Psychological First Aid

PFA™

Field Operations Guide for Community Religious Professionals

National Child Traumatic Stress Network

National Center for PTSD

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). Additional support was provided by the Robert Wood Johnson Foundation.

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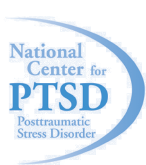
North Shore - LIJ Health System
Adolescent Trauma Treatment Development Center

The Healthcare Chaplaincy

Fuller Theological Seminary



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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

National Center for PTSD
The Veterans Administration's National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. Mandated by Congress in 1989, the Center is a consortium of seven academic centers of excellence providing research, education, and consultation in the field of traumatic stress.

North Shore - LIJ Health System Adolescent Trauma Treatment Development Center
The NCTSN Adolescent Trauma Treatment Development Center is part of the Division of Trauma Psychiatry of the North Shore-LIJ Health System, which is located on Long Island. The Center's major efforts include developing psychological interventions for chronically traumatized adolescents, developing educational materials for adolescent victims of trauma, their family members, and the public, and developing interventions for health systems to employ after disasters.

The Healthcare Chaplaincy
Founded in 1961, The HealthCare Chaplaincy is a leading international center for multi-faith pastoral care, education, research, and consulting. The Chaplaincy partners with many diverse healthcare institutions throughout the New York region, providing patients, their loved ones, and staff with essential spirit-centered pastoral care, multi-faith services, and supportive counsel to help foster total well-being. Educating current and future chaplains is accomplished through The HealthCare Chaplaincy's accredited pastoral education programs, which teach clergy, seminarians, and qualified laypersons, of all faiths, the art and science of pastoral care. The Chaplaincy's post-doctoral-level research initiatives contribute to the evidence-based best practices in pastoral care, consulting, and education.

Fuller Theological Seminary
Fuller Theological Seminary is one of the largest multidenominational seminaries in the world, with nearly 5,000 students from 70 countries and more than 100 denominations. Fuller provides professional and graduate-level education in its schools of theology, psychology, and intercultural studies.

The views, opinions, and content are those of the authors, and do not necessarily reflect those of SAMHSA or HHS.

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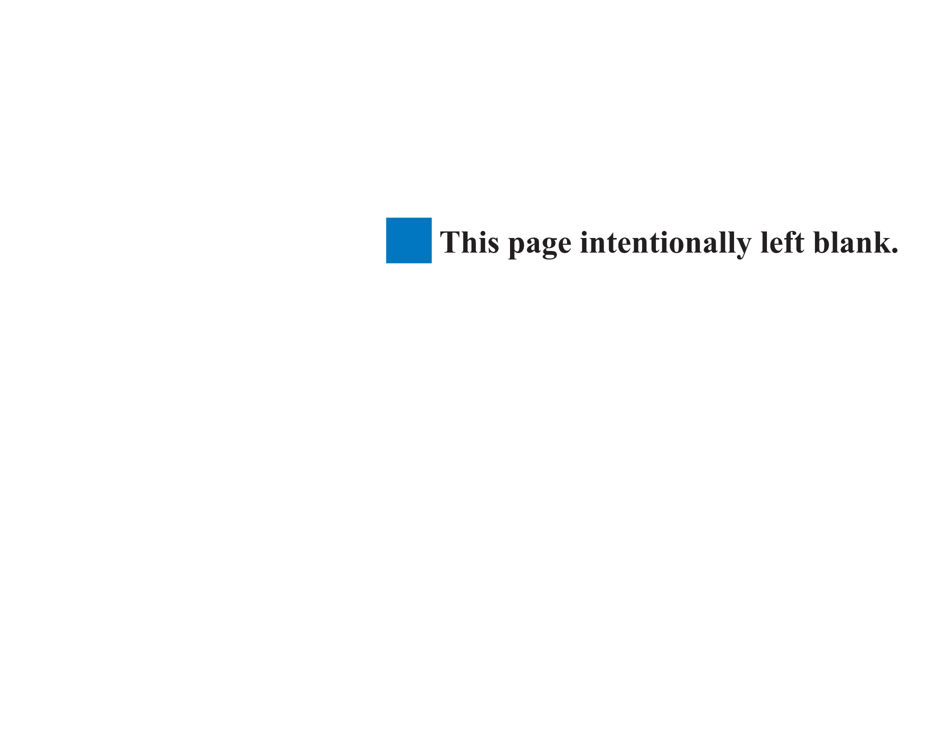
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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Introduction and Overview:

- What is Psychological First Aid?
- Why Should You Learn Psychological First Aid?
- Who is Psychological First Aid For?
- Who Delivers Psychological First Aid?
- When Should Psychological First Aid Be Used?
- Where Should Psychological First Aid Be Used?
- Strengths of Psychological First Aid
- Basic Objectives of Psychological First Aid
- Delivering Psychological First Aid

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Introduction and Overview

Psychological First Aid for Community Religious Professionals

What is Psychological First Aid?

Psychological First Aid is an evidence-informed[1] 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
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 (spiritual, physical, psychological, and behavioral). 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.

Why Should You Learn Psychological First Aid?

As a community religious professional[2] , you may work primarily with people you know well. However, while delivering Psychological First Aid, you will be meeting new people continuously, working in diverse settings, and encountering unfamiliar situations and circumstances. This is a very demanding and draining experience. Psychological First Aid will give you a particular set of skills and procedures that will allow you to minister safely and effectively to survivors of disasters and terrorist events.

Who is Psychological First Aid For?

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

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[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.
[2]Community Religious Professionals include all people who consider themselves religious/spiritual leaders or act on behalf of their own faith tradition.

Who is Psychological First Aid For? *- continued*

workers. Community religious professionals may be especially helpful to those in spiritual distress. Spiritual distress is evident in individuals for whom religion is very important but currently does not provide them with the support they need.

Who Delivers Psychological First Aid?

Psychological First Aid is designed for delivery by community religious professionals 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 embedded 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. Community religious professionals, like other disaster response volunteers, must form relationships with community relief organizations to facilitate smooth integration and clarity of roles prior to a disaster.

When Should Psychological First Aid Be Used?

Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorism. Survivors may have a range of religious, spiritual, and existential issues that arise after these events. While many survivors will speak in religious language, others may use philosophical and existential terms to address such issues as loss and meaning.

It is essential for all community religious professionals to speak to the survivor in the language with which the survivor is comfortable, rather than language that the professional wants to impose. For a more complete discussion of the distinctions between the terms religious, spiritual, and existential, see Appendix B.

Where Should Psychological First Aid Be Used?

Psychological First Aid is designed for delivery in diverse settings. Community religious professionals and other disaster response workers may be called upon to provide Psychological First Aid in houses of worship, 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 C.

Strengths of Psychological First Aid

- Psychological First Aid includes basic information-gathering techniques to help you 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, culturally, and spiritually 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 spiritual, 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, faith communities, neighbors, and community helping resources.
- Support adaptive coping, including their use of religious and spiritual strategies, 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) link the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations. You may also link the survivor to representatives of their faith tradition.

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.
- Avoid statements that judge a survivor's beliefs or coping strategies.
- Support survivor's spiritual needs without imposing your own beliefs.

Guidelines for Delivering Psychological First Aid

- Politely observe first, don't intrude. Then ask simple respectful questions to determine how you may help.
- 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.
- Often, the best way to make contact is to provide practical assistance (food, water, blankets).
- 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; do not 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 and to cope.
- 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 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

- Unless you are a community religious professional dealing with a member of your own congregation, do not impose or prescribe your own religious beliefs or practices.
- Do not evangelize or proselytize.
- 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 or distressed.
- Do not pathologize. Most acute reactions, even strong ones, 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."
- 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 manner 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, say so, and then do your best to learn the facts.

Working With Children and Adolescents

- With young children, sit or crouch at their eye level.
- Help school-aged children verbalize their feelings, concerns, and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Do not increase their distress by using extreme words like "terrified" or "horrified."

Working With Children and Adolescents - *continued*

- 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.
- Do not 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.

Working With Survivors with Disabilities

- Take the word of a person who claims to have a disability–even if the disability is not obvious or familiar to you.
- Offer a blind or visually impaired person your arm to move him/her about in unfamiliar surroundings.
- If needed, offer to write down information and make arrangements for the person to receive written announcements.
- 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.
- 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.
- Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person.

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Preparing to Deliver Psychological First Aid:

- Preparation
- Providing Services
- Group Settings
- Maintain a Calm Presence
- Psychological First Aid Core Actions

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Preparing to Deliver Psychological First Aid

In order to be of assistance to disaster-affected communities, you must be knowledgeable about the nature of the event, current circumstances, and the type and availability of relief and support services. Further, as a community religious professional, there are certain issues that you need to keep in mind as you work with those in your congregation or community. Your work, while it may seem individual or congregational, can impact the entire community, going beyond your local faith community. Therefore, it is of utmost importance that you understand your role as part of an organized disaster response. As such, you need to understand how the disaster response functions and how you can or might receive important information that you can relay to survivors.

Before a disaster strikes, there are several steps you can take if you work in a congregation:

1. Get to know the local American Red Cross Chapter and review their disaster plans. If you have the time, take the volunteer training that the American Red Cross offers, so that you will be up-to-date on current practices and understand the incident command structure of a disaster response. This will help you to learn the disaster terminology, chain of command, and the appropriate person to contact following a disaster. Discuss strategies with the American Red Cross about where and to whom you might be most useful in a post-disaster situation or about the possibility of opening your house of worship as a shelter.

2. Get to know other disaster-response groups in your area. The American Red Cross can probably give you a list of the other groups in your area that will be involved when there is a disaster. The more contacts you make ahead of time, the easier it will be for you to respond quickly and effectively when a disaster occurs.

3. Work with fellow clergy in your area to coordinate disaster preparedness and post-disaster plans.

4. Take stock of your own congregation. The following are some questions to ask yourself and your leadership:

    - What is your congregation's expectation regarding your post-disaster role and/or responsibilities?
    - What can you offer?
    - What resources will be immediately available?
    - What resources might take some time to gather?
    - Who from your congregation has the skills to assist you in a disaster situation?

- Does your own faith community have a disaster plan? Have you assessed your own risk and vulnerability?
- If you have a school (preschool, elementary, middle, and/or high school) attached to your faith community, have you coordinated your faith community's disaster plan with the school's disaster plan?
- How many people might your house of worship be able to house and feed for 72 hours?
- Are you willing to open your facilities to those who are not members of your congregation?

As soon as possible, gather accurate information about what will happen after a disaster occurs, what disaster relief services will be available, and where they can be found. This information is often critical to reducing distress and promoting adaptive coping.

Preparation

Planning and preparation are important when working as a Psychological First Aid provider. Up-to-date training in disaster mental health is a critical component in undertaking disaster relief work. You may be working with children, older adults, and special populations, all of which require in-depth knowledge. Before deciding whether to participate in disaster response, you should consider the following:

- What is your general comfort level with this type of work?
- Have you reacted negatively in the past to working with situations of significant loss where you weren't able to assist others?
- What is your comfort level with different age groups like toddlers, adolescents, adults, the elderly, and those with disabilities?
- What is your comfort level with mental health or emotional issues?
- Are you willing to be accepting of others whose beliefs or life styles are different than your own?
- Do you have any health issues that would limit your ability to do this kind of work or would put you at risk?
- Do you have any family and/or work issues that need to be taken into account, such as responsibility for the care of a family member or expectations of your congregation?
- How do you plan on taking care of yourself and/or your family in stressful situations?

For more guidance on your readiness to respond and how to care for yourself during or after a disaster, see Appendix D.

Providing Services

Community religious professionals are able to be especially helpful to those in spiritual distress. Spiritual distress is evident in individuals for whom religion is very important but currently does not provide them with the support they need. An example is the survivor who has long relied on prayer for support but now is feeling unable to pray because of the impact of the disaster. Spiritual distress may also be seen in some non-religious survivors who experience spiritual crisis because of the incompatibility between their systems of beliefs and their perceptions of the disaster situation. Below are some examples of signs of spiritual crisis:

- Reconsidering core tenets or having negative views of religious/spiritual beliefs
- Feeling a need to be cleansed
- Feeling extreme guilt and shame
- Feeling abandoned
- Losing a sense of hope

Focus your attention on how people are reacting and interacting with others. 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

Group Settings

While Psychological First Aid is primarily designed for working with individuals and families, many components can be used in group settings, 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.

