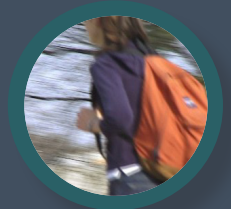




A PSYCHOLOGICAL FIRST AID GUIDE

for Ohio Colleges and Universities

Supporting Students, Faculty and Staff
after a Crisis or Other Emergency



A PSYCHOLOGICAL FIRST AID GUIDE

for Ohio Colleges and Universities

Supporting Students, Faculty and Staff after a Crisis or Other Emergency

Developed and distributed by the



in collaboration with
Ohio Board of Regents
University Linkages Committee

Contents Adapted from:
Psychological First Aid Field Operations Guide
National Child Traumatic Stress Network
National Center for Post Traumatic Stress Disorder (PTSD)

TABLE OF CONTENTS

<i>Acknowledgments</i>	i
<i>Foreward</i>	ii
<i>Preface</i>	iii
Introduction and Overview	1
Preparing to Deliver Psychological First Aid	9
Core Actions	11
1. Contact and Engagement	11
2. Safety and Comfort	13
What to Do and What Not to Say	19
3. Stabilizing Emotions	25
4. Gathering Information	28
5. Practical Assistance	33
6. Connecting with Social Supports	35
7. Information on Coping	38
8. Linking with Collaborative Services	46
<i>Appendices List</i>	49
Appendix A: Basic Overview of Psychological First Aid (PFA)	50
Appendix B: Service Delivery Sites and Settings for Psychological First Aid	53
Appendix C: Self-care Tips for Psychological First Aid Providers	56
Appendix D: Provider Worksheets	
Current Needs and Assessments.....	63
Psychological First Aid Support Checklist	65
Connecting with Others Following a Crisis	67
Providing Social Support.....	69
What to Do When Terrible Things Happen	71
Tips for Adult Psychological First Aid Providers Following a Disaster	73

Appendix E: Handouts for Survivors	75
Tips for Helping Adult Survivors Following a Disaster	76
Relaxation Tips to Offer Adults and Children Following a Disaster	78
Helping Survivors Deal with Alcohol, Medication and Drug Abuse Following a Disaster	79
Preventing Suicide: Knowing the Signs and Symptoms	80
What Family Members Can Do in the Aftermath of Campus Tragedies	81
Dealing with the Aftermath of Tragedy in the Classroom (For Faculty)	82
 Appendix F: Sample Mutual Agreement for Mobilizing and Deploying Counseling Center Resources Between Participating Ohio Colleges And Universities*	84
 Appendix G: Sample Agreement for Emergency Response Protocols for Mobilizing On-Campus Mental Health Resources	87
 Appendix H: Handouts for Assisting Children and Adolescents	91
Providing Psychological First Aid to Children and Adolescents	93
Core Actions of Psychological First Aid for Children and Adolescents	94
Tips for Parents: Help Infants and Toddlers Following a Disaster	105
Tips for Parents: Helping Preschool-Age Children Following a Disaster	111
Tips for Parents: Helping School-Aged Children Following a Disaster	114
Tips For Parents: Helping Adolescents Following a Disaster	117

ACKNOWLEDGEMENTS

This guide, *A Psychological First Aid Guide for Ohio Colleges and Universities: Supporting Students, Faculty and Staff after a Crisis or Other Emergency*, is the result of a series of meetings and collaborations between representatives of the Ohio Department of Mental Health (ODMH) University Linkages Committee, the Ohio Board of Regents, and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). It is modeled after the 2006 *Psychological First Aid Guide* originally developed by the National Child Traumatic Stress Network and the National Center for Post Traumatic Stress Disorder. The principal authors of that first guide were Melissa Brymer, Anne Jacobs, Chris Layne, Robert Pynoos, Josef Ruzek, Alan Steinberg, Eric Vernberg, Patricia Watson and Bruce Young.

During 2009, Joseph Hill, Chief of ODMH's Office of Community Supports and Emergency Preparedness, convened the University Linkages Committee to coordinate the development of a psychological first aid guide for colleges and universities. Committee members included Rick Amweg, Natalie Bonfine, Roger Buck, Deborah Chambers, Dushka Crane-Ross, Carolyn Givens, Robin Gurwitch, Elizabeth Henrich, Anne Lombardi, Mark Lewis, John Nestor, Betty Pfefferbaum, Bounthanh Phommasathit, Mark Querry, Jim Rogers, Joyce Starr, Craig Vickio, Kris Washington and Carol Yoken. Special reviewers of this document were Melissa Brymmer and Russell Jones. Other contributors were Jill Car, Daniel Issen, Rebecca Conrad Davenport, Catherine Kocarek and Arena Mueller. The 2009 guide was made possible with funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS).

In 2012, Hill began to revise the 2009 version of the guide and gave it a new title, *A Psychological First Aid Guide for Ohio Colleges and Universities: Supporting Students, Faculty and Staff after a Crisis or Other Emergency*. This project was supported by ODMH Director Tracy Plouck, Medical Director Mark Hurst, M.D., and Deputy Director of Program and Policy Development Deborah Nixon-Hughes, as well as Public Affairs Deputy Director Melissa Craddock, Communications Director Trudy Sharp, Public Information Officer Ashley Gonzalez, Research and Evaluation Chief Kraig Knudsen and Publications Specialist Shirley Bowen. On July 1, 2013, ODMH consolidated with the Ohio Department of Alcohol and Drug Addiction Services to become the Ohio Department of Mental Health and Addiction Services. The views, opinions and content presented in this guide are those of the authors, and do not necessarily reflect those of SAMHSA or HHS.

*NOTE: Practices and protocols associated with Bowling Green State University are specifically referenced in Appendices J and K. Also, the 2006, *Psychological First Aid: Field Operations Guide*, (2nd Ed.) (2006) can be downloaded from the National Child Traumatic Stress Network website at www.nctsn.org.

FOREWORD

No one likes to think about disasters occurring. Despite this, crises due to natural and man-made disasters affect Ohioans every year. No person or region in our state is immune from experiencing the trauma associated with these events, including our schools, colleges and universities. When severe weather events, accidents and even criminal acts occur on our campuses, it strikes everyone's sense of safety, and profoundly affects students, faculty and other staff. When such tragedies occur, Ohioans invariably rally to provide assistance and support to those in need.

The 2013 *Psychological First Aid Guide* serves as a useful and practical tool to guide us in assisting others who are experiencing the effects of a traumatic event. I encourage you to familiarize yourself with this guide to be prepared if such a tragedy affects your area. While it was developed primarily for colleges and universities, it is very appropriate for other settings as well. Clearly, traumatic events are not welcome, but in the event that one occurs, it is important to be prepared. This guide can be a helpful resource to respond in a competent and caring manner.

Thank you for your commitment to the safety and well-being of students, teachers and others who have experienced a traumatic event.

Mark Hurst, MD
Medical Director
Ohio Department of Mental Health & Addiction Services

PREFACE

The 2013 *Psychological First Aid Guide for Ohio Colleges and Universities* is a resource of interventions designed to assist students, faculty and staff in the event that they may experience natural disasters or acts of violence. The Ohio Department of Mental Health & Addiction Services (OhioMHAS) continues to collaborate with university and campus leaders throughout the state to improve system-wide capacities to meet the behavioral health care needs of all who may be affected by or who desire to assist others troubled by a campus emergency or disaster event. For those who choose to provide psychological first aid (PFA), the guide includes removable worksheets and handouts that list important things to consider when providing support and assistance in a campus environment. The worksheets and handouts cover various issues including PFA core actions, a checklist of services, tips for self-care and relaxation, as well as individual tip sheets for adults and families and pre-school, school-age and adolescent children and youth.

As a national leader in the delivery of behavioral health care services, OhioMHAS has built community-based systems of care that promote recovery and the efficient use of resources. Clinicians trained as behavioral health responders form a natural talent pool of crisis counselors. PFA education and training is vital to enhance and expand our capacity to offer appropriate interventions when responding to emergencies that might adversely impact college and university campus environments.

This *Psychological First Aid Guide* provides an evidence-based approach to effective interventions that will address the immediate needs of college and university students and other personnel. OhioMHAS hopes that you will find the guide helpful in the immediate aftermath of traumatic events and other community emergencies.

Joseph W. Hill, MSEd

Chief, Bureau of Special Populations and Emergency Preparedness
Ohio Department of Mental Health & Addiction Services



INTRODUCTION AND OVERVIEW

PSYCHOLOGICAL FIRST AID — WHAT IS IT?

Psychological First Aid is a supportive intervention for the immediate aftermath of traumatic events or large-scale crises. It is an evidence-informed¹ 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 (e.g., 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.

THE PURPOSE OF THE GUIDE

This guide describes how to optimally address the basic psychological needs of a campus community in the aftermath of a large-scale crisis or traumatic event. As will be evident in the forthcoming pages, attending to a campus' psychological needs is the responsibility of everyone—including faculty, staff and students.

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.

¹Psychological First Aid is described by disaster mental health experts as “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 such as those associated with the [National Child Traumatic Stress Network](#), 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

Traumatic events have the power to impact not only those people at the immediate scene of the event but also those who may be far away. When a traumatic event occurs, it can create a rippling effect that can traumatize others beyond the community where the event happened. A person can be significantly affected by a traumatic event under any of the following conditions:

- A. **Direct experience** — One can be traumatized when he/she *directly experiences* a crisis event such as a serious injury to self due to a physical attack, sexual assault, accidental injury or witnesses death or a serious injury of a family member, loved one, college roommate, professor/instructor, or close friend.
- B. **Indirect experience** — One can be traumatized when he/she is *indirectly exposed* to a crisis incident and/or scene, and though not personally injured or directly involved in the event, one might suffer when a college roommate, friend or professor has died, was injured or is missing following a crisis event.
- C. **Tragedy befalls someone known** — One can *experience grief* with the loss or injury of a fellow student, faculty or other staff member with whom they have had contact or a limited relationship. One might also be affected by 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. **Tragedy befalls someone unknown** — One can be *traumatized by grief due to the death and/or injury of someone unknown* but to whom one feels some form of attachment. One might see the destruction of property and you have some awareness or feel some connection with the victims. Examples: 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. **Identifies with Traumatized Group** — One can belong to a group that *identifies with the victim* group, or be aware of the circumstances of the crisis event, but have no direct connection to the victims.

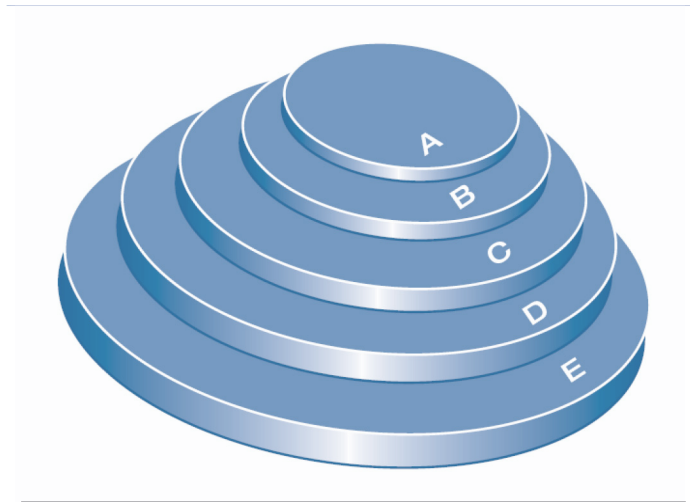


Figure created by Deborah J. DeWolfe

Figure 1: Population Exposure Model*

SHOULD PSYCHOLOGICAL FIRST AID BE USED AT COLLEGES AND UNIVERSITIES?

