



PSYCHOLOGICAL FIRST AID



Field Operations Guide

2nd Edition



National Child Traumatic Stress Network
National Center for PTSD

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The principal authors (in alphabetical order) include: Melissa Brymer, Anne Jacobs, Chris Layne, Robert Pynoos, Josef Ruzek, Alan Steinberg, Eric Vernberg, and Patricia Watson.

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

Additional material for this Psychological First Aid Field Operations Guide was drawn from an adaptation by the Medical Reserve Corps (MRC). Principal authors for the MRC adaptation (in alphabetical order) include: Abbe Finn, Jack Herrmann, John Hickey, Edward Kantor, Patricia Santucci, and James Shultz. Additional content was provided by members of the Clergy Adaptation Group, including from Fuller Theological Seminary (in alphabetical order): David Augsburg, Cynthia Eriksson, David Foy, Peter Kung, Doug McConnell, Kathy Putnam, Dave Scott, and Jennifer van Heijzen; from North Shore Long Island Jewish Health System and HealthCare Chaplaincy (in alphabetical order): Christine DiBenedetto, Nathan Goldberg, George Handzo, Yusuf Hasan, Martha Jacobs, Sandra Kaplan, Victor Labruna, Jon Overvold, David Pelcovitz, Ayme Turnbull, Juliet Vogel, and Eun Joo Kim. Additional content was also provided by the University of California, San Francisco (in alphabetical order): Chandra Ghosh Ippen, Alicia Lieberman, and Patricia Van Horn.

A SAMHSA-supported expert review panel convened on March 31-April 1, 2005, where participants made invaluable contributions. Those attending (in alphabetical order) included: Miksha Brown, Cecilia Revera-Casale, Kerry Crawford, Rosemary Creeden, Daniel Dodgen, Darrin Donato, William Eisenberg, Mary Fetchet, Ellen Gerrity, Richard Gist, Ian Gordon, Susan Hamilton, Seth Hassett, Jack Herrmann, Stevan Hobfoll, Stacia Jepson, Sandra Kaplan, Susan Ko, Linda Ligenza, Steven Marans, Christina Mosser, April Naturale, Elana Newman, Bonnie O'Neill, Dori Reissman, Gilbert Reyes, Janine Shelby, and Robert Ursano.

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Psychological First Aid

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Introduction and Overview

INTRODUCTION AND OVERVIEW

What is Psychological First Aid?

Psychological First Aid is an evidence-informed¹ modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. 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 survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

Who is Psychological First Aid For?

Psychological First Aid intervention strategies are intended for use with children, adolescents, parents/caretakers, families, and adults exposed to disaster or terrorism. Psychological First Aid can also be provided to first responders and other disaster relief workers.

Who Delivers Psychological First Aid?

Psychological First Aid is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort. These providers may be imbedded in a variety of response units, including first responder teams, incident command systems, primary and emergency health care, school crisis response teams, faith-based organizations, Community Emergency Response Teams (CERT), Medical Reserve Corps, the Citizens Corps, and other disaster relief organizations.

When Should Psychological First Aid Be Used?

Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorism.

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

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Where Should Psychological First Aid Be Used?

Psychological First Aid is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide Psychological First Aid in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (for example, Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings. For more information on the challenges of providing Psychological First Aid in various service settings, see Appendix B.

Strengths of Psychological First Aid

- 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 relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Psychological First Aid includes handouts that provide important information for youth, adults, and families for their use over the course of recovery.

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught survivors.
- Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate.
- Offer practical assistance and information to help survivors address their immediate needs and concerns.
- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.
- Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Provide information that may help survivors cope effectively with the psychological impact of disasters.
- Be clear about your availability, and (when appropriate) linking the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.

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Delivering Psychological First Aid

Professional Behavior

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

Guidelines for Delivering Psychological First Aid

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

Some Behaviors to Avoid

- Do not make assumptions about what survivors are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have experienced. Do not label reactions as "symptoms," or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."

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- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people feel safer and more able to cope.
- Do not “debrief” by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a survivor’s question, do your best to learn the facts.

Working With Children and Adolescents

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

Working with Older Adults

- Older adults have strengths as well as vulnerabilities. Many older adults have acquired effective coping skills over a lifetime of dealing with adversities.
- For those who may have a hearing difficulty, speak clearly and in a low pitch.
- Don’t make assumptions based only on physical appearance or age, for example, that a confused elder has irreversible problems with memory, reasoning, or judgment. Reasons for apparent confusion may include: disaster-related disorientation due to change in surroundings; poor vision or hearing; poor nutrition or dehydration; sleep deprivation; a medical condition or problems with medications; social isolation; and feeling helpless or vulnerable.
- An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings. If you identify such an individual, help to make arrangements for a mental health consultation or referral.

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Working With Survivors with Disabilities

- When needed, try to provide assistance in an area with little noise or other stimulation.
- Address the person directly, rather than the caretaker, unless direct communication is difficult.
- If communication (hearing, memory, speech) seems impaired, speak simply and slowly.
- Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you.
- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
- When possible, enable the person to be self-sufficient.
- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
- If needed, offer to write down information and make arrangements for the person to receive written announcements.
- Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person.

Preparing to Deliver

PREPARING TO DELIVER PSYCHOLOGICAL FIRST AID

In order to be of assistance to disaster-affected communities, the Psychological First Aid provider must be knowledgeable about the nature of the event, current circumstances, and the type and availability of relief and support services.

Preparation

Planning and preparation is important when working as a Psychological First Aid provider. Up-to-date training in disaster mental health and knowledge of your incident command structure are critical components in undertaking disaster relief work. You may also be working with children, older adults and special populations, all of which require additional in-depth knowledge. In deciding whether to participate in disaster response, you should consider your comfort level with this type of work, your current health, your family and work circumstances, and be prepared to engage in appropriate self-care. See Appendix C for more guidance in regard to these topics.

Entering the Setting

Psychological First Aid begins when a disaster response worker enters an emergency management setting in the aftermath of a disaster (See Appendix B for descriptions of various service delivery sites). Successful entry involves working within the framework of an authorized Incident Command System (ICS) in which roles and decision-making are clearly defined. It is essential to establish communication and coordinate all activities with authorized personnel or organizations that are managing the setting. Effective entry also includes learning as much as you can about the setting, for example, leadership, organization, policies and procedures, security, and available support services. You need to have accurate information about what is going to happen, what services are available, and where they can be found. This information needs to be gathered as soon as possible, given that providing such information is often critical to reducing distress and promoting adaptive coping.

Providing Services

In some settings, Psychological First Aid may be provided in designated areas. In other settings, providers may circulate around the facility to identify those who might need assistance. Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress, including individuals who are:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic, or “shut down”
- Extremely irritable or angry
- Exceedingly worried

Preparing to Deliver

Group Settings

While Psychological First Aid is primarily designed for working with individuals and families, many components are able to be used in group setting, such as when families gather together for information about loved ones and for security briefings. The components of providing information, support, comfort, and safety can be applied to these spontaneous group situations. For groups of children and adolescents, offering games for distraction can reduce anxiety and concern after hours and days in a shelter setting.

When meeting with groups, 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 discussion about concerns lapse into complaints.
- If an individual needs further support, offer to meet with him/her after the group discussion.

Maintain a Calm Presence

People take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help survivors 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 survivors cannot always feel while they are still attempting to deal with what happened and current pressing concerns.

Be Sensitive to Culture and Diversity

Providers of Psychological First Aid must be sensitive to culture, ethnic, religious, racial, and language diversity. Whether providing outreach or services, you should be aware of your own values and prejudices, and how these may agree or differ with those of the community being served. Training in cultural competence can facilitate this awareness. Helping to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds is important in helping survivors cope with the impact of a disaster. Information about the community being served, including how emotions and other psychological reactions are expressed, attitudes toward governmental agencies, and receptivity to counseling, should be gathered with the assistance of community cultural leaders who represent and best understand local cultural groups.

Be Aware of At-Risk Populations

Individuals that are at special risk after a disaster include:

- Children, especially those:
 - Separated from parents/caregivers
 - Whose parents/caregivers, family members, or friends have died

Preparing to Deliver

- Whose parents/caregivers were significantly injured or are missing
- Involved in the foster care system
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness
- Those with physical disabilities or illness
- Adolescents who may be risk-takers
- Adolescents and adults with substance abuse problems
- Pregnant women
- Mothers with babies and small children
- Disaster response personnel
- Those with significant loss of possessions (for example, home, pets, family memorabilia)
- Those exposed first hand to grotesque scenes or extreme life threat

Especially in economically disadvantaged groups, a high percentage of survivors may have experienced prior traumatic events (for example, death of a loved one, assault, disaster). As a consequence, minority and marginalized communities may have higher rates of pre-disaster trauma-related mental health problems, and are at greater risk for developing problems following disaster. Mistrust, stigma, fear (for example, of deportation), and lack of knowledge about disaster relief services are important barriers to seeking, providing, and receiving services for these populations. Those living in disaster-prone regions are more likely to have had prior disaster experiences.