Group Settings *- continued*

- 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.
- Focus the discussion on problem-solving and applying coping strategies to immediate issues.
- Ensure that, if there are people of differing faith traditions, all traditions are respected.

Maintain a Calm Presence

People look to you as a role model. It is important to maintain a sense of self, to minister to survivors needs. Remember that your presence may remind people of God[3] , an awesome role, one to be taken seriously. You may remind those of non-theistic traditions of the presence of special wisdom and knowledge and be perceived as a guide to forge a path through uncertain times.

Judge each situation individually. Sometimes, your presence alone can provide comfort and support. This ministry of presence may include prayer, reading, or merely being silent. Be open to responding in whatever way is needed by survivors. People take their cues 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, sexual orientation, gender, and language diversity. You should be aware of your own values and prejudices, and how these may coincide with or differ from those of the community being served. Be aware of how your religious affiliation is perceived by the community. 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 towards governmental agencies, and receptivity to counseling, should be gathered with the assistance of community religious and cultural leaders who represent and best understand local cultural groups.

[3]Throughout this manual, you should substitute the name of the appropriate higher power in which you believe.

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
  - 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 or developmental disabilities, illness, or sensory deficits
- 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.

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Core Actions:

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

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Core Actions

Psychological First Aid Core Actions

1. **Contact and Engagement**

   Goal: To respond to contacts initiated by survivors, or to initiate contacts in a nonintrusive, 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 connects with primary support persons and other sources of support, including family members, friends, faith communities, and other 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. You should be flexible and base the amount of time you spend on each core action on the survivors' specific needs and concerns.

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Contact and Engagement:

- Role as Community Religious Professional in First Contact
- Maintain Confidentiality
- Introduce Yourself and Ask about Immediate Needs
- The Ministry of Presence

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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 help 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 from another person 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 how acceptable it is 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 him/her.

Cultural factors may also contribute to whether someone approaches you for help. Look for clues to a survivor's need for "personal space." Consider the possibility of finding a colleague who is of that cultural group to make the first contact, or to accompany you in your approach to the individual or family.

Seek guidance about cultural norms through community cultural and/or religious leaders who best understand local customs and religious practices. In working with family members, find out who is the spokesperson for the family and initially address this person.

Be aware that survivors may have difficulty expressing strong feelings in a language other than their first language. If a survivor does not speak your language, whenever possible, find an interpreter. Try not to use a child as an interpreter.

Some survivors may not seek your help, but can still 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.

Role as Community Religious Professional in First Contact

Depending upon your religious affiliation you may or may not be wearing garb that indicates your role as a professional clergy member or chaplain. Some individuals may find an identified clergy member to be a comfort, others may have a negative reaction, and some may be neutral to a religious presence. Be aware of the diversity of beliefs, attitudes, and values that will be represented in the community.

Maintain 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 conversations with survivors or disaster responders is extremely important. As a community religious professional, it is likely that you are a mandated reporter. You should abide by the abuse reporting laws of the state in which you are working, including the legal limits of information you hear in the context of confession. If you have questions about releasing information, discuss them 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.

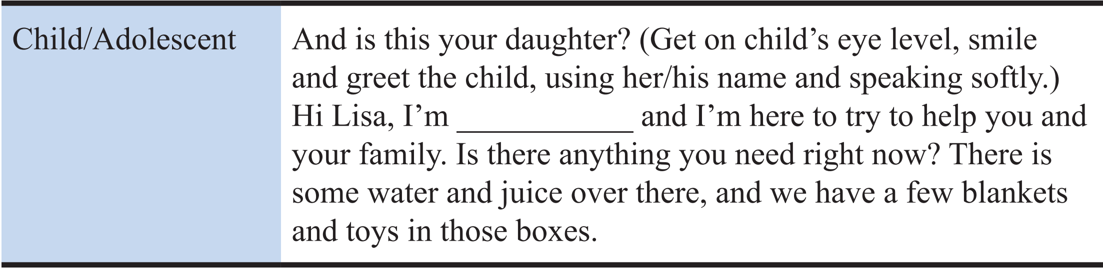
Introduce Yourself/Ask about Immediate Needs

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.

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?



Child/Adolescent	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.

Some individuals may approach you in extreme distress. This first contact may be very emotional. You can make the important introductions and then move quickly to the context of Safety and Comfort (see next section). Remember to speak calmly and softly, even if the person is angry or frantic. You might ask if the person would like to go to a more private or quieter place. Be aware of your own reactions to the anger, fear, and grief of others. Make certain that you can maintain your sense of calm and focus as you seek to engage others to provide help.

The Ministry of Presence

Often, your presence as a community religious professional alone can provide comfort and support. This ministry of presence might include helping the survivor to feel calm, more peaceful, and more capable of coping with his/her situation

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Safety and Comfort:

- Ensure Immediate Physical Safety
- Provide Information about Disaster Response Activities and Services
- Attend to Physical Comfort
- Attend to Specific Spiritual Needs
- Promote Social Engagement
- Attend to Children Who Are Separated from their Parents/ Caregivers
- Protect from Additional Traumatic Experiences and Trauma Reminders
- Help Survivors Who Have a Missing Family Member
- Help Survivors When a Family Member or Close Friend has Died
- Attend to Grief
- Provide Information about Casket and Funeral Issues
- Attend to Issues Related to Traumatic Grief
- Support Survivors Who Receive Death Notification
- Support Survivors Involved in Body Identification
- Help Caregivers Confirm Body Identification to a Child or Adolescent

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2. Safety and Comfort

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

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 survivors' exposure to information that is inaccurate or exaggerates details of the traumatic event or is excessively upsetting.
- Access available practical resources.
- Get information about how responders are making the situation safer.
- Connect with others who have shared similar experiences or beliefs.

Ensure Immediate Physical Safety

Make sure that all 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 spilled liquids, broken glass, sharp objects, furniture, 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.
- Be aware and ensure the safety of survivors in a particular subgroup that may be targeted for persecution based on their ethnicity, religion, or other affiliations (including gang membership).

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

- Help make the physical environment safer (for example, try to ensure adequate lighting, and protect against slipping, tripping, and falling).

Ensure Immediate Physical Safety *- continued*

- Ask specifically about and arrange to meet his/her needs for eyeglasses, hearing aids, wheelchairs, walkers, canes, or other medical/mobility devices. Try to ensure 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 medication needs. 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.
- Contact relatives, if they are available, to further ensure 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 medications, 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, a person expresses intense anger towards self or others, exhibits extreme agitation). Seek immediate support for containment and management by medical personnel, EMT assistance, or a security team.
- *Shock*–If an individual is showing signs of shock (pale, clammy skin; weak or rapid pulse; dizziness; irregular breathing; dull or glassy eyes; unresponsive to communication; lack of bladder or bowel control; and restlessness, agitation, or confusion). Seek immediate medical support.
- *Alcohol/drug or medication withdrawal*–Look for signs that may include stomach pains, nausea, vomiting, shakiness, sweating, incoherence, hallucinations, seizures, extreme agitation or disorientation, or loss of consciousness. Ask if the person has been using substances or medication. Seek immediate medical or security support.

Providing Information about Disaster Response Activities and Services

To reorient and comfort survivors, provide information about:

- What is currently known about the unfolding event
- What is being done to assist them

- What to do next
- Available services
- Common stress reactions
- Self-care, family-care, and coping
- Local places of worship or faith-based community support
- Community religious professionals that are available

In providing information:

- Use your judgment as to *whether* and *when* to present information. Ask yourself: Does the individual appear able to comprehend what is being said and is she/he ready to hear the content of the messages?
- Address immediate needs and concerns first to reduce fears, answer pressing questions, and support adaptive coping. Keep in mind that spiritual needs may not be foremost in a survivor's mind.
- Use clear and concise language while avoiding technical/religious jargon.
- Ask survivors if they have any questions about what is going to happen and give simple accurate information about what they can expect.
- If you do not have specific information, *do not* guess or invent information in order to provide reassurance. Instead, develop a plan with survivors for ways you can gather the requested information together.
- 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.

Examples of what you might say include:

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 it is time to go.

Providing Information about Disaster Response Activities and Services *- continued*

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 other concerns 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 going to be done to keep everyone safe?
Child	Your mom and dad are here, and many people are working hard together to make sure 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 comfort themselves and others around them.

Find ways to help enhance the physical comfort of children. Consider the following:

- Toys like soft teddy bears that children 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.").

- Make sure that parents have adequate facilities to attend to the feeding and diapering needs of infants and toddlers.

When working with the frail elderly or people with disabilities, pay attention to factors that may increase their vulnerability to stress or worsen medical conditions. When attending to 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), and frailty (increased susceptibility to falls, minor injuries, bruising, and temperature extremes).
- 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, or 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 did not need a wheelchair before the event may need one now).
- Concern for the safety of a service animal.

Attend to Specific Spiritual Needs

It is important to attend to the specific spiritual needs of survivors, including:

- Helping to provide an area for prayer, chanting, or meditation
- Helping survivors make contact with religious leaders or fellow worshippers/congregants
- Providing religious resources, such as texts and ritual objects
- Providing opportunities for survivors to express and discuss religious/spiritual concerns

Promote Social Engagement

Facilitate group and social interaction as appropriate. It is generally soothing and reassuring to be near other 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.

As appropriate, encourage people who are coping adequately to talk with others who are currently distressed or not coping as well. Reassure them that talking to people, especially about things they 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 and pretend games, or sports.

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 avoid putting them too close to people who are extremely upset. Offer brief, clear explanations to children and adolescents who have observed extreme reactions in other survivors. For example, you might say:

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 feel better. If you feel upset, talk to your mom or dad, or someone else who can help you feel better.

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 they 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

If children are separated from their caregivers, helping them reconnect quickly is a high priority. If you encounter an unaccompanied child:

- Ask for identifying information (such as their name, parent/caregiver and sibling names, address and school) and notify the appropriate authorities.
- Provide children with 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 he/she will see his/her caregiver soon.

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

Set Up a Child-Friendly Space

- Help to create a designated child-friendly space, such as a corner or 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 kits with toys, playing cards, board games, balls, paper, crayons, markers, books, safety scissors, tape, and glue.
- Plan for activities that are calming, such as playing with Legos, building with wooden blocks, making play-dough figures, doing paper cut-outs, using stickers, 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, reading a book to a group of young children, or by playing with them.
- 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 card games, making up and telling stories, or making a scrapbook.

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 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

Protect from Additional Traumatic Experiences and Trauma Reminders - *continued*

children and adolescents. Encourage parents to monitor and limit their children's exposure to the media and 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 (or within hearing distance 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 look for information on the internet after something like this, but doing this can be pretty scary. It's best to 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.

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, shock, guilt, or anger. Anger may be focused on the disaster situation, agencies, people, themselves, or at God. Survivors may also 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 whom they consider responsible for locating their missing relative or friend.

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. The website 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.

You may want to take extra time with survivors worried about a missing family member. Being present to listen to survivors' hopes and fears, and being honest in giving information and answering

questions are often deeply appreciated. To help locate a missing family member, you can review with the family any pre-disaster plans they had 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 other families in case of emergency; and any pre-arranged or likely meeting places (including homes of relatives and places of worship), 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. 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. It may comfort some family members to pray for the missing loved one and to have others pray for that person. It may also comfort some family members to keep a small personal item and/or photograph of the missing person with them. Encourage this as an alternative to leaving the safe area when it is not advisable. 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 provide other evidence to help the search. Authorities may have family members file a missing persons report or provide information about when and where the 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. Reassure children that the family, police, and other first responders are doing everything possible to find him/her. 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. You or a supportive family member 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 don't 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?

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. 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 is not a measure of how much they love the person or each other. You should 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

Help Survivors Who Have a Missing Family Member *- continued*

keep hoping that the person is alive, but instead honestly share the concern that the loved one may be dead. Parents/caregivers should check with children to make sure that they understand and allow them to ask any 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, spiritual/religious beliefs, and rituals related to mourning. If you are working outside of your own community, learn about cultural norms with the assistance of community cultural and religious leaders who best understand local customs. Even within cultural and religious groups, beliefs and practices can vary widely. Do not assume that all members of a given group will believe or behave the same way. It is important for families to engage in their own traditions, practices, and rituals to provide mutual support, seek meaning, manage a range of emotional responses and death-related adversities, and honor the dead person.