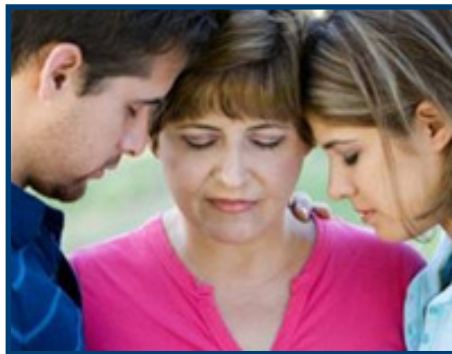
The interventions of Psychological First Aid are appropriate for use with any population exposed to traumatic events -- including members of college or university communities. Psychological First Aid can also be provided to first responders, including law enforcement* and other disaster relief workers.

WHO SHOULD DELIVER PSYCHOLOGICAL FIRST AID?

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 shelters. Psychological First Aid can also be provided by telephone and through the use of crisis hotlines and phone banks as necessary. Use of social media, text messaging and specially designed web sites are also important and viable options.



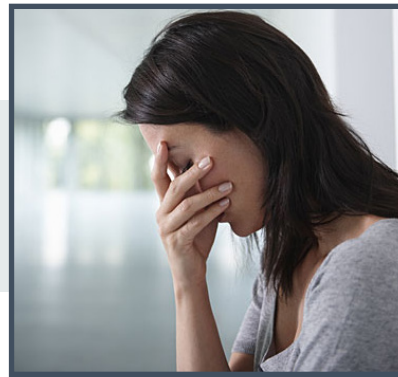
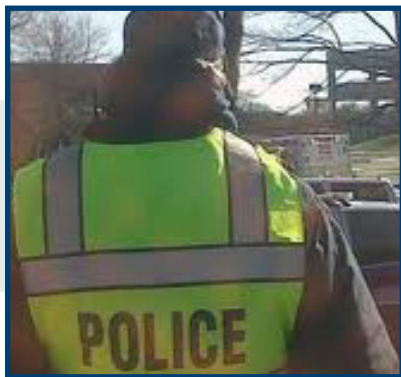
*The National Child Traumatic Stress Network offers a six-hour interactive online course about Psychological First Aid (PFA). Participants are put in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA-Online also offers a Learning Community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training. Funded by SAMHSA, NCPTSD, NACCHO, and HHS Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, this activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of CME Consultants and Semel Institute at UCLA. CME Consultants is accredited by IMQ/CMA to provide continuing medical education for physicians. CME Consultants takes responsibility for the content, quality and scientific integrity of this CME activity. CME Consultants designate this educational activity for a maximum of 6.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education. For more information about CE credits through the National Association of Social Workers, American Psychological Association, California Board of Behavioral Sciences, and the Board of Registered Nursing, you can register at <http://learn.nctsn.org/>

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 during 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 to social support networks as soon as possible. This includes 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 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 (e.g., food, water, blankets).
- ◆ Keep in mind that your main goals are to provide a caring presence and help to 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 concerns or requests for assistance.
- ◆ Speak calmly. Be patient, responsive and sensitive.
- ◆ Speak slowly, in simple terms do not use acronyms or jargon.
- ◆ If an individual wants to talk, be prepared to listen. When you listen, focus on hearing what it is he or she wants you to understand.
- ◆ Acknowledge the positive steps that the individual has taken to keep safe.
- ◆ Provide information that directly addresses the individual's immediate goals and clarify your message as needed.
- ◆ Provide 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 needs and promote adaptive functioning. It is not to elicit details of traumatic experiences and losses.

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 experience trauma in different ways.
- ◆ **Do not pathologize.** Most 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. Often, the fact that you are 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 and after the traumatic event.
- ◆ Do not attempt to conduct group or individual therapy activities that may be particularly tempting for responders who are mental health professionals.
- ◆ Do not ask 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 level. Show that you respect their feelings, concerns and questions.
- ◆ In times of major crisis, many students will wish to connect with family members, other loved ones or friends who may live far away. They may want to make phone calls, use other technology (e.g., Facebook, Twitter, text-messaging), or travel to see family or friends.
- ◆ When possible, assist students in making feasible choices, contacts and actions.
- ◆ Provide students with opportunities to support one another. Many students who have not been directly impacted by a traumatic event may wish to offer their assistance to peers who have.
- ◆ Offer practical assistance to meet students’ basic needs (e.g., helping them get to a safe location and/or providing food and beverages).
- ◆ Consider creative ways of providing students with sources of comfort, such as bringing “therapy dogs” to campus.
- ◆ Provide students opportunities to be active as a way to counteract feelings 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.
- ◆ Ensure students are 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 let students know of their right to not respond to such requests.

Working with Students' Families

- ◆ Facilitate contact between families and students.
- ◆ When appropriate, assure families w of their students' safety.
- ◆ Help guide families in how to best support their student. (For more information, please refer to the handout in Appendix I 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 a family has been notified of a student's injury or death, assign one person to be the communication link between the PFA 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 one or more families want to come to campus or the hospital, the PFA provider may meet with families 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, and other possible needs.
- ◆ Assist families in identifying and accessing appropriate university officials for specific needs.
- ◆ In the case of a student death, the assigned PFA provider may attend the visitation and/or funeral service.
- ◆ For seriously injured or deceased students, the PFA provider may offer to arrange packing and shipping of 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 three months after the incident.

Working with Faculty and Staff

- ◆ Many of the guidelines for working with students also apply to faculty and staff. Provide assistance by listening to their concerns, answering questions and offering support.
- ◆ Emphasize the importance of following procedures specified in the college's emergency response plans, and ensure 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 with this person 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 about 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 more 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 the 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 bulletproof vests, helmets or other tactical equipment. Remember the area may be a crime scene, and law enforcement may restrict 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 refreshments and have the opportunity to decompress and debrief.
- ◆ Encourage first responders to be mindful of and attend to their personal needs.

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.
- ◆ Try to provide assistance where there is little noise or other distractions.
- ◆ Address a person directly rather than their caretaker unless it is difficult to communicate with the individual directly.
- ◆ 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 person who is deaf or hearing impaired, face the person when speaking, offer to write down information and speak normally without exaggerating mouth movements. Speak louder only if the person asks that you do.
- ◆ Keep essential aids (e.g., medications, oxygen tank, respirator equipment, wheelchair and therapeutic animal) with the person.



PREPARING TO DELIVER PSYCHOLOGICAL FIRST AID

The Psychological First Aid (PFA) 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 PFA Providers work 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 do not have a counseling center, this responsibility is likely to be assumed by the Dean of Students or higher-level administrator 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 located. 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 PFA Providers can be easily identified, such as having them wear a colored arm band or name tag. PFA Providers must pay attention to the ways 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, such as, in a residence hall lounge or classroom. When meeting with groups of students, faculty, or staff keep the following 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 cues from others. 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 when they are still dealing with what has happened.

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 or spiritual affiliation, race, sexual orientation and disability status. Whether providing outreach or other 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 re-establish 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.

BE AWARE OF AT-RISK POPULATIONS

Individuals who are at special risk after a traumatic event include people:

- ◆ who have been injured
- ◆ with serious mental illness
- ◆ with physical disabilities or illness
- ◆ who may be more prone to take risks
- ◆ with substance abuse issues
- ◆ who are pregnant
- ◆ with babies and small children (see Appendix F)
- ◆ who lack a support network and feel socially isolated
- ◆ with significant loss of possessions
- ◆ exposed first-hand to grotesque scenes or a threat to their safety
- ◆ who have already been dealing with significant stress
- ◆ who have previously experienced other disasters

Also remember that emergency response personnel are also at heightened risk following the event.

CORE ACTIONS

“Core Actions” are those steps that should be taken by individuals providing Psychological First Aid (PFA). When a crisis event occurs, the following “core actions” can serve as a useful guide to enable PFA Providers to meet the specific needs and concerns of an individual after a crisis or emergency

1. Contact and Engagement

Goal: To initiate contact with individuals who have experienced a traumatic event in ways that are non-intrusive, compassionate and helpful.

The *first contact* you have with a person who has experienced a crisis or traumatic event is *important*. If managed respectfully and compassionately, you can establish an effective, helpful relationship and increase the person’s receptiveness to accepting further help. *Your first priority should be to respond to individuals who seek you out*. If a number of people approach you at the same time, 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 these individuals, 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 a person to feel some degree of safety, confidence, and trust. If your help is initially declined, respect the decision and tell him or her when and where they might find a PFA provider at a later time.

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 another person and how acceptable physical contact is, 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, not looking directly at someone is 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. First, 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 American and non-American cultures, including potential conflicts between them.
- 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. Address college administrators, faculty and staff by their title and last names (e.g., Ms., Dr., etc.) unless given permission to do otherwise. 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 have 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 OK if I talk to you for a few minutes? May I ask your name? (Person’s name), before we talk, is there something that I can do right now that can help you, such as offer you 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 normally represents a media outlet, you should forego expectations of the media culture and 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 the 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 your concerns 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 too 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 or other dangers.
- ◆ 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 here 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 needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- ◆ Inquire about current need for medication. 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 the individual
- ◆ What is currently known about the event
- ◆ Available services and/or resources
- ◆ Common stress reactions
- ◆ Self-care, family care and coping

Usually you will focus on one individual at a time and customize a follow-up plan for the individual. When providing information:

- ◆ Use your judgment about when and whether 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 the person if he or she has any special needs that 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, avoid guessing or inventing information 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 these items will be available. However, do address safety concerns based on your understanding of the current situation. **For example:**

<p>You may say to a student:</p>	<p>“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?”</p>
<p>You may say to a faculty/staff member</p>	<p>“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 safety?”</p>
<p>You may say to a family member of a student</p>	<p>“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?”</p>

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. To reduce feelings of helplessness or dependency, encourage individuals to participate in obtaining anything they need (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 elders or persons with disabilities, be mindful of:

Health problems	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	Physical disabilities that may involve limited or a lack of mobility and require wheelchairs, walkers, canes, crutches or a helpful arm. (A person who has not needed a wheelchair before the event may need one now).
Sensory losses:	<ul style="list-style-type: none">◆ 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.
Surroundings	Unfamiliar or over-stimulating surroundings.
Noise	Noise that can limit hearing and interfere with hearing devices.
Restrooms and food	Limited access to bathroom facilities or mass eating areas, long lines.
Animals	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 EXPERIENCING DISTRESS OVER SEPARATION FROM FAMILIES

Parents and other family members play a crucial role in many students' sense of safety and security. For these 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 PFA 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 (such as, via cell phones or text messaging). However, it is important to note that some of these communication devices may not function immediately following a large-scale crisis. In such cases, the PFA provider may be asked to identify creative, alternative ways of helping traumatized individuals connect with their loved ones or obtain 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 as a result of death or guilt due to being on leave at the time of the crisis event 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 to see 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 compel them to talk. **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 PFA provider can:

- ◆ Discuss how each individual will have his or her own special set of reactions. Particular ways of coping may be more likely to promote long-term healthy functioning, whereas other coping strategies, such as using alcohol to cope, may be problematic. However, **there is no “correct” way to grieve.** Factors that will likely influence how one grieves might include one's personality, the relationship he/she had with the deceased or the circumstances surrounding the death among other factors. There is also 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 members and friends how culture or religious and spiritual beliefs influence the ways people grieve.