Core Actions

PSYCHOLOGICAL FIRST AID CORE ACTIONS

1. **Contact and Engagement**

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

2. **Safety and Comfort**

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

3. **Stabilization** (if needed)

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

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

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

5. **Practical Assistance**

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

6. **Connection with Social Supports**

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

7. **Information on Coping**

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

8. **Linkage with Collaborative Services**

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

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

Contact and Engagement

1. Contact and Engagement

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

Your first contact with a survivor is important. If managed in a respectful and compassionate way, you can establish an effective helping relationship and increase the person's receptiveness to further help. Your first priority should be to respond to survivors who seek you out. If a number of people approach you simultaneously, make contact with as many individuals as you can. Even a brief look of interest and calm concern can be grounding and helpful to people who are feeling overwhelmed or confused.

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, how close to stand to someone, how much eye contact to make or whether or not to touch someone, especially someone of the opposite sex. Unless you are familiar with the culture of the survivor, you should not approach too closely, make prolonged eye contact, or touch. You should look for clues to a survivor's need for "personal space," and seek guidance about cultural norms from community cultural leaders who best understand local customs. In working with family members, find out who is the spokesperson for the family and initially address this person.

Some survivors may not seek your help, but may benefit from assistance. When you identify such persons, timing is important. Do not interrupt conversations. *Do not assume* that people will respond to your outreach with immediate positive reactions. It may take time for some survivors or bereaved persons to feel some degree of safety, confidence and trust. If an individual declines your offer of help, respect his/her decision and indicate when and where to locate a Psychological First Aid provider later on.

Introduce Yourself/Ask about Immediate Needs

Introduce yourself with your name, title, and describe your role. Ask for permission to talk to him/her, and explain that you are there to see if you can be of help. Unless given permission to do otherwise, address adult survivors using last names. Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention. Speak softly and calmly. Refrain from looking around or being distracted. Find out whether there is any pressing problem that needs *immediate attention*. Immediate medical concerns have the utmost priority.

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

Contact and Engagement

For example, in making initial contact, you might say:

Adult/ Caregiver	Hello. My name is _____. I work with _____. I'm checking in with people to see how they are doing, and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Mrs. Williams, before we talk, is there something right now that you need, like some water or fruit juice?
Adolescent/ Child	And is this your daughter? (Get on child's eye level, smile and greet the child, using her/his name and speaking softly.) Hi Lisa, I'm _____ and I'm here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes.

Confidentiality

Protecting the confidentiality of your interactions with children, adults and families 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. You should also be aware of the *Health Insurance Portability and Accountability Act* (HIPAA) and the provisions related to disaster and terrorism. If you have questions about releasing information, discuss this with a supervisor or an official in charge. 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.

Safety and Comfort

2. Safety and Comfort

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

Restoration of a sense of safety is an important goal in the immediate aftermath of disaster and terrorism. Promoting safety and comfort can reduce distress and worry. Assisting survivors in circumstances of missing loved ones, death of loved ones, death notification and body identification is a critical component of providing emotional comfort and support.

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

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

Ensure Immediate Physical Safety

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

- Find the appropriate officials who can resolve safety concerns that are beyond your control, such as threats, weapons, etc.
- Remove broken glass, sharp objects, furniture, spilled liquids, and other objects that could cause people to trip and fall.
- Make sure that children have a safe area in which to play and that they are adequately supervised.

To promote safety and comfort for survivors who are elderly or disabled, you can:

- Help make the physical environment safer (for example, try to insure adequate lighting, and protect against slipping, tripping and falling).
- Ask specifically about his/her needs for eyeglasses, hearing aids, wheelchairs, walker, cane or other devices. Try to insure that all essential aids are kept with the person.
- Ask whether the survivor needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication. Ask if he/she has a list of current medications or where this information can be obtained, and make sure he/she has a readable copy of this information to keep during the post-disaster period.
- Consider keeping a list of survivors with special needs so that they can be checked on more frequently.

Safety and Comfort

- Contact relatives, if they are available, to further insure safety, nutrition, medication and rest. Make sure that the authorities are aware of any daily needs that are not being met.

If there are *medical concerns* requiring urgent attention or immediate need for medication, contact the appropriate unit leader or medical professional immediately. Remain with the affected person or find someone to stay with him/her until you can obtain help. Other safety concerns involve:

- *Threat of harm to self or others* - Look for signs that persons may hurt themselves or others (for example, the person expresses intense anger towards self or others, exhibits extreme agitation). If so, seek immediate support for containment and management by medical, EMT assistance, or a security team.
- *Shock* - If an individual is showing signs of shock (pale, clammy skin, weak or rapid pulse, dizzy, irregular breathing, dull or glassy eyes, unresponsive to communication, lack of bladder or bowel control, restless, agitated or confused), seek immediate medical support.

Providing Information about Disaster Response Activities and Services

To help re-orient and comfort survivors, provide information about:

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

In providing information:

- Use your judgment as to whether and when to present information. Does the individual appear able to comprehend what is being said, and is he/she ready to hear the content of the messages?
- Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping.
- Use clear and concise language, while avoiding technical jargon.

Ask survivors if they have any questions about what is going to happen, and give simple accurate information about what they can expect. Also, ask whether he/she has any special needs that the authorities should know about in order to decide on the best placement. *Be sure to ask about concerns regarding current danger and safety in their new situation.* Try to connect survivors with information that addresses these concerns. If you do not have specific information, *do not* guess or invent information in order to provide reassurance. Instead, develop a plan with the person for ways you and he/she can gather the needed information. Examples of what you might say include:

Safety and Comfort

Adult/ Caregiver/ Adolescent	From what I understand, we will start transporting people to the shelter at West High School 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.
Child	Here's what's going to happen next. You and your mom are going together soon to a place called a shelter, which really is just a safe building with food, clean clothing, and a place to rest. Stay here close to your mom until its time to go.

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

Adult/ Caregiver	Mrs. Williams, I want to assure you that the authorities are responding as well as they can right now. I am not sure that the fire has been completely contained, but you and your family are not in danger here. Do you have any concerns about your family's safety right now?
Adolescent	We're working hard to make you and your family safe. Do you have any questions about what happened, or what is being done to keep everyone safe?
Child	Your mom and dad are here, and many people are all working hard together so that you and your family will be safe. Do you have any questions about what we're doing to keep you safe?

Attend to Physical Comfort

Look for simple ways to make the physical environment more comfortable. If possible, consider things like temperature, lighting, air quality, access to furniture, and how the furniture is arranged. In order to reduce feelings of helplessness or dependency, encourage survivors to participate in getting things needed for comfort (for example, offer to walk over to the supply area with the person rather than retrieving supplies for him/her). Help survivors to soothe and comfort themselves and others around them. For children, toys like soft Teddy Bears that they can hold and take care of can help them to soothe themselves. However, avoid offering such toys if there are not enough to go around to all children who may request them. You can help children learn how to take care of themselves by explaining how they can “care” for their toy (for example, “Remember that she needs to drink lots of water and eat three meals a day—and you can do that, too.”).

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

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

Safety and Comfort

- Age-related sensory loss:
 - Visual loss, which can limit awareness of surroundings and add to confusion
 - Hearing loss, resulting in gaps in understanding of what others are saying
- Cognitive problems, such as difficulty with attention, concentration and memory
- Lack of mobility
- Unfamiliar or over-stimulating surroundings
- Noise that can limit hearing and interfere with hearing devices
- Limited access to bathroom facilities or mass eating areas, or having to wait in long lines (A person who has not needed a wheelchair before the event may need one now)
- Concern for the safety of a service animal

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 the situation. On the other hand, it is upsetting to be near others who appear very agitated and emotionally overwhelmed. If survivors have heard upsetting information or been exposed to rumors, help to clarify and correct misinformation.

Children, and to some extent adolescents, are particularly likely to look to adults for cues about safety and appropriate behavior. When possible, place children near adults or peers who appear relatively calm, and when possible, avoid putting them too close to individuals who are extremely upset. Offer brief explanations to children and adolescents who have observed extreme reactions in other survivors.

Child/ Adolescent	That man is so upset that he can't calm down yet. Some people take longer to calm down than others. Someone from our team is coming over to help him calm down. If you feel upset, it is important for you to talk to your mom or dad, or someone else who can help you feel better.
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As appropriate, encourage people who are coping adequately to talk with others who are distressed or not coping as well. Reassure them that talking to people, especially about things you have in common (for example, coming from nearby neighborhoods or having children about the same age), can help them support one another. This often reduces a sense of isolation and helplessness in both parties. For children, encourage social activities like reading out loud, doing a joint art activity, and playing cards, board games, or sports.

