special events coming up that have been interrupted by the crisis we've just faced?

**Other Concerns**

It is useful to ask a general open-ended question to make sure that you have not missed any important information. If the individual identifies multiple concerns, summarize them and help to identify which issues are most pressing. Work with the person to prioritize the order in which to address the concerns. You can ask:

- Is there anything we have not covered that you are concerned about and want to share with me?

## 5. Practical Assistance

**Goal: To offer practical help to people in addressing immediate needs and concerns.**

Exposure to a traumatic event is often accompanied by a loss of hope. People who maintain one or more of the following characteristics are more likely to have favorable outcomes:

- Optimism and hope for their future.
- Confidence that life is predictable.
- Belief that things will work out as well as can reasonably be expected.
- Belief that outside sources act benevolently on one's behalf (for example, a responsive school administration).
- Strong faith-based beliefs.
- Positive expectations (for example, "Things usually work out for me").
- A sense of their own ability to manage their life and cope.
- Practical resources, including housing, employment, and financial means.

Providing people with needed resources can increase a sense of empowerment, hope, and dignity. Therefore, assisting the individual with current or anticipated problems is a central component of Psychological First Aid. Individuals may welcome a pragmatic focus and assistance with problem-solving, especially because it may be more difficult to think clearly and creatively under conditions of high stress and adversity.

Discussion of immediate needs occurs throughout a Psychological First Aid contact. Advising individuals to set achievable goals promotes success and may reverse any feelings of failure, lack of control, or inability to cope that can impede recovery.

### **Step 1: Identify the Most Immediate Needs**

If the individual has identified several needs or current concerns, focus on them one at a time. For some needs, there will be immediate solutions (for example, getting something to eat, phoning a family member to reassure them that the individual is okay). Others (for example, locating a lost friend, returning to previous routines, securing insurance for lost property) will not be solved so quickly, but the individual may be able to take concrete steps (for example, completing a missing person's report or insurance form). As you collaborate with the individual, offer assistance in identifying issues that require immediate attention. For example, you might say:

- It sounds like you are really worried about a couple of different things, like what happened to your house, when your family is coming, and what will happen next. Those are all important things, but let's think about what is most important to address right now, and then make a plan.

### **Step 2: Clarify the Need**

Talk with the individual to specify the problem. If you both understand the problem, it will be easier to identify practical steps to address it.

**Step 3: Discuss an Action Plan**

Discuss what can be done to address the need or concern. The individual may say what he or she would like to happen, or you can offer a suggestion. If you know in advance what services are available, you can help obtain food, clothing, shelter, medical, mental health, spiritual care, financial assistance, or help in locating missing persons. Tell people what they can realistically expect. Some people may want to volunteer in the relief effort. Provide them with information about required qualifications and application procedures.

**Step 4: Act to Address the Need**

Help the individual take action. For example, assist in setting an appointment with a needed service on or off campus or with paperwork. Find out if the individual needs an interpreter for any activities. If so, make the connection with those resources.

## 6. Connecting with Social Supports

**Goal: To help establish brief or ongoing contact with sources of support, including family, friends, clergy, and culturally-relevant resources on campus and in the community.**

Social support is closely related to emotional well-being and recovery. Fostering social connections as soon as possible and assisting individuals to develop and maintain them is critical. People who are connected to others are more likely to both give and receive support. Benefits of social connectedness include increased opportunities for knowledge essential to recovery and normalization of reactions Social support includes:

- Emotional Nurturance: hugs, a listening ear, understanding, love, compassion, acceptance.
- Belonging: feeling that you fit in, share experiences and concerns, and have people to do things with.
- Esteem: feeling that you are valued, useful, productive, and appreciated.
- Reassurance of Self-Worth: help to develop confidence in yourself and your abilities to handle challenges.
- Reliable Assistance: Assure you that others will be there for you if you need them.
- Advice and Information: learning how to do something or getting information or good advice; good models of positive coping.
- Physical Assistance: help in doing things, like carrying, cleaning, filling out paperwork.
- Material Assistance: getting what you need, like food, clothing, shelter, medicine, building materials, or money.

### **Enhance Access to Primary Social Support**

Following a crisis, an immediate concern for most individuals is to contact those with whom they have a primary relationship (for example, a life partner, boyfriend or girlfriend, close friends, children, parents, other family members, residence hall staff, roommates, clergy, colleagues. ). Take practical steps to assist individuals to reach these individuals in person by phone or e-mail, through web-based databases and social networks). Individuals who belong to religious organizations may have access to a valuable supportive network that can help facilitate recovery.

### **Encourage Use of Immediately Available Support Persons**

If individuals are disconnected from their usual supports, encourage them to use ones that are immediately available-- yourself, other relief workers on campus, crisis support teams, or other individuals--while being respectful of individual preferences. You may also help such individuals recognize options for contacting those who are geographically distant (such as through using cell phones, sending text messages, utilizing instant messenger, etc.--provided that such technologies are still functioning following the traumatic event). Additionally, it can be helpful to offer trauma-specific reading materials such as magazines, newspapers, and fact sheets), and to discuss the material with them. When people are in a group, ask if they have questions. When members of the group are from different segments of the campus community, facilitate their introducing themselves. Small group discussions can provide a starting point for further conversations and social connectedness.

### **Discuss Support-Seeking and Giving**

If individuals are reluctant to seek support, there may be many reasons, including:

- Lack of knowledge what they need (and perhaps feeling that they should know).
- Lack of knowledge of where to turn for help.
- Doubt that support will be available or helpful.
- Guilt about receiving help when others are in greater need.
- Worry that they will be a burden or depress others.
- Fear that they will get too upset and perhaps lose control.
- Thinking, “No one can understand what I’m going through.”
- Embarrassment or feeling weak for needing help.
- Disappointment from having tried unsuccessfully to get help in the past, feeling let down or betrayed.
- Fearing that people they ask will be angry or make them feel guilty for needing help.

In helping individuals appreciate the value of social support and engage with others, you may need to address some of the above concerns. For those who have become withdrawn or socially isolated, you can help them:

- Think about the type of support that would be most helpful.
- Think about whom they can approach for that type of support.
- Choose the time and place to approach the person.
- Decide how to talk to the person and explain what is requested.
- Decide how to show appreciation to the person for the assistance.

Let people know that after a crisis, some people choose not to talk about their experiences. You can also suggest that just spending quiet time with other people may help them feel close and supported. For example, your message might be:

- It’s understandable that you may just want to be with the people you feel close to. You may find it helpful to talk about what each of you has been through. You can decide when and what to talk about. You don’t have to talk about everything that occurred; you choose what to share and with whom to share.

Some people may want to offer assistance to others. The focus should be on connecting and helping the individual becomes grounded in the present moment and providing practical assistance and support in problem-solving. It should not be on the trauma experiences or loss.

For those who would like to provide support to others, you can help them:

- Identify ways they can be helpful to others, such as volunteer to offer support and other assistance at specific campus locations.
- Identify a person or persons that they can help.
- Find an uninterrupted time and place to provide help.
- Show interest, attention, and care.
- Offer to talk or spend time with someone as many times as needed.

### **Modeling Support**

As a provider, you can model positive supportive responses, such as:

Reflective comments:

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

Clarifying comments:

- “Tell me if I’m wrong ... it sounds like you ...”
- “Am I accurate when I say that you ...”

Supportive comments:

- “No wonder you feel...”
- “It sounds really hard...”
- “It sounds like you're being hard on yourself.”
- “It is such a tough thing to go through something like this.”
- “I'm really sorry this is such a tough time for you.”
- “We can talk more tomorrow if you'd like.”

Empowering Comments and Questions:

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

If appropriate, distribute handouts, *Connecting with Others: Seeking Social Support and Giving Social Support* provided in Appendix E.

## 7. Information on Coping

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

Crises and traumas can be confusing, disorienting, and overwhelming, putting individuals at risk for losing their sense of competence to handle problems they face. Feeling able to cope with trauma-related stress and adversity is beneficial to recovery. Information can help individuals manage their stress reactions and deal more effectively with problems. Such information includes:

- What is currently known about the unfolding event.
- What is being done to assist them.
- What, where, and when services are available.
- Common, expectable reactions to traumatic events and how to manage them.
- Self-care, family care, and coping.

### **Provide Basic Information about Stress Reactions**

If appropriate, briefly discuss common stress reactions experienced by individuals who have experienced traumatic events. Stress reactions may be alarming. Some will be frightened or alarmed by their own responses; some may view their reactions in negative ways (for example, my reactions mean there's something wrong with me or "I'm weak. You should take care not to pathologize people and their responses. Do not use terms like "symptoms" or "disorder." You may also see positive reactions, including resilience shown by appreciating life, family, and friends; strengthening of spiritual beliefs and social connections; and reaching out to others.

**Provider Alert:** While it may be helpful to describe common stress reactions and note that intense reactions are common but usually diminish over time, it is also important to avoid providing blanket reassurance that stress reactions will disappear. Such reassurances may set up unrealistic expectation about the time it takes to recover and lead to people feeling worse if they think they are off course.

### **Review Common Psychological Reactions to Traumatic Experiences and Losses**

For individuals who have had significant exposure to trauma and sustained significant losses, provide basic psycho-education about common distress reactions. Let them know that there are physical, cognitive, emotional, and behavioral responses they can expect. You can review these responses, emphasizing that they are understandable and expectable. Inform individuals that, if these reactions continue to interfere with their ability to function adequately for more than a month, they should consider getting mental health services. The following information is an overview for the Psychological First Aid provider to be prepared to discuss issues arising from individuals' reactions.

There are three main types of posttraumatic stress reactions:

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

or physical reactions to reminders of the experience. Some people may have “flashbacks” of the event in which they experience a “re-living” of the event. They feel and act like one of their worst experiences is happening all over again. This is an extremely vivid state that may last from a few seconds to several hours or even days. Flashbacks can be terrifying experiences.

**2. Avoidance and withdrawal reactions** are methods people use to avoid or protect against intrusive phenomena. These reactions include trying to avoid talking, thinking, and having feelings about the traumatic event. They also include avoiding any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, in an attempt to protect against distress. Feelings of detachment and estrangement may occur which in turn may lead to social withdrawal or isolation. People may also lose interest in usually pleasurable activities.

**3. Physical arousal reactions** are biochemical changes that make the body react as if danger is still present. These reactions include constantly being on the lookout for danger; startling easily or being jumpy; irritability or outbursts of anger; difficulty falling or staying asleep; and difficulty concentrating or paying attention.

There are several different categories of reminders that may lead to the reactions, including:

**Trauma Reminders** can be sights, sounds, places, smells, specific people, the time of day, situations, or even feelings, like being afraid or anxious. Trauma reminders can evoke upsetting thoughts and feelings about what happened. Examples include the sound of wind, rain, helicopters, screaming or shouting, and specific people who were present at the time. Reminders are related to the specific type of event, such as hurricane, earthquake, flood, tornado, or fire. Over time, avoidance of reminders can make it hard for people to do what they normally do or need to do.

**Loss Reminders** can also be sights, sounds, places, smells, specific people, the time of day, situations, or feelings. Examples include seeing a picture of a lost friend, or seeing their belongings, like their clothes. Thoughts about the deceased can bring up strong feelings, like sadness, feeling nervous, feeling uncertain about what life will be without them, feeling angry, feeling alone or abandoned, or feeling hopeless. These reminders may also bring up a feeling of guilt about surviving a traumatic event when others have perished, or survivor guilt. Loss reminders can also lead to avoiding things that people want to do or need to do.

**Change Reminders** can be people, places, things, activities, or hardships that remind people of how their lives have changed as the result of a crisis or traumatic event. The change can be as simple as waking up in a different bed in the morning, or having campus activities cancelled, rescheduled, or relocated. Even nice things can be reminders of how life has changed and evoke feelings of missing the past.

**Hardships** often follow large-scale crises or traumatic events and can make it more difficult to recover. Hardships place additional strains on individuals and those close to them and can contribute to feelings of anxiety, depression, irritability, uncertainty, and mental and physical exhaustion. Examples of hardships include: loss of home or possessions, lack of money,

shortages of food or water, separation from friends and family, medical or physical health problems, the process of obtaining compensation for losses, changes in specific class expectations for students or in work responsibilities for faculty/staff/student employees, and lack of enjoyable activities.

**Grief Reactions** may be prevalent among those who survived a traumatic event but have suffered many types of losses, including the death of friends or loved ones, the loss of certain routines, or the loss of possessions. Loss may lead to feelings of sadness and anger, guilt or regret over the death, missing or longing for the deceased, and dreams of seeing the person again. There may also be the feeling that the world has changed and long-held cherished beliefs about the world and one's personal safety may be shattered. More information on grief reactions and how to respond to individuals experiencing acute grief reactions can be found in the section on **Safety and Comfort**.

**Traumatic Grief Reactions** may occur when individuals have suffered the traumatic death of a close friend, colleague, or loved one. Some individuals may stay focused on the circumstances of the death, including being preoccupied with how the death could have been prevented, what the last moments were like, and who was at fault. These reactions may interfere with grieving, making it more difficult for individuals to adjust to the death over time. More information on traumatic grief reactions and how to respond can be found in the section on **Safety and Comfort**.

**Depression** is associated with prolonged grief reactions. Reactions include: persistent depressed or irritable mood, loss of appetite, sleep disturbance, greatly diminished interest or pleasure in life activities, fatigue or loss of energy, feelings of worthlessness or guilt, feelings of hopelessness, and sometimes thoughts about suicide. Demoralization is a common response to unfulfilled expectations about improvement in the aftermath of a crisis. Demoralization can lead to resignation or hopelessness that in turn may become a serious depression..