If one grieving person questions the validity of another person's manner of grieving, the PFA provider might 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.”

The PFA provider should provide information to members of the campus community about reactions they might experience following a traumatic event or large-scale crisis. Refer to the handout titled **“When Terrible Things Happen”** to review a list of: 1) common reactions to a traumatic event or disaster and of ways of coping. For example, 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 lessen and disappear 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; ensuring that you are getting enough sleep, eating nutritious food and engaging in exercise; prioritizing what to do with lists and expressing your emotions by talking, writing, drawing or other creative means. Find out what people or agencies can assist you with practical needs -- such as 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 coping.”

What to Do and What Not to Say When Providing Psychological First Aid

Individuals or groups who have experienced a traumatic event or large-scale crisis will benefit from your support when you do and say the right things.

Do these things:

- ✓ 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 grief counselor in the community.
- ✓ Tell them that their university's counseling center can refer them to appropriate services.

Don't say these things:

- 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 try to get over this.
- You should be glad he passed quickly.
- That which doesn't kill, makes us stronger.
- You'll feel better soon.
- 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.
- 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.

Culture Alert:

Beliefs and attitudes about death, funerals and expressions of grief are strongly influenced by family, culture, religious and spiritual 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 faith-based groups, beliefs 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 PFA 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

PFA Providers should become familiar with staff from campus ministry and other clergy who may be on-site. Individual providers should also obtain contact information for clergy of local faith-based organizations 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 or spiritual practices. It is not necessary for the PFA provider to share these beliefs in order to be supportive. Often, simply listening and attending is all that is required. PFA Providers should keep the following in mind:

- ◆ 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 the person to clergy of his or her choice.
- ◆ Do not contradict or try to “correct” what a person says about his/her religious or spiritual beliefs, even if you disagree and think that it may be causing them distress.
- ◆ Do not try to answer questions like, “Why was this allowed to happen?” These questions generally represent expressions of emotion rather than real requests for an answer.
- ◆ Ask if any individual would like to see a staff person from the campus ministry or a clergy of their faith.
- ◆ Many students, faculty and staff rely on religious or spiritual objects such as prayer beads, statues, sacred texts or items that may have been lost or left behind following the traumatic event. Locating such objects can help to increase a sense of security and control. Staff from the campus ministry or local clergy can often help provide religious or spiritual items.
- ◆ Individuals may want to pray alone or in a group. You may be able to help by finding a suitable place for them to do so. For people of certain religions, 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. Consider 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 permitted.
- ◆ 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 or faith has specific practices around death, particularly in regard to the care of deceased human bodies. These issues may be especially complicated when the body is not recovered. Ask individuals about their 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 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 contributing to significant distress, guilt or functional impairment, you can ask if they would like a referral to a staff person from campus ministry or other clergy.

Provider Alert:

Oftentimes following traumatic events, well-meaning people seek out individuals who were impacted by a traumatic crisis to proclaim their own religious or spiritual 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 PFA 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 could 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.
- ◆ Retreating from close relationships with others.
- ◆ Avoidance of usual activities, such as attending particular classes or visiting certain campus buildings, because they are reminders of the traumatic death.

These reactions can change the mourning process, 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 such matters 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 may have to 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; they want to know that you are trying to understand how they feel (empathy).

To help support individuals in dealing with a 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 and staff from campus ministry or other clergy. Such support may involve not only face-to-face contacts, but also connections with people located elsewhere through telephone calls or instant messaging to family, friends and loved ones.
- ◆ Try to work with individuals or identifiable subsets of the campus community, such as, students living on the same floor of a residence hall or 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 PFA provider present.

Inform college students that it is normal to feel stressful after experiencing a crisis event. PFA Providers may find it helpful to caution students against resorting to risky behaviors to lessen feelings of stress. Rather, encourage students to seek help if they feel overwhelmed. Let them know that by following sensationalized media coverage one can experience heightened feelings of anxiety, anger, helplessness, or frustration. Expressions of any suicidal thought should be taken seriously, and appropriate specialized assistance should immediately be sought. Also, take expressions of revenge seriously, and 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 PFA 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 he or she will 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 Emotions

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. PFA providers must watch for 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 such as shaking or 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 the following:

- ◆ Is the person alone? If so, enlist others (roommates, friends, colleagues and/or family) to help comfort 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) or 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 be perceived as 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.
- ◆ 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 near the distressed person 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 such as, going for a walk, breathing deeply or practicing muscle relaxation techniques.
- ◆ Staying busy can help people recover their equilibrium.
- ◆ Friends and family are often very important sources of support for calming.

If the person appears extremely agitated, shows rushed 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 is located 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.)

Things to do to facilitate “Grounding:”

- ◆ *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.*
- ◆ *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.*
- ◆ *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 PFA 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 or 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 his or her self or others.

The PFA provider should be mindful that:

- ◆ Exposure to a traumatic event may worsen pre-existing conditions, e.g., schizophrenia, depression, anxiety or pre-existing Post Traumatic Stress Disorder (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; and
- ◆ 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 enhance immediate and ongoing safety and provide physical and emotional comfort.

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 the time one is engaged in Psychological First Aid. Remember that your ability to gather information will be limited by the time, an individual's needs, agreed upon priorities as well as 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 “**PFA 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 in order to be clearer about how you can best help an individual in need. Consider the following the following topics:

Nature and Severity of Experiences during the Traumatic Event

Individuals who experienced a direct threat to life, suffered injury or witnessed the 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, such as 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 such concerns, help with obtaining information about safety and protection.

Consider asking 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?"*

Separation 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 previously addressed, obtain information by asking 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)

For those individuals who have experienced extensive material losses or suffered extensive adversities as a result of the traumatic event, their recovery may be complicated with feelings of depression, demoralization and hopelessness. Direct your efforts to provide emotional comfort to those with losses. Link them to available resources on the campus and in the 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 is one missing?”*
- ◆ *“Did you 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 him or her self or others. Sometimes situations like these can be very overwhelming.

To explore these thoughts and feelings, ask questions like:

- ◆ *“Have you had any thoughts about harming yourself or ending your life?”*
- ◆ *“Have you had any thoughts about harming someone else?”*

For those individuals who admit to such thoughts, get medical or mental health assistance **immediately**. If the individual is at imminent risk of hurting self or others, stay with him or her until appropriate personnel arrives on the scene and can manage of the individual.

Availability of Social Supports

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 supports, 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.

Prior Alcohol or Drug Use

Exposure to trauma can increase substance use, cause relapse of past substance abuse, or lead to new abuse.

Obtain 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.

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 questions. You might say, “Sometimes events like this can remind people of previous hard times ...” or “Sometimes people increase their drinking after something like this happens ...”.

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, share information about coping and social support on campus or in the community, and offer a follow-up meeting. Sometimes events like this can remind people of previous trauma.

For information about prior trauma, ask:

- ◆ *“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 about Developmental Impact

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

For instance, you might ask:

- ◆ *“Were there any special events coming up that have been interrupted by the crisis you’ve just faced?”*

Other Concerns

It is useful to ask a general open-ended question to ensure 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. Offer Practical Assistance

Goal: To offer practical help to people when 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 others are acting in the individual's best interest.
- ◆ Strong faith-based beliefs.
- ◆ Positive expectations (“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.

Linking people in crisis to needed resources can increase feelings of empowerment and hope. PFA Providers can assist individuals in determining current or anticipated problems. Individuals who have experienced a crisis may welcome practical assistance with problem-solving, especially when conditions of high stress and adversity conditions may make it more difficult to think clearly and creatively.

Focus on immediate needs throughout the Psychological First Aid contact.

Advise 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.



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, and 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.”



Clarify the Needs

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.



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.



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
- Advice and Information:** learning how to do something or getting information or good advice; good models of positive coping; heightened awareness of options
- Physical Assistance:** help in doing things, like carrying, cleaning, filling out paperwork
- Material Assistance:** getting what you need, such as food, clothing, shelter, medicine, building materials or money

Enhance Access to Primary Social Support and Other Available Options

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/girlfriend, close friend, children, parents, other family members, residence hall staff, roommates, clergy, colleagues). Take practical steps to assist individuals to make contact in person by phone or e-mail, through web-based databases and social networks. Individuals who belong to faith-based organizations may have access to a valuable supportive network that can help facilitate recovery.

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 – while being respectful of individual preferences. Help them access options for contacting those who are at a distance (provided that technologies such as cell phones or messaging are still functioning following the traumatic event). Additionally, it can be helpful to offer trauma-specific reading materials or 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

introductions. 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 about 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 become 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 or 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 D.

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 individuals 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, 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 like 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**.

Anxiety is commonly experienced among individuals who have been traumatized and/or persons who are grieving. In fact, anxiety is an integral feature of post-traumatic stress reactions. Anxiety responses can range from feelings of uneasiness most of the time to immobilizing bouts of terror. The Appendices include brief descriptions of various anxiety conditions and disorders, including not only post-traumatic stress disorder but also generalized anxiety disorder, panic disorder, and phobias.

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 D 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:

- ◆ Talk to another person for support.
- ◆ Get needed information.
- ◆ Get adequate rest, nutrition, exercise.
- ◆ Engage in positive distracting activities (sports, hobbies, reading, academic projects).
- ◆ Try to maintain a normal schedule to the extent possible.
- ◆ Tell yourself that it is natural to be upset for some period of time.
- ◆ Accept that it can be difficult to focus on (and complete) work-related tasks.
- ◆ Schedule pleasant activities.
- ◆ Eat healthy meals.
- ◆ Take breaks.
- ◆ Spend time with others.
- ◆ Participate in a support group.
- ◆ Use relaxation methods.
- ◆ Use calming self talk.
- ◆ Exercise in moderation.
- ◆ Seek counseling from campus or community mental health professionals.
- ◆ Keep a journal.
- ◆ Focus on something practical to do right now to manage the situation better.
- ◆ Use 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:

- ◆ Use of 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 good 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 times 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 at times empowering, 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 or spiritual events, engaging in 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 by compounding 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 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 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 with 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 at that moment.
- ◆ 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. For this reason, 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 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 explain 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. Give the new provider important information, with the individual's permission. You may find it helpful for everyone to meet together at 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 cautious, 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 increases a sense of security through a transition.