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, missing or longing for 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. Keep in mind the following:

- Treat acutely bereaved children and adults with dignity, respect, and compassion.
- Grief reactions vary from person to person.
- 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.
- Grief is sometimes expressed as anger towards God or feeling abandoned by God—meet them spiritually/religiously where they are.

In working with survivors who have experienced the death of a family member or close friend, you can:

- Discuss how family members and friends will each have his/her 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 cultural or religious beliefs influence how people grieve and especially how rituals may or may not satisfy current feelings of each family member.

To emphasize how important it is for family members to understand and respect each other's course of grief, you may say:

Adult/Adolescent/ Child	Each person in the family may express their grief differently. Some may not cry, while others might cry a lot. No one in the family should feel bad about this or think there is something wrong with them. What is most important is to respect the different ways each person feels, and to help each other in the days and weeks ahead.

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 positive activities, their grief can be just as strong as that of any other family member. 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, and reading. Some may wish to be alone. If safe, provide them with some privacy.

When a survivor does want to talk about a loved one, you should listen quietly, and do 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.
- Advise them that if they continue to experience grief or depression that affects daily functioning, they should talk to a religious professional or to a counselor who specializes in grief.
- Tell them that their doctor, their city or county department of mental health, or their local hospital can refer them to appropriate services.

Don't say:

- I know how you feel.
- It was probably for the best.
- He/She is better off now.
- It was his/her time to go.

- At least he/she 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/she passed quickly.
- That which doesn't kill us makes us stronger.
- You'll feel better soon.
- You did everything you could.
- It was meant to be this way.
- 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/father.
- 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.
- This is part of God's plan.
- The true answers to questions about life and death are found only in Christianity/ Judaism/Islam/Buddhism/etc.

If the grieving person says any of the above things, you can respectfully *acknowledge* the feeling or thought, but do not initiate these statements 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 is he/she is no longer breathing, moving or having feelings—and that he/she has no discomfort or pain. They may be concerned about something bad happening to another family member.

- School-age children may understand the physical reality of death but may personify death as a monster or skeleton. In longing for his/her return, they may experience upsetting feelings of the "ghostlike" presence of the lost person, but not tell anyone.
- Adolescents generally understand that death is irreversible. Losing a family member or friend can trigger rage and impulsive decisions, such as quitting school, running away, or abusing substances. These issues need prompt attention by the family or school.

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

- Pre-school children need consistent care and a predictable daily routine as soon as possible. They can be easily upset by change: food prepared differently, their special blanket missing, or being put into bed at night without the usual person or in a different way. Caregivers (including the surviving parent) should ask the child if they are doing something differently or something "wrong" (for example, "Am I not doing this the way Mommy did?").
- A school-age child loses not only his/her primary caregiver, but also the person who would normally be there to comfort him/her and help with daily activities. Other caregivers should try, as best they can, to assume these roles. Children may be angry with 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 about 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 to talk 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 children 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."

Help Survivors When a Family Member or Close Friend has Died - *continued*

- Answer questions honestly about funerals, burials, 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.

You should give information to parents/caregivers and children about reactions to the death that they might experience. The handout, ***When Terrible Things Happen*** (Appendix H), 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 may 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 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 okay 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.

Children and adolescents sometimes feel guilty that they survived when 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 parent/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. If questions arise about what will happen (spiritually) to the person who has died, re-affirm the family's current understanding; do not attempt to provide new insights at this time.

Attend to Grief

It is common for people to rely on religious and spiritual beliefs/practices as a way to cope with the death of a loved one. Survivors may use religious language to talk about what is happening or want to engage in prayer or other religious practices as a way to cope with the death of a loved one. Keep in mind that it is not necessary for you to share these specific 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:

- The purpose of asking survivors if they have any religious or spiritual needs at this time is to address their immediate concerns rather than engage them in a theological debate.
- Do not contradict or try to "correct" what a person says about his/her religious beliefs, even if you disagree.
- 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 and of a different tradition than your own, ask if he/she wants to see a religious professional from his/her faith tradition.
- Survivors may have lost or left behind important religious objects such as prayer beads, statues, or sacred texts. Locating an object like this can help to increase their level of security and sense of control. If you do not have appropriate religious objects at your disposal, other local religious professionals may be of help in providing these items.
- For those survivors who want to pray, establish a suitable place for them to do so. You can help to orient people who face in a particular direction while praying.
- Assist those who light incense or candles when they pray, chant, or meditate. If not allowed in the setting, explain this to survivors, and assist them in finding a nearby place where an open flame would be allowed.
- 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 or chanting from traditions other than your own, 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.
- A survivor may voice hope for a miracle, even in the face of virtual certainty that a 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. It is important to neither encourage nor discourage such hope.

Attend to Grief *- continued*

- Every religion has specific practices surrounding death, particularly in regard to the care of dead bodies. If the survivors come from a tradition other than your own it is important to ask them about their religious needs in this area. These issues may be especially complicated when the body is not recovered. You may want to follow up with the family periodically to help them with their religious concerns as the status of their loved one unfolds. Other survivors may want a religious professional from their own tradition 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, 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 may want to spend more time on this issue.
- In order to assist survivors with spiritual needs after a death, you should become familiar with other religious professionals who may be part of a disaster response team on-site and with ways to obtain contact information for religious professionals of local religious groups that you can use for referral purposes.

Provider Alert: Many times during disaster situations, well-meaning religious people seek out survivors in order to proclaim their own religious beliefs. Do not encourage such behavior. 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. You may suggest to a member of a religious group that normally prohibits autopsies:

Parent/Caregiver	Many times, local laws require that an investigation like an autopsy has to happen when someone has died suddenly or from violence. Let's work together to assure that the people who perform the investigation will treat her/him reverently and will do only what is necessary for their investigation.

Families who do not want an autopsy should be helped to find out about local laws.

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.

You 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, which 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 their family to sit together (if that is to be arranged). Let them know about things that will happen during the service.
    - Give them an opportunity to choose a person to sit next to at the service. Make sure that this person can pay appropriate attention to them.
    - 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 children choose not to attend, offer to say something or read something on their behalf, and explain how they can participate in memorial activities at a later time, including memorials of their own making.
- If possible, bring younger children to the location early so that they can explore the space. Describe the casket and, if they wish, join them in approaching it. Caution should be exercised in regard to allowing young children to view or touch the body. A young child can use a photograph of the person to help them say goodbye.
- For younger children, reinforce that the deceased family member is not in distress.

You may be asked to attend funerals or other events. You may feel that this may help the family member or child. Attend funerals only with the permission and knowledge of the family.

Attend to Issues Related to Traumatic Grief

After the traumatic death of a loved one, some survivors may stay focused on the circumstances of the death and remain 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 adaptive grieving, making it more difficult for survivors to adjust to the death. Traumatic grief reactions include:

- Intrusive, disturbing images of the death that interfere with positive remembering and reminiscing
- Delay in the onset of healthy grief reactions
- Retreat from close relationships with family and friends
- Avoidance of usual activities because they are reminders of the traumatic death
- For children, repetitive play involving themes of the traumatic circumstances of the death

These reactions can change mourning, often putting individuals on a time course different from that experienced by other family members. You may want to speak privately to family members who were present during the death in order to advise them about the extra burden of witnessing the death. Let them know that talking to a mental health professional or religious professional may be very helpful. For example, you might say:

Adult/Adolescent	It must have been hard, being there when Joe died. Others from the family 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.

Support Survivors Who Receive Death Notification

Although it is unlikely that you 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 other catastrophic situations, for example airline crashes, the news media may report that there were no survivors of the accident before family members have been officially notified. As the media or other survivors sometimes circulate inaccurate information, 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 other religious professionals.
- Try to work with individuals or family units rather than large groups. Even when officials are addressing large crowds, it is better to have family members assembled at their own tables with you present. Potentially highly upsetting activities—such as reviewing passenger manifests, ticket lists, or morgue photos—should be done in family groups, in a private location, with the appropriate authorities. Be careful not to expose children and adolescents to morgue photos.
- If an unaccompanied child is told that his/her caregiver has died, stay with the child or ensure that another worker is assigned to stay 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, they may not speak for an extended period, and/or they may be angry with the person who told them. You may suggest that a parent/caregiver 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. I have lots of feelings too. Maybe we can help each other.

For adolescents, you 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 other reckless ways. Parents/caregivers should also understand that an adolescent's anger can turn to rage over

Support Survivors Who Receive Death Notification *- continued*

the loss, and they should be prepared to tolerate some expressions of rage. However, they should also be firm in addressing any behavioral risks. Parents should take seriously their teen's expression of any suicidal thought and seek appropriate assistance immediately. They should also take seriously any expressions of revenge. Parents should caution adolescents to think about the consequences of revenge, and be encouraged to consider different constructive ways to respond to their feelings.

Family members should address immediate questions from children and adolescents about their living circumstances and who will take care of them. You may suggest that separation of siblings be avoided, if at all possible.

Support Survivors Involved In Body Identification

When 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. You 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 from participating in the process. Children may not understand the extent to which the body has deteriorated or changed and may find seeing the body extremely disturbing. 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.

When the body is found, 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. 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 parent/caregiver should convey this to the 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 you will try to get additional information. You should caution parents/caregivers 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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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Stabilization:

- Stabilize Emotionally Overwhelmed Survivors
- Orient Emotionally Overwhelmed Survivors
- The Role of Medications in Stabilization

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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, feeling 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 the expression of strong emotions, numbing, and anxiety are normal and healthy responses to traumatic stress, extremely high arousal, persistent numbing, or extreme anxiety can interfere with sleep, eating, decision-making, parenting, and other life tasks. You should be concerned about those individuals whose distress reactions are so intense and persistent that they significantly interfere with the survivors' ability to function.

Working with survivors who are emotionally overwhelmed and/or disoriented may be extremely challenging, particularly if you do not often work with people in crisis. This section of the manual will provide you with basic skills and suggestions to handle such situations; however, if mental health counselors or medical professionals are available, you may prefer to have them intervene in such cases. If you deliver Psychological First Aid to someone who is emotionally overwhelmed and disoriented, keep in mind that if the situation escalates and becomes dangerous in any way you should appeal to available personnel for emergency intervention. In particular, if a person becomes threatening to himself/herself or to other people, immediately act to protect the person and those around him/her.

Stabilize Emotionally Overwhelmed Survivors

Observe individuals for signs of being disoriented or overwhelmed. Signs include:

- 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, including uncontrollable crying, hyperventilating, rocking, or other regressive behavior
- Experiencing strong physical responses, including shaking, trembling
- Exhibiting frantic searching behavior
- Feeling incapacitated by worry
- Engaging in risky activities

Stabilize Emotionally Overwhelmed Survivors *- continued*

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

- Is the person a threat to self or others? If so, immediately seek support for containment and management by medical, EMT assistance, or a security team.
- Is the person in the company of family and friends? If so, enlist them in comforting or providing emotional support to the highly distressed person. Alternatively, you may take a distressed individual aside 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 at least one parent/caregiver? If so, briefly assess the situation to make sure that the person is stable. Focus on empowering the parents/caregivers 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 may find helpful.
- 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 extremely distressed individuals**:

- Before intervening, assess the situation. Observe and check if it is an appropriate time to intervene. If not, give him/her a few minutes without active attempts to intervene. Say that you will be available if he/she need you or that you will check back with him/her in a few minutes to see how he/she is 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, but be available should the person need or wish to receive further practical or emotional 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

Make these points to help survivors understand their reactions:

Adults

- Intense emotions may come and go in waves.
- Shocking experiences may trigger strong, often upsetting, "alarm" reactions in the body, such as being easily startled or jumpy.
- Sometimes the best way to recover is to take a few moments to calm your body by going for a walk, breathing deeply, practicing muscle relaxation techniques, or other calming routines.
- Those with religious/spiritual beliefs may use a form of prayer as a calming routine.
- Friends, family, and members of the same faith community are very important sources of support to help you calm down.
- Staying busy can help you deal with your feelings and start to make things better.