**Physical Reactions** may be commonly experienced, even in the absence of any underlying physical injury or illness. These reactions include: headaches, dizziness, stomachaches, muscle aches, rapid heart beating, tightness in the chest, hyperventilation, loss of appetite, and bowel problems.

Several handouts found in Appendix E may be useful. For example, “*When Terrible Things Happen*” describes common reactions to disasters or traumatic events and positive/negative coping strategies.

### **Provide Basic Information on Ways of Coping**

The Psychological First Aid provider can discuss a variety of ways to cope effectively with reactions to traumatic events or crises.

**Adaptive coping actions** are behaviors that reduce anxiety, lessen other distressing reactions, improve the situation, or help people get through bad times. Coping methods that are likely to be helpful include:

- Talking to another person for support.
- Getting needed information.
- Getting adequate rest, nutrition, exercise.
- Engaging in positive distracting activities (sports, hobbies, reading, academic projects).
- Trying to maintain a normal schedule to the extent possible.
- Telling yourself that it is natural to be upset for some period of time.
- Accepting that it can be difficult to focus on (and complete) work-related tasks.
- Scheduling pleasant activities.
- Eating healthy meals.
- Taking breaks.
- Spending time with others.
- Participating in a support group.
- Using relaxation methods.
- Using calming self talk.
- Exercising in moderation.
- Seeking counseling from campus or community mental health professionals.
- Keeping a journal.
- Focusing on something practical to do right now to manage the situation better.
- Using coping methods that have been successful in the past.

**Maladaptive coping actions** are ineffective in addressing problems either immediately or in the long run. Such actions include:

- Using alcohol or drugs to cope.
- Withdrawing from activities.
- Withdrawing from family or friends.
- Working or studying too many hours.
- Getting violently angry.
- Excessive blaming of self or others.
- Overeating or under-eating.
- Watching too much TV or playing too many computer games.
- Doing risky or dangerous things.
- Not taking care of oneself (sleep, diet, exercise, etc.)

The aim of discussing positive and negative forms of coping is to:

- Help individuals consider different coping options.
- Identify and acknowledge their personal coping strengths.
- Think through the negative consequences of maladaptive coping actions.
- Encourage individuals to make conscious goal-oriented choices about how to cope.
- Enhance a sense of personal control over coping and adjustment.

### **Teach Simple Relaxation Techniques**

Breathing exercises help reduce feelings of over-arousal and physical tension. If practiced regularly, they can improve sleep, eating, and overall functioning as well as the common reactions to trauma. If a person has previously learned some relaxation technique, encourage using those skills now. Otherwise, it may be beneficial for them to learn some simple breathing exercises. It is effective to teach these techniques when the individual is calm and can pay attention. It may also be helpful for family members or peers to prompt each other to practice and use relaxation regularly. The handout, *Tips for Relaxation* (Appendix E), can be a good review for helping people identify different ways of relaxing themselves. To teach a breathing exercise, you might say:

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

### **Coping Strategies for Families and Others Who Share a Common Residence**

Re-establishing routines after a large-scale crisis or traumatic event can be helpful in facilitating recovery among people who reside together (such as those who live together in a residence hall, a sorority or fraternity house, an off-campus apartment, or a family home). It is especially important to encourage family members or others who reside together to maintain routines such as meal times, bedtime, wake time, study time, reading time, and leisure time, and to set aside time for members of the group to enjoy activities together.

If a family member or resident has a pre-existing emotional or behavioral problem that is worsened by the current events, discuss strategies that they have previously learned to manage these problems. Discuss ways that these strategies may be adapted for the current setting. If the individual continues to have difficulties, consider a mental health consultation.

Help those who reside together to recognize the normalcy of their having very different experiences, reactions, and courses of recovery in the aftermath of a traumatic event, and aid them in formulating a plan for communicating about these differences. For example, you might say:

- Because of differences in what each of you experienced during and after the crisis, you may have different reactions and different courses of recovery. These differences can be difficult to deal with and can lead to your not feeling understood, getting into arguments, or not supporting each other.

The Psychological First Aid provider should encourage all family members or residents to be understanding, patient, and tolerant of differences in their reactions, and to talk about things that are bothering them so the others will know when and how to support them. Individuals who reside together can help each other by listening and trying to understand, comforting with a hug, writing a kind note, or participating together in recreational and other enjoyable activities. Students, faculty, staff and those with whom they reside may have episodes of anger that appear extreme to others but are actually a natural part of healing that lets people recover a sense of personal control and equilibrium.

### **Assist with Anger Management**

Stressful, traumatic situations can make people feel irritable and have difficulty managing their anger. If strong feelings of anger continue or are disruptive, you can:

- Describe how feelings of anger and frustration are common after experiencing a traumatic event.
- Emphasize that some anger is normal and even helpful, while too much anger can undermine what they want to do.
- Discuss how the anger is affecting their life (for example, relationship with family members and friends, parenting).
- Normalize the experience of anger while discussing how it can increase interpersonal conflict, push others away, or potentially lead to violence.
- Ask individuals to identify changes that they would like to make to address their anger.
- Compare the benefits and disadvantages of holding onto the anger vs. letting it go, or channeling it toward positive actions.

Some anger management skills that you can suggest include:

- Take a “time out” or “cool down” (walk away to calm down, do something else for a while).
- Talk to a friend about what is causing anger.
- Look at their situation in a different way, seeing it from another perspective, or find reasons the anger may be over the top.
- Keep a journal to describe feelings and ways to change the situation.
- Remember that long-term anger can harm important relationships.
- Blow off steam through physical exercise (go for a walk, jog, do pushups).
- Distract from negative thoughts and feelings through neutral or positive activities like reading, meditating, listening to upbeat music, praying or attending religious events, uplifting group activities, helping a friend or someone in need.

If the angry person appears uncontrollable or becomes violent, seek immediate medical attention and contact campus police or security.

### **Address Highly Negative Emotions (Guilt and Shame)**

In the aftermath of traumatic events or large-scale crises, individuals may think about what caused the event, how they reacted, and what the future holds. Attributing excessive blame to themselves or others may add to their distress. You should listen for such negative beliefs and help people look at the situation in ways that are less upsetting. If the individual is receptive, offer some alternative ways of looking at the situation. Help to clarify misunderstandings, rumors, and distortions that exacerbate his/her distress, unwarranted guilt, or shame. You might say:

- How could you look at the situation that would be less upsetting and more helpful?
- What’s another way of thinking about this?
- How might you respond if a good friend were talking to himself or herself like this? What would you say to your friend? Can you say the same things to yourself

### **Help with Sleep Problems**

Sleep difficulties are common following a traumatic event. These difficulties can be a problem in and of themselves; they can compound existing problems for the many college students who were likely to be sleep-deprived PRIOR to the traumatic event. Following traumatic events, people tend to stay on alert at night, making it hard to fall asleep and causing frequent awakenings during the night. Worries about adversities and life changes can also make it hard to fall asleep. Individuals, who had direct contact or witnessed the traumatic event, may have fears leading to bad dreams, nightmares or night terrors. Disturbance in sleep can have a major effect on mood, concentration, decision-making, and risk for injury. Discuss how worry over immediate concerns and exposure to reminders of trauma can make it difficult to sleep, but over time discussing concerns and getting support from others can improve sleep.

Ask whether the individual is having any trouble sleeping and about sleep routines and sleep-related habits. Problem-solve ways to improve sleep. The individual might try to:

- Try too to sleep at the same time each night but get out of bed if it is impossible to fall asleep; do something relatively mindless and go back to bed when feeling tired.
- Get up at the same time each day, no matter how tired.
- Reduce alcohol consumption: alcohol disrupts sleep.
- Stop drinking caffeinated beverages in the afternoon or evening.
- Increase regular exercise, although not within 4-5 hours of bedtime.
- Relax before bedtime by doing something calming, like listening to soothing music, meditating, or praying.
- Limit daytime naps to 15 minutes and do not nap within 4-5 hours of bedtime

### **Address Alcohol and Substance Use**

When use of alcohol and other substances is a concern:

- Explain that many people, with stress reactions drink or use prescription or illicit drugs to reduce their bad feelings.
- Ask the individual to identify what the positives and negatives of using alcohol or drugs to cope.
- Discuss and mutually agree on abstinence or a safe pattern of use.
- Discuss anticipated difficulties in changing behavior.
- If appropriate and acceptable to the person, make a referral for substance abuse counseling or detoxification.
- If the individual has previously received treatment for substance abuse, encourage reestablishing treatment to get through the next few weeks and months.

The handout, *Alcohol, Medication, and Drug Use after Disasters* (Appendix E) gives an overview of this information, and is intended for individuals who indicate concerns in this area.

## 8. Linking with Collaborative Services

**Goal: To link individuals with available services needed at the time or in the future.**

Discuss which of the individual's needs and current concerns require additional information or services. Do what is necessary to insure effective linkage with those services (for example, walk the individual over to a campus representative or crisis team member who can provide a service or who can make an appropriate referral to community resources). Examples of situations requiring a referral include:

- An acute medical problem that needs immediate attention.
- An acute mental health problem that needs immediate attention.
- Worsening of a pre-existing medical, emotional, or behavioral problem.
- Threat of harm to self or others.
- Concerns related to the use of alcohol or drugs.
- Cases involving domestic, child, or elder abuse (be aware of reporting laws).
- When medication is needed for stabilization.
- Ongoing difficulties with coping (4 weeks or more after the traumatic event).
- Significant developmental concerns about children or adolescents.
- When pastoral counseling is desired.
- When the individual asks for a referral.

In addition, reconnect individuals to campus offices or community agencies that provided them services before the crisis, including:

- Mental health services (counseling center).
- Medical services (student health center).
- Social support services.
- Child welfare services.
- Drug and alcohol support groups.
- Women's centers.
- International centers.
- Ethnic programs and services.
- Disability and accommodation offices.

When making a referral:

- Summarize the discussion you have had with the individual about needs and concerns and check for the accuracy of your understanding.
- Describe the option of referral, including how services may help and what will likely take place if the individual goes for further help.
- Ask about the individual's reaction to the suggested referral.
- Give written referral information or, if possible, call or have the person call to make an appointment then and there.
- When feasible, offer more than one referral option.
- Remember that students may have problems securing transportation to community resources, and community resources may be overloaded—thus campus services may be best options for students.

**Promote Continuity in Helping Relationships**

A secondary but important concern for many individuals is keeping in contact with Psychological First Aid providers and other responders to the traumatic events. . In some cases, continuing contact may not be possible because the student or others at the university leave the area or you may not have adequate resources to continue providing of services. You may also be unable to provide continuing services because doing so would fall outside the scope of your job responsibilities or professional scope of practice. For instance, many college counseling centers do not offer ongoing counseling services to faculty or staff, and they may have session limits for students. Loss of supportive contacts made during a period of crisis can lead to a sense of abandonment, rejection, or helplessness. Sometimes, individuals feel as if they are meeting a never-ending succession of helpers, and they have to keep explaining their situation repeatedly. To the extent possible, minimize this kind of repetition. If you are leaving a response site, let the individual know as much in advance as you can and try to make a direct “hand-off” to another provider who can provide an ongoing helping relationship. Orient the new provider to important information, with the individual’s permission. You may find it helpful to meet altogether one time. You can also create a sense of continuity of care if you:

- Give the names and contact information for medical and mental health service providers on campus and in the community. There may also be other local providers or recognized agencies who have volunteered to provide follow up services for the community. Be wary, however, of referring to unknown volunteer providers. Referral information may not be known for several hours or days, but you can let people know you are seeking the information.
- Introduce the individual to other mental health, health care, family service, or relief workers on and off campus; first-hand contact often facilitates a referral and increase a sense of security through a transition.