APPENDICES

Appendix A:	Basic Overview of Psychological First Aid.....	50
Appendix B:	Service Delivery Sites and Settings for Psychological First Aid	53
Appendix C:	Self-Care Tips for Psychological First Aid Providers	56
Appendix D:	Provider Worksheets	
	1 Current Needs and Assessments	63
	2 Support Checklist.....	65
	3 Connecting with Family and Peers Following a Crisis	67
	4 Providing Social Support	69
	5 What To Do When Terrible Things Happen.....	71
	Tips for Adult Psychological First Aid Providers.....	73
Appendix E:	Handouts for Survivors	75
	Tips for Helping Adult Survivors Following a Disaster	76
	Relaxation Tips.....	78
	Helping Survivors Deal with Alcohol, Medication and Drug Abuse.....	79
	Preventing Suicide - Knowing the Signs	80
	What Family Members Can Do in the Aftermath of Campus Tragedies.....	81
	Dealing with the Aftermath of a Tragedy in the Classroom	82
Appendix F:	Sample Mutual Agreement for Mobilizing and Deploying Counseling Center Resources Between Ohio Colleges and Universities*	84
Appendix G:	Sample Agreement for Emergency Response Protocols for Mobilizing On-Campus Mental Health Resources	87
Appendix H:	Handouts for PFA Providers Working with Children and Adolescents ..	91
	Worksheet for Providing PFA to Children and Adolescents.....	93
	Core Actions on PFA for Children and Adolescents	94
	Tips for Parents:	
	Helping Infants and Toddlers	105
	Helping Preschool Children.....	111
	Helping School-Age Children.....	114
	Helping Adolescents	117

APPENDIX A

BASIC OVERVIEW OF PSYCHOLOGICAL FIRST AID

Overview of Psychological First Aid Components - Sheet One

Delivering Psychological First Aid

1. Be prepared!
2. Be alert when entering the setting
3. Be ready to interact with individuals or groups
4. Maintain a calm presence
5. Be sensitive to diverse cultures and individual needs
6. Be aware of at-risk populations

Contact and Engagement

1. Introduce yourself
2. Ask about immediate needs
2. Provide assurance about confidentiality

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 students who are experiencing distress about being separated from their families
6. Protect from additional traumatic experiences and trauma reminders
7. Help individuals who have a missing friend, colleague or family member
8. Attend to grief and spiritual issues
9. Provide information about casket and funeral issues
10. Attend to issues related to traumatic grief
11. Support individuals who receive a death notification
12. Support individuals involved in body identification

Stabilization

1. Stabilize emotionally overwhelmed individuals
2. Orient emotionally overwhelmed individuals
3. Be cognizant about the role of medications in stabilization

Overview of Psychological First Aid Components - Sheet Two

Gathering Information to Address Immediate Needs and Concerns

1. Understand the nature and severity of the crisis event
2. Determine the nature of the trauma
3. Remain vigilant about immediate threats that might follow a large-scale crisis
5. Find out whether the traumatized individual is separated from or concerned about the safety of loved ones or has a physical illness, mental health condition or needs medications
6. Be aware of losses (home, school, neighborhood, business, personal property, and pets) caused by the crisis event
7. Recognize 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. Concerns over developmental impact
13. Identify other pressing concerns

Offering Practical Assistance

1. Offer practical assistance to survivors and their family members
2. Identify most immediate needs
3. Listen carefully and clarify the stated or perceived need
4. Discuss an action plan
5. Act to address the need

Connecting 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

Linking with Collaborative Services

1. Provide direct link to additional needed services
2. Referrals for survivors and their family members
3. Promote continuity in helping relationships through campus and/or community support group networks

Overview of Psychological First Aid Components - Sheet Three

Things to Know About Coping

1. Basic information about stress reactions
2. 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 individuals about physical and emotional reactions
15. Provide basic information about ways of coping
16. Teach simple relaxation techniques
17. Coping for families and others who share a common residence
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
23. Grounding



APPENDIX B

SERVICE DELIVERY SITES AND SETTINGS FOR PSYCHOLOGICAL FIRST AID

Service-Site Challenges in Delivering Psychological First Aid

Psychological First Aid (PFA) providers can face many challenges when delivering services to disaster survivors and disaster relief workers. These challenges are often related to the specific disaster characteristics (for example, natural versus man-made, 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 PFA 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 sociocultural 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, PFA Providers may encounter large numbers of survivors seeking services, and/or 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 who 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 health care 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 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. For this reason, 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 to prevent or mitigate the spread of any communicable disease or other public health risk. Health care 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, Hotlines and Social Media

Communities and health care systems may wish to set up a phone bank to address and respond to numerous calls with questions that typically arise after a disaster. University and community phone banks and hotlines are likely to be overwhelmed in the first few hours or days with many questions or concerns such as locating missing or injured family members or health care concerns. Other questions may address information such as the availability of shelter locations, mass food distribution sites and other disaster relief services. Institutions and communities also may have the technology to disseminate information on dedicated websites through texting, e-mail messages and possibly through internet kiosks where students can communicate with family members through Facebook, Skype or Jabber accounts.

Emergency First-Aid Stations

Emergency first-aid stations provide basic medical services to disaster survivors as well as first-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 health care facility 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 taken to a hospital. In addition, many others will go to the hospital themselves wanting to be seen in the emergency room. This is likely to create a strain 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 list of patients. 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 PFA Providers can refer those in need to a variety 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, and 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 who feel a sense of urgency to continue working.

IMPORTANT PHONE NUMBERS

It is critical to keep students and staff informed of emergency contact numbers in case of an emergency. Let students know how they can access 911 from campus area.

Campus Police/Security: _____
Local Police Department: _____
Local Sheriff’s Office: _____
Local Highway Patrol: _____
Local EMS/Fire Department: _____
Local Mental Health Services: _____
Local Alcohol/Drug Addiction Services: _____
Local Hospitals: _____
Local American Red Cross Chapter: _____

National Information and Referral Numbers:

Identity Theft	877-ID-THEFT
Social Security Card Fraud (misuse, theft, card replacement)	800-269-0271
National Suicide Hotline	800-784-2433
Victim Information and Notification Everyday (VINE)	800-770-0192
Credit Card Loss or Fraudulent Charges	Contact Card Issuer Immediately

APPENDIX C

SELF-CARE TIPS FOR PSYCHOLOGICAL FIRST AID PROVIDERS

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

Readiness 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 (such as 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 six to 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.



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, stomach aches, easily startled).
- ◆ Depressive or anxiety symptoms.
- ◆ Decreased interest in social activities.

Extreme Stress Reactions

Providers may experience more serious stress responses for which they should seek support from a professional caregiver or crisis supervisor. These stressors 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 at a time, and encouraging 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 and staff appreciation events.
- ◆ Conduct trainings on stress-management practices

Provider Self-Care

Activities that promote self-care include:

- ◆ Managing personal resources.
- ◆ Planning for family/home safety, including making child care and pet care arrangements.
- ◆ Getting adequate exercise, nutrition, and relaxation.
- ◆ Using stress-management tools, such as:
 - Accessing supervision routinely to share concerns, identifying difficult experiences and strategizing to solve problems.
 - Practicing brief relaxation techniques during the work day.
 - Sharing upsetting emotional responses with another person.
 - Staying aware of limitations and needs.
 - Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures.
 - Increasing positive activities.
 - Practicing religious faith, philosophy, spirituality.
 - Spending time with family and friends.
 - Learning how to “put stress away.”
 - Writing, drawing or 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 you 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.”
 - “I am the only one who can do certain tasks.”

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

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 about stress management.
- ◆ Facilitate ways providers can communicate with each other by establishing listservs, sharing contact information or scheduling conference calls.
- ◆ Provide information about positive aspects of the work.

Provider Self-Care

- ◆ Seek out and provide social support.
- ◆ Check in with other relief colleagues to discuss relief work.
- ◆ Foster collegiality among members of the campus community.
- ◆ 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.
- ◆ Seek 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.
- ◆ Be accepting of others who show concern for you or wish to help you.
- ◆ Find things that you enjoy or make you laugh.
- ◆ Try 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 write down your thoughts.
- ◆ Ask for 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; prescription drugs or illicit drugs.
- ◆ Making any big life changes for at least a month.
- ◆ Negatively assessing your contribution to relief work.
- ◆ Worrying about re-adjusting.
- ◆ Obstacles to better self-care:
 - Keeping yourself too busy
 - Making helping others more important than self-care
 - Avoiding talk, about relief work with others

APPENDIX D

PROVIDER WORKSHEETS

No. 1	Current Needs and Assessments.....	63
No. 2	Psychological First Aid Support Checklist	65
No. 3	Connecting with Others Following a Crisis	67
No. 4	Providing Social Support	69
No. 5	What to Do When terrible Things Happen.....	71
	Tips for Adult Psychological First Aid Providers Following a Disaster	73



PROVIDER WORKSHEET NO. 1

CURRENT NEEDS ASSESSMENT

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 any of the difficulties the individual is experiencing.

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

2. Check any other specific concerns the individual may be experiencing:

- Past or preexisting trauma/psychological problems/substance abuse problems.
- Injured as a result of the disaster.
- At risk of losing life during the disaster.
- Loved one(s) missing or dead.

- Financial concerns.
- Displaced from home
- Living arrangements
- Loss of job or school
- Assisted with rescue/recovery
- Has physical/emotional disability
- Medication stabilization
- Concerns about child/adolescent
- Spiritual concerns
- Other: _____

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

4. Referral: Within project (specify) _____

- _____ Substance abuse treatment
- _____ Other disaster agencies
- _____ Other community services
- _____ Professional mental health services
- _____ Faith-based services
- _____ 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

Additional Comments:

PROVIDER WORKSHEET NO. 2 PSYCHOLOGICAL FIRST AID SUPPORT CHECKLIST

Date: _____ Provider: _____

Survivor Name: _____ Location: _____

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

Child
 Adolescent
 Adult
 Family
 Group

Place a checkmark 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
 _____ Provided information about the disaster/risks
 _____ Attended to physical comfort
 _____ Encouraged social engagement
 _____ Attended to a child who was separated from his/her parents
 _____ Protected individuals from additional trauma
 _____ Assisted with concern over missing loved one
 _____ Assisted after death of loved one(s)
 _____ Assisted with acute grief reactions
 _____ Helped with talking to children
 _____ Attended to spiritual issues regarding death
 _____ Provided information about funeral issues
 _____ Attended to traumatic grief
 _____ Helped with child identification
 _____ Helped survivors with death notification
 _____ Helped survivors after body identification
 _____ Helped with confirmation of death

Information Gathering

_____ Nature and severity of disaster experiences
 _____ Death of a family member or friend
 _____ Concerns about ongoing threat(s)
 _____ 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 about 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
 _____ Helped with problem-solving
 _____ Provided social support

Stabilization

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

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

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

Linkage with Collaborative Services

- _____ Provided link to additional service(s):

- _____ Promoted continuity of care
- _____ Provided handout(s)

Notes:

PROVIDER WORKSHEET NO. 3

CONNECTING WITH FAMILY AND PEERS FOLLOWING A CRISIS

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-aged 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 • Appropriate language translator/ interpreter as needed	• Pet

DO ...

• Decide carefully about/ with whom to speak	• 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 — especially 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 faith-based group activities, and providing information about culturally relevant health and/or social services.	

PROVIDER WORKSHEET NO. 4 PROVIDING 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 a lot about their experiences, and others may need to discuss them. For some, talking about what happened as a result of the disaster can help the outcome seem less overwhelming. For others, just spending time with people they feel close to and accepted by, without having to talk, can feel best. Below is information about providing social support to other people.