Attend to Children Who Are Separated from their Parents/Caregivers

Parents and caregivers play a crucial role in children's sense of safety and security. If children are separated from their caregivers, helping them reconnect quickly is a high priority. If you encounter an unaccompanied child, ask for information (such as their name, parents/caregivers and siblings names, address and school), and notify the appropriate authorities. Provide children accurate information in easy to understand terms about who will be supervising them and what to expect next. Do not make any promises that you may not be able to keep, such as promising that they will see their caregiver soon. You may also need to support children while their caregivers

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are being located or during periods when caregivers may be overwhelmed and not emotionally accessible to their children. This support can include **setting up a child-friendly space**:

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

Protect from Additional Traumatic Experiences and Trauma Reminders

In addition to securing physical safety, it is also important to protect survivors from unnecessary exposure to additional traumatic events and trauma reminders, including sights, sounds, or smells that may be frightening. To help protect their privacy, shield survivors from reporters, other media personnel, onlookers, or attorneys. Advise adolescents that they can decline to be interviewed by the media, and that, if they wish to be interviewed, they may want to have a trusted adult with them.

If survivors have access to media coverage (for example, television or radio broadcasts), point out that excessive viewing of such coverage can be highly upsetting, especially for children and adolescents. Encourage parents to monitor and limit their children’s exposure to the media, and to discuss any concerns after such viewing. 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. For example, you might say:

Adult/ Caregiver	You’ve been through a lot, and it’s a good idea to shield yourself and your children from further frightening or disturbing sights and sounds as much as possible. Even televised scenes of the disaster can be very disturbing to children. You may find that your children feel better if you limit their television viewing of the disaster. It doesn’t hurt for adults to take a break from all the media coverage, too.
Adolescent/ Child	You’ve been through a lot already. People often want to watch TV or go to the internet after something like this, but doing this can be pretty scary. It’s best to

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	stay away from TV or radio programs that show this stuff. You can also tell your mom or dad if you see something that bothers you.
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Help Survivors Who Have a Missing Family Member

Coping while a loved one is missing is extremely difficult. Family members may experience a number of different feelings: denial, worry, hope, anger, shock, or guilt. They may alternate between certainty that the person is alive—even in the face of contradictory evidence—and hopelessness and despair. They may blame authorities for not having answers, for not trying hard enough, or for delays. They may also feel vengeful against those that they consider responsible for locating their missing relative or friend. 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.

Assist family members who have a missing loved one by helping them obtain updated information about missing persons, direct them to locations for updated briefings, and tell them the plan in place for connecting/reuniting survivors. The American Red Cross has established a “Disaster Welfare Information System” to support family communication and reunification, and a “Safe and Well” website located at www.redcross.org. It provides a variety of tools and services needed to communicate with loved ones during times of emergency. Try to identify other official sources of updated information (police, official radio and television channels, etc.) and share these with survivors.

The Psychological First Aid provider may want to take extra time with survivors worried over a missing family member. Just being there to listen to survivors’ hopes and fears, and being honest in giving information and answering questions is often deeply appreciated. To help locate a missing family member, you can make an initial review with the family of any pre-disaster plans for post-disaster contact, including: school or workplace evacuation plans; plans for tracking transport of students or co-workers for medical care; out-of-state telephone numbers to be used by schools, workplaces, or families in case of emergency; and any pre-arranged or likely meeting places (including homes of relatives), both within and outside the disaster perimeter.

Some family members may want to leave a safe area to attempt to find or rescue a missing loved one. In this case, inform the survivor about the current circumstances in the search area, specific dangers, needed precautions, the efforts of first responders, and when updated information may be available. Discuss specific concerns they may have (for example, an elderly parent who recently had hip surgery, or a child who needs special medications), and offer to inform the appropriate authorities.

In some cases, authorities may ask survivors to give information or other evidence to help the search. Authorities may have family members file a missing persons report or provide information about when and where the missing person was last seen, who else was there, and what he/she was wearing. It is best to limit the exposure of younger children to this process. It can be disturbing and confusing for a child to be present at a caregiver’s interview with authorities or to hear adult speculations about what might have happened to the missing person.

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Authorities may ask a family member to collect DNA from a loved one's personal effects, for example, hair from a hairbrush. In rare cases, a child may need to be interviewed because he/she was the last one to see the missing person. A mental health or forensic professional trained to interview children should conduct the interview or be present. A supportive family member or the Psychological First Aid provider should accompany the child. Talk to the child simply and honestly. For example, you might say:

Adolescent/ Child	Uncle Mario is missing. Everyone is working very hard to find out what happened. The police are helping too and they need to ask you some questions. It's okay if you do not remember something. Just tell them that you don't remember. Not remembering something will not hurt Uncle Mario. Your mom will stay with you the whole time, and I can stay too, if you want. Do you have any questions?
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Sometimes in the case of missing persons, the evidence will strongly suggest that the person is dead. There may be disagreement among family members about the status of their loved one. The Psychological First Aid provider should let family members know that these differences (some giving up hope, some remaining hopeful) are common in a family when a loved one is missing, and not a measure on how much they love the person or each other. You can encourage family members to be patient, understanding, and respectful of each other's feelings until there is more definite news. Parents/caregivers should not assume that it is better for a child to keep hoping that the person is alive, but instead honestly share the concern that the loved one may be dead. Parents/caregivers should check with children to make sure that they have understood, and ask what questions they have.

Help Survivors When a Family Member or Close Friend has Died

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

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 sadness and anger over the death, guilt over not having been able to prevent the death, regret about not providing comfort, or having a proper leave-taking, missing the deceased, and wishing for reunion (including dreams of seeing the person again). Although painful to experience at first, grief reactions are healthy responses that reflect the significance of the death. Over time, grief reactions tend to include more pleasant thoughts and activities, such as telling positive stories about a loved one, and comforting ways to remember him/her. The Psychological First Aid provider should remember:

- Treat acutely bereaved children and adults with dignity, respect, and compassion.
- Grief reactions vary from person to person.

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- There is no single “correct” course of grieving.
- Grief puts people at risk for abuse of over-the-counter medications, increased smoking, and consumption of alcohol. Make survivors aware of these risks, the importance of self-care, and the availability of professional help.

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

- Discuss how family members and friends will each have their own special set of reactions; no particular way of grieving is right or wrong, and there is not a “normal” period of time for grieving. What is most important for family members and friends is to respect and understand how each may be experiencing their own course of grief.
- Discuss with family members and friends how culture or religious beliefs influence how people grieve and especially how rituals may or may not match current feelings of each family member.
- Keep in mind that children may only show their grief for short periods of time each day, and even though they may play or engage in other positive activities, their grief can be just as strong as that of any other family member.

To emphasize how important is it for family members to understand and respect each other’s course of grief, the Psychological First Aid provider may say:

Adult/ Adolescent/ Child	It is important to know that each family member may express their grief differently. Some may not cry, while others might cry a lot. Family members should not feel badly 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.
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Some children and adolescents will not have words to describe their feelings of grief and may resist talking with others about how they feel. Sometimes, distracting activities will be more calming than conversation, for example, drawing, listening to music, reading, etc. Some may wish to be alone. If safe, provide them with some privacy. When a survivor does want to talk with you about the loved one, you should listen quietly, and not feel compelled to talk a lot. Do not probe.

