Appendix D: Provider Worksheets

Survivor Current Needs

Date: _____Provider: _____ Survivor Name: _____Location _____

This session was conducted with (check all that apply):
□ Child □Adolescent □ Adult □Family □ Group

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

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

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

2. Check the boxes corresponding to any other specific concerns

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

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

4. Referral

□ Within project (specify) _____
□ Other disaster agencies
□ Professional mental health services
□ Medical treatment
☐ Substance abuse treatment
☐ Other community services
☐ Clergy
☐ Other: _____

5. Was the referral accepted by the individual? ☐ Yes ☐ No

Appendix D: Provider Worksheets

Psychological First Aid Components Provided

Date: _____ Provider: _____ Location: _____

This session was conducted with (check all that apply):
□ Child □Adolescent □ Adult □Family □ Group

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

Contact and Engagement
□ Initiated contact in an appropriate manner
□ Asked about immediate needs

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

Stabilization
□ Helped with stabilization
□ Used grounding technique
□ Gathered information for medication referral for stabilization

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

Practical Assistance
□ Helped to identify most immediate need(s)
□ Helped to develop an action plan
□ Helped to clarify need(s)
□ Helped with action to address the need

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

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

Linkage with Collaborative Services
□ Provided link to additional services service(s): _____
□ Promoted continuity of care _____
□ Provided handout(s) _____