REASONS WHY PEOPLE MAY AVOID SOCIAL SUPPORT

<ul style="list-style-type: none"> • Not knowing what they need 	<ul style="list-style-type: none"> • Not wanting to burden others 	<ul style="list-style-type: none"> • Wanting to avoid thinking about the event
<ul style="list-style-type: none"> • Feeling embarrassed or weak 	<ul style="list-style-type: none"> • Doubting it will be helpful, or that others won't understand 	<ul style="list-style-type: none"> • Feeling that others will be disappointed or judgmental
<ul style="list-style-type: none"> • Feeling they will lose control 	<ul style="list-style-type: none"> • Having tried to get help and felt that it wasn't there before 	<ul style="list-style-type: none"> • Not knowing where to get help

WHEN PROVIDING SOCIAL SUPPORT, DO ...

<ul style="list-style-type: none"> • Show interest, attention and care 	<ul style="list-style-type: none"> • Show respect for an individual's reactions and means of coping 	<ul style="list-style-type: none"> • Talk about expectable reactions to disasters, and healthy coping
<ul style="list-style-type: none"> • Find an uninterrupted time and place to talk 	<ul style="list-style-type: none"> • Acknowledge that this type of stress can take time to resolve 	<ul style="list-style-type: none"> • Believe that the person is capable of recovering
<ul style="list-style-type: none"> • Be free of expectations or judgments 	<ul style="list-style-type: none"> • Help brainstorm positive ways to deal with the individual's reactions 	<ul style="list-style-type: none"> • Offer to talk or spend time together as often as is needed

WHEN PROVIDING SOCIAL SUPPORT, DON'T ...

<ul style="list-style-type: none"> • Rush to tell someone that he/she will be okay or that they should just "get over it" 	<ul style="list-style-type: none"> • Act like someone is weak or exaggerating because he or she isn't coping as well as you are
<ul style="list-style-type: none"> • Discuss your own personal experiences without listening to the other person's story 	<ul style="list-style-type: none"> • Give advice without listening to the person's concerns or asking the person what works for him or her
<ul style="list-style-type: none"> • Stop the person from talking about what is bothering him/her 	<ul style="list-style-type: none"> • Tell him or her they were lucky it wasn't worse

WHEN YOUR SUPPORT ISN'T ENOUGH...

<ul style="list-style-type: none">• Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery	<ul style="list-style-type: none">• Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany them
<ul style="list-style-type: none">• Encourage the person to get involved in a support group with others who have had similar experiences	<ul style="list-style-type: none">• Enlist help from others in your social circle so that everyone helps support the person

PROVIDER WORKSHEET NO. 5

WHAT TO DO 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, including:

	NEGATIVE REACTIONS	POSITIVE REACTIONS
Mental	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, shame	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, selfless helping behaviors
Physiological	Fatigue, headache, muscle tension, stomach ache, increased heart rate, exaggerated startle response, difficulty sleeping	Alertness, readiness to respond, increased energy

Common negative reactions that may continue after the disaster include:

Persistent 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

- Avoiding talking, thinking, and having feelings about the traumatic event
- Avoiding reminders of the event (places and people connected to what happened)
- Restricting 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 coverage of the disaster

Positive changes in priorities, worldview and expectations

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

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulty making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing and wanting to search for the person who died
- Children 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	
• Talking to another person for support or spending time with others	• Focusing on something practical that you can do right now to manage the situation better
• Engaging in positive distracting activities (sports, hobbies, reading)	• Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
• Getting adequate rest and eating healthy meals	• Participating in a support group
• Trying to maintain a normal schedule	• Exercising in moderation
• Scheduling pleasant activities	• Keeping a journal
• Taking breaks	• Seeking counseling
• Reminiscing about a loved one who has died	

WHAT DOESN'T HELP		
• Using alcohol or drugs to cope	• Working too much	• Extreme avoidance of thinking or talking about the event or a death of a loved one
• Extreme withdrawal from family or friends	• Violence or conflict	• Not taking care of yourself
• Overeating or failing to eat	• Risky activities (driving recklessly, substance abuse) not taking adequate precautions	• Excessive television watching or playing computer games
• Withdrawing from pleasant activities	• Blaming others	

**TIPS FOR ADULT PSYCHOLOGICAL FIRST AID PROVIDERS
FOLLOWING A DISASTER**

Reactions/Behavior	Responses	Examples of things to do and say
<p>High anxiety, 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.</p>	<p>▶ Use breathing and/or other relaxation skills such as grounding (see page 32-33).</p> <div style="text-align: center;">  <p data-bbox="678 951 940 1010">Dr. A. Lowen does the Curl exercise. For more information on Grounding go to www.gettinggrounded.com</p> </div>	<p>▶ Take time during the day to calm yourself through relaxation exercises to make it easier to sleep, concentrate and give you energy.</p> <p>▶ 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.</p>
<p>Concern or shame about your own reactions. Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame about how you reacted and feeling guilty about something. It is understandable that PFA Providers may experience many emotions in the aftermath of an extremely difficult event.</p>	<p>▶ Find a good time to discuss your reactions with a family member or trusted friend.</p> <p>▶ Remember that these reactions are common and it takes time for them to subside.</p> <p>▶ Correct excessive self-blame with realistic assessment of what actually could have been done.</p>	<p>▶ When talking with someone, find the right time and place, and ask if it is okay to talk about your feelings.</p> <p>▶ Remind yourself that your feelings are expectable and you are not “going crazy,” and that you are not at fault for the disaster.</p> <p>▶ If these feeling persist for a month, or more you may wish to seek professional help.</p>
<p>Feeling overwhelmed by tasks that need to be accomplished. For example, housing, food, paperwork for insurance, child care, parenting)</p>	<p>▶ Identify what your top priorities are.</p> <p>▶ Find out what services are available to help get your needs met.</p> <p>▶ Make a plan that breaks down the tasks into manageable steps.</p>	<p>▶ Make a list of your concerns and decide what to tackle first? Take it one step at a time.</p> <p>▶ Find out which agencies can help with your needs and how to access them.</p> <p>▶ When appropriate, rely on your family, friends, and community for practical assistance.</p>

TIPS FOR ADULTS FOLLOWING A DISASTER (CONTINUED)

Reactions/Behavior	Responses	Examples of things to do and say
<p>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.</p>	<ul style="list-style-type: none"> ▶ 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. 	<ul style="list-style-type: none"> ▶ 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.
<p>Changes in attitude, view of the world and of oneself. Strong changes in people’s attitudes after a disaster are common. These can include questioning ones spiritual beliefs, trust in others and social agencies and concerns about one’s own effectiveness, and dedication to helping others.</p>	<ul style="list-style-type: none"> ▶ Postpone any major unnecessary life changes in the immediate future ▶ Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness. ▶ Get involved with community recovery efforts. 	<ul style="list-style-type: none"> ▶ Remember that getting back to a more structured routine can help improve decision-making. ▶ 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.

APPENDIX E

WORKSHEETS FOR HELPING SURVIVORS

PFA Handouts for Survivors, PFA Providers and Others in Contact with Survivors

Tips for Helping Adult Survivors Following a Disaster.....	76
Relaxation Tips for Adults and Children	78
Helping Survivors Deal with Alcohol, Medication and Drug Abuse.....	79
Preventing Suicide - Knowing the Signs	80
What Family Members Can Do in the Aftermath of Campus Tragedies	81
Dealing with the Aftermath of a Tragedy in the Classroom (for Faculty).....	82



TIPS FOR HELPING ADULT SURVIVORS FOLLOWING A DISASTER

Reactions/Behavior	Responses	Examples of things to do and say
<p><u>Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors.</u> 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.</p>	<ul style="list-style-type: none"> ▶ 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 	<ul style="list-style-type: none"> ▶ Remember that substance use and other addictive behaviors can lead to problems with sleep, relationships, jobs, and physical health. ▶ Get appropriate help.
<p><u>Shifts in interpersonal relationships.</u> People may feel differently towards family members 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 distancing themselves from family and friends.</p>	<ul style="list-style-type: none"> ▶ 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. 	<ul style="list-style-type: none"> ▶ Don't withdraw from seeking support just because you feel you might burden someone else. Most people do better after disasters with positive 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 move past the event. 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 irritated with each other is completely normal, given what we've been through. I think we're handling things amazingly. It's good that we have each other."
<p><u>Excessive anger.</u> Some degree of anger is understandable and expected after a disaster, especially when something feels unfair. However, when extreme anger leads to violent behavior, it is a serious problem.</p>	<ul style="list-style-type: none"> ▶ Find ways to manage your anger that help you rather than hurt you. 	<ul style="list-style-type: none"> ▶ Manage your anger by taking time to cool down, walk away from stressful situations, talk to a friend about what is making you angry, 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 help immediately.

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.

▶ Make sure you have good sleep habits.

- ▶ 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 p.m.



RELAXATION TIPS

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:

BREATHING EXERCISES FOR RELAXATION:

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 abdomen.
2. Silently say to yourself, "My body is filled with calmness." Exhale slowly (one-thousand one, one-thousand two, one-thousand three) through your mouth and slowly empty your lungs all the way down to your abdomen.
3. Silently say to yourself and repeat this statement five times: "My body is releasing the tension."
4. Repeat this breathing exercise as many times a day as needed.

TIPS TO HELP CHILDREN RELAX:

Help a child relax by leading him or her through this 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 our lungs 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!"

When working with children, it might be helpful to make the relaxation exercise into a game.

For example:

- 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 and allow the child to help you by imitating a character who is taking deep breaths

HELPING SURVIVORS DEAL WITH ALCOHOL, MEDICATION AND DRUG ABUSE FOLLOWING A DISASTER

Some people increase their use of alcohol, prescription medications, or other drugs following a disaster. You may feel that using drugs and alcohol can help you escape bad feelings or physical symptoms related to stress responses (such as, headaches and muscle tension), but 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	
<ul style="list-style-type: none"> • Pay attention to any change in your use of alcohol and/or drugs. 	<ul style="list-style-type: none"> • Consult with a health care professional about safe ways to reduce anxiety, depression, muscle tension and sleep difficulties.
<ul style="list-style-type: none"> • Use prescription and over-the-counter medications as indicated. 	<ul style="list-style-type: none"> • If you find that you have greater difficulty controlling alcohol/substance use since the hurricane, seek support in doing so.
<ul style="list-style-type: none"> • Eat well, exercise, get enough sleep, and use your family and others for support. 	<ul style="list-style-type: none"> • If you believe you have a problem with substance abuse, talk to your doctor or counselor.
<ul style="list-style-type: none"> • If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a health care professional. 	

For people who have successfully stopped drinking or using drugs, experiencing a disaster can sometimes result in strong urges to drink or use drugs 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.

IF YOU HAVE HAD A PROBLEM WITH ALCOHOL, MEDICATION OR DRUGS PROBLEM IN THE PAST...	
<ul style="list-style-type: none"> • Increase your attendance at substance abuse support groups. 	<ul style="list-style-type: none"> • Talk with family and friends about supporting you to avoid use of alcohol or drugs.
<ul style="list-style-type: none"> • If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use. 	<ul style="list-style-type: none"> • If you have a 12-Step sponsor or substance abuse counselor, talk to that person about your situation.
<ul style="list-style-type: none"> • If you have been forced to move out of your community, talk to disaster workers about locating nearby alcohol or drug recovery groups, or ask them to help organize a new support group. 	<ul style="list-style-type: none"> • Increase your use of other supports that have helped you avoid relapse in the past.