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.

Caution adolescents about doing something risky or impulsive without discussing it with a parent or trusted adult. For example, you might say:

Adolescent/Child	When something bad like this happens, it is really important to get support from adults and friends 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.

Orient Emotionally Overwhelmed Survivors *- continued*

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 **to stabilize an agitated individual, a technique called "grounding" may be helpful**. You can introduce grounding by saying:

Adolescent/Child	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…. (see list below)

- 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 hand, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket on my lap, I can feel my lips pressed together."
- Breathe in and out slowly and deeply.

Children may find it easier to identify colors that they see around them. For example, you could ask:

- Can you name five colors that you can see from where you are sitting?
- Can you see something blue?

- Something yellow?
- Something green?

If none of the above aids in emotional stabilization, consult a mental health professional and/or physician, as medications may be needed. Modify these interventions for a person who has difficulty with vision, hearing, or expressing 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 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.

You 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.

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Information Gathering: Needs and Current Concerns

- Nature and Severity of Experiences during the Disaster
- Death of a Loved One
- Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat
- Separation from or Concern about the Safety of Loved Ones
- Physical Illness, Mental Health Conditions, and Need for Medications
- Losses (Home, School, Neighborhood, Business, Personal Property, and Pets)
- Extreme Feelings of Guilt or Shame
- Spiritual and/or Religious Needs
- Thoughts about Causing Harm to Self or Others
- Availability of Social Support
- Prior Alcohol or Drug Use
- Prior Exposure to Trauma and Death of Loved Ones
- Specific Youth, Adult, and Family Concerns over Developmental Impact

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4. Information Gathering: Needs and Current Concerns

<u>Goal</u>: 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 not a formal assessment, you may ask about:

- Need for immediate referrals
- 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 E), may be helpful in documenting the basic information gathered from survivors. Likewise, the ***Psychological First Aid Components Provided*** (Appendix E) 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 to ask some questions to clarify the following:

Nature and Severity of Experiences during the Disaster

Survivors who have experienced a direct life-threat to self or loved ones, injury to self, or those who have witnessed injury or death are at an increased risk for more severe and prolonged distress. Those who felt extremely terrified and helpless may also have more difficulty in recovering. For more information about the survivor's experiences, you may ask:

	You've been through so much today. 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?

Nature and Severity of Experiences during the Disaster *- continued*

Provider Alert: In clarifying disaster-related traumatic experiences, avoid asking for in-depth descriptions that 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. Say that the opportunity to discuss their experiences in a proper setting can be arranged for the future.

For survivors with these kinds of experiences, provide information about post-disaster reactions and coping (see Information on Coping), and offer a follow-up meeting. For those who were injured, arrange medical consultation as needed.

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? [If he/she says "Yes"] Who got hurt or died?

For those who experienced the death of a loved one, provide emotional comfort and spiritual support, information about coping, social support, acute grief, and offer a follow-up meeting. If the survivor desires spiritual support that is different from what you are able to offer, attempt to find or provide a referral to an appropriate provider.

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 survivors with these concerns, obtain accurate information about safety and protection.

Separation from or Concern about the Safety of Loved Ones

Survivors have additional distress when they are separated from loved ones and concerned about their safety. If not addressed earlier, get information with questions like these:

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

For survivors with these concerns, provide practical assistance in connecting them with available information sources, including registries that help locate and reunite family members. See Safety and Comfort and Connection with Social Supports.

Physical Illness, Mental Health Conditions, and Need for Medications

Pre-existing medical or mental heath conditions and need for medications are additional sources of post-disaster distress. Those with a history of psychological and medical problems may experience a worsening of these problems, as well as 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 with you now?
- Do you need to have a prescription filled?
- Are you able to get in touch with your doctor(s)?

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?

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

For those with losses, provide emotional comfort, practical assistance to help link 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 and shame in the 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. This can be found in the section, Information on Coping.

Spiritual and/or Religious Needs

Being able to identify spiritual or religious needs and to provide services can help comfort and assist survivors with coping. To determine the survivor's spiritual/religious needs, you may ask questions like:

- How important are religious/spiritual beliefs and practices in your life?
- To what extent are those beliefs and practices helping you during this time?
- Do you have any immediate religious needs?

For those with a spiritual and or religious need or concern, provide practical assistance to address the need, and information about coping with any spiritual and/or religious concerns.

Thoughts about Causing Harm to Self or Others

Your priority is 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 for individuals.
- 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 himself 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, religious groups, or community agencies that you can rely on for help in dealing with problems that you are facing as a result of the disaster?

For those lacking 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, you should be sensitive to the immediate needs of the survivor, avoid asking for a history if not appropriate, and avoid asking for an in-depth description. Give clear reasons for asking, (for example, "Sometimes events like this can remind individuals of previous bad times . . . " or "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?

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.

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 special events, including important developmental activities (for example, birthdays, graduations, start of school or college, marriage, vacation, religious rites). For information about this, ask:

Were there any special occasions or family events coming up that have been 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?

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 to address these concerns.

Psychological First Aid

Field Operations Guide for Community Religious Professionals

Practical Assistance:

- Offering Practical Assistance to Children and Adolescents
- Identify the Most Immediate Needs
- Clarify the Need
- Discuss an Action Plan
- Act to Address the Need
- Other Ministry Opportunities for Your Congregation

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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. Survivors who are likely to have more favorable outcomes are those who maintain one or more of the following characteristics:

- Optimism (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")
- Resources, including housing, employment, and financial

Providing people with needed resources can increase their 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 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. Where 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. For 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, connecting them to a religious leader of their faith, praying). Other problems (for example, locating a lost loved one, returning to previous routines, securing insurance for lost property, acquiring caregiving services for family members, restoration of shaken faith) will not be solved quickly, but the survivor may be able to take concrete action steps to address the problem (for example, completing a missing persons report or insurance form, applying for caregiving 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. So let's focus on helping you get in contact with him and we'll make a plan on how to go about getting this information.
Adolescent/Child	It sounds like you are really worried about several 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 a 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 care; mental health or spiritual care services; financial assistance; help in locating missing family members or friends; and volunteer opportunities for those who feel a need 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. Avoid, as much as possible, doing things for survivors; rather, focus on empowering them to meet their own needs.

Other Ministry Opportunities for Your Congregation

Food banks, childcare, housing services and many other resources are available through local faith community facilities. Encourage survivors, community members, and community religious professionals to network and create a list of one another's resources in order to help survivors access them. If you are part of a congregation, know the availability of your own facilities, as discussed in "Preparing to Deliver Psychological First Aid." For example, if your facility can be a designated shelter, how many people can you feed and for how long?

Some faith community facilities will already have a plan to help survivors after a disaster. Knowing which groups have a plan to respond to disasters and being able to make contact with them can help you to provide support services more quickly and efficiently. It is also important that your own congregation has a disaster plan. It eases communication and can provide a source of information about available resources. Empower survivors and members of faith communities to locate and share these resources with others.

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Connection with Social Supports:

- Enhance Access to Family, Community, and Other Primary Support Persons
- Encourage Use of Immediately Available Support Persons
- Prayer and Worship Services
- Facilitate Social Support for Various Age Groups
- Discuss Support-Seeking and Giving
- Special Considerations for Children and Adolescents
- Modeling Support

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6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support including family members, friends, faith communities, and other 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:* a listening ear, understanding, love, acceptance
- *Social Connection:* feeling like you fit in and have things in common with other people; belonging and having people to share activities
- *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 and that you have people to rely on to help
- *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 common; having good examples to learn from about how to cope in positive ways with what is happening
- *Physical Assistance:* having people help you perform tasks, 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

As soon as possible, assist survivors to develop and maintain social connections. Social connectedness is critical to recovery and has these benefits:

- 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
  - Sharing information about coping

Enhance Access to Family, Community, and Other Primary Support Persons

Most survivors will immediately want to contact their spouse/partner, children, parents, other family members, close friends, neighbors, or community religious professionals. Take practical steps to assist survivors to reach these individuals (in person, by phone, by e-mail, through web-base databases). Survivors who belong to faith communities may have access to a valuable supportive network that can help facilitate recovery through pooling of resources, establishing a recovery plan together, and empowering each other in stressful times. Other sources of social support may include co-workers and club members (such as after-school club, bridge club, book club, Rotary, or VFW).

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 people of the same faith, other affected persons), 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 any questions. When members of the group are from different neighborhoods, communities, or different faiths, facilitate introductions among members. Small group discussions can provide a starting point for further conversations and social connectedness.

Prayer and Worship Services

It may be appropriate for you to organize a religious service. Be aware that the survivors who attend may come from a variety of different faith communities. Demonstrate compassion and respect for each individual; some survivors may be concerned that they will be judged for their particular beliefs. You may have to openly communicate to survivors that all faiths are welcomed.

Be respectful of other religious traditions. When leading a religious service, clearly state which faith tradition you are following before using statements and activities from your own tradition. Allow time for silent prayer, meditation, and worship to encourage individuals to pray within their own faith traditions. Help members of the same faith community to connect with one another, and if possible, give them an opportunity to hold a religious service of their own tradition.

See the handout ***How to Worship with Someone of a Different Faith*** (Appendix F).

Facilitate Social Support for Various Age Groups

When working with the frail elderly:

- Help reunite them with a relative, friend, or neighbor.

- Connect them with a younger adult or adolescent volunteer, if available, who can provide social contact and assistance with daily activities.
- Utilize a capable elder by partnering him/her with a frail elderly person.
- If they are in good physical health, offer opportunities 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 with only paper and a pencil include:

- Tic-tac-toe
- Folding "fortune tellers"
- Making paper balls and tossing them into an empty wastebasket
- Air hockey: wad up a piece of paper and have children try to blow it across the table into the other team's goal (Bonus: can be used to practice deep breathing exercises).
- Group drawing: have children sit in a circle. Have one child begin a drawing. After 10 seconds, he/she passes the drawing to the child to the 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 and their partner has to add to the scribble to turn it into something.
- Make a paper doll chain or circle chain in which the children write the name of each person in their support system on each link. Ask adolescents to identify the type of support (for example, emotional support, advice and information, material assistance, etc.) that they receive from each person.

Discuss Support-Seeking and Giving

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

- Feeling angry at God.
- Feeling confused about spiritual beliefs or experiencing spiritual distress.
- Not knowing what they need (and perhaps feeling that they should know).
- Feeling embarrassed or weak because of needing help.

Discuss Support-Seeking and Giving *- continued*

- 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 find help and finding that help wasn’t there (feeling let down or betrayed).
- Fearing that 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 whom they can approach for that type of support.
- Decide ahead of time what they would like to talk about or do.
- 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 their help.

Let survivors know that some people choose not to talk about their experiences, and that spending time with people one feels close to—without having to talk—can feel good. Some survivors will feel comforted just by being in your presence, in a faith community, or with members of their faith community. You can give them time to sit quietly and help them to connect with other social supports. For example, say:

Adult/Caregiver	When you’re able to leave here, you may just want to be with the people you feel close to. You may find it helpful to talk about what you’ve 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. And you don’t have to rush into talking; talk with others when you feel it will help.

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 of letting grown-ups know what you need. 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.

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

- Identify ways to be helpful to others (volunteer in the shelter or community, help children or older adults, form small prayer/meditation or other faith groups).
- Identify a person or persons to help.
- Find an uninterrupted time and place to talk with or 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 support 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 how and when to help.
- 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, including activities and toys.

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. You and parents can support them by going for a walk, throwing a ball, playing a game, thumbing through magazines together, or simply sitting together.

Modeling Support

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 . . ."

Supportive comments:

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

Empowering Comments and Questions:

- "What have you done in the past to make yourself feel better when things got difficult?"
- "Are there any things that you think would help you to feel better?"
- "I have an information sheet with some ideas about how to deal with difficult situations. Maybe there is an idea or two here that might be helpful for you."
- "People can be very different in what can help them 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 on ***Connecting with Others: Seeking Social Support and Giving Social Support*** (Appendix H). These handouts are intended for adults and older adolescents.