## List of Appendices

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- J: Sample Mutual Aid Agreement
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## Appendix A. Overview of Psychological First Aid

### Section Headers

#### Preparing to Deliver Psychological First Aid

1. Preparation
2. Entering the setting
3. Providing services
4. Group settings
5. Maintain a calm presence
6. Be sensitive to culture and diversity
7. Be aware of at-risk populations

#### Contact and Engagement

1. Introduce yourself/ask about immediate needs
2. Confidentiality

#### Safety and Comfort

1. Ensure immediate physical safety
2. Provide information about disaster response activities and services
3. Attend to physical comfort
4. Promote social engagement
5. Attend to children who are separated from their parents/caregivers
6. Protect from additional traumatic experiences and trauma reminders
7. Help survivors who have a missing family member
8. Help survivors when a family member or close friend has died
9. Attend to grief and spiritual issues
10. Provide information about casket and funeral issues
11. Attend to issues related to traumatic grief
12. Support survivors who receive death notification
13. Support survivors involved in body identification
14. Help caregivers confirm body identification to a child or adolescent

#### Stabilization

1. Stabilize emotionally-overwhelmed survivors
2. Orient emotionally-overwhelmed survivors
3. The role of medications in stabilization

**Information Gathering:  
Current Needs and  
Concerns**

1. Nature and severity of experiences during the disaster
2. Death of a loved one
3. Concerns about immediate post-disaster circumstances and ongoing threat
4. Separations from or concern about the safety of loved ones
5. Physical illness, mental health conditions, and need for medications
6. Losses (home, school, neighborhood, business, personal property, and pets)
7. Extreme feelings of guilt or shame
8. Thoughts about causing harm to self or others
9. Availability of social support
10. Prior alcohol or drug use
11. Prior exposure to trauma and death of loved ones
12. Specific youth, adult, and family concerns over developmental impact

**Practical Assistance**

1. Offering practical assistance to survivors and their family members
2. Identify the most immediate needs
3. Clarify the need
4. Discuss an action plan
5. Act to address the need

**Connection with Social  
Supports**

1. Enhance access to primary support persons (family and significant others)
2. Encourage use of immediately available support persons
3. Discuss support-seeking and giving
4. Provide handouts and/or directories with culturally relevant materials that reflect community resources
5. Modeling support

**Information on Coping**

1. Provide basic information about stress reactions
2. Review common psychological reactions to traumatic experiences and losses
3. Intrusive reactions
4. Avoidance and withdrawal reactions
5. Physical arousal reactions
6. Trauma reminders
7. Loss reminders
8. Change reminders
9. Hardships
10. Grief reactions
11. Traumatic grief reactions
12. Depression
13. Physical reactions
14. Talking with survivors about body and emotional reactions
15. Provide basic information on ways of coping
16. Teach simple relaxation techniques
17. Coping for families
18. Assisting with developmental issues
19. Assist with anger management
20. Address highly negative emotions
21. Help with sleep problems
22. Address alcohol and substance use

**Linkage with Collaborative Services**

1. Provide direct link to additional needed services
2. Referrals for survivors and their family members
3. Referrals for older adults (i.e., provide handouts and/or directories of senior resources)
4. Promote continuity in helping relationships through campus and/or community support group networks

## **Appendix B. Service Delivery Sites and Settings**

### **Service Site Challenges in Delivering Psychological First Aid**

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

### **General Population Shelters**

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

### **Service Centers**

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

### **Community Outreach Teams**

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

### **Family Reception Centers**

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

### **Family Assistance Centers**

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

### **Points of Dispensing (POD) Centers**

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

### **Phone Banks and Hotlines**

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

### **Emergency First Aid Stations**

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

### **Hospitals and Hospital Emergency Room Settings**

During a mass casualty event, survivors who are triaged on site and listed as “immediate” will be brought to a hospital. In addition, many others will self-transport to the hospital wanting to be seen in the Emergency Room. This is likely to create a surge on medical resource capacity. Survivors may arrive in large numbers, many with both psychological and physical reactions. One important goal is to facilitate the treatment of injured survivors by removing individuals who do not require immediate medical care from the patient flow. However, increased physical symptoms have frequently been reported after disasters, particularly among those who witness injury and death, and those who may have had toxic exposure to a chemical or biological attack. As a result, differential diagnosis may at times be difficult, since signs and symptoms may be nonspecific and/or status may change over time. News or rumors of such an attack may generate an influx of those who fear they have been exposed, and rapidly overwhelm the system. Along with a system of triage, hospitals may set up a “support center” where Psychological First Aid providers can refer those in need to a spectrum of medical, psychological, behavioral, and pharmacological interventions.

### **Respite Centers**

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

## Appendix C. Psychological First Aid Provider Care

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

### **Before Relief Work**

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

#### **Personal Considerations**

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

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

#### **Health Considerations**

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

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

#### **Family Considerations**

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

- Is your family prepared for your absence, which may span days or weeks?

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

### **Work Considerations**

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

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

### **Personal, Family, Work Life Plan**

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

- Family and Other Household Responsibilities.
- Pet Care Responsibilities.
- Work Responsibilities.
- Community Activities/Responsibilities.
- Other Responsibilities and Concerns.

### **During Relief Work**

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

#### **Common Stress Reactions**

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

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

### **Extreme Stress Reactions**

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

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

### **Organizational Care of Providers**

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

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

### **Provider Self-Care**

Activities that promote self-care include:

- Manage personal resources.
- Plan for family/home safety, including making child care and pet care plans.
- Get adequate exercise, nutrition, and relaxation.
- Use stress management tools regularly, such as:
  - Accessing supervision routinely to share concerns, identifying difficult experiences and strategizing to solve problems
  - Practicing brief relaxation techniques during the workday
  - Using the buddy system to share upsetting emotional responses
  - Staying aware of limitations and needs

- Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
- Increasing activities that are positive
- Practicing religious faith, philosophy, spirituality
- Spending time with family and friends
- Learning how to “put stress away”
- Writing, drawing, painting
- Limiting caffeine, cigarette, and substance use

**As much as possible, providers should make every effort to:**

- Self-monitor and pace their efforts.
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift.
- Perform regular check-ins with colleagues, family, and friends.
- Work with partners or in teams.
- Take relaxation / stress management / bodily care / refreshment breaks.
- Utilize regular peer consultation and supervision.
- Try to be flexible, patient, and tolerant.
- Accept that they cannot change everything.

**Providers should avoid engaging in:**

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

## **After Relief Work**

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

### **Organizational Care of Providers**

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

**Provider Self-Care****Make every effort to:**

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

**Make every effort to avoid:**

- Excessive use of alcohol; illicit drugs or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.
- Obstacles to better self-care:
  - Keeping too busy
  - Making helping others more important than self-care
  - Avoiding talk about relief work with others

## Appendix D. Provider Worksheets Survivor Current Needs

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Survivor Name: \_\_\_\_\_  
 Location: \_\_\_\_\_

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

Child  Adolescent  Adult  Family  Group

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

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

<b>BEHAVIORAL</b>	<b>EMOTIONAL</b>	<b>PHYSICAL</b>	<b>COGNITIVE</b>
Extreme disorientation	Acute stress reactions	Headaches	Inability to accept/cope with death of loved one(s)
Excessive drug, alcohol, or prescription drug use	Acute grief reactions	Stomachaches	Distressing dreams or nightmares
Isolation/withdrawal	Sadness, tearful	Sleep difficulties	Intrusive thoughts or images
High risk behavior	Irritability, anger	Difficulty eating	Difficulty concentrating
Regressive behavior	Feeling anxious, fearful	Worsening of health conditions	Difficulty remembering
Separation anxiety	Despair, hopeless	Fatigue/exhaustion	Difficulty making decisions
Violent behavior	Feelings of guilt or shame	Chronic agitation	Preoccupation with death/ destruction
Maladaptive coping	Feeling emotionally numb, disconnected	Other _____	Other _____
Other _____	Other _____		

2. Check the boxes corresponding to any other specific concerns:

- Past or preexisting trauma/psychological problems/substance abuse problems.
- Injured as a result of the disaster.
- At risk of losing life during the disaster.
- Loved one(s) missing or dead.
- Financial concerns.
- Displaced from home
- Living arrangements
- Lost job or school
- Assisted with rescue/recovery
- Has physical/emotional disability
- Medication stabilization
- Concerns about child/adolescent
- Spiritual concerns
- Other: \_\_\_\_\_

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

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4. Referral

- \_\_\_\_\_ Within project (specify) \_\_\_\_\_
- \_\_\_\_\_ Substance abuse treatment
- \_\_\_\_\_ Other disaster agencies
- \_\_\_\_\_ Other community services
- \_\_\_\_\_ Professional mental health services Clergy
- \_\_\_\_\_ Medical treatment
- \_\_\_\_\_ Other: \_\_\_\_\_

Provide written handouts/community resources directories and/or related materials regarding the above services.

5. Was the referral accepted by the individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Psychological First Aid Components Provided

Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Location: \_\_\_\_\_

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

\_\_\_\_\_ Child \_\_\_\_\_ Adolescent \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Group

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

### **Contact and Engagement**

- \_\_\_\_\_ Initiated contact in an appropriate manner  
 \_\_\_\_\_ Asked about immediate needs

### **Safety and Comfort**

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

### **Stabilization**

- \_\_\_\_\_ Helped with stabilization \_ Used grounding technique  
 \_\_\_\_\_ Gathered information for medication referral for stabilization

### **Information Gathering**

- \_\_\_\_\_ Nature and severity of disaster experiences \_ Death of a family member or friend  
 \_\_\_\_\_ Concerns about ongoing threat \_ Concerns about safety of loved one(s)  
 \_\_\_\_\_ Physical/mental health illness and medication(s) \_ Disaster-related losses  
 \_\_\_\_\_ Extreme guilt or shame  
 \_\_\_\_\_ Thoughts of harming self or others  
 \_\_\_\_\_ Availability of social support \_ Prior alcohol or drug use  
 \_\_\_\_\_ History of prior trauma and loss \_ Concerns over developmental impact  
 \_\_\_\_\_ Other: \_\_\_\_\_

### **Practical Assistance**

- \_\_\_\_\_ Helped to identify most immediate need(s)  
 \_\_\_\_\_ Helped to clarify need(s)  
 \_\_\_\_\_ Helped to develop an action plan  
 \_\_\_\_\_ Helped with action to address the need

### **Connection with Social Supports**

- \_\_\_\_\_ Facilitated access to primary support persons \_ Discussed support seeking and giving  
 \_\_\_\_\_ Modeled supportive behavior \_ Engaged youth in activities  
 \_\_\_\_\_ Helped problem-solve obtaining/giving social support

**Information of Coping**

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

**Linkage with Collaborative Services**

- \_\_\_\_\_ Provided link to additional services service(s): \_\_\_\_\_
- \_\_\_\_\_ Promoted continuity of care \_\_\_\_\_
- \_\_\_\_\_ Provided handout(s) \_\_\_\_\_

## CONNECTING WITH OTHERS

### SEEKING SOCIAL SUPPORT

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

#### Social Support Options

- |                         |  |                 |
|-------------------------|--|-----------------|
| • Spouse or partner     | • Priest, Rabbi, or other clergy   | • Support group |
| • Trusted family member | • Doctor or nurse  | • Co-worker     |
| • Close friend          | • Crisis counselor or other counselor<br>Appropriate language translator/interpreter as needed | • Pet           |

#### Do . . .

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

**Don't . . .**

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

**Ways to Get Connected**

- Calling friends or family on the phone
- Getting involved with a support group
- Increasing contact with existing acquaintances and friends
- Getting involved in community recovery activities
- Renewing or beginning involvement in church, synagogue, or other religious group activities, and providing information about culturally relevant health and/or social services.

## **GIVING SOCIAL SUPPORT**

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

### **Reasons Why People May Avoid Social Support**

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

### **Good Things to Do When Giving Support**

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

### **Things That Interfere with Giving Support**

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

### **When Your Support is Not Enough**

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

## **WHEN TERRIBLE THINGS HAPPEN WHAT YOU MAY EXPERIENCE**

### **Immediate Reactions**

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

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

### **Common negative reactions that may continue include:**

#### **Intrusive reactions**

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

#### **Avoidance and withdrawal reactions**

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

#### **Physical arousal reactions**

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

#### **Reactions to trauma and loss reminders**

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

**Positive changes in priorities, worldview, and expectations**

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

**When a Loved One Dies, Common Reactions Include:**

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

**WHAT HELPS**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Talking to another person for support or spending time with others</li> <li>▪ Engaging in positive distracting activities (sports, hobbies, reading)</li> <li>▪ Getting adequate rest and eating healthy meals</li> <li>▪ Trying to maintain a normal schedule</li> <li>▪ Scheduling pleasant activities</li> <li>▪ Taking breaks</li> <li>▪ Reminiscing about a loved one who has died</li> </ul> | <ul style="list-style-type: none"> <li>▪ Focusing on something practical that you can do right now to manage the situation better</li> <li>▪ Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)</li> <li>▪ Participating in a support group</li> <li>▪ Exercising in moderation</li> <li>▪ Keeping a journal</li> <li>▪ Seeking counseling</li> </ul> |
|---|--|

### WHAT DOESN'T HELP

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

# Appendix E: Handouts

## Tips for Adults after Disasters

### Reactions/Behavior

High anxiety/arousal -Tension and anxiety are common after disasters. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating, and feel jumpy and nervous. These reactions can include rapid heart beat and sweating.

Concern or shame over your own reactions. Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame over how you react and feeling guilty about something. It is expectable and understandable to feel many things in the aftermath of an extremely difficult event.

Feeling overwhelmed by tasks that need to be accomplished (for example, housing, food, paperwork for insurance, child care, parenting)

Fears of recurrence and reactions to reminders - it is common for survivors to fear that another disaster will occur, and to react to things that are reminders of what happened

Changes in attitude, view of the world and of oneself -Strong changes in people's attitudes after a disaster are common. These

### Responses

► Use breathing and/or other relaxation skills

► Find a good time to discuss your reactions with a family member or trusted friend.

► Remember that these reactions are common and it takes time for them to subside.

► Correct excessive self-blame with realistic assessment of what actually could have been done.

► Identify what your top priorities are.

► Find out what services are available to help get your needs met.

► Make a plan that breaks down the tasks into manageable steps.

► Be aware that reminders can include people, places, sounds, smells, feelings, time of day.

► Remember that media coverage of the disaster can be a reminder and trigger fears of it happening again.

► Postpone any major unnecessary life changes in the immediate future

### Examples of things to do and say

► Take time during the day to calm yourself through relaxation exercises to make it easier to sleep, concentrate, and give you energy.

► Try a breathing exercise as follows: Inhale slowly through your nose and comfortably fill your lungs all the way down to your stomach, while saying to yourself, "My body is filled with calmness." Exhale slowly through your mouth and comfortably empty your lungs, while silently saying to yourself, "My body is releasing the tension." Do this five times slowly, and as many times a day as needed.

► When talking with someone, find the right time and place, and ask if it is okay to talk about your feelings. ► Remind yourself that your feelings are expectable and you are not "going crazy," and that you are not at fault for the disaster.

► If these feeling persist for a month, or more you may wish to seek professional help.

► Make a list of your concerns and decide what to tackle first? Take it a step at a time.

► Find out which agencies can help with your needs and how to access them.

► Where appropriate, rely on your family, friends, and community for practical assistance.

► When you are reminded, try saying to yourself, "I am upset because I am being reminded of the disaster, but it is different now because the disaster is not happening and I am safe."

► Monitor and limit your viewing of news reports so you just get the information that you need.