Do:

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

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Don't say:

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

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

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

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

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

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

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

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

The Psychological First Aid provider should give information to parents/caregivers and children about reactions to the death that they might experience. The handout, ***When Terrible Things Happen*** (Appendix E), describes common reactions to the death of a loved one and ways of coping. When speaking to parents/caregivers, you can say:

Parent/ Caregiver	It can be helpful to think about times when your children will miss their father, like at mealtime or bedtime. If you say something like, “It is hard not to have daddy here with us right now,” you can ease the discomfort everyone is feeling, make children feel less alone, and help them to better handle these difficult times. When you see a sudden change in your children—looking kind of lost or
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	sad or even angry—and you suspect that they are missing their father, let them know that you, too, have times when you feel that way. Say something like, “You seem really sad. I’m wondering if you are thinking about your dad. Sometimes I feel very sad about dad too. It’s ok to tell me when you are feeling bad so maybe I can help.” Help by giving them some time alone with those feelings, sitting quietly with them, and giving them a hug.
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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. For example, you may suggest that a caregiver say:

Parent/ Caregiver	We all did what we could to try to save everybody. Daddy would be so happy that we are all okay. You did not do anything wrong. Note: Saying this once may not be enough; feelings of guilt may come up again and again, and a parent may need to provide constant assistance with a child’s ongoing worries and confusion about guilt.
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Attend to Grief and Spiritual Issues

In order to assist survivors with spiritual needs after a death, the Psychological First Aid provider should become familiar with clergy who may be part of the disaster response team on-site, and with ways to obtain contact information for clergy of local religious groups to whom you can refer survivors. It is common for people to rely on religious and spiritual beliefs/practices as a way to cope with the death of a loved one. Survivors may use religious language to talk about what is happening or want to engage in prayer or other religious practices. It is not necessary for the Psychological First Aid provider to share these beliefs in order to be supportive. You are not required to do or say anything that violates your own beliefs. Often, simply listening and attending is all that is required. Things to keep in mind include:

- A good way to introduce this topic is to ask, “Do you have any religious or spiritual needs at this time?” This question is not meant to lead to a theological discussion or to your engaging in spiritual counseling. If requested, you can refer them to a clergy member of their choice.
- Do not contradict or try to “correct” what a person says about his/her religious beliefs, even if you disagree and think that it may be causing them distress.
- Do not try to answer religious questions like, “Why was this allowed to happen?” These questions generally represent expressions of emotion rather than real requests for an answer.
- If a person is clearly religious, ask if he/she wants to see a clergy member of his/her faith.
- Many people rely on religious objects such as prayer beads, statues, or sacred texts that they may have lost or left behind. Locating an object like this can help to increase their level of security and sense of control. A local clergy member can often be of help in providing these items.

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- Survivors may want to pray alone or in a group. You may help by finding a suitable place for them to do so. For some people, facing in the proper direction while praying is important. You can help to orient them.
- You may also provide information to officials in charge regarding space and religious items needed for religious observances.
- If you are asked to join in prayer, you may decline if you feel uncomfortable. Keep in mind that joining may only involve standing in silence while they pray. If you are comfortable 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. If not allowed in the setting, explain this to the survivor, and assist them in finding a nearby place where an open flame would be allowed.
- Some people believe in miracles. A survivor may voice hope for a miracle, even in the face of virtual certainty that their loved one has died. Do not take this as evidence that he/she has lost touch with reality or has not heard what has been said, but as the survivor’s way of continuing to function in devastating circumstances.
- Every religion has specific practices around death, particularly in regard to the care of dead bodies. These issues may be especially complicated when the body is not recovered. Ask survivors about their religious needs in this area. They may want a clergy member 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 families 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 family.
- If a survivor expresses anger associated with his/her religious beliefs (a sign of spiritual distress), do not judge or argue with him/her. Most people are not looking for an “answer,” but a willing, non-judgmental listener. If spiritual concerns are contributing to significant distress, guilt, or functional impairment, you can ask if he/she would like a referral to a clergy member.

Provider Alert: Many times during disaster situations, well-meaning religious people seek out survivors in order to proclaim their own religious beliefs. If you become aware of activities like this, do not try to intervene; instead notify security personnel or others in charge.

Provide Information about Casket and Funeral Issues

Local laws often govern the preparation of a body for burial and rules regarding caskets or internment. Sometimes exceptions are made for members of particular religious groups. In many jurisdictions, the law requires autopsies for any victim of a traumatic death or when the cause of death is not clear. This requirement may be upsetting, especially to members of religious groups that normally prohibit autopsies. In some jurisdictions, autopsy requirements can be waived by a Medical Examiner. Families who do not want an autopsy should be helped to find out about local laws.

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When a body has been significantly disfigured, you may suggest that—if it is in keeping with the religious tradition of the family—survivors place a photograph of the deceased on the casket in order to allow mourners to remember the person as he/she was alive and pay their respects.

The Psychological First Aid provider can assist family members with their **questions about children's attendance at a funeral, memorial service, or gravesite**. In responding to questions, keep the following in mind:

- It can be helpful for a child to attend a funeral. Although emotionally challenging, funerals help children accept the physical reality of the death that is part of grieving. If not included, children can feel left out of something important to the family.
- Parents/caregivers should give children a choice whether or not to attend a funeral or other ritual. They may be encouraged, but should not be pressured.
 - Before asking children to choose, tell them what to expect if they attend, including letting them know that adults may be upset and crying. Explain that there will be a special area for the family to sit together (if that is to be arranged). Let them know what will happen during the service.
 - Give them an opportunity to help choose a person they feel close to, who can pay appropriate attention to them during the service.
 - Always provide a way for children to leave the service with that person, even temporarily, if they become overwhelmed.
 - Tell children about alternative arrangements if they do not wish to attend, such as staying with a neighbor or friend of the family.
 - If they 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.
- 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.

The Psychological First Aid provider may be asked to attend funerals or other events. You may feel that this will help a family member or child. Attend funerals only with the permission and knowledge of the family.

Attend to Issues Related to Traumatic Grief

After traumatic death, some survivors 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 survivors to adjust to the death. These reactions include:

- Intrusive, disturbing images of the death that interfere with positive remembering and reminiscing
- Retreat from close relationships with family and friends
- Avoidance of usual activities because they are reminders of the traumatic death

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- For children, repetitive play that includes themes involving the traumatic circumstances of the death.

These traumatic reactions can change mourning, often putting individuals on a different time course than may be experienced by other family members. You may want to speak privately to a family member who was present at the time of the death in order to advise them about the extra burden of witnessing the death. Let him/her know that talking to a mental health professional or clergy member may be very helpful. For example, the provider might say:

Adult/ Adolescent	It is awful to have been there when Joe died. Other family members may want to know details about what happened, but there may be some details that you think will be too upsetting for them. Discussing what you went through with a professional can help you decide what to share with your family and also help you with your grief.
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Support Survivors Who Receive Death Notification

Although it is unlikely that the Psychological First Aid provider will be asked to notify a family member of a death, you may assist family members who have been informed of a death. You may be asked by police, FBI, hospital personnel or Disaster Mortuary Operational Response Team (DMORT) members to be present at the time of death notification. In some catastrophic situations, such as airline crashes, the news media may report that there were no survivors of the accident before family members have been officially notified. As incorrect information is sometimes circulated by the media or other survivors—caution family members to wait for official confirmation from the authorities.

After learning of the death of a family member or close friend, people may have psychological and physiological reactions that vary from agitation to numbness. At the same time, they must cope with the continuing stress of still being in the disaster environment. In providing support, keep the following in mind:

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

Active steps to help support survivors in dealing with death notification include:

- Seek assistance from medical support personnel if a medical need arises.
- Get help from the authorities if family members are at risk for hurting themselves or others.
- Make sure that social supports are available, such as family, friends, neighbors, or clergy.
- Try to work with individuals or family units. Even when officials are addressing large crowds, it is better to have family members assembled at their own tables with the Psychological First Aid provider present. Potentially traumatic activities—such as

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reviewing passenger manifests, ticket lists, or morgue photos—should be done in family groups, in a private location, with the appropriate authorities. Be careful that children and adolescents do not see morgue photos.

- 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. The Psychological First Aid provider may suggest that the parent/caretaker say something like:

Parent/ Caregiver	It is awfully hard to hear that Aunt Julia is really dead. It's okay if you want to cry or if you don't want to cry. Anytime you want to talk about her and what happened, I'm going to be here for that. You'll see me have lots of feelings too. We can all help each other.
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For adolescents, the Psychological First Aid provider can advise parents to caution teens about doing something risky, like storming off, driving while overwhelmed with such news, staying out late, engaging in high-risk sexual behavior, using alcohol or other drugs, or acting in some other reckless way. Parents/caretakers should also understand that an adolescent's anger can turn to rage over the loss, and they should be prepared to tolerate some expressions of rage. However, they should also be firm in addressing any behavioral risks. Expression of any suicidal thought should be taken seriously, and appropriate additional assistance should be immediately sought. Expressions of revenge should also be taken seriously. Adolescents should be cautioned to think about the consequences of revenge, and be encouraged to consider different constructive ways to respond to their feelings.

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

Support Survivors Involved In Body Identification

Where identifiable bodies have been recovered and family members have been asked to assist in the identification process, authorities may take family members to the morgue or an alternative location to view and identify the body. The Psychological First Aid provider will typically not participate in these activities, but may be of assistance prior to and after body identification. Some individuals may feel that they must see the body before they can accept that the person is dead. Adolescents and older children might ask to be present when the body is identified; however, in most cases, children should be discouraged about participating in the process. Children may not understand the extent to which the body has deteriorated or changed, and may find seeing the body extremely disturbing. Parents can say to the child:

Parent/ Caregivers	You know, Uncle Bobby wouldn't want you to see him that way. I'm going to go and make sure that it's him, but I don't feel that you should go and see the body.
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When the body found 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 having those questions answered. You should expect a wide range of reactions after viewing the body, including shock, numbness, fainting, vomiting, trembling, screaming, or hitting something or someone.