Psychological First Aid

Field Operations Guide for Community Religious Professionals

Information on Coping:

- Provide Basic Information about Stress Reactions
- Review Common Psychological Reactions to Traumatic Experiences and Losses
- Talking with Children about Physical and Emotional Reactions
- Children/Adolescents and Spiritual/Religious Concerns
- Participating in Religious Activities
- Provide Basic Information on Ways of Coping
- Coping for Families
- Assisting with Developmental Issues
- Assist with Anger Management
- Anger Directed at God
- Address Highly Negative Emotions (Guilt and Shame)
- Help with Sleep Problems
- Address Alcohol and Substance Abuse

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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 that one can cope with disaster-related stress and adversity has been found to be 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 survivors
- What, where, and when disaster relief 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. Some will be frightened or alarmed by their own responses; some may view their reactions in a negative way (for example, my reactions mean "There's something wrong with me" or "I'm weak" or "I'm being punished for my lack of faith"). You should take care to avoid negatively labeling or 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. Some people will express themselves in spiritual terms. Clarify their religious beliefs in order to more fully understand their stress reactions.

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 for recovery.

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 psychoeducation 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, they should consider seeking psychological services. The following basic information is presented as an overview for you so that you can discuss issues arising from survivors' post-disaster reactions.

Review Common Psychological Reactions to Traumatic Experiences and Losses
- continued

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, distress. These reactions include trying to avoid talking, thinking, and having feelings about the traumatic event and avoiding 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.

You may also choose 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 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 and nervousness, uncertainty about what life will be without them, anger, feeling alone or abandoned, or hopelessness. 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 someone of how life has changed 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 a survivor of how life has changed and what has been lost.

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, loss or relocation of survivor's place of worship, 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, houses of worship, and community. Loss may lead to feelings of sadness and anger, guilt or regret over the death, losing one's religious/spiritual faith, 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 them 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 to someone experiencing traumatic grief 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 heartbeat, tightness in the chest, hyperventilation, loss of appetite, and bowel problems.

Several handouts found in Appendix H 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.

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: "How do you feel inside? Do you feel something like butterflies in your stomach, or tight all over?"
- If the child is able to talk about his/her 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	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 might hurt, 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, like they are watching bad things happen to someone else. 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. 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? Sometimes kids feel these strange or uncomfortable feelings when they see, hear, or smell things that remind them of what happened, like strong winds, glass breaking, or the smell of smoke. It can be very scary to have these feelings in your body, especially if you 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?

Children/Adolescents and Spiritual/Religious Concerns

Many children and adolescents will have questions about God's role in causing and/or allowing the events that occurred; they may also question God's response to the disaster. These questions can be particularly difficult to deal with if one is not prepared. You can affirm their questions and listen to their concerns without needing to "fix" their ideas about religion or spirituality. When addressing children and adolescents' spiritual/religious concerns, keep the following in mind:

- The younger a child is, the more concrete his/her thinking is likely to be. Tailor spiritual/religious explanations to the child's level of understanding; avoid complex and/or vague concepts to the extent possible.
- Children and adolescents with spiritual/religious questions are most often seeking reassurance about safety and about the reliability of their previously-held understandings about the world.
- If a child or adolescent is from your faith community, answer questions honestly. It is fine to admit to children that you and other adults do not always know why bad things happen. It is more important to reassure children that God cares about them no matter what happens and that God is concerned about the disaster and everyone involved than to provide an explanation of why the disaster occurred.
- Adolescents may struggle with issues of his/her mortality. To the extent possible, ensure physical safety, comfort, and assure that the danger has passed.
- If you are uncertain of the background of a child or adolescent who asks spiritual/religious questions, appropriate responses would be:
    - "This was something that nature made." (natural disaster)
    - "It was an accident." (accidental man-made disaster)
    - "We don't know who caused it."
    - "Some people we don't know did a very bad thing." (intentional man-made disaster or terrorist event)

See the handout in ***Talking to Children and Adolescents about Their Spiritual/Religious Concerns*** and ***Involving Children/Adolescents in Religious Activities*** (Appendix G).

Participating in Religious Activities

Religious activities can help people cope with a disaster. Offer suggestions of positive ways to cope, such as:

- Participating in worship and prayer services
- Taking part in group discussions

Participating in Religious Activities *- continued*

- Sitting quietly; meditating
- Listening to or reading sacred texts
- Singing religious songs together
- Praying together or alone
- Other religious activities specific to the survivor's faith community

Just as adults can find comfort and stability in familiar spiritual practices, children may also connect with rituals and practices from their own tradition (prayers, songs, chants, stories from religious texts). Activities that transcend particular religious backgrounds could contribute to a general sense of meaning and comfort. Some activities are:

- Drawing pictures for others
- Making collages with available materials and giving them to others
- Using meditation or breathing exercises to help them feel calm and allow for hope
- Writing down their prayers, thoughts, or poems (recognize that it is OK to be confused or angry about how God fits into their experience)

Inform survivors that it will take time to re-establish relationships with their faith communities and that they now may feel different from those who did not experience the disaster.

Provide Basic Information on Ways of Coping

You can discuss a variety of ways in which survivors can effectively cope with post-disaster reactions and adversity.

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 healthful 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

Maladaptive coping actions which tend to be ineffective in addressing problems, 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 undereating
- Watching too much TV or playing too many computer games
- Doing risky or dangerous things
- Not taking care of yourself (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

Provide Basic Information on Ways of Coping *- continued*

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 helpful and unhelpful coping strategies. Have the child sort the pieces of paper into each category and then discuss ways the child can increase his/her helpful coping strategies. For younger children, play a memory game in which each coping strategy is written on two pieces of paper. Place the blank side of each paper face-up, and have the child find matching pairs. Once the child gets a pair, discuss with him/her if this is a good or bad strategy to help them feel better.

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

Teach Simple Relaxation Techniques

You can quickly and easily teach children and adults simple breathing exercises that—if practiced regularly—can help reduce feelings of over-arousal and physical tension and can improve sleep, eating, and functioning. 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. Provide the handout, ***Tips for Relaxation*** (Appendix H), to reinforce the use and practice of relaxation techniques. To teach a breathing exercise, you may 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. 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 to be balloons, filling up with air, and then letting the air out slowly. We are going to breathe in really slowly while I count to three. I'm also going to count to three while we breathe out really slowly. Let's try it together. Great job!

If you find out that a survivor has previously learned some other relaxation technique, use what he/she has already learned rather than teach new skills.

Coping for Families

Reestablishing family routines to the extent possible after a disaster is important for family recovery. Encourage parents and caregivers to try to maintain family routines such as meal times, bedtime, wake time, reading time, and play time, and set aside time for the family to enjoy activities together. Re-establishing spiritual routines such as storytelling, prayer, singing, and group activities can also help children and their families to recover.

If a family member has a preexisting emotional or behavioral problem that has been 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 referring them for a mental health consultation.

Assist family members in developing a mutual understanding of their different experiences, reactions, and course of recovery and help them 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 for family members 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.

You 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 support and 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 their 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/caregivers have become more anxious about their safety and, consequently, more restrictive in what they allow adolescents to do. You can **help adolescents understand the 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, or not letting adolescents do things that involve some

Coping for Families *- continued*

"everyday" risk, like driving a car or doing skateboarding tricks. 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 parents/caregivers feel 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.

Assist with Developmental Issues

Children, adolescents, adults, and families go through stages of physical, emotional, spiritual, 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 of skills. In addition, loss of anticipated opportunities or achievements can be experienced as a major consequence of the disaster. Developmental progression is often measured by these milestones. Below are examples of milestones that may be affected by the impact of disasters on either skill development or anticipated opportunities.

Examples of Developmental Milestones	
Toddlers and Preschool-Age Children	• becoming toilet trained • entering preschool • learning to ride a tricycle • sleeping through the night • learning or using language
School-Age Children	• learning to read and do arithmetic • being able to play by rules in a group of children • handling themselves safely in a widening scope of unsupervised time • first communion
Early Adolescents	• having friends of the opposite sex • pursuing organized extracurricular activities • striving for more independence and activities outside of the home • bar mitzvah, bat mitzvah, quinceañera

Older Adolescents	• learning to drive • getting a first job • dating • going to college
Adults	• starting or changing a job or career • getting engaged or married • having a child • having children leave home
Families	• buying a new home or moving • having a child leave home • going through a separation or divorce • experiencing the death of a grandparent • christening or dedicating a child
All Ages (Developmental Events)	• graduations • birthdays • special events • anniversary of the death of a loved one • hajj • missionary work • conversion experience • baptism • religious holidays

Children and families should also be given an opportunity to attend to the disaster's impact on development. It can be useful to ask children and families to identify any of these issues by asking directly:

Parent/Caregiver	Are there any special events that the family was looking forward to? Was anyone looking forward to doing 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?

Assist with Developmental Issues *- continued*

You should try to increase the family's appreciation of these issues, so that they understand the challenge to each individual, as well as to 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 the family can:

- Postpone the event to a later date
- Relocate the event to a different place
- Change their expectations, so that the postponement can be tolerable

Assist with Anger Management

Stressful post-disaster situations can make survivors feel irritable and increase their difficulty in managing their anger. To help survivors cope with their anger, you can:

- Explain that feelings of anger and frustration are common to survivors after disaster.
- Discuss how the anger is affecting their life (for example, putting stress on the relationship with good friends, making it hard to discipline children calmly).
- 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 anger, letting go of anger, or directing it toward positive activities can help.
- 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:

- Taking 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 or magazine; praying or meditating; creating, singing, or listening to upbeat music; going to a religious service

or other uplifting group activity; or helping a friend or someone in need.

- Look at your situation in a different way, see it from another's viewpoint, or find reasons your anger is 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.
- Children and adolescents often like activities that help them express their feelings, such as drawing pictures, writing 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).

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

Anger Directed at God

Disasters can impact spiritual beliefs in many ways. Some survivors may feel that they have lost favor or protection from God, or that God failed to protect them and/or their loved ones. Inform survivors that anger at God is a common reaction to these events. You might say:

Adult	Sometimes disasters like this can make people angry with God. They might not feel like praying or participating in worship services for a while. If you have these feelings, it is important to remember that it does not mean that you have lost your faith.
Child/Adolescent	When something really bad happens, it might make you upset or mad at God. Having feelings like that doesn't mean that you are a bad person.

Address Highly Negative Emotions (Guilt and Shame)

In the aftermath of a disaster, 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 were talking to himself/herself like this? What would you say to him/her? Can you say the same things to yourself?

Address Highly Negative Emotions (Guilt and Shame) *- continued*

Tell the survivor to hear that even if he/she thinks he/she is at fault this 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 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 to them. You can then discuss each one, clarify any misunderstandings, discuss more helpful thoughts, and write them down. Remind the child/adolescent that he/she is not at fault, even if he/she has not expressed these concerns.

Provider Alert: Many survivors experience guilt and shame that are related to spiritual beliefs. They may express thoughts such as, "God is angry with me," "I did not follow God's laws, and now I am being punished," or "I should have shared my religious beliefs with my deceased loved ones." Allow survivors to express their thoughts and feelings. Do not attempt to correct or contradict these beliefs or tell the person to "just get over it."

Help with Sleep Problems

Sleep difficulties are common following a disaster. People tend to remain alert at night, making it hard to fall asleep and causing frequent awakenings. 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, as 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.
- Limit daytime naps to 15 minutes and do not nap later than 4:00

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 wanting to sleep in their parents' bed. **Temporary changes in sleeping arrangements are okay**, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements. 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 in your bedroom for a while before you 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 alcohol or drug use behaviors.
- Maintain confidentiality when discussing substance use. However, 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 or make contact with his/her sponsor to get through the next few weeks and months.

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

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Linkage with Collaborative Services:

- Provide Direct Link to Additional Needed Services
- Referrals for Children and Adolescents
- Referrals for Older Adults
- Promote Continuity in Helping Relationships

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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, 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, connect with an appropriate community religious professional of his/her faith). You should include the faith-based service preference of the survivor choosing to receive assistance, as opposed to your decision alone. 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 or a chaplain 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:

- Faith community or faith-based services as indicated by preference
- Mental health services
- Medical services
- Social support services
- Child welfare services
- Schools

Provide Direct Link to Additional Needed Services *- continued*

- Drug and alcohol support groups
- Senior housing or assisted living
- Transportation services

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 retell the details of their experiences.