► Remember that getting back to a more structured routine can help improve decision-making.

can include questioning ones spiritual beliefs, trust in others and social agencies, and concerns about ones own effectiveness, and dedication to helping others.

▶ Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness.

▶ Get involved with community recovery efforts.

▶ Remind yourself that going through a disaster can have positive effects on what you value and how you spend your time.

▶ Consider engaging in community recovery projects.

## Tips for Adults after Disasters Reactions/Behavior Responses Examples of things to do and say:

Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors - Many people feel out of control, scared, hopeless, or angry after a disaster and engage in these behaviors to feel better. This can especially be a problem if there was pre-existing substance abuse or addiction.

Shifts in interpersonal relationships - People may feel differently towards family and friends; for example, they may feel overprotective and very concerned for each other's safety, frustrated by the reactions of a family member or friend, or they may feel like pulling away from family and friends.

Excessive anger - Some degree of anger is understandable and expected after a disaster, especially when something feels unfair. However, when it leads to violent behavior, extreme anger is a serious problem.

Sleep difficulties - Sleep problems are common after a disaster, as people are on edge and worried about adversities and life changes. This can make it more difficult to fall asleep and lead to frequent awakenings during the night.

► Understand that using substances and engaging in addictive behaviors can be a dangerous way to cope with what happened.  
► Get information about local support agencies

► Understand that family and friends are a major form of support during the recovery period.  
► It is important to understand and tolerate different courses of recovery among family members. ► Rely on other family members for help with parenting or other daily activities when you are upset or under stress.

► Find ways to manage your anger in a way that helps you rather than hurts you.

► Make sure you have good sleep routines.

► Remember that substance use and other addictive behaviors can lead to problems with sleep, relationships, jobs, and physical health.  
► Get appropriate help.

► Don't withdraw from seeking support just because you feel you might burden someone else. Most people do better after disasters with good support from others.  
► Don't be afraid to ask your friends and family how they are doing, rather than just giving advice, or trying to get them to "get over it." Let them know you understand, and offer a supportive ear or lend a helping hand.  
► Spend more time talking with family and friends about how everyone is doing. Say, "You know, the fact that we're crabby with each other is completely normal, given what we've been through. I think we're handling things amazingly. It's a good thing we have each other."  
► Manage your anger by taking time to cool down, walk away from stressful situations, talk to a friend about what is making you angry, get physical exercise, distract yourself with positive activities or problem-solve the situation that is making you angry.  
► Remind yourself that being angry will not get you what you want, and may harm important relationships.  
► If you become violent, get immediate help.  
► Try to go to sleep at the same time every day.  
► Don't drink caffeinated beverages in the evening.  
► Reduce alcohol consumption.  
► Increase daytime exercise.  
► Relax before bedtime.  
► Limit daytime naps to 15 minutes, and do not nap later than 4 pm.

## TIPS FOR RELAXATION

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

### FOR YOURSELF:

1. Inhale slowly (one-thousand one; one-thousand two; one-thousand three) through your nose and comfortably fill your lungs all the way down to your belly.
2. Silently and gently say to yourself, "My body is filled with calmness." Exhale slowly (one-thousand one, one-thousand two, one-thousand three) through your mouth and comfortably empty your lungs all the way down to your abdomen.
3. Silently and gently say to yourself, "My body is releasing the tension."
4. Repeat five times slowly and comfortably.
5. Do this as many times a day as needed.

### FOR CHILDREN:

Lead a child through a breathing exercise:

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

Make a game of it:

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

## **ALCOHOL, MEDICATION, AND DRUG USE AFTER DISASTER**

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

### **Managing alcohol, medication, and drug use**

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

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

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

- Increase your attendance at substance abuse support groups.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.

- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby alcohol or drug recovery groups, or ask them to help organize a new support group.
- Increase your use of other supports that have helped you avoid relapse in the past.

## Appendix F. Working with Children and Adolescents

Although college campuses are predominately populated predominately by college students, staff, and faculty, children and adolescents may also be present on campus during an emergency or traumatic event. Children are likely to be found in campus family housing complexes, at on-campus daycare centers, as audience members at sporting events, and on school trips at campus museums or learning exhibits. In addition, adolescents are likely to visit college campuses as participants in sports, cultural, and academic camps; as guests of older siblings; and as potential students on guided campus tours. Because college campuses attract visitors of all ages, college and university disaster response workers must be prepared to provide psychological first aid to children and adolescents.

Rather than duplicate information contained in the main body of this manual, this addendum provides supplementary material to guide disaster response workers administering psychological first aid specifically to children and adolescents. Each core action will require workers to gain special knowledge for intervening with children and adolescents; however, in general, disaster response workers should remember to:

- For young children, sit or crouch at the child’s eye level.
- Help school-age children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Do not use extreme words like “terrified” or “horrified” because this may increase their distress.
- Listen carefully and check in with the child to make sure you understand him/her.
- Be aware that children may show developmental regression in their behavior and use of language.
- Match your language to the child’s developmental level. Younger children typically have less understanding of abstract concepts like “death.” Use direct and simple language as much as possible.
- Talk to adolescents “adult-to-adult,” so you give the message that you respect their feelings, concerns, and questions.
- Reinforce these techniques with the child’s parents/caregivers to help them provide appropriate emotional support to their child.

### Psychological First Aid Core Actions for Children & Adolescents

#### 1. Contact and Engagement

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

When making contact with children or adolescents, it is good practice to first make a connection with a parent or accompanying adult to explain your role and seek permission. If you speak with a child in distress when no adult is present, find a parent or caregiver as soon as possible to let him/her know about your conversation.

**Confidentiality**

Protecting the confidentiality of your interactions with children after a disaster can be challenging, especially given the lack of privacy in some post-disaster settings. However, maintaining the highest level of confidentiality possible in any conversation you have with survivors or disaster responders is extremely important. If you are a professional who belongs to a category of mandated reporters, you should abide by state abuse and neglect reporting laws. If you have questions about releasing information, discuss this with a supervisor or an official in charge. Talking to co-workers about the challenges of working in the post-disaster environment can be helpful, but any discussions organized for this purpose also need to preserve strict confidentiality.

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

Make sure that children are physically safe to the extent possible. If necessary, re-organize the immediate environment to increase physical and emotional safety. Do not reassure children that they are safe unless you have definite factual information that this is the case. Also do not reassure people of the availability of goods or services (for example, toys, food, medicines) unless you have definite information that such goods and services will be available. However, do address safety concerns based on your understanding of the current situation.

**Attend to Physical Comfort**

Look for simple ways to make the physical environment more comfortable. Help children to soothe and comfort themselves and others around them. Toys like soft Teddy Bears that they can hold and take care of can help them to soothe themselves. However, avoid offering such toys if there are not enough to go around to all children who may request them. You can help children learn how to take care of themselves by explaining how they can “care” for their toy.

**Promote Social Engagement**

Children, and to some extent adolescents, are particularly likely to look to adults for cues about safety and appropriate behavior. When possible, place children near adults or peers who appear relatively calm, and when possible, avoid putting them too close to individuals who are extremely upset. Offer brief explanations to children and adolescents who have observed extreme reactions in other survivors. As appropriate, encourage people who are coping adequately to talk with others who are distressed or not coping as well. Reassure them that talking to people, especially about things you have in common. Encourage social activities like reading out loud, doing a joint art activity, and playing cards, board games, or sports.

**Attend to Children Who Are Separated from their Parents/Caregivers**

Parents and caregivers play a crucial role in children’s sense of safety and security. If children are separated from their caregivers, helping them reconnect quickly is a high priority. If you encounter an unaccompanied child, ask for information (such as their name, parents/caregivers and siblings names, address and school), and notify the appropriate authorities. Provide children accurate information in easy to understand terms about who will be supervising them and what to

expect next. Do not make any promises that you may not be able to keep, such as promising that they will see their caregiver soon. You may also need to support children while their caregivers are being located or during periods when caregivers may be overwhelmed and not emotionally accessible to their children. This support can include **setting up a child-friendly space**:

- Help to create a designated child-friendly space, such as a corner or a room that is safe, out of high traffic areas, and away from rescue activities.
- Arrange for this space to be staffed by caregivers with experience and skill in working with children of different ages.
- Monitor who comes in and out of the child area to ensure that children do not leave with an unauthorized person.
- Stock the child-friendly space with materials for all age ranges. This can include pre-prepared kits with toys, playing cards, board games, balls, paper, crayons, markers, books, safety scissors, tape or glue.
- Activities that are calming include playing with Legos, wooden building blocks, or play dough, doing cut-outs, working on coloring books (containing neutral scenes of flowers, rainbows, trees, or cute animals) and playing team games.
- Invite older children or adolescents to serve as mentors/role models for younger children, as appropriate. They can do this by helping you conduct group play activities with younger children, read a book to a group of young children or play with a child.
- Set aside a special time for adolescents to get together to talk about their concerns, and to engage in age-appropriate activities like listening to music, playing games, making up and telling stories, or making a scrap book.

### **Protect from Additional Traumatic Experiences and Trauma Reminders**

Media coverage (for example, television or radio broadcasts) of the traumatic event can be highly upsetting to children and adolescents. Encourage parents to monitor and limit their children's exposure to the media, and to discuss any concerns after such viewing. Parents can let their children know that they are keeping track of information, and to come to them for updates instead of watching television. Remind parents to be careful about what they say in front of their children, and to clarify things that might be upsetting to them.

### **Help Survivors Who Have a Missing Family Member**

It is extremely important to reassure children that the family, police, and other first responders are doing everything possible to find the missing loved one. A supportive family member or the Psychological First Aid provider should accompany the child. Talk to the child simply and honestly. Parents/caregivers should not assume that it is better for a child to keep hoping that the person is alive, but instead honestly share the concern that the loved one may be dead.

Parents/caregivers should check with children to make sure that they have understood, and ask what questions they have.

Some children and adolescents will not have words to describe their feelings of grief and may resist talking with others about how they feel. Sometimes, distracting activities will be more calming than conversation, for example, drawing, listening to music, reading, etc. Some may wish to be alone. If safe, provide them with some privacy. When a survivor does want to talk with you about the loved one, you should listen quietly, and not feel compelled to talk a lot. Do not probe.

**Child and adolescent understanding of death** varies depending on age and prior experience with death, and is strongly influenced by family, religious, and cultural values.

- Pre-school children may not understand that death is permanent, and may believe that if they wish it, the person can return. They need help to confirm the physical reality of a person’s death—that he/she is no longer breathing, moving or having feelings—and has no discomfort or pain. They may be concerned about something bad happening to another family member.
- School-age children may understand the physical reality of death, but may personify death as a monster or skeleton. In longing for his/her return, they may experience upsetting feelings of the “ghostlike” presence of the lost person, but not tell anyone.
- Adolescents generally understand that death is irreversible. Losing a family member or friend can trigger rage and impulsive decisions, such as quitting school, running away, or abusing substances. These issues need prompt attention by the family or school.

**The death of a parent/caregiver** affects children differently depending on their age.

- Pre-school children need consistent care and a predictable daily routine as soon as possible. They can be easily upset by change: food prepared differently, their special blanket missing, or being put into bed at night without the usual person or in a different way. Caregivers (including the surviving parent) should ask the child if they are doing something differently or something “wrong” (for example, “Am I not doing this the way Mommy did?”).
- A school-age child loses not only his/her primary caregiver, but also the person who would normally be there to comfort him/her and help with daily activities. Other caregivers should try, as best they can, to assume these roles. Children may be angry at a substitute caregiver, especially when disciplined. Caregivers should acknowledge that the child is missing his/her parent/caregiver, and then provide extra comfort.
- Adolescents may experience an intense sense of unfairness, and protest over the death. They may have to take on greater responsibilities within their family and resent not being able to have more independence or do the things that adolescents normally do. Over time, caregivers should discuss how to balance these different needs.

You may give parents/caregivers some **suggestions for talking with children and adolescents about death**. These include:

- Assure children that they are loved and will be cared for.
- Watch for signs that the child may be ready to talk about what happened.
- Do not make the child feel guilty or embarrassed about wanting or not wanting to talk.
- Do not push children to talk.
- Give short, simple, honest, and age-appropriate answers to their questions.
- Listen carefully to their feelings without judgment.
- Reassure them that they did not cause the death, that it was not their fault, and that it was not a punishment for anything that anyone did “wrong.”
- Answer questions honestly about funerals, burial, prayer, and other rituals.
- Be prepared to respond to the child’s questions over and over again.
- Do not be afraid to say that you don’t know the answer to a question.

Children and adolescents sometimes feel guilty that they survived while other family members did not. They may believe that they caused the death in some way. Families need to help dispel children's sense of responsibility and assure them that, in events like this, they are not to blame for what happened.

### **Attend to Grief and Spiritual Issues**

- It can be helpful for a child to attend a funeral. Although emotionally challenging, funerals help children accept the physical reality of the death that is part of grieving. If not included, children can feel left out of something important to the family.
- Parents/caregivers should give children a choice whether or not to attend a funeral or other ritual. They may be encouraged, but should not be pressured.
- Before asking children to choose, tell them what to expect if they attend, including letting them know that adults may be upset and crying. Explain that there will be a special area for the family to sit together (if that is to be arranged). Let them know what will happen during the service.
- Give them an opportunity to help choose a person they feel close to, who can pay appropriate attention to them during the service.
- Always provide a way for children to leave the service with that person, even temporarily, if they become overwhelmed.
- Tell children about alternative arrangements if they do not wish to attend, such as staying with a neighbor or friend of the family.
- If they choose not to attend, offer to say something or read something on their behalf, and explain how they can participate in memorial activities at a later time, including memorials of their own making.
- If possible, bring younger children to the location early so that they can explore the space. Describe the casket and, if they wish, join them in approaching it. Caution should be exercised in regard to allowing young children to view or touch the body. A young child can use a photograph of the person to help them say goodbye.
- For younger children, reinforce that the deceased family member is not in distress.