PREVENTING SUICIDE -- KNOWING THE SIGNS

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 eating or sleeping habits, or mood, 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
- Saying 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
- Take an active role -- you can save a life

**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 911.**

**If the above options are unavailable, call a local hotline or
The National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**

For more information about Ohio's suicide prevention efforts, visit www.ohiospf.org

WHAT FAMILY MEMBERS CAN DO IN THE AFTERMATH OF CAMPUS TRAGEDIES

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 immediately after the event, even though they may have suffered little loss or directly experienced the 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 tragedy. Talking and writing in a journal are healthy ways for young adults to work through their reactions.

Comforting

Feel free to hold and comfort your student more during this time. He/She is reaching out to you for security right now. A little extra love and affection can help.

Reassuring

You can also reassure your student that he/she is now safe. Remind him/her that you and campus staff are taking precautions to protect them.

Not being over-protective

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

Being a good example

Actions speak louder than words! By your actions you can set an example for your student about 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, he/she may want to volunteer his/her time to coordinate an event to raise awareness. He/She can receive more information on how to help by contacting the campus student activities 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, he/she may need more help. Encourage your student to see a professional if he/she is having extreme reactions to the tragedy, 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)

DEALING WITH THE AFTERMATH OF A TRAGEDY IN THE CLASSROOM (FOR FACULTY)

After a major campus tragedy, faculty may find the following strategies helpful when discussing 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 to acknowledge that students may be reacting to a recent event, without pressuring them to speak. Introduce the opportunity by briefly acknowledging the tragic event and suggesting that it may be helpful for students to share personal reactions.

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 say 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 lessens feelings of loneliness that sometime accompany stressful events. I will be grateful to hear whatever you are willing to share.”*

Respect each person’s way of dealing with the tragedy

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 say that, as intellectual beings, we always seek to understand. It is very challenging to understand unthinkable events. By their very nature, tragedies are especially difficult to explain. Uncertainty is particularly distressing, but sometimes inevitable. The faculty member should resist the temptation to make sense 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, or studying or working excessively in uncharacteristic ways.

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 persons 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 and other campus-based counseling services.

Give yourself time to reflect

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

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 tragedy.

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

APPENDIX F

SAMPLE MUTUAL AGREEMENT FOR MOBILIZING AND DEPLOYING COUNSELING CENTER RESOURCES BETWEEN PARTICIPATING OHIO COLLEGES AND UNIVERSITIES*

Overview

Staff members and security officers at colleges and universities can also be personally affected when they face the challenge of responding to large-scale crises or disasters such as fires, traffic accidents or acts of violence. They too may be traumatized by the deaths and/or injuries of their students. When a large-scale crisis or disaster happens at a college or university, the institution's counseling center may need to *increase* its resources to meet the mental health needs of the students.

This document outlines a protocol for college and university staffs to insure they are prepared to provide aid to one-another following a major crisis. 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 to establish a coordinated, timely and effective mental health response in the aftermath of a disaster or a tragedy.

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

Counseling centers at 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 occurs in which students are impacted, counseling center staff may offer assistance that can include, but may not be limited to, the following:

- 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 abiding by relevant privacy and confidentiality laws
- Coordination and participation in college/university discussions about the overall crisis and response efforts
- Collaboration with the college/university's Public Relations staff to share information with the media
- Follow-up consultations and/or psycho-educational programs for students who were impacted by the disaster
- Follow-up individual or group counseling services

In providing such services, counseling center staff may periodically need to enhance their resources by soliciting the assistance of staff from other college/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 increase the center's resources. Specifically, the director may decide to pursue assistance from staff at other counseling centers affiliated with Ohio's colleges/universities.

Soliciting assistance from other Ohio college or university counseling centers

In Ohio, there is a network of college and university counseling centers that agrees to receive requests for assistance should a large-scale crisis or disaster occur at another college or university in the state. Directors of these counseling centers should be known in advance and listed below. Include their contact information. Contact information for another staff member should also be included in the event that the director cannot be reached.

COLLEGE/UNIVERSITY COUNSELING CENTER CONTACTS

College/University Counseling Center	Director	Alternative Contact	Phone	E-mail

Following a disaster or large-scale crisis, a college or university counseling center director may elect to pursue assistance from one or more other centers, such as those listed above. The counseling center director at the institution where the disaster has occurred 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 receiving 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 she/he contacts to be respectful of other counseling centers' resources and to make the most efficient use of the volunteers available. Proximity to the location of the campus where the disaster/tragedy has occurred shall be a major consideration in determining which other 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 talk to his/her staff to determine which staff might be available to provide assistance.
- ▶ Staff members 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 entitling them to retain liability coverage.

- ▶ Visiting staff shall not be given financial compensation from the requesting center for services provided or expenses incurred. However, the host institution may pay for or arrange for meals and lodging for visiting staff, provided that the nature and extent of the meals and lodging is reported to the staff's institution.
- ▶ Visiting staff members who provide counseling, psychotherapy, or other services that entail access to confidential information such as 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 for patient and client privacy be maintained.
- ▶ In the event that a visiting staff member must leave 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 that continued assistance to the patient or client after the visiting staff member's departure. In such instances, counseling staff will tell the patient or client of the need to transfer services and, where feasible and appropriate, will explore various treatment options with him/her.
- ▶ In no event shall the college or university employees called upon and providing such assistance, be liable in damages to any other party, or to contractual obligees for failure to provide assistance, for lack of speed in providing assistance, for any inadequacy or negligence in providing assistance or for any cause arising from providing assistance pursuant to this agreement.
- ▶ The host college or university 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.

*This document is an amended version of the 2009 guidelines 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 at the University of Toledo, Miami University of Ohio and The Ohio State University.

APPENDIX G

SAMPLE AGREEMENT FOR EMERGENCY RESPONSE PROTOCOLS FOR MOBILIZING ON-CAMPUS MENTAL HEALTH RESOURCES

EMERGENCY RESPONSE PROTOCOL GUIDELINES FOR MOBILIZING ON-CAMPUS MENTAL HEALTH RESOURCES

Overview

This document outlines a protocol for mobilizing and deploying mental health resources in the aftermath of emergencies, crises, or disasters on college and university campuses. This outline uses as an example, the basic services offered by the Counseling Center at Bowling Green State University (BGSU). The purpose is to demonstrate the scope of concerns at the heart of a coordinated, timely and effective response should an emergency or disaster occur.*

The Role of College/University Counseling Centers in Providing Emergency Mental Health Services

Colleges and universities typically have a comprehensive emergency management plan that includes various safety procedures to be followed in the event students, faculty and staff are at risk of harm from disasters, emergencies or crises, or other threat such as a potentially dangerous individual(s) on campus. Generally included in this plan are counseling services available to students. For example, at BGSU, the Counseling Center is given the primary responsibility for attending to the psychological needs of university students. Whenever an emergency or disaster that impacts students should occur on campus, the BGSU Counseling Center staff may offer assistance that can include, but may not be limited to, the following services:

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

ODMH provides support and technical assistance to the community through local behavioral health boards and provider organizations. At BGSU, a variety of other protocols pertaining to its Counseling Center and the university are listed in the Center's staff manual, which is available at <http://www.bgsu.edu/downloads/sa/file50952.pdf>. The manual outlines safety procedures to be followed in the event that staff or students are at risk of physical harm from a potentially dangerous visitor or due to a disaster.

Emergency Response Procedures

At BGSU, when a crisis or emergency occurs during the Counseling Center's regular office hours and involves a single student, the Center's staff 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 staff counselor has the prerogative to seek assistance from colleagues within the center as he/she deems it necessary. In cases of potential psychiatric hospitalization, the counselor will typically work with center staff to secure the assistance of a pre-screener from a behavioral health care agency such as 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. During times when the center is closed, individual students experiencing crises are generally encouraged to contact a local crisis intervention center. At BGSU, students in crisis are encouraged to utilize The Link Crisis hotline.

Following the occurrence of a disaster or large-scale emergency, such as one that impacts many students at BGSU, the Counseling Center director shall talk to 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 these discussions. In collaboration with other University staff (such as, higher administration or representatives from the University's Crisis Response Committee), BGSU's 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 enhance 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 College/University community

Within BGSU, 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 including 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. Contact lists and information for network members should be developed, updated regularly and readily available.

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 to be respectful of University resources and avoid problems associated with having 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 (for example, campus ministers may choose to hold a prayer vigil or memorial service regardless of whether they have been contacted by Counseling Center staff or counselors in the Psychological Services Center may elect to render clinical services to traumatized students who contact their office.

Following disasters or large-scale crises, unit representatives are asked to inform the Counseling Center Director of decisions to provide such services or programs. This 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 (all members of the Emergency Mental Health Services Network), which 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 -- such as, staff in Residence Life, Student Life or Disability Services.

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. Counseling Center staff continuously collaborates with BGSU's General Counsel's Office and/or the Office of Risk Management to explore opportunities for establishing written memoranda of understanding with such external entities.

Responding to the psychological needs of faculty, staff, and community members

As noted earlier, the Counseling Center is given 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 crises, the Counseling Center staff would typically provide a consultation and refer the impacted individual(s) to appropriate resources, such as 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. For example, 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 on campus not involving a 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. In addition, 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 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.

Citation:

Ohio Department of Mental Health and Addiction Services. (2013). *A Psychological First Aid Guide for Ohio's Colleges and Universities: Supporting Students, Faculty and Staff after a Crisis or Other Emergency*. Columbus, OH: Ohio Department of Mental Health and Addiction Services; <http://mha.ohio.gov>.

APPENDIX H

HANDOUTS FOR PFA PROVIDERS WORKING WITH CHILDREN AND ADOLESCENTS

PFA Handouts for Assisting Children and Adolescents

F - 1	Providing Psychological First Aid to Children and Adolescents.....	93
F - 2	Core Actions of Psychological First Aid for Children and Adolescents.....	94
F - 3	Tips for Parents: Help Infants and Toddlers Following a Disaster	105
F - 4	Tips for Parents: Helping Preschool-Age Children Following a Disaster.....	111
F - 5	Tips for Parents: Helping School-Aged Children Following a Disaster.....	114
F - 6	Tips For Parents: Helping Adolescents Following a Disaster	117



WORKSHEET FOR PROVIDING PSYCHOLOGICAL FIRST-AID TO CHILDREN AND ADOLESCENTS

Although college campuses are predominately populated by college students, staff and faculty, children and adolescents may also be present on campus during an emergency or traumatic event. Children could 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 (PFA) 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 PFA specifically to children and adolescents.

Each core action will require workers to acquire special knowledge for intervening with children and adolescents; however, in general, disaster response workers should remember the following:

- When speaking to 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 (such as, 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. Show 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.

CORE ACTIONS OF PSYCHOLOGICAL FIRST-AID FOR CHILDREN AND 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 for Psychological First Aid (PFA) Providers to first make a connection with a parent or accompanying an 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.

Ensure 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 (such as, 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.

Look for simple ways to make the physical environment more comfortable. Help children to soothe and comfort themselves and others around them. Toys like 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. When possible, avoid placing 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 adequately coping 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. Engage children and adolescents in social activities such as reading out loud, participating in arts activities, 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 a child'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, parent's/caregiver's and sibling's 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.