Referrals for Older Adults

Help with plans for a frail 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
- Faith community and faith-based services as indicated by faith preference

Promote Continuity in Helping Relationships

When providing services not in your community, a secondary, but important concern for many survivors are 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 of the local public health and public mental health and faith-based service providers in the community. There may also be other local providers or recognized agencies that 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, religious professionals, 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.

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APPENDICES FOR PROVIDERS:

Appendix A: Overview of Psychological First Aid for Community Religious Professionals

Appendix B: Distinction of Terms: Religious, Spiritual, and Existential

Appendix C: Service Delivery Sites and Settings

Appendix D: Psychological First Aid Provider Care

Appendix E: Provider Worksheets

Appendix F: How to Worship with Someone of a Different Faith

Appendix G: Talking to Children and Adolescents about their Spiritual/ Religious Concerns and Involving Them in Religious Activities

HANDOUTS FOR SURVIVORS:

Appendix H: Handouts for Survivors

1. Connecting with Others: Seeking Social Support (For adults and adolescents)
2. Connecting with Others: Giving Social Support (For adults and adolescents)
3. When Terrible Things Happen (For adults and adolescents)
4. Parent Tips for Helping Infants and Toddlers (For parents/ caregivers)
5. Parent Tips for Helping Preschool-Age Children (For parents/ caregivers)
6. Parent Tips for Helping School-Age Children (For parents/ caregivers)
7. Parent Tips for Helping Adolescents (For parents/caregivers)
8. Tips for Adults (For adult survivors)
9. Tips for Relaxation (For adults, adolescents, and children)
10. Alcohol, Medication, and Drug Use after Disaster (For adults and adolescents)

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Appendix A:

- Overview of Psychological First Aid for Community Religious Professionals

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Overview of Psychological First Aid for CRP

	Section Headers
Introduction and Overview	1. What is Psychological First Aid? 2. Why Should You Learn Psychological First Aid? 3. Who is Psychological First Aid for? 4. Who Delivers Psychological First Aid? 5. When Should Psychological First Aid Be Used? 6. Where Should Psychological First Aid Be Used? 7. Strengths of Psychological First Aid 8. Basic Objectives of Psychological First Aid 9. Delivering Psychological First Aid • *Professional Behavior* • *Guidelines for Delivering Psychological First Aid* • *Some Behaviors to Avoid* • *Working with Children and Adolescents* • *Working with Older Adults* • *Working with Survivors with Disabilities*
Preparing to Deliver Psychological First Aid	1. Preparation 2. Providing Services 3. Group Settings 4. Maintain a Calm Presence 5. Be Sensitive to Culture and Diversity 6. Be Aware of At-Risk Populations
Contact and Engagement	1. Maintain Confidentiality 2. Introduce Yourself and Ask about Immediate Needs 3. Role as Community Religious Professional in First Contact 4. The Ministry of Presence
Safety and Comfort	1. Ensure Immediate Physical Safety 2. Provide Information about Disaster Response Activities and Services 3. Attend to Physical Comfort 4. Attend to Specific Spiritual Needs 5. Promote Social Engagement 6. Attend to Children Who are Separated from their Parents/Caregivers 7. Protect from Additional Traumatic Experiences and Trauma Reminders 8. Help Survivors Who Have a Missing Family Member 9. Help Survivors When a Family Member or Close Friend Has Died 10. Attend to Grief 11. Provide Information about Casket and Funeral Issues 12. Attend to Issues Related to Traumatic Grief 13. Support Survivors Who Receive Death Notification 14. Support Survivors Involved in Body Identification 15. Help Caregivers Confirm Body Identification to a Child or Adolescent

Overview of Psychological First Aid for CRP *- continued*

	Section Headers
Stabilization	1. Stabilize Emotionally Overwhelmed Survivors 2. Orient Emotionally Overwhelmed Survivors 3. The Role of Medications in Stabilization
Information Gathering: Current Needs and Concerns	1. Nature and Severity of Experiences during the Disaster 2. Death of a Loved One 3. Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat 4. Separation from or Concern about the Safety of Loved Ones 5. Physical Illness, Mental Health Conditions, and Need for Medications 6. Losses (Home, School, Neighborhood, Business, Personal Property, and Pets) 7. Extreme Feelings of Guilt or Shame 8. Spiritual and/or Religious Needs 9. Thoughts about Causing Harm to Self or Others 10. Availability of Social Support 11. Prior Alcohol or Drug Use 12. Prior Exposure to Trauma and Death of Loved Ones 13. Specific Youth, Adult, and Family Concerns about Developmental Impact
Practical Assistance	1. Offering Practical Assistance to Children and Adolescents 2. Step 1: Identify the Most Immediate Needs 3. Step 2: Clarify the Need 4. Step 3: Discuss an Action Plan 5. Step 4: Act to Address the Need 6. Other Ministry Opportunities for Your Congregation
Connection with Social Supports	1. Enhance Access to Family, Community, and Other Primary Support Persons 2. Encourage Use of Immediately Available Support Persons 3. Prayer and Worship Services 4. Facilitate Social Support for Various Age Groups 5. Discuss Support-Seeking and Giving 6. Special Considerations for Children and Adolescents 7. Modeling Support
Information on Coping	1. Enhance Access to Family, Community, and Other Primary Support Persons 2. Encourage Use of Immediately Available Support Persons 3. Prayer and Worship Services 4. Facilitate Social Support for Various Age Groups 5. Discuss Support-Seeking and Giving 6. Special Considerations for Children and Adolescents

	Section Headers
Information on Coping	7. Modeling Support • *Intrusive reactions* • *Avoidance and withdrawal reactions* • *Physical arousal reactions* • *Trauma reminders* • *Loss reminders* • *Change reminders* • *Hardships* • *Grief reactions* • *Traumatic grief reactions* • *Depression* • *Physical reactions* 8. Talking with Children about Physical and Emotional Reactions 9. Children/Adolescents and Spiritual/Religious Concerns 10. Participating in Religious Activities 11. Provide Basic Information on Ways of Coping 12. Teach Simple Relaxation Techniques 13. Coping for Families 14. Assist with Developmental Issues 15. Assist with Anger Management 16. Anger Directed at God 17. Address Highly Negative Emotions (Guilt and Shame) 18. Help with Sleep Problems 19. Address Alcohol and Substance Use
Linkage with Collaborative Services	1. Provide Direct Link to Additional Needed Services 2. Referrals for Children and Adolescents 3. Referrals for Older Adults 4. Promote Continuity in Helping Relationships

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Appendix B:

- Distinction of Terms: Religious, Spiritual, and Existential

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Distinction of Terms

Religion is an organized system of beliefs, practices, rituals, and symbols designed to: (a) facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality); and (b) foster understanding of one's relationship and responsibility to others living in a community.

Spirituality is the personal quest for understanding answers to ultimate questions about life, meaning, and relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community.

In comparing these definitions it is important to note that religion is a collaborative activity that is done within a particular community, whereas spirituality is an individual quest that can be done alone.

Existential issues in the disaster setting will involve a search for meaning that will be in congruence with the way the survivor has previously formed their global meaning system. In most cases, global meaning systems are resistant to change. A person will more often ignore evidence around them that would challenge their basic meaning system than change the system itself. For instance, if a person perceives the world as basically good, he/she will tend to try to find some good outcome even in the worst situations. When the survivor's situational and global meanings are congruent, the stress is minimal.

However, during a disaster, a survivor's global meaning system may be in conflict with what has happened. Incongruence between global and situational meanings can cause significant distress for the survivor. For example, does the survivor have conflict in reconciling how he/she is suffering with how he/she once perceived God as protecting people who are good? In addition to your role as a Psychological First Aid provider, your role as a Community Religious Professional is to help the survivor find a new situational meaning or to help them recover his/her global meaning system to account for these kinds of events.

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Psychological First Aid

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Appendix C:

- Service Delivery Sites and Settings

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Service Delivery Sites and Settings

Service Site Challenges in Delivering Psychological First Aid

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

General Population Shelters

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

Service Centers

Service Centers may be opened by a local or federal governmental agency or by disaster relief organizations to meet the initial needs of disaster survivors. These centers typically offer assistance with locating temporary housing or providing for the immediate personal needs of disaster survivors, such as food, clothing, and clean-up materials. Depending on the size and magnitude of the disaster, you may encounter large numbers of survivors seeking services, with some angry or frustrated when there are inadequate supplies.

Community Outreach Teams

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

Family Reception Centers

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

Family Assistance Centers

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

Points of Dispensing (POD) Centers

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

Phone Banks and Hotlines

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

Emergency First Aid Stations

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

Hospitals and Hospital Emergency Room Settings

During a mass casualty event, survivors who are triaged on site and listed as “immediate” will be brought to a hospital. In addition, many others will self-transport to the hospital wanting to be seen in the Emergency Room. This is likely to create a surge on medical resource capacity. Survivors may arrive in large numbers, many with both psychological and physical reactions.

One important goal is to facilitate the treatment of injured survivors by removing individuals who do not require immediate medical care from the patient flow. However, increased physical symptoms have frequently been reported after disasters, particularly among those who witness injury and death, and those who may have had toxic exposure to a chemical or biological attack. As a result, differential diagnosis may at times be difficult, since signs and symptoms may be nonspecific and/or status may change over time. News or rumors of such an attack may generate an influx of those fearing they have been exposed, rapidly overwhelming the system. Along with a system of triage, hospitals may set up a “support center” where Psychological First Aid providers, including healthcare chaplains, can refer those in need to a spectrum of medical, psychological, behavioral, and pharmacological interventions.

Respite Centers

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

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Psychological First Aid

Field Operations Guide for Community Religious Professionals

Appendix D:

- Psychological First Aid Provider Care

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Psychological First Aid Provider Care

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

Before Relief Work

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

Personal Considerations

Assess your comfort level with:

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

Health Considerations

Assess your current physical and emotional health status, considering:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems
- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events

Health Considerations - *continued*

- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

Family Considerations

Assess your family's ability to cope with your providing Psychological First Aid:

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

Work Considerations

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

- Is your employer or faith community supportive of your interest and participation in Psychological First Aid?
- Will your employer/faith community allow "leave" time from your job?
- What is the extent of your own faith community's exposure to the disaster?
- Does your faith community, or the group that you serve as a religious professional, have a support system to function in your absence?
- Will your employer require you to utilize vacation time or "absence-without-pay" time to respond as a disaster response worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?

- Will your colleagues and community be supportive of your absence and provide a supportive environment upon your return?
- Is your own community going to be taken care of in your absence? Provide a backup plan in order to ensure that your own community is supported.

Personal, Family, Work Life Plan

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

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns

During Relief Work

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

Common Stress Reactions

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

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Survivor guilt
- Questions of meaning and justice
- Vicarious traumatization in the form of shock, fear, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, being easily startled)

Common Stress Reactions - *continued*

- Depressive or anxiety symptoms
- Decreased social activities

Extreme Stress Reactions

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

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

Organizational Care of Providers

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

- Limiting work shifts to no more than 12 hours and encouraging work breaks
- Rotating providers from the most highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough providers at all levels, including administration, supervision, and support
- Respecting the expertise and professional networks of local service providers; utilizing local community leaders for consultation and education

- Encouraging peer partners and scheduling time for peer consultation
- Monitoring providers who meet certain high risk criteria, such as:
    - Survivors of the disaster
    - Those having regular exposure to severely affected individuals or communities
    - Those with pre-existing conditions
    - Those with multiple stresses, including those who have responded to multiple disasters in a short period of time
- Establishing supervision, case conferencing, staff appreciation events
- Conducting trainings on stress management practices
- Identifying resources for physical exercise and healthy diet

Provider Self-Care

Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation
- Practicing your own religious faith, philosophy, spirituality
- Using stress management tools regularly, such as:
    - Accessing supervision routinely to share concerns, identifying difficult experiences, and strategizing to solve problems
    - Practicing brief relaxation techniques during the workday
    - Using the buddy system to share upsetting emotional responses
    - Staying aware of limitations and needs
    - Recognizing when you are Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
    - Increasing activities that are positive
    - Spending time with family and friends
    - Learning how to “put stress away”

Provider Self-Care - *continued*

- Writing, drawing, painting
- Limiting caffeine, cigarette, and substance use

As much as possible, you should make every effort to:

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

You should avoid engaging in:

- Extended periods of solo work without colleagues
- Working "round the clock" with few breaks (burning out makes you no good to anyone and actually adds stress to your colleagues!)
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excess use of food/substances as a support
- Common attitudinal obstacles to self-care:
    - "It would be selfish to take time to rest."
    - "Others are working around the clock, so should I ."
    - "The needs of survivors are more important than the needs of helpers."
    - "I can contribute the most by working all the time."
    - "Only I can do x, y, z."