### **Attend to Issues Related to Traumatic Grief**

After traumatic death, some children may stay focused on the circumstances of the death, including repetitive play or preoccupation with how the death could have been prevented, what the last moments were like, and who was at fault. These reactions may interfere with grieving, making it more difficult for child survivors to adjust to the death. You may want to speak privately to a family member to advise them about the extra burden of witnessing the death and let him/her know that talking to a mental health professional may be very helpful for the child.

**Support Survivors Who Receive Death Notification** If an unaccompanied child is told that his/her caregiver has died, stay with the child or ensure that another worker stays with the child until he/she is reunited with other family members or is attended to by an appropriate protective service worker. Children may have a range of responses to being told of the death of a loved one. They may act as if they did not hear, they may cry or protest the news, or they may not speak for an extended period. They may be angry with the person who told them.

For adolescents, the Psychological First Aid provider can advise parents to caution teens about doing something risky, like storming off, driving while overwhelmed with such news, staying out late, engaging in high-risk sexual behavior, using alcohol or other drugs, or acting in some other reckless way. Parents/caretakers should also understand that an adolescent's anger can turn to rage over the loss, and they should be prepared to tolerate some expressions of rage. However, they should also be firm in addressing any behavioral risks. Expression of any suicidal thought should be taken seriously, and appropriate additional assistance should be immediately sought. Expressions of revenge should also be taken seriously. Adolescents should be cautioned to think about the consequences of revenge, and be encouraged to consider different constructive ways to respond to their feelings.

Family members should address children and adolescent's immediate questions about their living circumstances and who will take care of them. The Psychological First Aid provider may suggest that separation of siblings be avoided, if at all possible.

### **Support Survivors Involved In Body Identification**

Children should be discouraged about participating in the process. Children may not understand the extent to which the body has deteriorated or changed, and may find seeing the body extremely disturbing.

### **3. Stabilization** (if needed)

#### **Goal: To calm and orient emotionally overwhelmed or disoriented survivors.**

For children or adolescents, consider whether the child or adolescent is with his/her parents. If so, briefly make sure that the adult is stable. Focus on empowering the parents in their role of calming their children. Do not take over for the parents, and avoid making any comments that may undermine their authority or ability to handle the situation. Let them know that you are available to assist in any way that they find helpful.

### **Orient Emotionally Overwhelmed Children and Adolescents**

Use these points for child and adolescent survivors to understand their reactions:

- After bad things happen, your body may have strong feelings that come and go like waves in the ocean. When you feel really bad, that's a good time to talk to your mom and dad to help you calm down.
- Even adults need help at times like this.
- Many adults are working together to help with what happened, and to help people recover.
- Staying busy can help you deal with your feelings and start to make things better.

Caution adolescents about doing something risky or impulsive just to feel better, without discussing it with a parent or trusted adult. If a child or adolescent appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if he/she knows who he/she is, where he/she is, and what is happening.

- Ask him/her to describe the surroundings, and say where both of you are.

#### **4. Information Gathering: Current Needs and Concerns**

**Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.**

Extreme negative emotions can be very painful, difficult, and challenging, especially for children and adolescents. Children and adults may be ashamed to discuss these feelings. Listen carefully for signs of guilt or shame in their comments.

#### **5. Practical Assistance**

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

Like adults, children and adolescents benefit from clarifying their needs and concerns, developing a plan to address them, and acting on the plan. Their ability to clarify what they want, think through alternatives, select the best option, and follow through develops gradually. For example, many children can participate in problem-solving, but require the assistance of adolescents or adults to follow through with their plans. When appropriate, share the plans you have developed with parents/caregivers, or involve parents/caregivers in making the plans, so that they can help the child or adolescent to carry them through.

#### **6. Connection with Social Supports**

**Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.**

When working with youth, bring similar-age children together in a shared activity—as long as they know where their adult caregivers are. Provide art materials, coloring books, or building materials to help younger children engage in soothing, familiar activities. Older children and adolescents can lead younger children in activities. Children may have suggestions of songs to sing or classroom games that they have played at school. Several activities that can be done only with paper and a pencil include:

- Tic-tac-toe
- Folding “fortune tellers”
- Making paper balls and tossing them at an empty wastebasket
- Air hockey: wad up a piece of paper and have children try to blow it across the table into the other team’s goal (Bonus: can be used to practice deep breathing exercises)
- Group drawing: have children sit in a circle, the first child begins a drawing. After 10 seconds, that child passes the drawing to the child on their right. Continue until everyone has added to the drawing. Then show the group the final picture.

Suggest that the children draw something positive (not pictures of the disaster), something that promotes a sense of protection and safety

- Scribble game: pair up youth, one person makes a scribble on the paper, their partner has to add to the scribble to turn it into something
- Making a paper doll chain or circle chain in which the child writes the name of each person in their support system on a link. For adolescents, you can also ask them to identify the type of support (for example, emotional support, advice and information, material assistance, etc.) that they receive from each person.

### **Special Considerations for Children and Adolescents**

You can help children and adolescents problem-solve ways in which they can ask for, and give support to, others around them. Here are some suggestions:

- Talk with your parents/caregivers or other trusted adults about how you are feeling, so that they better understand better how and when to help you.
- Do enjoyable activities with other children, including playing sports, games, board games, watching movies, and so forth.
- Spend time with your younger brothers or sisters. Help them to calm down, play with them, and keep them company.
- Help with cleaning, repairs, or other chores to support your family and community.
- Share things with others.

In some cases, children and adolescents will not feel comfortable talking with others. Engaging them in social or physical activities or merely being present can be comforting. Parents and Psychological First Aid providers can be supportive by going for a walk, throwing a ball, playing a game, thumbing through magazines together, or simply sitting together.

## **7. Information on Coping**

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

### **Talking with Children about Body and Emotional Reactions**

Children vary in their capacity to see connections between events and emotions. Many children will benefit from a basic explanation of how disaster-related experiences produce upsetting emotions and physical sensations. Suggestions for working with children include:

- Don't ask children directly to describe their emotions (like telling you that they feel sad, scared, confused, or angry), as they often have a hard time finding the words. Instead, ask them to tell you about physical sensations, for example, you can ask, "How do you feel inside? Do you feel something like butterflies in your stomach or tight all over?"
- If they are able to talk about emotions, it is helpful to suggest different feelings and ask them to pick one ("Do you feel sad right now, or scared, or do you feel OK?") rather than asking open-ended questions ("How are you feeling?").
- You can draw (or ask the child to draw) an outline of a person and use this to help the child talk about his/her physical sensations.

To help children and adolescents identify positive and negative forms of coping, you can write on slips of paper ways that the child is currently using to cope. Then talk with the child about adaptive and maladaptive coping strategies. Have the child sort the pieces of paper into each category and then discuss ways the child can increase their adaptive coping strategies. For younger children, play a memory game in which each coping strategy is written on two pieces of paper. Place the blank sides of each paper face up, and have the child find matching pairs. Once the child gets a pair, discuss with them if this is a good or bad strategy to help them feel better.

### **Teach Simple Relaxation Techniques**

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

Parents need to pay special attention to how their children may be troubled by reminders and hardships, because they can strongly affect how their children react and behave. For example, a child may look like he/she is having a temper tantrum, when actually he/she has been reminded of a friend who was hurt or killed.

When disasters confront adults with danger and loss, adolescents may find afterwards that their parents/caretakers have become more anxious about their safety and, consequently, more restrictive in what they allow adolescents to do. You can help adolescents understand this increase in their caregivers’ protective behaviors—such as earlier curfews, not letting adolescents go off by themselves without adult supervision, insisting that they call in frequently to let them know they are safe, or not letting adolescents do things that involve some “everyday” risk, like driving a car or doing skateboarding tricks (even if the caregiver formerly permitted it). Remind adolescents that this “strictness” is normal and usually temporary. This will help them avoid unnecessary conflict as the family recovers.

### **Assist with Developmental Issues**

Children and adolescents go through stages of physical, emotional, cognitive, and social development. The many stresses and adversities in the aftermath of a disaster may result in key interruptions, delays, or reversals in development. The loss of anticipated opportunities or

achievements can be a major consequence of the disaster. Developmental progression is often measured by these milestones.

### **Examples of Developmental Milestones**

Toddlers and Preschool-Age Children

- becoming toilet trained
- entering daycare or preschool
- learning to ride a tricycle
- sleeping through the night
- learning or using language

School-Age Children

- learning to read and do arithmetic
- being able to play by rules in a group of children
- handling themselves safely in a widening scope of unsupervised time

Early Adolescents

- having friends of the opposite sex
- pursuing organized extracurricular activities
- striving for more independence and activities outside of the home

Older Adolescents

- learning to drive
- getting a first job
- dating
- going to college

### **Assist with Anger Management**

- Children and adolescents often like activities that help them express their feelings, such as drawing pictures, writing in a journal, playing out the situation with toys, and composing a song.
- Help children and adolescents to problem-solve a situation that is angering or frustrating them (like helping them settle a dispute with another child, helping them obtain books or toys, etc.).

For children and adolescents who have difficulty labeling these thoughts, you can write the negative thoughts on a piece of paper (for example, “I did something wrong,” “I caused it to happen,” “I was misbehaving”) and have the child add on to them. You can then discuss each one, clarify any misunderstandings and discuss more helpful thoughts, and write them down. Remind the child or adolescent that he/she is not at fault, even if he/she has not expressed these concerns.

Remind parents that it is common for children to want to remain close to their parents at nighttime, including sleeping in bed with them. Temporary changes in sleeping arrangements are ok, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements. For example, a parent might say, “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 will feel safe. If you get scared again, we can talk about it.”

## **8. Linkage with Collaborative Services**

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

These core actions of Psychological First Aid constitute the basic objectives of providing early assistance within days or weeks following an event. Providers should be flexible, and base the amount of time they spend on each core action on the survivors’ specific needs and concerns.

Remember that children and adolescents under the age of 18 will need parental consent for services outside of immediate emergency care. Youth may be less likely to self-refer when they are experiencing difficulties, and are less likely to follow through on referrals without an adult who is engaged in the process. To maximize the likelihood that youth will follow through with a referral, you should:

- Recommend that any follow-up services for the family include (at least) a brief evaluation of child and adolescent adjustment.
- Make your interactions with children and adolescents positive and supportive to help them develop a positive attitude towards future care providers.
- Remember that children and adolescents have an especially difficult time telling and re-telling information related to traumatic events. When working with youth, summarize in writing the basic information about the event that you have gathered and communicate this information to the receiving professional. This will help minimize the number of times that they will have to re-tell the details of their experiences.

## Parent Tips for Helping Infants and Toddlers after Disasters

<b>IF YOUR CHILD . .</b>	<b>UNDERSTAND</b>	<b>WAYS TO HELP</b>
. . has problems sleeping, doesn't want to go to bed, won't sleep alone, wakes up at night screaming.	<ul style="list-style-type: none"> <li>▶ When children are scared they want to be with people who help them feel safe, and they worry when you are not together.</li> <li>▶ If you were separated during the disaster, going to bed alone may remind your child of that separation.</li> <li>▶ Bedtime is a time for remembering because we are not busy doing other things. People often dream about things they fear and can be scared of going to sleep.</li> </ul>	<ul style="list-style-type: none"> <li>▶ If you want, let your child sleep with you. Let him know this is just for now. ▶ Have a bedtime routine: a story, a prayer, cuddle time. Tell him the routine (every day), so he knows what to expect. ▶ Hold him and tell him that he is safe; that you are there and will not leave. Understand that he is not being difficult on purpose. This may take time, but when he <u>feels</u> safer, he will sleep better.</li> </ul>
. . worries something bad will happen to you. (You may also have worries like this.)	<ul style="list-style-type: none"> <li>▶ It is natural to have fears like this after being in danger.</li> <li>▶ These fears may be even stronger if your child was separated from loved ones during the disaster.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Remind your child and yourself that right now you are safe.</li> <li>▶ If you are not safe, talk about how you are working to keep her safe.</li> <li>▶ Make a plan for who would care for your child if something did happen to you. This may help you worry less. ▶ Do positive things together to help her think about other things.</li> </ul>
. . cries or complains whenever you leave him, even when you go to the bathroom. . . can't stand to be away from you.	<ul style="list-style-type: none"> <li>▶ Children who cannot yet speak or say how they feel may show their fear by clinging or crying.</li> <li>▶ Goodbyes may remind your child of any separation you had related to the disaster.</li> <li>▶ Children's bodies react to separations (stomach sinks, heart beats faster). Something inside says, "Oh no, I can't lose her."</li> <li>▶ Your child is not trying to manipulate or control you. He is scared.</li> <li>▶ He may also get scared when other people (not just you) leave. Goodbyes make him scared.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Try to stay with your child and avoid separations right now.</li> <li>▶ For brief separations (store, bathroom) help your child by naming his feelings and linking them to what he has been through. Let him know you love him and that this goodbye is different, you'll be back soon. "You're so scared. You don't want me to go because last time we weren't together you didn't know where I was. This is different, and I'll be right back."</li> <li>▶ For longer separations have him stay with familiar people, tell him where you are going, why, and when you will come back. Let him know you will think about him. Leave a photo or something of yours and call if you can. When you come back, tell him you missed him, thought about him, and did come back. You will need to say this over and over.</li> </ul>
. . has problems eating, eats too much or refuses food.	<ul style="list-style-type: none"> <li>▶ Stress affects your child in different ways, including her appetite. ▶ Eating healthy is important but focusing too much on eating can cause stress and tension in your relationship.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Relax. Usually, as your child's level of stress goes down, her eating habits will return to normal. Don't force your child to eat.</li> <li>▶ Eat together and make meal times fun and relaxing.</li> <li>▶ Keep healthy snacks around. Young children often eat on the go.</li> </ul>
. . is not able to do things he used to do (like use the potty)	<ul style="list-style-type: none"> <li>▶ Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned.</li> <li>▶ This is the way young children tell us that</li> </ul>	<ul style="list-style-type: none"> <li>▶ If you are worried, or if your child loses a significant amount of weight, consult a pediatrician.</li> <li>▶ Avoid criticism. It makes him worried that he'll never learn.</li> <li>▶ Do not force your child. It creates a power struggle.</li> </ul>

- ... does not talk like he used to

  - ▶ they are not okay and need our help. ▶ Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive.
  - ▶ Your child is not doing this on purpose.
- ... is reckless, does dangerous things.