Help Caregivers Confirm Body Identification to a Child or Adolescent

After a family member has identified the body of a loved one, a caregiver should convey this to children. You may sit in to provide support and assistance. Since young children do not understand that death is final, a family member should make it very clear that the lost loved one's body has been found, and that he/she is dead. If the identification was made through forensic methods, it is important to explain the certainty of the identification in simple direct language. Parents should reassure the child that the loved one is not suffering, that the child was very loved by him/her, and that the child will be taken care of. Allow the child to ask questions, and—if an answer is not readily available—let him/her know that the parent or Psychological First Aid provider will try to get additional information. You should caution parents/caretakers about giving disturbing details of the physical appearance of the body. If the child asks about the appearance, a parent can say:

Parent/ Caregivers	It was not easy to see Uncle Jack, and he would want us to remember him alive, and to think about the nice times we spent together. I remember going on hikes and going fishing. You can pick any memory of Uncle Jack that you want too. Then we'll both have good ways to think about him.
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3. Stabilization (if needed)

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

Most individuals affected by disasters will not require stabilization. Expressions of strong emotions, even muted emotions (for example, numb, indifferent, spaced-out, or confused) are expectable reactions, and do not of themselves 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 arousal, numbing, or extreme anxiety can interfere with sleep, eating, decision-making, parenting, and other life tasks. The Psychological First Aid provider should be concerned about those individuals whose reactions are so intense and persistent that they significantly interfere with a survivor's ability to function.

Stabilize Emotionally Overwhelmed Survivors

Observe individuals for these signs of being disoriented or overwhelmed:

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

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

- Is the person alone or with family and friends? If so, enlist them in comforting the distressed person. You may want to take a distressed individual to a quiet place, or speak quietly with that person while family/friends are nearby.
- What is the person experiencing? Is he/she crying, panicking, experiencing a “flashback,” or imagining that the event is taking place again? When intervening, address the person's primary immediate concern or difficulty, rather than simply trying to convince the person to “calm down” or to “feel safe” (neither of which tends to be effective).

For children or adolescents, consider:

- Is the child or adolescent 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.

Stabilization

- If emotionally overwhelmed children or adolescents are separated from their parents, or if their parents are not coping well, refer below to the options for stabilizing distressed persons.

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

- Respect the person's privacy, and give him/her a few minutes before you intervene. Say you will be available if they need you or that you will check back with them in a few minutes to see how they are doing and if there is anything you can do to help at that time.
- Remain calm, quiet, and present, rather than trying to talk directly to the person, as this may contribute to cognitive/emotional overload. Just remain available, while giving him/her a few minutes to calm down.
- Stand close by as you talk to other survivors, do some paperwork, or other tasks while being available should the person need or wish to receive further help.
- Offer support and help him/her focus on specific manageable feelings, thoughts, and goals.
- Give information that orients him/her to the surroundings, such as how the setting is organized, what will be happening, and what steps he/she may consider.

Orient Emotionally Overwhelmed Survivors

Use these points for survivors to understand their reactions:

Adults

- Intense emotions may come and go like waves
- Shocking experiences may trigger strong, but often upsetting, self-protective "alarm" reactions in the body
- Sometimes the best way to recover is to take a few moments for calming routines (for example, go for a walk, breathe deeply, practice muscle relaxation techniques)
- Friends and family are very important sources of support to help you calm down

Children and Adolescents

- 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. For example, you might say:

Stabilization

Adolescent/ Child	When something bad like this happens, it is really important to get support from adults that you trust. Is there anyone who helps you feel better when you talk to them? Maybe I can help you get in touch with them.
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If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if 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.

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....”

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

You might have children name colors that they see around them. For example, you could say, “Next, name five colors that you can see from where you are sitting. Can you see something blue? Something yellow? Something green?”

If none of these interventions aids in emotional stabilization, consult with mental health professionals and/or a psychiatrist, as medication may be needed. Modify these interventions for a person who has difficulty with vision, hearing, or expressive language.

The Role of Medications in Stabilization

In most cases, the above-described ways of stabilizing survivors will be adequate. Medication for acute traumatic stress reactions is not recommended as a routine way of meeting the goals of

Stabilization

Psychological First Aid, and medication should be considered only if an individual has not responded to other ways of helping. Any use of medication in survivors should have a specific target (for example, sleep and control of panic attacks), and should be time-limited. Medications may be necessary when the survivor is experiencing extreme agitation, extreme anxiety and panic, psychosis, or is dangerous to self or others.

The Psychological First Aid provider should be mindful of the following:

- Exposure to disaster may worsen pre-existing conditions (for example, schizophrenia, depression, anxiety, pre-existing PTSD)
- Some survivors may be without their medications, or face uncertainty about continued access to medications
- Communication with their psychiatrists, physicians, or pharmacies may be disrupted
- Monitoring of medication blood levels may be interrupted

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

- List of current medications
- Current medications that require ongoing monitoring by a physician
- Access to currently prescribed medications, doctors, and dispensing pharmacy
- The survivor'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 survivor is too distressed or confused to give an accurate report.

Information Gathering

4. Information Gathering: Needs and Current Concerns

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

You should be flexible in providing Psychological First Aid, and should adapt interventions for specific individuals, and their identified needs and concerns. Gather enough information so that you can tailor and prioritize your interventions to meet these needs. Gathering and clarifying information begins immediately after contact and continues throughout Psychological First Aid. Remember that in most Psychological First Aid settings, your ability to gather information will be limited by time, survivors' needs and priorities, and other factors. Although a formal assessment is not appropriate, you may ask about:

- Need for immediate referral
- Need for additional services
- Offering a follow-up meeting
- Using components of Psychological First Aid that may be helpful

The form, *Survivor Current Needs* (Appendix D), may be helpful in documenting the basic information gathered from survivors. Likewise, the *Psychological First Aid Provider Worksheet* (Appendix D) may be useful in documenting services provided. These forms are designed for use within an incident command system for evaluation purposes, and where there are proper safeguards for confidentiality.

It may be especially useful for you to ask some questions to clarify the following:

Nature and Severity of Experiences during the Disaster

Survivors who experienced direct life-threat to self or loved ones, injury to self, or those who witnessed injury or death 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 information about the survivor'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 during the disaster? Did you get hurt? Did you see anyone get hurt? How afraid were you?
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Information Gathering

Provider Alert: In clarifying disaster-related traumatic experiences, avoid asking for in-depth descriptions as this may provoke additional distress. Follow the survivor’s lead in discussing what happened. Don’t press survivors 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 in a proper setting can be arranged for the future.

For survivors with these experiences, provide information about post-disaster reactions and coping, and offer a follow-up meeting. For those who were injured, arrange medical consultation as appropriate.

Death of a Loved One

The death of loved ones under traumatic circumstances is devastating, and over time can greatly complicate the grieving process. Ask about the death of loved ones with a question like:

	Did someone close to you get hurt or die as a result of the disaster? Who got hurt or died?
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For those who experienced the death of a loved one, provide emotional comfort, information about coping, social support, acute grief, and offer a follow-up meeting.

Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat

Survivors may be highly concerned about immediate and ongoing danger. You may ask questions like:

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

For those with these concerns, help with obtaining information about safety and protection.

Separations from or Concern about the Safety of Loved Ones

Separation from loved ones and concern about their safety is an additional source of distress. If not addressed earlier, get information with questions like these:

	Are you worried about anyone close to you right now? Do you know where they are? Is there anyone especially important like a family member or friend who is missing?
--	--

Information Gathering

For survivors with these concerns, provide practical assistance in connecting them with available information sources and registries to help locate and reunite family members.

Physical Illness, Mental Health Conditions, and Need for Medications

Pre-existing medical or mental health conditions and need for medications are additional sources of post-disaster distress. Those with a history of psychological problems may experience a worsening of these problems, and more severe and prolonged post-disaster reactions. Give a high priority to immediate medical and mental health concerns. Ask questions like:

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

For those with medical or mental health conditions, provide practical assistance in obtaining medical or psychological care and medication.

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

If survivors have extensive material losses and post-disaster adversities, their recovery may be complicated with feelings of depression, demoralization, and hopelessness. For information about such loss, ask questions like:

	Was your home badly damaged or destroyed? Did you lose other important personal property? Did a pet die or get lost? Was your business, school, or neighborhood badly damaged or destroyed?
--	--

For those with losses, provide emotional comfort, practical assistance to help link them with available resources, and information about coping and social support.

Extreme Feelings of Guilt or Shame

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. 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.
--	--

For those experiencing guilt or shame, provide emotional comfort and information about coping with these emotions.