Set 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 enters and leaves the 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®, making cut-outs, working on coloring books (containing neutral scenes of flowers, rainbows, trees or 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 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 PFA 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 understand what they have been told, and ask any questions they may 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 (drawing, listening to music or reading) will be more calming than conversation. 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.

Understanding of death varies depending on age and prior experience. It is strongly influenced by a family's religious, spiritual and cultural values.

Pre-school-age 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 staff.

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

Pre-school-age 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.” Ask them to ask themselves, “Am I doing this the best way;” or “Am I doing this wrong?”

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.

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.

Suggestions for talking with children and adolescents about death

- ▶ 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 many times.
- ▶ Do not be afraid to say that you don’t know the answer to a question.

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. 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 chose 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.

Prepare children and adolescents before attending funerals

- ▶ 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.
- ▶ 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 a traumatic death of a parent or caregiver, 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 Individuals 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 another reckless manner. Parents/Caretakers should also understand that an adolescent's anger about the loss can turn to rage, 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 PFA Provider may suggest that separation of siblings be avoided, if at all possible.

Support Survivors Involved In Body Identification

Children should be discouraged from 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 the following 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: Assess Critical 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 follow through with them.

6. Connecting 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 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 into 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 and ask the first child to begin to draw. After 10 seconds, that child passes the drawing to the child on his/her 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, with one child making a scribble on the paper. His/Her partner has to add to the scribble to turn it into something.
- ▶ **Paper Chains:** 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 (such as, emotional support or advice and information, material assistance, etc.) they receive from each person.

Special Considerations for Children and Adolescents

You can help children and adolescents address their own feelings, problem solve, or help them figure out ways they can provide support to others around them, if they choose to do so. Following are a few suggestions:

- ▶ Talk with the parents/caregivers or other trusted adults associated with the child or adolescent who desires to help you support others. Help them all better understand how and when to help you.
- ▶ Promote enjoyable activities they all become engaged in such as playing sports, games, board games and watching movies.
- ▶ Suggest that older children spend time with younger siblings. Let them know that they can help the younger ones remain calm by playing with them and keeping them company.
- ▶ Recruit them to help you with cleaning, repairs and other chores.
- ▶ Encourage them to 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, looking 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 Physical and Emotional Reactions

Children vary in their ability 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 (such as telling you that they feel sad, scared, confused or angry), as they often have a hard time finding the words. Instead, ask "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, engage the child in a "mirroring activity." In writing describe the child's behavior. Give the paper to the child. Help the child read the description, if necessary. Another approach is to give the written description to another member in the child's group so that they can act out the behavior described. Engage the child and/or the group in a discussion about helpful and not helpful behaviors. To help children understand the

difference between helpful and non-helpful behaviors, another activity might be to have the child sort the pieces of paper with descriptions of helpful and non-helpful behaviors into categories. It might be helpful to talk about ways the children can increase positive coping behaviors.

For younger children, play a memory game in which positive and negative behaviors are named, described and/or illustrated on pieces of paper. There are many inventive ways to engage children in matching or memory games with the papers. One option might be to place the blank sides of each paper face up, and have the child find matching pairs of pictures or words or match pictures with words. Once the child gets a pair, discuss how the match describes a helpful or non-helpful behavior. This activity can divert the children’s attention and help them feel better.

TEACH SIMPLE RELAXATION TECHNIQUES	
Adolescent	<p>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.</p> <p>Silently and gently say to yourself, “My body is releasing tension.” Repeat five times slowly.</p>
Child	<p>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 our lungs with a lot of air and our stomachs are going to stick out like this [demonstrate].</p> <p>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.</p> <p>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!</p>

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 somewhere 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	<ul style="list-style-type: none">• becoming toilet trained• entering daycare or preschool• learning to ride a tricycle• sleeping through the night• learning or using language
School-Age Children	<ul style="list-style-type: none">• learning to read and do arithmetic• being able to play by the rules in a group of children• handling themselves safely in a widening scope of unsupervised time
Early Adolescents	<ul style="list-style-type: none">• having friends of the opposite sex• pursuing organized extracurricular activities• striving for more independence and activities outside of the home
Older Adolescents	<ul style="list-style-type: none">• 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, acting out the situation with toys and composing a song.
- ▶ Children and adolescents may need help to problem-solve a situation that is angering or frustrating them. For example, the PFA Provider can help a child or an adolescent settle a dispute with another child or adolescent and possibly redirect their attention with a book or toy.

For children and adolescents who have difficulty discussing their negative thoughts and feelings, deflect attention away from that individual child or adolescent by engaging them in a general discussion about negative thoughts and feelings. Write down a list of negative thoughts and feelings such as “I did something wrong,” “I caused it to happen,” “I was misbehaving” on a piece of paper. Encourage the child add to the list and to talk about it. You can then discuss the list of thoughts and feelings to clarify any misunderstandings and suggest more helpful strategies to deal with negative thoughts and feelings.

Write down key concerns. 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. Linkages Between Collaborative Services

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

The **core actions** associated with Psychological First Aid represent 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.

**TIPS FOR PARENTS:
HELP INFANTS AND TODDLERS FOLLOWING A DISASTER**

IF YOUR CHILD,	UNDERSTAND	WAYS TO HELP
...has problems sleeping, doesn't want to go to bed, won't sleep alone, or wakes up at night screaming.	<ul style="list-style-type: none"> • When children are scared they want to be with people who help them feel safe, and they worry when you are not together. • If you were separated during the disaster, going to bed alone may remind your child of that separation. • Bedtime is a time for remembering because we are not busy doing other things. People often dream about things they fear and can be scared of going to sleep. 	<ul style="list-style-type: none"> • If you want, let your child sleep with you. Let him know this is temporary. • Have a bedtime routine: stories, 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 here and will not leave. Understand that he is not being difficult on purpose. This may take time, but when he feels safer, he will sleep better.
...worries something bad will happen to you. (You may also have worries like this.)	<ul style="list-style-type: none"> • It is natural to have fears like this after being in danger. • These fears may be even stronger if your child was separated from loved ones during the disaster. 	<ul style="list-style-type: none"> • Remind your child (and yourself) that right now you are safe. • If you are not safe, talk about how you are working to keep her safe. • Make a plan for who would care for your child if something did happen to you. This may help you worry less. • Do positive activities together to help keep her mind off of the disaster.
<p>...cries or complains whenever you leave him, even when you go to the bathroom.</p> <p>... can't stand to be away from you.</p>	<ul style="list-style-type: none"> • Children who cannot yet speak or say how they feel may show their fear by clinging or crying. • Goodbyes may remind your child of any separation you had related to the disaster. • Children's bodies react to separations (stomach sinks, heart beats faster). Something inside says, "Oh no, I can't lose her!" • Your child is not trying to manipulate or control you. He is scared. • He may also get scared when other people (not just you) leave. Goodbyes make him scared. 	<ul style="list-style-type: none"> • Try to stay with your child and avoid separations right now. • 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, and that you will 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." • 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 repeatedly.



**TIPS FOR PARENTS:
HELP INFANTS AND TODDLERS FOLLOWING A DISASTER**

IF YOUR CHILD,	UNDERSTAND	WAYS TO HELP
...has problems eating, eats too much or refuses food.	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. • Eat together and make meal times fun and relaxing. • Keep healthy snacks around. Young children often eat on the go. • If you are worried, or if your child loses a significant amount of weight, consult a pediatrician
...is not able to do things he used to do (like use the potty) ...does not talk like he used to	<ul style="list-style-type: none"> • Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned. • This is the way young children tell us that they are not okay and need our help. • Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive. • Your child is not doing this on purpose. 	<ul style="list-style-type: none"> • Avoid criticism. It makes him worried that he'll never learn. • Do not force your child. It creates a power struggle. • 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.
...is reckless, does dangerous things.	<ul style="list-style-type: none"> • It may seem contradictory, 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." 	<ul style="list-style-type: none"> • 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.
...is scared by things that did not scare her before	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 (such as 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." • Your child is too young to understand and recognize how you protected her, but remind yourself of the good things you did.

**TIPS FOR PARENTS:
HELP INFANTS AND TODDLERS FOLLOWING A DISASTER**

IF YOUR CHILD,	UNDERSTAND	WAYS TO HELP
<p>...seems “hyper,” can’t sit still</p> <p>...doesn’t pay attention to anything.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>...plays in a violent way.</p> <p>...keeps talking about the disaster and the bad things he saw.</p>	<ul style="list-style-type: none"> • Young children often talk through play. • Violent play can be their way of telling us how frightened they 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). 	<ul style="list-style-type: none"> • 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.
<p>...is now very demanding and controlling.</p> <p>... seems stubborn, insisting that things be done her way.</p>	<ul style="list-style-type: none"> • Between age 18 months to 3 years, young children often seem “controlling.” • This is a normal part of growing up and helps them learn that they are 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. 	<ul style="list-style-type: none"> • Remember your child is not controlling or bad. This is normal, but may be worse right now because she feels unsafe. • 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 tries to control everything. • Cheer her on as she tries new things. • She may also feel more in control when she can put on her shoes, or piece a puzzle together or pour juice.

**TIPS FOR PARENTS:
HELP INFANTS AND TODDLERS FOLLOWING A DISASTER**

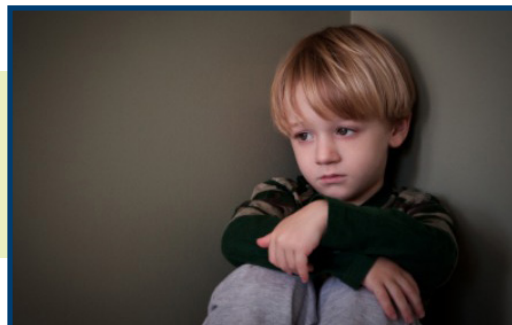
IF YOUR CHILD,	UNDERSTAND	WAYS TO HELP
<p>... tantrums and is cranky.</p> <p>...yells a lot – more than usual.</p>	<ul style="list-style-type: none"> • Even before the disaster, your child may have had tantrums. They are a normal part of being little. It's frustrating when you can't do things and when 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. 	<ul style="list-style-type: none"> • 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 TV, 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.
<p>... hits you.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<p>... says go away, I hate you!</p> <p>... says this is all your fault.</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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!"
<p>... doesn't want to play or do anything.</p> <p>... seems to not really have any feelings (happy or sad).</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

**TIPS FOR PARENTS:
HELP INFANTS AND TODDLERS FOLLOWING A DISASTER**


IF YOUR CHILD,	UNDERSTAND	WAYS TO HELP
<p>... cries a lot.</p>	<ul style="list-style-type: none"> • Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad. • When you let your child feel sad and provide her with comfort, you help your child even if she remains sad. • If you have strong feelings of sadness, it may be good for you to get support. Your child's well-being is connected to your well-being. 	<ul style="list-style-type: none"> • 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 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.
<p>... misses people you are no longer able to see after the disaster.</p>	<ul style="list-style-type: none"> • 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 lasts longer than two weeks, it may be helpful to contact a professional. • Young children do not understand death, and may think that the person can come back. 	<ul style="list-style-type: none"> • For those who have moved away, help your child stay in touch by sending pictures, texting or by talking over the phone). • 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 difficult it can be to not be in touch with people we care for. It is sad. • Where someone has died, answer your child's questions simply and honestly.
<p>... misses things you have lost because of the disaster.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Allow your child to express feelings of sadness. • If possible, try to find something that would replace the lost item that would be acceptable and satisfying to your child. • Distract your child with other activities.