  - ▶ It may seem strange, but when children feel unsafe, they often behave in unsafe ways.
  - ▶ It is one way of saying, “I need you. Show me I’m important by keeping me safe.
- ... is scared by things that did not scare her before

  - ▶ Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe. ▶ Because of what happened, this belief has been damaged, and without it, the world is a scarier place.
  - ▶ Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her.
  - ▶ It is not your fault – it was the disaster.
- ... seems “hyper,” can’t sit still, and doesn’t pay attention to anything.

  - ▶ Fear can create nervous energy that stays in our bodies.
  - ▶ Adults sometimes pace when we are worried. Young children run, jump, and fidget.
  - ▶ When our minds are stuck on bad things, it is hard to pay attention to other things. ▶ Some children are naturally active.
- ... plays in a violent way.  
... keeps talking about the disaster and the bad things he saw.

  - ▶ Young children often talk through play. Violent play can be their way of telling us how crazy things were or are, and how they feel inside.
  - ▶ When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger)
- ... is now very demanding and controlling.

  - ▶ Between the age of 18 months to 3 years, young children often seem “controlling.” ▶ It can be annoying, but it is a normal part of growing up and helps them learn that they are
- ▶ Instead of focusing on the ability (like not using the potty), help your child feel understood, accepted, loved and supported.
  - ▶ As your child feels safer, he will recover the ability he lost.
- ▶ Keep her safe. Calmly go and get her and hold her if necessary.
  - ▶ Let her know that what she is doing is unsafe, that she is important, and you wouldn’t want anything to happen to her. ▶ Show her other more positive ways that she can have your attention.
- ▶ When your child is scared, talk to her about how you will keep her safe.
  - ▶ If things remind your child of the disaster and cause her to worry that it is happening again, help her understand how what is happening now (like rain or aftershocks) is different from the disaster.
  - ▶ If she talks about monsters, join her in chasing them out. “Go away monster. Don’t bother my baby. I’m going to tell the monster boo, and it will get scared and go away. Boo, boo.”
  - ▶ Your child is too young to understand and recognize how you did protect her, but remind yourself of the good things you did.
  - ▶ Help you child to recognize his feelings (fear, worry) and reassure your child that he is safe.
  - ▶ Help your child get rid of nervous energy: stretching, running, sports, breathing deep and slow.
  - ▶ Sit with him and do an activity you both enjoy: throw a ball, read books, play, draw. Even if he doesn’t stop running around, this helps him.
  - ▶ If your child is naturally active, focus on the positive. Think of all the energy he has to get things done, and find activities that fit his needs.
  - ▶ If you can tolerate it, listen to your child when he “talks.”
  - ▶ As your child plays, notice the feelings he has and help him by naming feelings and being there to support him (hold him, soothe him).
  - ▶ If he gets overly upset, spaces out, or he plays out the same upsetting scene, help him calm down, help him feel safe, and consider getting professional help.
  - ▶ Remember your child is not controlling or bad. This is normal, but may be worse right now because she feels unsafe.

. . seems “stubborn” insisting that things be done her way.

important and can make things happen. ► When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying “things are so crazy I need control over something.”

► Let your child have control over small things. Give her choices over what she wears or eats, games you play, stories you read. If she has control over small things, it can make her feel better. Balance giving her choices and control with giving her structure and routines. She will feel unsafe if she “runs the show.”

► Cheer her on as she tries new things. She can also feel more in control when she can put her shoes on, put a puzzle together, pour juice.

. . tantrums and is cranky.  
. . yells a lot – more than usual.

► Even before the disaster, your child may have had tantrums. They are a normal part of being little. It’s frustrating when you can’t do things and when you don’t have the words to say what you want or need. ► Now, your child has a lot to be upset about (just like you) and may really need to cry and yell.

► Let him know you understand how hard this is for him. “Things are really bad right now. It’s been so scary. We don’t have your toys or T.V., and you’re mad.”

► Tolerate tantrums more than you usually would, and respond with love rather than discipline. You might not normally do this, but things are not normal. If he cries or yells, stay with him and let him know you are there for him. Reasonable limits should be set if tantrums become frequent or are extreme.

. . hits you.

► For children, hitting is a way of expressing anger.

► When children can hit adults they feel unsafe. It’s scary to be able to hit someone who’s supposed to protect you.

► Hitting can also come from seeing other people hit each other.

► Each time your child hits, let her know that this is not ok. Hold her hands, so she can’t hit, have her sit down. Say something like “It’s not OK to hit, it’s not safe. When you hit, you are going to need to sit down.” ► If she is old enough, give her the words to use or tell her what she needs to do. Tell her “Use your words. Say I want that toy.” ► Help her express anger in other ways: play, talk, draw.

► If you are having conflict

. . says go away, I hate you!  
. . says this is all your fault.

► The real problem is the disaster and everything that followed, but your child is too little to fully understand that.

► When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening.

► You are not to blame, but now is not the time to defend yourself. Your child needs you.

► Remember what your child has been through. He doesn’t mean everything he is saying; he’s angry and dealing with so many difficult feelings.

► Support your child’s feeling of anger, but gently redirect the anger towards the disaster. “You are really mad. Lots of bad things have happened. I’m mad too. I really wish it didn’t happen, but even mommies can’t make hurricanes not happen. It’s so hard for both of us.”

. . doesn’t want to play or do anything.  
. . seems to not really have any feelings (happy or sad).

► Your child needs you. So much has happened and he may be feeling sad and overwhelmed.

► When children are stressed, some yell and others shut down. Both need their loved ones.

► Sit by your child and keep him close. Let him know you care.

► If you can, give words to his feelings. Let him know it’s OK to feel sad, mad, or worried. “It seems like you don’t want to do anything. I wonder if you are sad. It’s OK to be sad. I will stay with you.”

► Try to do things with your child, anything he might like: read a book, sing, play together.

. . . cries a lot.

► Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad.

► When you let your child feel sad and provide her with comfort, you help your child even if she

► Allow your child to express feelings of sadness.  
► Help your child name her feelings and understand why she may feel that way. “I think you’re sad. A lot of hard things have happened, like . . .”

► Support your child by sitting with her and giving

remains sad.

► If you have strong feelings of sadness, it may be good for you to get support. Your child's well-being is connected to your well-being.

. . . misses people you are no longer able to see after the disaster.

► Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people.

► If someone close to your child died, your child may show stronger reactions to the disaster. If the reactions appear to be strong and to last longer than two weeks, it may be helpful to seek help from a professional.

► Young children do not understand death, and may think that the person can come back.

. . misses things you have lost because of the disaster.

► When a disaster brings so much loss to a family, it is easy to lose sight of how much the loss of a toy or other important item can mean to a child.

► Grieving for a toy is also your child's way of grieving for all you had before the disaster.

her extra attention. Spend special time together.

► Help your child feel hopeful about the future. It will be important to think and talk about how your lives will continue and the good things you will do, like go for a walk, go to the park or zoo, play with friends.

► Take care of yourself.

► For those that have moved away, help your child stay in touch in some way (for example, sending pictures or cards, calling)

► Help your child talk about these important people. Even when we are apart from people, we can still have positive feelings about them by remembering and talking about them.

► Acknowledge how hard it is to not be able to see people we care for. It is sad.

► Where someone has died, answer your child's questions simply and honestly.

► Allow your child to express feelings of sadness. It is sad that your child lost her toy or blanket.

► If possible, try to find something that would replace the toy or blanket that would be acceptable and satisfying to your child. ► Distract your child with other activities.

## Parent Tips for Helping Preschool-Age Children after Disasters

### Reactions/Behavior

Helplessness and Passivity: Young children know they can't protect themselves. In a disaster they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated.

General Fearfulness: Young children may become more afraid of being alone, being in the bathroom, going to sleep, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them.

Confusion about the danger being over: Young children can overhear things from adults and older children, or see things on TV or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away.

### Responses

- ▶ Provide comfort, rest, food, water, and opportunities for play and drawing.
- ▶ Provide ways to turn spontaneous drawing or playing from traumatic events to include something that would make them feel safer or better.
- ▶ Reassure your child that you and other grownups will protect them.
- ▶ Be as calm as you can with your child. Try not to voice your own fears in front of your child.
- ▶ Help children regain confidence that you aren't leaving them and that you can protect them.
- ▶ Remind them that there are people working to keep families safe, and that your family can get more help if you need to.
- ▶ If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time.
- ▶ Give your child ways to communicate their fears to you.
- ▶ Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using.
- ▶ Find out what other words or explanations they have heard and clarify inaccuracies. ▶ If you are at some distance from the danger, it is important to tell your child that the danger is not near you.

### Examples of things to do and say

- ▶ Give your child more hugs, hand holding, or time in your lap.
- ▶ Make sure there is a special safe area for your child to play with proper supervision.
- ▶ In play, a four year old keeps having the blocks knocked down by hurricane winds. Asked, "Can you make it safe from the winds?" the child quickly builds a double block thick wall and says, "Winds won't get us now." A parent might respond with, "That wall sure is strong" and explain, "We're doing a lot of things to keep us safe."
- ▶ Be aware when you are on the phone or talking to others, that your child does not overhear you expressing fear.
- ▶ Say things such as, "We are safe from the hurricane now, and people are working hard to make sure we are okay."
- ▶ Say, "If you start feeling more scared, come and take my hand. Then I'll know you need to tell me something."
- ▶ Continue to explain to your child that the hurricane has passed and that you are away from the flooded area
- ▶ Draw, or show on a map, how far away you are from the disaster area, and that where you are is safe. "See? The hurricane was way over there, and we're way over here in this safe place."

**Reactions/Behavior****Responses****Examples of things to do and say**

Not talking: Being silent or having difficulty saying what is bothering them.

- ▶ Put common feelings of children into words, such as anger, sadness, and worry about the safety of parents, friends and siblings.
- ▶ Do not force them to talk, but let them know they can talk to you any time.

▶ Draw simple “happy faces” for different feelings on paper plates. Tell a brief story about each one, such as, “Remember when the water came into the house and had a worried face like this?”

▶ Say something like, “Children can feel really sad when their home is damaged.”

▶ Provide art or play materials to help them express themselves. Then use feeling words to check out how they felt. “This is a really scary picture. Were you scared when you saw the water?”

Fears the disaster will return: When having reminders--seeing, hearing, or otherwise sensing something that reminds them of the disaster.

- ▶ Explain the difference between the event and reminders of the event.
- ▶ Protect children from things that will remind them as best you can.

▶ “Even though it’s raining, that doesn’t mean the hurricane is happening again. A rainstorm is smaller and can’t wreck stuff like a hurricane can.”

▶ Keep your child from seeing television, radio, and computer images of the disaster that can trigger fears of it happening again.”

▶ Provide calming activities before bedtime. Tell a favorite story with a comforting theme.

Sleep problems: fear of being alone at night, sleeping alone, waking up afraid, having bad dreams.

- ▶ Reassure your child that s/he is safe. Spend extra quiet time together at bedtime.
- ▶ Let the child sleep with a dim light on, or sleep with you for a limited time.
- ▶ Some might understand an explanation of the difference between dreams and real life.

▶ At bedtime say, “You can sleep with us tonight, but tomorrow you’ll sleep in your own bed.”

▶ “Bad dreams come from our thoughts inside about being scared, not from real things happening.”

▶ If your child starts bedwetting, change her clothes and linens without comment. Don’t let anyone criticize or shame the child by saying, “You’re such a baby.”

Returning to earlier behaviors: Thumb sucking, bedwetting, baby-talk, needing to be in your lap.

- ▶ Remain neutral or matter-of-fact, as best you can, as these may continue a while after the disaster.

▶ Allow children to participate in cultural and religious grieving rituals.

▶ Help them find their own way to say goodbye by drawing a happy memory or lighting a candle or saying a prayer for them.

Not understanding about death: Preschool age children don’t understand that death is not reversible. They have “magical thinking” and might believe their thoughts caused the death. The loss of a pet may be very hard on a child.

- ▶ Give age-appropriate consistent explanation--that does not give false hopes--about the reality of death.
- ▶ Don’t minimize their feelings over a loss of a pet or a special toy.
- ▶ Take cues from what your child seems to want to know. Answer simply and ask if he has any more questions.

▶ “No, Pepper won’t be back, but we can think about him and talk about him and remember what a silly doggy he was.”

▶ “The firefighter said no one could save Pepper and it wasn’t your fault. I know you miss him very much.”

# Parent Tips for Helping School-Aged Children After Disasters

## Reactions

### Confusion about what happened

Feelings of being responsible: School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others.

### Fears of recurrence of the event and reactions to reminders

Retelling the event or playing out the event over and over

## Reactions/Behavior

### Fear of being overwhelmed by their feelings

Sleep problems, including bad dreams, fear of sleeping alone, demanding to sleep with parents.