Information Gathering

Thoughts about Causing Harm to Self or Others

It is a priority to get a sense of whether an individual is having thoughts about causing harm to self or others. To explore these thoughts and feelings, ask questions like:

	Sometimes situations like these can be very overwhelming. Have you had any thoughts about harming yourself? Have you had any thoughts about harming someone else?
--	---

For those with these thoughts, get medical or mental health assistance immediately. If the survivor is at immediate risk of hurting themselves or others, stay with him/her until appropriate personnel arrive on the scene and assume management of the survivor.

Availability of Social Support

Family, friends, and community support can greatly enhance the ability to cope with distress and post-disaster adversity. Ask about social support as follows:

	Are there family members, friends, or community agencies that you can rely on for help with problems that you are facing as a result of the disaster?
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For those lacking in adequate social support, help them connect with available resources and services, provide information about coping and social support, and offer a follow-up meeting.

Provider Alert: In clarifying prior history of substance use, prior trauma and loss, and prior mental health problems (as in the sections below) the Psychological First Aid provider should be sensitive to the immediate needs of the survivor, avoid asking for a history if not appropriate, and avoid asking for in-depth description. Give clear reasons for asking (for example, “Sometimes events like this can remind individuals of previous bad times...” “Sometimes individuals who use alcohol to cope with stress will notice an increase in drinking following an event such as this...”).

Prior Alcohol or Drug Use

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

Adult/ Caregiver/ Adolescent	Has your use of alcohol, prescription medications, or drugs increased since the disaster? Have you had any problems in the past with alcohol or drug use? Are you currently experiencing withdrawal symptoms from drug use?
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For those with potential substance use problems, provide information about coping and social support, link to appropriate services, and offer a follow-up meeting. For those with withdrawal symptoms, seek medical referral.

Information Gathering

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 post-disaster reactions and a renewal of prior trauma and grief reactions. For information about prior trauma, ask:

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

For those with prior exposure and/or loss, provide information about post-disaster and grief reactions, information about coping and social support, and offer a follow-up meeting.

Specific Youth, Adult, and Family Concerns over Developmental Impact

Survivors can be very upset when the disaster or its aftermath interferes with upcoming special events, including important developmental activities (for example, birthdays, graduation, start of school or college, marriage, vacation). For information about this, ask:

	Were there any special events coming up that were disrupted by the disaster?
--	--

For those with developmental concerns, provide information about coping and assist with strategies for practical help.

It is also useful to ask a general open-ended question to make sure that you have not missed any important information.

	Is there anything else we have not covered that you are concerned about or want to share with me?
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If the survivor identifies multiple concerns, summarize these and help to identify which issues are most pressing. Work with the survivor to prioritize the order in which concerns should be addressed.

5. Practical Assistance

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

Exposure to disaster, terrorism and post-event adversities is often accompanied by a loss of hope. Those who are likely to have more favorable outcomes are those who maintain one or more of the following characteristics:

- Optimism (because they can have hope for their future)
- Confidence that life is predictable
- Belief that things will work out as well as can reasonably be expected
- Belief that outside sources act benevolently on one's behalf (responsive government)
- Strong faith-based beliefs
- Positive belief (for example, "I'm lucky, things usually work out for me")
- Practical provisions, including housing, employment, financial resources

Providing people with needed resources can increase a sense of empowerment, hope, and restored dignity. Therefore, assisting the survivor with current or anticipated problems is a central component of Psychological First Aid. Survivors may welcome a pragmatic focus and assistance with problem-solving.

Discussion of immediate needs occurs throughout a Psychological First Aid contact. As much as possible, help the survivor address the identified needs, as problem-solving may be more difficult under conditions of stress and adversity. Teaching individuals to set achievable goals may reverse feelings of failure and inability to cope, help individuals to have repeated success experiences, and help to reestablish a sense of environmental control necessary for successful disaster recovery.

Offering Practical Assistance to Children and Adolescents

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

Step 1: Identify the Most Immediate Needs

If the survivor has identified several needs or current concerns, it will be necessary to focus on them one at a time. Some needs, there will be immediate solutions (for example, getting something to eat, phoning a family member to reassure them that the survivor is okay). Others (for example, locating a lost loved one, returning to previous routines, securing insurance for lost property, acquiring care giving services for family members) will not be solved quickly, but the

Practical Assistance

survivor may be able to take concrete steps to address the problem (for example, completing a missing persons report or insurance form, applying for care giving services).

As you collaborate with the survivor, help him/her select issues requiring immediate help. For example, you might say:

Adult/ Caregiver	I understand from what you're telling me, Mrs. Williams that your main goal right now is to find your husband and make sure he's okay. We need to focus on helping you get in contact with him. Let's make a plan on how to go about getting this information.
Adolescent/ Child	It sounds like you are really worried about a couple of different things, like what happened to your house, when your dad is coming, and what will happen next. Those are all important things, but let's think about what is most important right now, and then make a plan.

Step 2: Clarify the Need

Talk with the survivor to specify the problem. If the problem is understood and clarified, it will be easier to identify practical steps that can be taken to address it.

Step 3: Discuss an Action Plan

Discuss what can be done to address the survivor's need or concern. The survivor may say what he/she would like to be done, or you can offer a suggestion. If you know what services are available ahead of time, you can help obtain food, clothing, shelter, medical, mental health, spiritual care services, financial assistance, help in locating missing family members or friends, and volunteer opportunities for those who want to contribute to relief efforts. Tell survivors what they can realistically expect in terms of potential resources and support, qualification criteria, and application procedures.

Step 4: Act to Address the Need

Help the survivor to take action. For example, help him/her set an appointment with a needed service or assist him/her in completing paperwork.

Connection with Social Supports

6. Connection with Social Supports

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

Social support is related to emotional well-being and recovery following disaster and terrorism. People who are well connected to others are more likely to engage in supportive activities (both receiving and giving support) that assist with disaster recovery. Social support can come in many forms. These include:

- Emotional Support: hugs, a listening ear, understanding, love, acceptance
- Social Connection: feeling like you fit in and have things in common with other people, having people to do things with
- Feeling Needed: feeling that you are important to others, that you are valued, useful and productive, and that people appreciate you
- Reassurance of Self-Worth: having people help you have confidence in yourself and your abilities, that you can handle the challenges you face
- Reliable Support: having people reassure you that they will be there for you in case you need them, that you have people you can rely on to help you
- Advice and Information: having people show you how to do something or give you information or good advice, having people help you understand that your way of reacting to what has happened is normal, having good examples to learn from about how to cope in positive ways with what is happening
- Physical Assistance: having people help you do things, like carrying things, fixing up your house or room, and helping you do paperwork
- Material Assistance: having people give you things, like food, clothing, shelter, medicine, building materials or money

Fostering connections as soon as possible and assisting survivors in developing and maintaining social connections is critical to recovery. Benefits of social connectedness include:

- Increased opportunities for knowledge essential to disaster recovery
- Opportunities for a range of social support activities, including:
 - Practical problem-solving
 - Emotional understanding and acceptance
 - Sharing of experiences and concerns
 - Normalization of reactions
 - Mutual instruction about coping

Enhance Access to Primary Support Persons (Family and Significant Others)

An immediate concern for most survivors is to contact those with whom they have a primary relationship (for example, spouse/partner, children, parents, other family members, close friends, neighbors, and clergy). Take practical steps to assist survivors to reach these individuals (in person, by phone, by e-mail, through web-based databases). Other sources of social support may

Connection with Social Supports

include co-workers and hobby or club members (such as after school club, bridge club, book club, Rotary, or VFW). Survivors who belong to religious organizations may have access to a valuable supportive network that can help facilitate recovery.

Encourage Use of Immediately Available Support Persons

If individuals are disconnected from their social support network, encourage them to make use of immediately available sources of social support (for example, yourself, other relief workers, other survivors), while being respectful of individual preferences. It can help to offer reading materials (for example, magazines, newspapers, fact sheets), and discuss the material with them. When people are in a group, ask if they have questions. When members of the group are from different neighborhoods or communities, facilitate their in introducing themselves. Small group discussions can provide a starting point for further conversations and social connectedness. When working with frail elderly individuals, you may try to connect them with a younger adult or adolescent volunteer, if available, who can provide social contact and assistance with daily activities. If appropriate, you may offer them the opportunity to assist families by spending time with younger children (reading to them, sitting with them while they play or playing games with them).