**TIPS FOR PARENTS:
HELPING PRESCHOOL-AGE CHILDREN FOLLOWING A DISASTER**

Reactions/Behavior	Responses	Examples of what to do and say
<p><u>Feelings of Helplessness:</u> Young children know they cannot protect themselves, and during 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.</p>	<ul style="list-style-type: none"> • 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 better or safer • Reassure your child that you and other adults will protect them. 	<ul style="list-style-type: none"> • 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. Ask, "Can you make it safe from the winds?;" Have the child erect a real or imaginary wall and say, "Winds won't get us now." A parent might also say, "That wall sure is strong," and explain, "We're doing a lot of things to keep us safe."
<p><u>General Fearfulness:</u> 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 adults, such as teachers or police officers, are there to help them.</p>	<ul style="list-style-type: none"> • 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 need be. • If you leave, reassure your children you will be back. Tell them a realistic time in words they understand and be back on time. • Provide your child with ways to communicate their fears to you. 	<ul style="list-style-type: none"> • 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."



**TIPS FOR PARENTS:
HELPING PRESCHOOL-AGE CHILDREN FOLLOWING A DISASTER**

Reactions/Behavior	Responses	Examples of what to do and say
<p><u>Confusion about the danger being over:</u> Young children can overhear things from adults and older children, see things on TV or just imagine that the disaster is happening all over again. They believe the danger is closer to home, even if it happened further away.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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."
<p><u>Not talking:</u> Being silent or having difficulty saying what is bothering them.</p>	<ul style="list-style-type: none"> • Put common feelings of children such as anger, sadness, and worry about the safety of parents, friends and siblings into words. • Do not force them to talk, but let them know they can talk to you any time. <div data-bbox="574 1079 863 1289" style="text-align: center;">  </div>	<ul style="list-style-type: none"> • 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?"
<p><u>Fears the disaster will return:</u> Seeing, hearing, or otherwise sensing something can remind them of the disaster.</p>	<ul style="list-style-type: none"> • Explain the difference between the event and reminders of the event. • Keep children away from sensory stimuli that may remind them of the disaster as best you can. 	<ul style="list-style-type: none"> • "Even though it's raining, that doesn't mean the hurricane is happening again. A rainstorm is smaller and can't wreck things 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."

**TIPS FOR PARENTS:
HELPING PRESCHOOL-AGE CHILDREN FOLLOWING A DISASTER**

Reactions/Behavior	Responses	Examples of what to do and say
<p><u>Sleep problems:</u> fear of being alone at night, sleeping alone, waking up afraid, having bad dreams.</p>	<ul style="list-style-type: none"> • Reassure your child that he/she 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. 	<ul style="list-style-type: none"> • Provide calming activities before bedtime. Tell a favorite story with a comforting theme. • 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."
<p><u>Regressing to earlier behaviors:</u> Thumb sucking, bed-wetting, baby-talk, needing to sit in your lap.</p>	<ul style="list-style-type: none"> • Remain neutral or matter-of-fact, as best you can, as these may continue a while after the disaster. 	<ul style="list-style-type: none"> • If your child starts bed-wetting, change her clothes and linens without comment. Don't let anyone criticize or shame the child by saying things such as, "You're such a baby."
<p><u>Not understanding death:</u> Preschool age children do not 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.</p>	<ul style="list-style-type: none"> • Give an 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. 	<ul style="list-style-type: none"> • Allow children to participate in cultural- and faith-based 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 the deceased. • Say, "No, <u>(insert name of the person or pet)</u> 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."

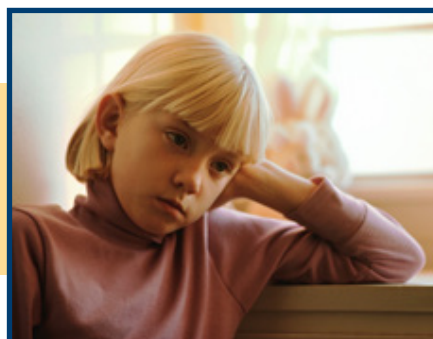


**TIPS FOR PARENTS:
HELPING SCHOOL-AGED CHILDREN FOLLOWING A DISASTER**

Reactions/	Responses	Examples of what to do and say
<u>Confusion about what happened</u>	<ul style="list-style-type: none"> • 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 currently there is a 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. 	<ul style="list-style-type: none"> • “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 reassure them the family is safe. • Tell them what’s happening, especially about issues pertaining to school and where they will be living.
<u>Feelings of being responsible:</u> 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.	<ul style="list-style-type: none"> • Provide opportunities for children to voice their concerns to you. • Offer reassurance and tell them why it was not their fault. 	<ul style="list-style-type: none"> • 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.’ Help them understand that by simply having these thoughts does not mean they were at fault.” • “Remember? The firefighter said no one could save <u>(insert name of the person or pet)</u> and it wasn’t your fault.”
<u>Fears of recurrence of the event and reactions to reminders</u>	<ul style="list-style-type: none"> • Help your child identify reminders (people, places, sounds, smells, feelings, time of day); and clarify the difference between the event and the reminders that occur after it. • Reassure him/her, as often as he/she needs, that he/she are safe. • Protect children from seeing media coverage of the event as it can trigger fears of the disaster happening again. 	<ul style="list-style-type: none"> • When children 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.”

**TIPS FOR PARENTS:
HELPING SCHOOL-AGED CHILDREN FOLLOWING A DISASTER**

Reactions/	Responses	Examples of what to do and say
Re-telling the event or playing out the event repeatedly.	<ul style="list-style-type: none"> Permit the child to talk and act out these reactions. Let him know that this is normal. Encourage positive problem-solving in play or drawing. 	<ul style="list-style-type: none"> “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.”
Fear of being overwhelmed by their feelings	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> “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?”
Sleep problems , including bad dreams, fear of sleeping alone, demanding to sleep with parents.	<ul style="list-style-type: none"> 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 OK; make a plan with your child to return to normal sleeping habits. 	<ul style="list-style-type: none"> “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.	<ul style="list-style-type: none"> Help them to share their worries and give them realistic information. 	<ul style="list-style-type: none"> 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.

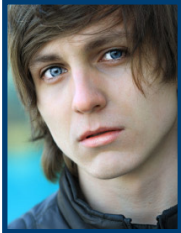


**TIPS FOR PARENTS:
HELPING SCHOOL-AGED CHILDREN FOLLOWING A DISASTER**


Reactions/	Responses	Examples of what to do and say
<u>Altered behavior:</u> Unusually aggressive or restless behavior.	<ul style="list-style-type: none"> Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration. 	<ul style="list-style-type: none"> "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."
<u>Bodily complaints:</u> Headaches, stomach aches, muscle aches for which there seem to be no explanation.	<ul style="list-style-type: none"> Find out if there is a medical reason. If not, provide comfort and assurance that this is normal. Be matter-of-fact with your child; giving these non-medical complaints too much attention may increase them. 	<ul style="list-style-type: none"> Make sure the child eats well, drinks plenty of water and gets enough exercise and sleep. "How about sitting over there? When you feel better, let me know and we can play cards."
<u>Closely watching a parent's responses and recovery:</u> not wanting to disturb parent with their own worries.	<ul style="list-style-type: none"> Give children opportunities to talk about their feelings, as well as your own. Remain as calm as you can, avoid increasing your child's worries. 	<ul style="list-style-type: none"> "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?"
<u>Concern</u> for other victims and families.	<ul style="list-style-type: none"> Encourage constructive activities on behalf of others, but do not burden with undo responsibility. 	<ul style="list-style-type: none"> Help children identify projects that are age-appropriate and meaningful (e.g., picking up trash from school grounds, collecting money or supplies for those in need).



**TIPS FOR PARENTS:
HELPING ADOLESCENTS FOLLOWING A DISASTER**

Reactions/	Responses	Examples of what to do and say
<u>Detachment, shame and guilt</u>	<ul style="list-style-type: none"> • Provide a safe time to discuss with your teen the events and his feelings. • Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done. 	<ul style="list-style-type: none"> • “Many kids — and adults — feel like you do, angry and blaming themselves that they could not have done more. You’re not at fault; remember even the firefighters said there was nothing more we could have done.”
<u>Self-consciousness</u> about their fears, sense of vulnerability, fear of being labeled abnormal	<ul style="list-style-type: none"> • Help teens understand that these feelings are common. • Encourage relationships with family and peers for needed support during the recovery period. 	<ul style="list-style-type: none"> • “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.” • “Thanks for playing the game with your little sister. She’s feeling much better now.”
<u>Risky behavior;</u> using alcohol and drugs, risky sexual behavior, accident-prone behavior.	<ul style="list-style-type: none"> • Help teens understand that behavior is a dangerous way to express strong feelings (like anger) about what happened. • Limit access to alcohol and drugs. • Talk about the danger of high-risk sexual activity. • On a time-limited basis, have teens let you know where they are going and what they’re planning to do. 	<ul style="list-style-type: none"> • “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.
<u>Fears of recurrence and reactions to reminders</u>	<ul style="list-style-type: none"> • Help identify different reminders (people, places, sounds, smells, feelings, time of day), and clarify the difference between the event and the reminders that occur after it. • Explain to teens that media coverage of the disaster can trigger fears of it happening again. 	<ul style="list-style-type: none"> • “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 repeatedly. How about turning the TV off now?”

**TIPS FOR PARENTS:
HELPING ADOLESCENTS FOLLOWING A DISASTER**

Reactions/	Responses	Examples of what to do and say
<p><u>Abrupt shifts in interpersonal relationships:</u> Teens may pull away from parents, family, and even from peers; they may respond strongly to a parent's reactions in the crisis.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Spend more time talking as a family about how everyone is doing. Say, "You know, the fact that we're irritable with each other is completely normal, given what we've been through. I think we're handling things amazingly. It's good 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."
<p><u>Radical changes in attitude</u></p>	<ul style="list-style-type: none"> • Explain that changes in people's attitudes after a disaster are common, but will return to normal over time. 	<ul style="list-style-type: none"> • "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 back to a more structured routine."
<p><u>Wanting premature entrance into adulthood:</u> (such as wanting to leave school, get married)</p>	<ul style="list-style-type: none"> • Encourage postponing major life decisions. Find other ways to make the adolescent feel more in control over things. 	<ul style="list-style-type: none"> • "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 time of crisis is not a great time to make major life changes."
<p><u>Concern for other victims and families</u></p>	<ul style="list-style-type: none"> • Encourage constructive activities on behalf of others, but do not burden with undo responsibility. 	<ul style="list-style-type: none"> • Help teens to identify projects that are age-appropriate and meaningful (such as clearing rubble from school grounds, collecting money or supplies for those in need).

A PSYCHOLOGICAL FIRST AID GUIDE for Ohio Colleges and Universities

Supporting Students, Faculty and Staff after a Crisis or Other Emergency



30 East Broad Street ♦ Columbus, Ohio 43215

mha.ohio.gov

For information, contact:

Joseph Hill, Chief

Bureau of Special Populations and Emergency Preparedness

Joseph.Hill@mha.ohio.gov

(614) 728-1522 ♦ Fax: (614) 466-9928