## Responses

► Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any information that your child is unclear or confused about regarding if there is a present danger.  
► Remind children that there are people working to keep families safe and that your family can get more help if needed.  
► Let your children know what they can expect to happen next.

► Provide opportunities for children to voice their concerns to you.  
► Offer reassurance and tell them why it was not their fault.

► Help child to identify reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it.  
► Reassure them, as often as they need, that they are safe. ► Protect children from seeing media coverage of the event as it can trigger fears of the disaster happening again.

► Permit the child to talk and act out these reactions. Let them know that this is normal. ► Encourage positive problem-solving in play or drawing.

## Responses

► Provide a safe place for them to express their fears, anger, sadness, etc. Allow children to cry or be sad; don't expect them to be brave or tough.

► Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream.

► Temporary sleeping arrangements are okay; make a plan with your child to return to normal sleeping habits.

## Examples of things to do and say

► “I know other kids said that more hurricanes are coming, but we are now in a place that is safer from hurricanes.” ► Continue to answer questions your children have (without getting irritable) and to reassure them the family is safe. ► Tell them what’s happening, especially about issues regarding school and where they will be living.

► Take your child aside. Explain that, “After a disaster like this, lots of kids—and parents too—keep thinking ‘What could I have done differently?’ or ‘I should have been able to do something.’ That doesn’t mean they were at fault.”

► “Remember? The firefighter said no one could save Pepper and it wasn’t your fault.”

► When they recognize that they are being reminded, say, “Try to think to yourself, ‘I am upset because I am being reminded of the hurricane because it is raining, but now there is no hurricane and I am safe.’”

► “I think we need to take a break from the TV right now.”

► “I notice you’re drawing a lot of pictures of what happened. Did you know that many children do that?”

► “It might help to draw about how you would like your school to be rebuilt to make it safer.”

## Examples of things to do and say

► “When scary things happen, people have strong feelings, like being mad at everyone or being very sad. Would you like to sit here with a blanket until you’re feeling better?”

► “That was a scary dream. Let’s think about some good things you can dream about and I’ll rub your back until you fall asleep.”

► “You can stay in our bedroom for the next couple of nights. Then we will spend more time with you in your bed before you go to sleep. If you get scared again, we can talk about it.”

Concerns about the safety of themselves and others.

▶ Help them to share their worries and give them realistic information.

▶ Create a “worry box” where children can write out their worries and place them in the box. Set a time to look these over, problem-solve, and come up with answers to the worries.

Altered behavior: Unusually aggressive or restless behavior.

▶ Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration.

▶ “I know you didn’t mean to slam that door. It must be hard to feel so angry.”

▶ “How about if we take a walk? Sometimes getting our bodies moving helps with strong feelings.”

Somatic complaints: Headaches, stomachaches, muscle aches for which there seem to be no reason.

▶ Find out if there is a medical reason. If not, provide comfort and assurance that this is normal.

▶ Make sure the child gets enough sleep, eats well, drinks plenty of water, and gets enough exercise.

▶ Be matter-of-fact with your child; giving these non-medical complaints too much attention may increase them.

▶ “How about sitting over there? When you feel better, let me know and we can play cards.”

Closely watching a parent’s responses and recovery: not wanting to disturb parent with their own worries.

▶ Give children opportunities to talk about their feelings as well as your own.

▶ “Yes, my ankle is broken, but it feels better since the paramedics wrapped it. I bet it was scary seeing me hurt, wasn’t it?”

▶ Remain as calm as you can, so as not to increase your child’s worries.

Concern for other victims and families.

▶ Encourage constructive activities on behalf of others, but do not burden with undo responsibility.

▶ Help children identify projects that are age-appropriate and meaningful (e.g., clearing rubble from school grounds, collecting money or supplies for those in need).

# Parents Tips for Helping Adolescents after Disasters

## Reactions

Detachment, shame, and guilt

Self-consciousness about their fears, sense of vulnerability, fear of being labeled abnormal

Acting out behavior; using alcohol and drugs, sexual acting out, accident-prone behavior.

Fears of recurrence and reactions to reminders

## Responses

► Provide a safe time to discuss with your teen the events and their feelings.

► Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done.

► Help teens understand that these feelings are common.

► Encourage relationships with family and peers for needed support during the recovery period.

► Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened.

► Limit access to alcohol and drugs. ► Talk about the danger of high-risk sexual activity.

► On a time-limited basis, have them let you know where they are going and what they're planning to do.

► Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it.

► Explain to teens that media coverage of the disaster can trigger fears of it happening again.

## Examples of things to do and say

► “Many kids—and adults—feel like you do, angry and blaming themselves that they couldn’t do more. You’re not at fault—remember; even the firefighters said there was nothing more we could have done.”

► “I was feeling the same thing. Scared and helpless. Most people feel like this when a disaster happens, even if they look calm on the outside.”

► “My cell phone is working again, why don’t you see if you can get a hold of Pete to see how he’s doing.”

► “And thanks for playing the game with your little sister. She’s much better now.”

► “Many teens—and some adults—feel out of control and angry after a disaster like this. They think drinking or taking drugs will help somehow. It’s very normal to feel that way—but it’s not a good idea to act on it.”

► “It’s important during these times that I know where you are and how to contact you.” Assure them that this extra checking-in is temporary, just until things have stabilized.

► “When you’re reminded, you might try saying to yourself, ‘I am upset now because I am being reminded, but it is different now because there is no hurricane and I am safe.’” ► Suggest “Watching the news reports could make it worse, because they are playing the same images over and over. How about turning it off now?”

## Reactions

Abrupt shifts in interpersonal relationships: Teens may pull away from parents, family, and even from peers; they may respond strongly to parent’s reactions in the crisis.

Radical changes in attitude

## Responses

► Explain that the strain on relationships is expectable. Emphasize that we need family and friends for support during the recovery period.

► Encourage tolerance for different family member’s courses to recovery.

► Accept responsibility for your own feelings.

► Explain that changes in people’s attitudes after a disaster are common, but will return back to normal over time.

## Examples of things to do and say

► Spend more time talking as a family about how everyone is doing. Say, “You know, the fact that we’re crabby with each other is completely normal, given what we’ve been through. I think we’re handling things amazingly. It’s a good thing we have each other.”

► You might say, “I appreciate your being calm when your brother was screaming last night. I know he woke you up too.”

► “I want to apologize for being irritable with you yesterday. I am going to work harder to stay calm myself.”

► “We are all under great stress. When people’s lives are disrupted this way, we all feel more scared, angry—even full of revenge. It might not seem like it, but we all will feel better when we get

Wanting premature entrance into adulthood: (e.g., wanting to leave school, get married)

Concern for other victims and families

► Encourage postponing major life decisions. Find other ways to make the adolescent feel more in control over things.

► Encourage constructive activities on behalf of others, but do not burden with undo responsibility.

back to a more structured routine.”

► “I know you’re thinking about quitting school and getting a job to help out. But it’s important not to make big decisions right now. A crisis time is not a great time to make major changes.”

► Help teens to identify projects that are age-appropriate and meaningful (e.g., clearing rubble from school grounds, collecting money or supplies for those in need).

## Appendix G. Preventing Suicide: Knowing the Signs and Symptoms

The warning signs that often precede suicide are recognizable, and suicides can be prevented. Most depressed people are not suicidal but most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed as a loss of interest or withdrawal from people and activities that previously were enjoyable. Suicide can be prevented through early recognition and treatment of depression, other mental illnesses, and alcohol and other drug abuse. Sometimes suicide occurs without any outward warning. However, most people who are suicidal do give signs. People considering suicide generally display symptoms of depression that may include but are not limited to:

### Signs of risk

- Sudden radical changes in mood, eating, sleeping, particularly feeling depressed
- Sudden lifting of mood after a long period of depression
- Increasingly self-deprecating remarks
- Feelings of helplessness and hopelessness
- Increased use of alcohol or drugs
- Giving away prized possessions
- Making goodbyes
- Serious withdrawal from activities and significant persons
- Persistent discussions of death
- Self-destructive or high risk behavior
- Previous suicide attempts
- Identification with someone who has completed suicide
- Statements of a desire to explore or complete suicide

### Responses What can you do to help?

- Take the person seriously
- Be willing to listen
- Do not be judgmental
- Do not under-react or minimize
- Do not promise secrecy or confidentiality
- Seek professional help
- In an acute crisis: Do not leave person alone. Remove dangerous items from area (firearms, drugs or sharp objects). Take him or her to a hospital emergency room or call for an ambulance.
- If the above options are unavailable, call 911, a local hotline, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- Take an active role---you can save a life

For additional information regarding Ohio's suicide prevention efforts visit: [ohiospf.org](http://ohiospf.org)

## Appendix H. Dealing with the Aftermath of Tragedy in the Classroom

After a major campus tragedy, faculty may find the following strategies helpful when broaching the subject in their classes.

### **Take time to talk as a group or class.**

Consider providing an opportunity at the beginning of a class period. Often, a short time period is more effective than a whole class period. This serves the purpose of acknowledging that students may be reacting to a recent event, without pressuring students to speak. Introduce the opportunity by briefly acknowledging the tragic event and suggesting that it might be helpful to share personal reactions students may have.

### **Have students discuss “facts” first, then shift to emotions.**

Often the discussion starts with students asking questions about what actually happened and “debating” some details. People are more comfortable discussing “facts” than feelings, so it’s best to allow this exchange for a brief period of time. After facts have been exchanged, you can try to shift the discussion toward sharing personal and emotional reactions.

### **Invite students to share emotional, personal responses.**

You might lead off by saying something like: “Often it is helpful to share your own emotional responses and hear how others are responding. It doesn’t change the reality, but it takes away the sense of loneliness that sometimes accompanies stressful events. I would be grateful for whatever you are willing to share.”

### **Respect each person’s dealing with the loss.**

Some will be more vocal or expressive than others with their feelings and thoughts. Everyone is affected differently and reacts differently.

### **Be prepared for blaming.**

When people are upset, they often look for someone to blame. Essentially, this is a displacement of anger. It is a way of coping. The idea is that if someone did something wrong, future tragedies can be avoided by doing things “right.” If the discussion gets “stuck” with blaming, it might be useful to say: “We have been focusing on our sense of anger and blame, and that’s not unusual. It might be useful to talk about our fears.”

### **It is normal for people to seek an “explanation” of why the tragedy occurred.**

By understanding, we seek to reassure ourselves that a similar event could be prevented in the future. You might comment that, as intellectual beings, we always seek to understand. It is very challenging to understand “unthinkable” events. By their very natures, tragedies are especially difficult to explain. Uncertainty is particularly distressing, but sometimes is inevitable. The faculty member is better off resisting the temptation to make meaning of the event. That is not one of your responsibilities and would not be helpful.

**Make contact with those students who appear to be reacting in unhealthy ways.**

Some examples include isolating themselves too much, using alcohol excessively, throwing themselves into academics or busy work in ways not characteristic of them, etc.

**Find ways of memorializing the loss, if appropriate.**

After the initial shock has worn off, it may be helpful to find a way of honoring and remembering the person in a way that is tangible and meaningful to the group.

**Make accommodations as needed, for you and for the students.**

Many who are directly affected by the tragedy may need temporary accommodations in their workload, in their living arrangements, in their own self-expectations. It is normal for people not to be able to function at their full capacity when trying to deal with an emotional situation. This is the time to be flexible.

**Thank students for sharing, and remind them of resources on campus.**

In ending the discussion, it is useful to comment that people cope in a variety of ways. If a student would benefit from a one-on-one discussion, you can encourage them to make use of campus resources. These include campus ministries, CA's, and Counseling and Student Development Center, Campus Life Building 200, (815) 753-1206, <http://www.niu.edu/csdc/>.

**Give yourself time to reflect.**

Remember that you have feelings, too, and thoughts about what occurred, and these thoughts and feelings should be taken seriously, not only for yourself, but also for the sake of the students with whom you may be trying to work. Some find it helpful to write down or talk out their feelings and thoughts.

**Come back to the feelings as a group at a later time.**

It is important to acknowledge the adjustments people have made. Just because everything seems to be back to normal does not mean that everyone has finished having feelings about the loss.

*Adapted and used by permission of Dr. Joan Whitney, Director, Villanova University Counseling Center*

## **Appendix I. In the Aftermath of Campus Tragedies: What Family Members Can Do**

As a parent, one of your most important concerns is the safety and well-being of your child. When a horrific act of violence happens, you may be wondering how you can help. College students will react differently. Some will seem to come through the experience unscathed. Later, some may begin to have delayed reactions. Others will react strongly from the start, even though they may have suffered little loss or any sense of threat. However, most students have normal and typical reactions to these abnormal circumstances.

*You can help your children by...*

### **Listening.**

It may be painful, but the best thing you can do for your student is to listen to them talk about the shooting. Talking and journaling are healthy and natural ways for young adults to work through their reactions.

### **Comforting.**

Feel free to hold and comfort your student more during this time. They are reaching out to you for security right now, and a little extra love and affection won't spoil them.

### **Reassuring.**

You can also reassure your student that they are now safe. Remind them that you and university staff members are taking precautions to protect them.

### **Not being over-protective.**

This may be the most difficult for you to do, but you must fight the temptation to over-protect your child. It may be very hard even to let them out of your sight, but it's important that they return to a regular routine as soon as possible.

### **Being a good example.**

Actions speak louder than words, and, by your actions you can set an example for your student on how to handle these reactions in a productive way.

### **Encouraging students to help.**

You may encourage your student to offer help to others. For example, they may want to volunteer their time to coordinate an event to raise awareness. They can receive more information on how to help by contacting the Student Involvement & Leadership Development office.