After Relief Work

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

Organizational Care of Providers

Organizations should:

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

Provider Self-Care

Make every effort to:

- Seek out and give social support.
- Check in with other relief colleagues to discuss relief work.
- Increase collegial support.
- Schedule time for a vacation or gradual reintegration into your normal life.
- Prepare for worldview changes that may not be shared by others in your life.
- Dialogue with other community religious professionals who have been involved in the disaster response.
- Seek professional help if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.

Provider Self-Care ***- continued***

- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving support from others.
- Find things that you enjoy or make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask for help in parenting, if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

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

Psychological First Aid

Field Operations Guide for Community Religious Professionals

Appendix E:

- Provider Worksheets

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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	Spiritual
☐ 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, tearfulness ☐ Irritability, anger ☐ Feeling anxious, fearful ☐ Despair, hopelessness ☐ 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 _______	☐ Concerns about death and the afterlife ☐ Conflict or challenged belief systems ☐ Loss of faith ☐ Concerns with the meaning or purpose of life ☐ Concerns about the relationship with a deity or God ☐ Isolation from religious community ☐ Conflict between beliefs and recommended treatment ☐ Ritual needs

2. **Check the boxes corresponding to difficulties the survivor is experiencing.**

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

5. **Was the referral accepted by the individual?**

- ☐ Yes
- ☐ No

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 ensure 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
☐ Prayed with someone
☐ Asked about immediate needs
☐ 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 survivor after body identification
☐ Helped with confirmation of death to child
☐ Attended to other spiritual needs

Stabilization

☐ Helped with stabilization
☐ Gathered information for medication referral for stabilization
☐ Used grounding technique

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
☐ Spiritual and/or religious needs
☐ 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
- ☐ Facilitated prayer and/or worship services

Information of Coping

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

Linkage with Collaborative Services

- ☐ Provided link to additional service(s)
- ☐ Promoted continuity of care
- ☐ Provided handout(s)
- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________

Psychological First Aid

Field Operations Guide
for Community Religious Professionals

Appendix F:

- How to Worship with Someone of a Different Faith

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How to Worship with Someone of a Different Faith

Worship and prayer with people of different faith traditions presents both opportunities and challenges. At times, they provide opportunities to build relationships across faith traditions, transcend particularity, and heighten our appreciation for the diverse range of ritual needs. The challenge is to take advantage of these opportunities, while at the same time avoiding offense to the group while maintaining your own individual faith and spiritual integrity. The following will assist you to choose a path that will help survivors grow together as a religious and spiritual community while respecting the diversity of faith traditions.

Define Worship

The term worship is appropriately applied to events that are conducted within the bounds of a particular faith tradition. In order to include all members of faith traditions, use the following recommendations.

- Use another term in place of worship, such as sacred time or gathering.
- Be aware of the use of particular words in prayers. Certain prayer words may be taken as offensive or may result in people leaving.
- Allow for activities appropriate for men and women. Be sensitive to gender and culture.
- Consider how children can be appropriately included in all activities.
- Hold activities at times where it would not prohibit participation from any religious group. For example, Friday afternoons could exclude Muslims, or Friday evenings and Saturdays before sundown could exclude Jews.

Interfaith and Multi-faith

A strategy should be developed when planning a gathering for survivors of different faith traditions. The two models will help you determine which is most appropriate. As a guiding principle, in order for all persons present to understand what is happening and how it might affect their ability to participant in activities, publicly state at the beginning of the event how the activity is to proceed.

Interfaith - Advantages	Multi-faith Advantages
▪ Program is meant to welcome and equally include everyone. ▪ Emphasizes what is common in all faith traditions. ▪ Because of wide commonality, the use of music is relied upon.	▪ Material from all traditions is used as a unique contribution to the gathering. ▪ Allows each role in the activity to have equal footing and can employ the full richness of each faith tradition. ▪ Participants speak for himself/herself rather than for the whole gathering.

Interfaith and Multi-faith *- continued*

Interfaith - Limitations	Multi-faith Limitations
▪ Prayers that begin in very non-descriptive identities can be problematic (e.g. "To whom it may concern" or "Transcendent One." ▪ Finding the lowest common denominator in all traditions may lose the richness of each tradition.	▪ Appearance of tokenism may be seen if time proportions of faith traditions represented are not equal. ▪ Inclusion of certain words or symbols may necessitate the absence of some members.

Worship and Prayer Space Needs

Depending on local resources, services provided on-site or within a faith community should include prayer rooms that can be used for individuals who meditate or say daily prayers at particular times. These rooms should be provided at a pre-arranged schedule for services from particular traditions. This step will honor diversity and encourage everyone to celebrate his/her own tradition.

Psychological First Aid

Field Operations Guide for Community Religious Professionals

Appendix G:

- Talking to Children and Adolescents about their Spiritual/Religious Concerns and Involving Them in Religious Activities

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Talking to Children and Adolescents about their Spiritual/Religious Concerns and Involving Them in Religious Activities

Many children and adolescents will have questions about God's role in causing and/or allowing the events that occurred; they may also question God's response to the disaster. These questions can be particularly difficult to deal with if one is not prepared. You can affirm their questions and listen to their concerns without needing to "fix" their ideas about religion or spirituality. When addressing children and adolescents' spiritual/religious concerns, keep the following in mind:

- The younger a child is, the more concrete his/her thinking is likely to be. Take your lead from the questions the child asks, and then tailor spiritual/religious explanations to the child's level of understanding; avoid complex and/or vague concepts to the extent possible. For example, young children probably do not understand that death is irreversible so they will not understand that a person who has died will never return.
- Young children often need help in putting the appropriate words to their feelings. Rather than asking questions of them, it is helpful to give them specific examples using feeling words. For example, you might say, "When something bad like this happens, we wonder why—and even how—God can let it happen. These questions tell us how much we didn't want it to happen." You might say, "It's good to put your feelings into words, like, 'It makes me sad,' or 'It makes me mad,' or 'It makes me scared that something else will happen,' or 'I feel tired and hungry.'" Reassure them, "It is also good to let your parents know how you are feeling so that they can help you."
- Young children especially may have an enhanced sense of their own power. They often believe that they can cause harm to someone by wishing it. They need to be reassured that nothing they thought or did caused the current disaster or caused someone they know to be hurt.
- Children and adolescents with spiritual/religious questions are most often seeking reassurance about safety and the reliability of their previously-held understandings about the world.
    - Many concerns that children raise are best handled by asking the child what he/she believes and reaffirming that belief. For example, if the child believes that God cares about him/her, but now has doubts because of what has happened, the best course is simply to confirm that nothing has changed.
    - If the child or adolescent really wants an answer from you, a good format is to start any response with "I believe…" This answers the question, but also allows the child/adolescent to have his/her own answer. It also does not run the risk of appearing to impose a belief on the child that the child and family may not share. It is fine to admit that you and other adults do not always know why bad things happen. It is more important to reassure the child/adolescent that not having an answer is not a reason to be afraid or distressed.

Talking to Children about their Spiritual/Religious Concerns *- continued*

- Just like adults, children and adolescents want to know what caused an event. When you know the cause, it is generally helpful to tell the child, since it will reassure him/her that it was not God or some evil force. Appropriate responses are: "This was something that nature made" (natural disaster) or "It was an accident" (accidental man-made disaster) or "We don't know who caused it" or "Some people we don't know did a very bad thing" (intentional man-made disaster or terrorist event).

Participating in Religious Activities

Offer suggestions of religious activities to give children and adolescents positive ways to cope:

- Participating in worship and prayer services
- Taking part in group discussions
- Sitting quietly; meditating
- Listening or reading of sacred texts
- Singing religious songs together
- Praying together or alone
- Other religious activities specific to the survivor's faith community

Just as adults can find comfort and stability in familiar spiritual practices after a disaster, children may also connect with rituals and practices from their own tradition (prayers, songs, stories from religious texts). Keep in mind two guidelines when involving children in religious activities: (a) the child should have choice; and (b) the activity should be appropriate for the child's developmental level in both content and length.

Activities that transcend particular religious backgrounds give children and adolescents a general sense of meaning and comfort. Some activities are:

- Drawing pictures for others
- Making collages with available materials and giving them to others
- Use meditation or breathing exercises to help calm them and allow for hope
- Writing down their prayers, thoughts, or poems (recognize that it is OK to be confused or angry about how God fits into their experience)

Psychological First Aid

Field Operations Guide
for Community Religious Professionals

Appendix H:

- Handouts for Survivors
  - Connecting with Others: Seeking Social Support (for adults and adolescents)
  - Connecting with Others: Giving Social Support (for adults and adolescents)
  - When Terrible Things Happen – What you May Experience (for adults and adolescents)
  - Parent Tips for Helping Infants and Toddlers (for parents/caregivers)
  - Parent Tips for Helping Preschool-Age Children (for parents/caregivers)
  - Parent Tips for Helping School-Age Children (for parents/caregivers)
  - Parent Tips for Helping Adolescents (for parents/caregivers)
  - Tips for Adults (for adult survivors)
  - Tips for Relaxation (for adults, adolescents, and children)
  - Alcohol, Medication and Drug Use after Disasters (for adults and adolescents)

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Connecting with Others

Seeking Social Support

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

Social Support Options

- Spouse/partner or parents
- Trusted family member
- Close friend
- Community Religious Professional
- Doctor or nurse
- Crisis/School counselor or other counselor
- Support group
- Co-worker/Teacher/Coach
- Pet

Do . . .

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

Don't . . .

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

Ways to Get Connected

- Calling friends or family on the phone
- Increasing contact with existing acquaintances and friends
- Renewing or beginning involvement in church, synagogue, or other religious group activities
- Getting involved with a support group
- Getting involved in community/school recovery activities

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Connecting with Others

Giving Social Support

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

Reasons Why People May Avoid Social Support

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

Good Things to Do When Giving Support

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

Things That Interfere with Giving Support

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

When Your Support is Not Enough

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

When Terrible Things Happen — What You May Experience

Immediate Reactions

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

Domain	Negative Responses	Positive Responses
Cognitive	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy
Spiritual/ Existential	Loss of meaning and purpose, anger at God, feeling separate from faith community, anger at injustice, difficulty trusting God	Showing compassion to others, feeling unity or community with others, a renewed sense of spirituality or reliance on faith, a deepened sense of purpose, a shift in priorities

Common negative reactions that may continue include:

Intrusive reactions

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

Avoidance and withdrawal reactions

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

Physical arousal reactions

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

Reactions to trauma and loss reminders

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

Positive changes in priorities, worldview, and expectations

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

When a Loved One Dies, Common Reactions Include:

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

What Helps

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better

What Helps - *continued*

- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling
- Seeking a Community Religious Professional