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

- Tic-tac-toe
- Folding “fortune tellers”
- Making paper balls and tossing them at an empty wastebasket
- Air hockey: wad up a piece of paper and have children try to blow it across the table into the other team’s goal (Bonus: can be used to practice deep breathing exercises)
- Group drawing: have children sit in a circle, the first child begins a drawing. After 10 seconds, that child passes the drawing to the child on their right. Continue until everyone has added to the drawing. Then show the group the final picture. Suggest that the children draw something positive (not pictures of the disaster), something that promotes a sense of protection and safety
- Scribble game: pair up youth, one person makes a scribble on the paper, their partner has to add to the scribble to turn it into something
- Making a paper doll chain or circle chain in which the child writes the name of each person in their support system on a link. For adolescents, you can also ask them to identify the type of support (for example, emotional support, advice and information, material assistance, etc.) that they receive from each person

Connection with Social Supports

Discuss Support-Seeking and Giving

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

- Not knowing what they need (and perhaps feeling that they should know).
- Feeling embarrassed or weak because of needing help.
- Feeling guilty about receiving help when others are in greater need.
- Not knowing where to turn for help.
- Worrying that they will be a burden or depress others.
- Fearing that they will get so upset that they will lose control.
- Doubting that support will be available or helpful.
- Thinking, “No one can understand what I’m going through.”
- Having tried to get help and finding that help wasn’t there (feeling let down or betrayed).
- Fearing the people they ask will be angry or make them feel guilty for needing help.

In helping survivors to appreciate the value of social support and to engage with others, you may need to address some of the above concerns.

For those who have become withdrawn or socially isolated, you can be of assistance by helping them to:

- Think about the type of support that would be most helpful.
- Think about who they can approach for that type of support.
- Choose the right time and place to approach the person.
- Talk to the person and explain how he/she can be of help.
- Afterwards, thank the person for his/her time and help.

Let survivors know that, following a disaster, some people choose not to talk about their experiences, and that spending time with people one feels close to without talking can feel good. For example, your message might be:

Adult/ Caregiver	When you’re able to leave the Assistance Center 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; only what you choose to share with each person.
Adolescent	When something really upsetting like this happens, even if you don’t feel like talking, be sure to ask for what you need.
Child	You are doing a great job letting grown-ups know what you need. It is important to keep letting people know how they can help you. The more help you get, the more you can make things better. Even grown-ups need help at times like this.

Connection with Social Supports

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

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

The focus should not be on discussing disaster-related experiences or loss, but rather on providing practical assistance and problem-solving current needs and concerns.

Special Considerations for Children and Adolescents

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

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

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

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 right when I say that you ...”

Connection with Social Supports

Supportive comments:

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

Empowering Comments and Questions:

- “What have you done in the past to make yourself 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 for you.”
- “People can be very different in what helps them to feel better. When things get difficult, for me, it has helped me to... Do you think something like that would work for you?”

If appropriate, distribute handouts, ***Connecting with Others: Seeking Social Support and Giving Social Support*** provided in Appendix E. These handouts are intended for adults and older adolescents.

7. Information on Coping

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

Disasters can be disorienting, confusing, and overwhelming, putting survivors at risk for losing their sense of competence to handle problems that they face. Feeling one can cope with disaster-related stress and adversity is beneficial to recovery.

Various types of information can help survivors 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
- Post-disaster reactions 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 the survivor. Stress reactions may be alarming. Some will be frightened or alarmed by their own responses; some may view their reactions in negative ways (for example, my reactions mean “There’s something wrong with me” or “I’m weak”). You should take care to avoid pathologizing survivor responses; do not use terms like “symptoms” or “disorder.” You may also see positive reactions, including appreciating life, family, and friends, or strengthening of spiritual beliefs and social connections.

Provider Alert. While it may be helpful to describe common stress reactions and to note that intense reactions are common but often diminish over time, it is also important to avoid providing “blanket” reassurance that stress reactions will disappear. Such reassurances may set up unrealistic expectations about the time it takes to recover.

Review Common Psychological Reactions to Traumatic Experiences and Losses

For survivors who have had significant exposure to trauma and have sustained significant losses, provide basic psycho-education about common distress reactions. You can review these, emphasizing that such reactions are understandable and expectable. Inform survivors that, if these reactions continue to interfere with their ability to function adequately for over a month, psychological services should be considered. The following basic information is presented as an overview for the Psychological First Aid provider so that you can discuss issues arising from survivors’ post-disaster reactions.

Information on Coping

There are three types of posttraumatic stress reactions:

1. Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or mental images of the event (for example, picturing what one saw), or dreams about what happened. Among children, bad dreams may not be specifically about the disaster. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may feel and act like one of their worst experiences is happening all over again. This is called a “flashback.”

2. Avoidance and withdrawal reactions are ways people use to keep away from, or protect against, intrusive reactions. These reactions include trying to avoid talking, thinking and having feelings about the traumatic event, and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distress. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

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

It is also useful to discuss the role of trauma reminders, loss reminders, change reminders, and hardships in contributing to distress.

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

Loss Reminders can also be sights, sounds, places, smells, specific people, the time of day, situations, or feelings. Examples include seeing a picture of a lost loved one, or seeing their belongings, like their clothes. Loss reminders bring to mind the absence of a loved one. Missing the deceased can bring up strong feelings, like sadness, feeling nervous, feeling uncertain about what life will be without them, feeling angry, feeling alone or abandoned, or feeling hopeless. 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 us of how our lives have changed from what they used to be as the result of a disaster. This can be something as simple as waking up in a different bed in the morning, going to a different school, or being in a different place. Even nice things can remind us of how life has changed, and make us miss what we had before.

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Hardships often follow in the wake of disasters and can make it more difficult to recover. Hardships place additional strains on survivors 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, separations from friends and family, medical or physical health problems, the process of obtaining compensation for losses, school closures, being moved to a new area, and lack of fun activities.

Other kinds of reactions include grief reactions, traumatic grief, depression, and physical reactions.

Grief Reactions will be prevalent among those who survived the disaster but have suffered many types of losses, including the death of loved ones, and loss of home, possessions, pets, schools, and community. 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. More information on grief reactions and how to respond to survivors experiencing acute grief reactions can be found in the section on **Safety and Comfort**.

Traumatic Grief Reactions occur when children and adults have suffered the traumatic death of a loved one. Some survivors 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 survivors to adjust to the death over time. More information on traumatic grief reactions and how to respond can be found in the section on **Safety and Comfort**.

Depression is associated with prolonged grief reactions and strongly related to the accumulation of post-disaster adversities. 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 post-disaster adversities and resignation to adverse changes in life circumstances.

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

Several handouts found in Appendix E may be useful. ***When Terrible Things Happen*** describes common adult and adolescent reactions, and positive/negative coping. ***Parent Tips for Helping Infants and Toddlers; Parent Tips for Helping Preschool Age Children; Parent Tips for Helping School Age Children; Parent Tips for Helping Adolescents; and Tips for Adults*** are for adults to help themselves and their children.

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Talking with Children about Body and Emotional Reactions

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

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

The following gives a basic explanation that helps children to talk about common emotional and physical reactions to disaster.

Adolescent/ Child	<p>When something really bad happens, kids often feel funny, strange, or uncomfortable, like their heart is beating really fast, their hands feel sweaty, their stomach hurts, or their legs or arms feel weak or shaky. Other times kids just feel funny inside their heads, almost like they are not really there, but like they are watching bad things happen to someone else.</p> <p>Sometimes your body keeps having these feelings for a while even after the bad thing is over and you are safe. These feelings are your body's way of telling you again how bad the disaster was.</p> <p>Do you have any of these feelings, or other ones that I didn't talk about? Can you tell me where you feel them, and what they feel like?</p> <p>Sometimes these strange or uncomfortable feelings come up when kids see, hear, or smell things that remind them of the bad thing that happened, like strong winds, glass breaking, the smell of smoke, etc. It can be very scary for kids to have these feelings in their bodies, especially if they don't know why they are happening or what to do about them. If you like, I can tell you some ways to help yourself feel better. Does that sound like a good idea?</p>
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Provide Basic Information on Ways of Coping

The Psychological First Aid provider can discuss a variety of ways to effectively cope with post-disaster reactions and adversity.

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

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

Maladaptive coping actions tend to be ineffective in addressing problems. Such actions include:

- Using alcohol or drugs to cope
- Withdrawing from activities
- Withdrawing from family or friends
- Working 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 survivors consider different coping options
- Identify and acknowledge their personal coping strengths
- Think through the negative consequences of maladaptive coping actions
- Encourage survivors to make conscious goal-oriented choices about how to cope
- Enhance a sense of personal control over coping and adjustment

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

The handout, *When Terrible Things Happen* (Appendix E), reviews positive and negative coping for adult and adolescent survivors.