### **Seeking help if your children are suffering severe problems.**

If your student has had serious losses, such as the death of a loved one, they may need more help. Encourage your student to see a professional if they are having extreme reactions to the shooting, such as repeated nightmares, flashbacks, crying spells, behavior problems, and panic reactions.

Anne Stewart, Ph.D., Lennis Echterling, Ph.D.; James Madison University (Used with permission)

# **Appendix J: SAMPLE MUTUAL AID AGREEMENT**

## **FOR COUNSELING CENTERS OF PARTICIPATING OHIO COLLEGES AND UNIVERSITIES**

### *Overview*

Periodically, colleges and universities face the challenge of responding to large-scale crises or disasters (e.g., fires, traffic accidents, etc.) that result in the deaths and/or injuries of a number of their students. When a college or university experiences a large-scale crisis or disaster, the institution's counseling center may need to augment its resources to meet the mental health needs of its students. The following document outlines a protocol for colleges and universities to provide aid to one-another at such times. Specifically, this document describes a process for mobilizing and deploying the resources of counseling centers or other mental health practitioners at Ohio's colleges and universities. The purpose of this document is to establish a coordinated, timely and effective mental health response in the aftermath of disasters.

### *The Role of the Counseling Center in Providing Emergency Mental Health Services*

Counseling centers in Ohio's colleges and universities often serve as the focal point for attending to the psychological needs of university students. Whenever an emergency or a disaster should occur in which students are impacted, the counseling center staff may offer assistance that can include, but not be limited to, the following services:

- provision of immediate crisis services and/or debriefing to individuals who were most directly affected
- consultation with university faculty/staff and students' parents or guardians about how to assist students (while, of course, abiding by relevant privacy and confidentiality laws)
- participation in university discussions of overall crisis response efforts
- collaboration with the university's office of public relations in an effort to share information with representatives of the media
- follow-up consultations and/or psychoeducational programs for students who were impacted by the disaster
- follow-up individual or group counseling services

In providing such services, a university's counseling center staff may periodically need to augment its resources by soliciting the assistance of staff at other university counseling centers.

### *Disaster Response Procedures*

Depending upon the nature and scope of the disaster and the number of students impacted, the counseling center director (or his/her designee) may elect to augment the center's resources. Specifically, the director may decide to pursue assistance from staff at other counseling centers affiliated with Ohio's public universities.

*Soliciting assistance from other college or university counseling centers in Ohio.*

The following college and university counseling centers agree to receive requests for assistance should a large-scale crisis or disaster occur at another college or university in Ohio. Directors of these counseling centers are listed below, along with their contact information. Additionally, contact information is provided for another staff member in the event that the director cannot be reached.

- 1.
- 2.
- 3.

Following a disaster or large-scale crisis, a college or university counseling center director may elect to pursue assistance from one or more of the above centers. At the institution where the disaster has occurred, the counseling center director shall make decisions about which types of mental health services need to be rendered, which other counseling centers may be contacted, and whether it is appropriate or necessary to continue the services being provided by staff from other colleges and universities. As a general rule, the counseling center director will limit the number of colleges or universities he/she contacts in an effort to be respectful of other counseling centers' resources and to make the most efficient use of the volunteers available. Geographic proximity shall be a major consideration in determining which colleges or universities are contacted.

In turn, counseling center directors who are contacted shall, if circumstances permit, confer with their immediate supervisors before making decisions about their staff availability and the level of assistance available, if any. Center directors that choose to lend assistance (as well as those requesting such assistance) are aware of the following:

- The director shall confer with his/her center staff to determine which staff might be available to provide assistance.
- Staff members from their centers shall continue their employment with their home institutions, inclusive of salary and benefits, for the duration of time that they provide disaster response services (and shall not be required to use personal or vacation time for providing such services). These visiting staff members shall be considered to be acting within the scope of their job responsibilities (thus, entitling them to retain liability coverage).
- Visiting staff shall not be accorded financial remuneration from the requesting center for services provided or for expenses incurred. However, the host institution may afford or arrange for meals and lodging to visiting staff provided that the nature and extent of the meals and lodging is reported to the sending institution.
- Visiting staff members who provide counseling, psychotherapy, or other services that entail access to confidential information (i.e., protected health information) will act with due diligence to protect the privacy of such information. (In such instances, it is agreed that the counseling center director who has requested assistance and the director who has responded shall cooperate to establish the

types of authorization forms or business associate agreements that may need to be completed.)

- The counseling center directors listed above agree that any documentation of formal assessment or psychotherapy shall be forwarded to the host institution for inclusion in the student's confidential counseling center records and that all federal and state statutory and regulatory requirements as to patient and client privacy be maintained.
- In the event that a visiting staff member must depart the host institution while providing counseling assistance to a patient or client at the host institution and the patient or client requires continued assistance, the host institution shall provide continued assistance to the patient or client after the visiting staff member's departure. In such instances, counseling staff will apprise the patient or client of the need to transfer services and, where feasible and appropriate, will explore various treatment options with the student.
- In no event shall the college or university employees herein called upon and rendering such assistance, be liable in damages to any other party hereto, or to contractual obligees for failure to render assistance, for lack of speed in rendering assistance, for any inadequacy or negligence in providing assistance or for any cause whatsoever arising out of the rendering of assistance pursuant to this Agreement.
- The college or university issuing such call shall not be liable in damages for loss of equipment or personnel or personal injuries suffered by the visiting staff members providing emergency assistance.
- Counselors rendering services pursuant to this Agreement shall be deemed to be acting within the scope and course of their employment responsibilities and are entitled, to the greatest extent permitted by law, to the rights and immunities provided by Ohio law, including but not limited to Sections 9.85 through 9.87 of the Ohio Revised Code.

\*Drafted by the Bowling Green State University Counseling Center and General Counsel's Office, with input from the General Counsel's Offices and Counseling Centers of the University of Toledo, Miami University of Ohio, and The Ohio State University.

# Appendix K: SAMPLE PROTOCOL FOR MOBILIZING CAMPUS PFA PROVIDERS

## GUIDELINES FOR MOBILIZING MENTAL HEALTH RESOURCES EMERGENCY RESPONSE PROTOCOL COUNSELING CENTER DIVISION OF STUDENT AFFAIRS BOWLING GREEN STATE UNIVERSITY

### *Overview*

This document outlines a protocol for mobilizing and deploying mental health resources in the aftermath of emergencies, crises, or disasters that involve BGSU students. The purpose is to ensure a coordinated, timely and effective response should an emergency or disaster occur at BGSU.\*

### *The Role of the BGSU Counseling Center in Providing Emergency Mental Health Services*

The BGSU Counseling Center is accorded primary responsibility for attending to the psychological needs of university students. Whenever an emergency or a disaster should occur in which students are impacted, the Counseling Center staff may offer assistance that can include, but not be limited to, the following services:

- provision of immediate crisis services and/or debriefing to individuals who were most directly affected
- consultation with University faculty and staff about how to assist students
- participation in University discussions of overall crisis response efforts
- collaboration with the Office of Marketing and Communication in an effort to share information with representatives of the media
- follow-up consultations and/or psychoeducational programs for students who were impacted by the disaster
- follow-up individual or group counseling services

\*NOTE: A variety of other protocols pertaining to the Counseling Center and the University can be found in the Center's Staff Manual. Such protocols outline safety procedures to be followed in the event that Counseling Center staff or students are at risk of physical harm (e.g., these protocols outline what to do when interacting with a potentially dangerous visitor to the Center, how to respond to tornado warnings, etc.).

In providing such services, the Center staff may need to augment its resources by soliciting the assistance of other units (from the campus or the broader community) that provide mental health or related services.

### *Emergency Response Procedures*

When a crisis or emergency occurs during the Counseling Center's regular office hours and involves a single student, the Center's on-call counselor typically assumes

responsibility for responding. (Such response entails the provision of consultation, counseling, and/or referral services over the phone or in-person. Consultation services may be provided to either the student or to others who are attempting to help the student.) The on-call counselor has the prerogative to seek assistance from colleagues in the Counseling Center whenever he/she deems it necessary. (In cases of potential psychiatric hospitalization, the on-call counselor will typically work with center staff to secure the assistance of a pre-screener from Behavioral Connections. Campus police may also be contacted in instances in which a student poses a danger to self or others [or in cases in which transportation to a hospital is required but other safe travel arrangements cannot be made].) Outside of regular office hours, individual students experiencing crises are generally encouraged to utilize the Link Crisis Hotline.

Following the occurrence of a disaster or large-scale emergency (i.e., an emergency impacting many students), the Counseling Center Director shall confer with available members of the Center's administrative leadership team or executive committee.\* Through such consultation, the Director and staff shall make decisions about the nature and range of crisis services that are needed and the potential resources that may be mobilized. (In the absence of the Director, the Associate or Assistant Director shall take the lead role in such discussions.) In collaboration with other University staff (e.g., higher administration, representatives from the University's Crisis Response Committee, etc.), the Counseling Center staff shall also determine where and when personnel should be deployed to address the mental health needs of students.

Depending upon the nature and scope of the disaster and the number of students impacted, the Counseling Center staff may elect to augment the Center's resources. Specifically, the staff may decide to pursue assistance from other individuals or units either within or outside of the University community who provide mental health services.

\* NOTE: In accordance with the official protocol for the Division of Student Affairs, the Office of Student Life would typically contact the Counseling Center to provide notification of the occurrence of a disaster or large-scale emergency. (Generally, the Dean or Associate Dean of Students would contact the Counseling Center Director. The Dean may also elect to convene a meeting of the Division's Crisis Response Team.) Such a contact may occur at any time day or night.

*Soliciting assistance from members of the University community.* Within the University, staff and faculty in the following specific units provide mental health or related services: The Clinical Psychology Program, the Psychological Services Center, the Student Health Service (including the Wellness Connection), the Rehabilitation Counseling program, the Mental Health and School Counseling program, the University's Employee Assistance Program, the Social Work Department, and campus ministries.

The administrative leaders (i.e., chairs, program heads, directors or training directors) of these respective units have agreed to join the "BGSU Emergency Mental Health Services Network" and may be contacted by the Counseling Center Director (or his/her representative) in times of large-scale crises. These individuals are listed below, along with the names of their unit and their contact information. Additionally, contact information is provided for another staff member in the event that the primary representative cannot be reached.

- 1.
- 2.
- 3....

Following a disaster or large-scale crisis, the Counseling Center staff may elect to pursue assistance from one or more of the above units. The Counseling Center staff reserves the right to make decisions about which units to contact. (As a general rule, the Counseling Center staff will limit the number of units it contacts in an effort to be respectful of University resources and to avoid problems associated with securing too many volunteers.) In turn, those units which are contacted have the right to decide whether their staff is in a position to lend assistance and, if so, what level of assistance they are able to provide. Finally, all units retain the right to respond to campus crises in ways that they perceive as customary for their respective area (e.g., campus ministers may choose to hold a prayer vigil or memorial service regardless of whether they have been contacted by Counseling Center staff, counselors in the Psychological Services Center may elect to render clinical services to traumatized students who contact their office, etc.). Following disasters or large-scale crises, unit representatives are asked to inform the Counseling Center Director of decisions to provide such services or programs. (Such communication will help in coordinating and disseminating information as well as avoiding the duplication of services.)

Depending upon the nature and scope of a given disaster, the Counseling Center Director (or his/her representative) may elect to convene a meeting of all of the primary unit representatives listed above (i.e., all members of the Emergency Mental Health Services Network); such a meeting would allow for representatives to jointly discuss the mobilization of mental health resources. The Director may also confer with these representatives about options for arranging debriefing opportunities for their staffs.

Beyond involving University personnel with qualifications in mental health (or related fields), the Counseling Center may solicit assistance from others who are in a position to support traumatized students--e.g., staff in Residence Life, Student Life, Disability Services, etc.

*Soliciting assistance from parties outside of the University.* If additional personnel are needed beyond what can be mobilized at BGSU, the Counseling Center staff may seek assistance from individuals or agencies outside of the University. (For instance, the Center may solicit assistance from community mental health agencies and from other colleges and universities in the region.) Working with the General Counsel's Office and/or the Office of Risk Management, the Counseling Center staff intends to explore opportunities for establishing written memoranda of understanding (i.e., MOU's) with such external entities.

*Responding to the psychological needs of faculty, staff, and community members.* As noted earlier, the Counseling Center is accorded primary responsibility for attending to the psychological needs of BGSU's students (not its faculty or staff). Should faculty, staff, or community members personally experience psychological crisis, the Counseling Center staff would typically provide consultation and refer the impacted individual(s) to appropriate resources--e.g., the Employee Assistance Program and/or community

resources. The Counseling Center's level of involvement in facilitating any such referral would depend upon the specific circumstances that exist (e.g., if a faculty, staff or community member posed an immediate danger to self or others or exhibited substantial distress, the Center staff would play a more direct, active role in facilitating the referral). In addition to the services described above, the Counseling Center staff occasionally provides limited psycho-educational programming to the broader campus community.

Following any crisis or emergency involving a non-student, the Counseling Center staff would be available to confer with University higher administration about options for addressing the individual's psychological needs and/or appropriate systemic responses. Additionally, under most circumstances, the Center staff would volunteer to assist other campus employees and/or mental health professionals in responding to large-scale disasters.

### ***Reviewing and Updating the Protocol***

On an annual basis, the Counseling Center Director will make efforts to communicate with all members of the Emergency Mental Health Services Network. The purpose of such communication will be to review this protocol, update contact information, and discuss relevant issues pertaining to disaster response (as necessary). Such consultation may also be helpful in identifying specific training needs and opportunities for various unit staffs.