Teach Simple Relaxation Techniques

Breathing exercises help reduce feelings of over-arousal and physical tension which, if practiced regularly, can improve sleep, eating, and functioning. Simple breathing exercises can be taught quickly. It is best to teach these techniques when the survivor is calm and can pay attention. It may also be helpful for family members to prompt each other to use and practice these techniques regularly. The handout, *Tips for Relaxation* (Appendix E), can be provided to reinforce the use and practice of relaxation techniques. To teach a breathing exercise, you might say:

Adult/ Caregiver/ Adolescent	Inhale slowly (one-thousand one; one-thousand two; one-thousand three) through your nose, and comfortably fill your lungs all the way down to your belly. Silently and gently say to yourself, “My body is filling with calm.” Exhale slowly (one-thousand one; one-thousand two; one-thousand three) through your mouth, and comfortably empty your lungs all the way down to your abdomen. Silently and gently say to yourself, “My body is releasing tension.” Repeat five times slowly.
Child	Let’s practice a different way of breathing that can help calm our bodies down. Put one hand on your stomach, like this [demonstrate]. Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this [demonstrate]. Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate]. We can pretend like we are a balloon, filling up with air, and then letting the air out, nice and slow. We are going to breathe in really slowly while I count to three. I’m also going to count to three while we breathe out really slowly. Let’s try it together. Great job!

If you find out that a survivor has previously learned some relaxation technique, try to reinforce what he/she has already learned rather than teaching new skills.

Coping for Families

Establishing family routines to the extent possible after a disaster is important for family recovery. It is especially important to encourage parents and caregivers to try to maintain family

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routines such as meal times, bedtime, wake time, reading time, and play time, and to set aside time for the family to enjoy activities together.

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

It is especially important to assist family members in developing a mutual understanding of their different experiences, reactions and course of recovery, and to help develop a family plan for communicating about these differences. For example, you might say:

	Often, due to differences in what each of you experienced during and after the disaster, each family member will have different reactions and different courses of recovery. These differences can be difficult to deal with, and can lead to family members not feeling understood, getting into arguments, or not supporting each other. For example, one family member may be more troubled by a trauma or loss reminder than other family members.
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The Psychological First Aid provider should encourage family members to be understanding, patient, and tolerant of differences in their reactions, and to talk about things that are bothering them, so the others will know when and how to support them. Family members can help each other in a number of ways, like listening and trying to understand, comforting with a hug, doing something thoughtful like writing a note, or getting his/her mind off things by playing a game. Parents need to pay special attention to how their children may be troubled by reminders and hardships, because they can strongly affect how their children react and behave. For example, a child may look like he/she is having a temper tantrum, when actually he/she has been reminded of a friend who was hurt or killed.

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

Adolescent	When disasters like this happen, parents/caregivers often become more anxious about their kids' safety, so they often have more restrictions. So, while your parent feels the need to keep you on a tighter leash to make sure you are safe, try to give them some slack. This is usually only temporary, and will probably decrease as things start to settle down.
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Assist with Developmental Issues

Children, adolescents, adults, and families 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 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
Adults	<ul style="list-style-type: none"> • starting or changing a job or career • getting engaged or married • having a child/having children leave home
Families	<ul style="list-style-type: none"> • buying a new home or moving • having a child leave home • going through a separation or divorce • experiencing the death of a grandparent
All Ages	<ul style="list-style-type: none"> • graduations • birthdays • special events

Children and families should also be given an opportunity to attend to the disaster's impact on development. It can be helpful to ask children and families directly:

Parent/ Caregiver	Are there any special events that the family was looking forward to? Was anyone about to do something important, like starting school, graduating from high school, or entering college?
Adult	Are there any goals you were working towards that this disaster has, or might interfere with, like a promotion at work or getting married?
Child/ Adolescent	Were there things before the disaster that you were looking forward to, like a birthday, a school activity, or playing on a sport team?

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You should try to increase appreciation of family members to these issues, so that they understand the challenge to each individual, as well as the whole family. Help find alternative ways for family members to handle the interruption or delay. In helping to develop a plan to address these concerns, consider whether:

- You can postpone the event to a later date
- You can relocate the event to a different place
- You can change your expectations, that you can tolerate the postponement

Assist with Anger Management

Stressful post-disaster situations can make survivors feel irritable and have difficulty managing their anger. In addressing anger, you can:

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

Some anger management skills that you can suggest include:

- Take a “time out” or “cool down” (walk away and calm down, do something else for a while).
- Talk to a friend about what is angering you.
- Blow off steam through physical exercise (go for a walk, jog, do pushups).
- Keep a journal in which you describe how you feel and what you can do to change the situation.
- Remind yourself that being angry will not help you achieve what you want, and may harm important relationships.
- Distract yourself with positive activities like reading a book, praying or meditating, listening to upbeat music, going to religious services or other uplifting group activities, helping a friend or someone in need, etc.
- Look at your situation in a different way, see it from another’s viewpoint, or find reasons your anger may be over the top.
- For parents/caregivers, have another family member or other adult temporarily supervise your children’s activities while you are feeling particularly angry or irritable.

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

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

Address Highly Negative Emotions (Guilt and Shame)

In the aftermath of disasters, survivors 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 survivors to look at the situation in ways that are less upsetting. You might ask:

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

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

Help with Sleep Problems

Sleep difficulties are common following a disaster. 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. Disturbance in sleep can have a major effect on mood, concentration, decision-making, and risk for injury. Ask whether the survivor is having any trouble sleeping and about sleep routines and sleep-related habits. Problem-solve ways to improve sleep, for example the survivor might try to:

- Go to sleep at the same time and get up at the same time each day.
- Reduce alcohol consumption: alcohol disrupts sleep.
- Eliminate consumption of caffeinated beverages in the afternoon or evening.
- Increase regular exercise, though not too close to bedtime.
- Relax before bedtime by doing something calming, like listening to soothing music, meditating, or praying.

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- Limit daytime naps to 15 minutes and do not nap later than 4 PM.

Discuss that worry over immediate concerns and exposure to daily reminders can make it more difficult to sleep, and that being able to discuss these and get support from others can improve sleep over time.

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.”

Address Alcohol and Substance Use

When use of alcohol and other substances is a concern:

- Explain to the survivor that many people (including adolescents) who experience stress reactions choose to drink or use medications or drugs to reduce their bad feelings.
- Ask the individual to identify what he/she sees as the positives and negatives of using alcohol or drugs to cope.
- Discuss and mutually agree on abstinence or a safe pattern of use.
- Discuss anticipated difficulties in changing behavior.
- If appropriate and acceptable to the person, make a referral for substance abuse counseling or detoxification.
- If the individual has previously received treatment for substance abuse, encourage him/her to once again seek treatment to get through the next few weeks and months.

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

8. Linkage with Collaborative Services

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

Provide Direct Link to Additional Needed Services

As you provide information, also discuss which of the survivor's needs and current concerns require additional information or services. Do what is necessary to insure effective linkage with those services (for example, walk the survivor over to an agency representative who can provide a service, set up a meeting with a community representative who may provide appropriate referrals). 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
- When pastoral counseling is desired
- Ongoing difficulties with coping (4 weeks or more after the disaster)
- Significant developmental concerns about children or adolescents
- When the survivor asks for a referral

In addition, reconnect survivors to agencies that provided them services before the disaster including:

- Mental health services
- Medical services
- Social support services
- Child welfare services
- Schools
- Drug and alcohol support groups

When making a referral:

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

Referrals for Children and Adolescents

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.

Referrals for Older Adults

Help with plans for an elder who is going home or needs access to alternative housing. Make sure the elder has referral sources for the following, if needed:

- A primary care physician
- A local senior center
- Council on Aging programs
- Social support services
- Meals on Wheels
- Senior housing or assisted living
- Transportation services

Promote Continuity in Helping Relationships

A secondary, but important concern for many survivors is being able to keep in contact with responders who they feel have been helpful. In most cases, continuing contact between survivors and you will not be possible because survivors will leave triage sites or family assistance centers and go to other sites for continuing services. However, loss of contacts made during the acute aftermath of disasters can lead to a sense of abandonment or rejection. You can create a sense of continuing care if you:

- Give the names and contact information for the local public health and public mental health service providers in the community. There may also be other local providers or recognized agencies who have volunteered to provide post-disaster follow up services for the community. (Be wary of referring to unknown volunteer providers.) Such information may not be known for several hours or days, but once available, it can be considerably helpful to disaster survivors.

- Introduce the survivor to other mental health, health care, family service, or relief workers, so that he/she knows several other helpers by name.

Sometimes, survivors feel as if they are meeting a never-ending succession of helpers, and that they have to go on explaining their situation and telling their story to each one in turn. To the extent possible, minimize this. If you are leaving a response site, let the survivor know, and if possible, ensure a direct “hand-off” to another provider, one who will be in a position to maintain an ongoing helping relationship with the person. Orient the new provider to what he/she needs to know about the person, and if possible, provide an introduction.