What Doesn't Help

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

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
. . has problems sleeping, doesn’t want to go to bed, won’t sleep alone, wakes up at night screaming.	▪ When children are scared, they want to be with people who help them feel safe, and they worry when you are not together. ▪ If you were separated during the disaster, going to bed alone may remind your child of that separation. ▪ Bedtime is a time for remembering because we are not busy doing other things. Children often dream about things they fear and can be scared of going to sleep.	▪ If you want, let your child sleep with you. Let him know this is just for now. ▪ Have a bedtime routine: a story, a prayer, cuddle time. Tell him the routine (every day), so he knows what to expect. ▪ Hold him and tell him that he is safe, that you are there and will not leave. Understand that he is not being difficult on purpose. This may take time, but when he feels safer, he will sleep better.
. . worries something bad will happen to you. (You may also have worries like this.)	▪ It is natural to have fears like this after being in danger. ▪ These fears may be even stronger if your child was separated from loved ones during the disaster.	▪ Remind your child and yourself that right now you are safe. ▪ If you are not safe, talk about how you are working to keep her safe. ▪ Make a plan for who would care for your child if something did happen to you. This may help you worry less. ▪ Do positive activities together to help her think about other things.
. . cries or complains whenever you leave him, even when you go to the bathroom. . . can’t stand to be away from you.	▪ Children who cannot yet speak or say how they feel may show their fear by clinging or crying. ▪ Goodbyes may remind your child of any separation you had related to the disaster. ▪ Children’s bodies react to separations (stomach sinks, heart beats faster). Something inside says, “Oh no, I can’t lose her.” ▪ Your child is not trying to manipulate or control you. He is scared. ▪ He may also get scared when other people (not just you) leave. Goodbyes make him scared.	▪ Try to stay with your child and avoid separations right now. ▪ For brief separations (store, bathroom), help your child by naming his feelings and linking them to what he has been through. Let him know you love him and that this goodbye is different, you’ll be back soon. “You’re so scared. You don’t want me to go because last time I was gone you didn’t know where I was. This is different, and I’ll be right back.” ▪ For longer separations, have him stay with familiar people, tell him where you are going and why, and when you will come back. Let him know you will think about him. Leave a photo or something of yours and call if you can. When you come back, tell him you missed him, thought about him, and did come back. You will need to say this over and over.
. . has problems eating, eats too much or refuses food.	▪ Stress affects your child in different ways, including her appetite. ▪ Eating healthfully is important, but focusing too much on eating can cause stress and tension in your relationship.	▪ Relax. Usually, as your child’s level of stress goes down, her eating habits will return to normal. Don’t force your child to eat. ▪ Eat together and make meal times fun and relaxing. ▪ Keep healthy snacks around. Young children often eat on the go. ▪ If you are worried, or if your child loses a significant amount of weight, consult a pediatrician.

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
. . is not able to do things he used to do (like use the potty). . . does not talk like he used to.	▪ Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned. ▪ This is the way young children tell us that they are not okay and need our help. ▪ Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive. ▪ Your child is not doing this on purpose.	▪ Avoid criticism. It makes him worried that he'll never learn. ▪ Do not force your child. It creates a power struggle. ▪ Instead of focusing on the ability (like not using the potty), help your child feel understood, accepted, loved, and supported. ▪ As your child feels safer, he will recover the ability he lost.
. . is reckless, does dangerous things.	▪ It may seem strange, but when children feel unsafe, they often behave in unsafe ways. ▪ It is one way of saying, "I need you. Show me I'm important by keeping me safe."	▪ Keep her safe. Calmly go and get her and hold her if necessary. ▪ Let her know that what she is doing is unsafe, that she is important, and you wouldn't want anything to happen to her. ▪ Show her other more positive ways that she can have your attention.
. . is scared by things that did not scare her before.	▪ Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe. ▪ Because of what happened, this belief has been damaged, and without it, the world is a scarier place. ▪ Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her. ▪ It is not your fault–it was the disaster.	▪ When your child is scared, talk to her about how you will keep her safe. ▪ If things remind your child of the disaster and cause her to worry that it is happening again, help her understand how what is happening now (like rain or aftershocks) is different from the disaster. ▪ If she talks about monsters, join her in chasing them out. "Go away, monster. Don't bother my baby. I'm going to tell the monster boo, and it will get scared and go away. Boo, boo." ▪ Your child is too young to understand and recognize how you did protect her, but remind yourself of the good things you did.
. . seems "hyper," can't sit still, and doesn't pay attention to anything.	▪ Fear can create nervous energy that stays in our bodies. ▪ Adults sometimes pace when worried. Young children run, jump, and fidget. ▪ When our minds are stuck on bad things, it is hard to pay attention to other things. ▪ Some children are naturally active.	▪ Help your child to recognize his feelings (fear, worry) and reassure your child that he is safe. ▪ Help your child get rid of nervous energy (stretching, running, sports, breathing deep and slow). ▪ Sit with him and do an activity you both enjoy (throw a ball, read books, play, draw). Even if he doesn't stop running around, this helps him. ▪ If your child is naturally active, focus on the positive. Think of all the energy he has to get things done, and find activities that fit his needs.
. . plays in a violent way. . . keeps talking about the disaster and the bad things he saw.	▪ Young children often talk through play. Violent play can be their way of telling us how crazy things were or are, and how they feel inside. ▪ When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger).	▪ If you can tolerate it, listen to your child when he "talks." ▪ As your child plays, notice the feelings he has and help him by naming feelings and being there to support him (hold him, soothe him). ▪ If he gets overly upset, spaces out, or he plays out the same upsetting scene, help him calm down, help him feel safe, and consider getting professional help.

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
. .is now very demanding and controlling. . . seems “stubborn” insisting that things be done her way.	▪ Between the age of 18 months to 3 years, young children often seem “controlling.” ▪ It can be annoying, but it is a normal part of growing up and helps them learn that they are important and can make things happen. ▪ When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying, “Things are so crazy I need control over something.”	▪ Remember your child is not controlling or bad. This is normal, but may be worse right now because she feels unsafe. ▪ Let your child have control over small things. Give her choices over what she wears or eats, games you play, stories you read. If she has control over small things, it can make her feel better. Balance giving her choices and control with giving her structure and routines. She will feel unsafe if she “runs the show.” ▪ Cheer her on as she tries new things. She can also feel more in control when she can put her shoes on, put a puzzle together, pour juice.
. . tantrums and is cranky. . .yells a lot – more than usual.	▪ Even before the disaster, your child may have had tantrums. They are a normal part of being little. It’s frustrating when you can’t do things and when you don’t have the words to say what you want or need. ▪ Now, your child has a lot to be upset about (just like you) and may really need to cry and yell.	▪ Let him know you understand how hard this is for him. “Thing are really bad right now. It’s been so scary. We don’t have your toys or TV, and you’re mad.” ▪ Tolerate tantrums more than you usually would, and respond with love rather than discipline. You might not normally do this, but things are not normal. If he cries or yells, stay with him and let him know you are there for him. Reasonable limits should be set if tantrums become frequent or are extreme.
. . hits you.	▪ For children, hitting is a way of expressing anger. ▪ When children can hit adults they feel unsafe. It’s scary to be able to hit someone who’s supposed to protect you. ▪ Hitting can also come from seeing other people hit each other.	▪ Each time your child hits, let her know that this is not okay. Hold her hands, so she can’t hit, have her sit down. Say something like, “It’s not okay to hit, it’s not safe. When you hit, you are going to need to sit down.” ▪ If she is old enough, give her the words to use or tell her what she needs to do. Tell her, “Use your words. Say, I want that toy.” ▪ Help her express anger in other ways (play, talk, draw). ▪ If you are having conflict with other adults, try to work it out in private, away from where your child can see or hear you. If needed, talk with a friend or professional about your feelings.
. . says “Go away, I hate you!” . . says “This is all your fault.”	▪ The real problem is the disaster and everything that followed, but your child is too little to fully understand that. ▪ When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening. ▪ You are not to blame, but now is not the time to defend yourself. Your child needs you.	▪ Remember what your child has been through. He doesn’t mean everything he is saying; he’s angry and dealing with so many difficult feelings. ▪ Support your child’s feeling of anger, but gently redirect the anger towards the disaster. “You are really mad. Lots of bad things have happened. I’m mad too. I really wish it didn’t happen, but even mommies can’t make hurricanes not happen. It’s so hard for both of us.”

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
. . doesn't want to play or do anything. . . seems to not really have any feelings (happy or sad).	▪ Your child needs you. So much has happened and he may be feeling sad and overwhelmed. ▪ When children are stressed, some yell and others shut down. Both need their loved ones.	▪ Sit by your child and keep him close. Let him know you care. ▪ If you can, give words to his feelings. Let him know it's okay to feel sad, mad, or worried. "It seems like you don't want to do anything. I wonder if you are sad. It's okay to be sad. I will stay with you." ▪ Try to do things with your child, anything he might like (read a book, sing, play together).
. . cries a lot.	▪ Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad. ▪ When you let your child feel sad and provide her with comfort, you help your child even if she remains sad. ▪ If you have strong feelings of sadness, it may be good for you to get support. Your child's well-being is connected to your well-being.	▪ Allow your child to express feelings of sadness. ▪ Help your child name her feelings and understand why she may feel that way. "I think you're sad. A lot of hard things have happened" ▪ Support your child by sitting with her and giving her extra attention. Spend special time together. ▪ Help your child feel hopeful about the future. Together think and talk about how your lives will continue and the good things you will do, like go for a walk, go to the park or zoo, play with friends. ▪ Take care of yourself.
. . misses people you are no longer able to see after the disaster.	▪ Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people. ▪ If someone close to your child died, your child may show stronger reactions to the disaster. ▪ Young children do not understand death, and may think that the person can come back.	▪ For those that have moved away, help your child stay in touch in some way (for example, sending pictures or cards, calling). ▪ Help your child talk about these important people. Even when we are apart from people, we can still have positive feelings about them by remembering and talking about them. ▪ Acknowledge how hard it is to not be able to see people we care for. It is sad. ▪ Where someone has died, answer your child's questions simply and honestly. When strong reactions last longer than two weeks, seek help from a professional.
. . misses things you have lost because of the disaster.	▪ When a disaster brings so much loss to a family and community, it is easy to lose sight of how much the loss of a toy or other important item (blanket) can mean to a child. ▪ Grieving for a toy is also your child's way of grieving for all you had before the disaster.	▪ Allow your child to express feelings of sadness. It is sad that your child lost her toy or blanket. ▪ If possible, try to find something that would replace the toy or blanket that would be acceptable and satisfying to your child. ▪ Distract your child with other activities.

Parent Tips for Helping Preschool-Age Children after Disasters

Reactions/Behavior	Responses	Examples of things to do and say
Helplessness and passivity: Young children know they can't protect themselves. In a disaster, they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated.	▪ Provide comfort, rest, food, water, and opportunities for play and drawing. ▪ Provide ways to turn spontaneous drawing or playing about traumatic events to something that would make them feel safer or better. ▪ Reassure your child that you and other grownups will protect them.	▪ Give your child more hugs, hand holding, or time in your lap. ▪ Make sure there is a special safe area for your child to play with proper supervision. ▪ In play, a four year old keeps having the blocks knocked down by hurricane winds. Asked, "Can you make it safe from the winds?" the child quickly builds a double block thick wall and says, "Winds won't get us now." A parent might respond with, "That wall sure is strong," and explain, "We're doing a lot of things to keep us safe."
General fearfulness: Young children may become more afraid of being alone, being in the bathroom, going to sleep, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them.	▪ Be as calm as you can with your child. Try not to voice your own fears in front of your child. ▪ Help children regain confidence that you aren't leaving them and that you can protect them. ▪ Remind them that there are people working to keep families safe, and that your family can get more help if you need to. ▪ If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time. ▪ Give your child ways to communicate their fears to you.	▪ Be aware when you are on the phone or talking to others, that your child does not overhear you expressing fear. ▪ Say things such as, "We are safe from the earthquake now, and people are working hard to make sure we are okay." ▪ Say, "If you start feeling more scared, come and take my hand. Then I'll know you need to tell me something."
Confusion about the danger being over: Young children can overhear things from adults and older children, or see things on TV, or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away.	▪ Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using. ▪ Find out what other words or explanations they have heard and clarify inaccuracies. ▪ If you are at some distance from the danger, it is important to tell your child that the danger is not near you.	▪ Continue to explain to your child that the disaster has passed and that you are away from the danger ▪ Draw, or show on a map, how far away you are from the disaster area, and that where you are is safe. "See? The disaster was way over there, and we're way over here in this safe place."
Returning to earlier behaviors: Thumb sucking, bed-wetting, baby-talk, needing to be in your lap.	▪ Remain neutral or matter-of-fact, as best you can, as these earlier behaviors may continue a while after the disaster.	▪ If your child starts bedwetting, change her clothes and linens without comment. Don't let anyone criticize or shame the child.

Parent Tips for Helping Preschool-Age Children after Disasters

Reactions/Behavior	Responses	Examples of things to do and say
Fears the disaster will return: When having reminders—seeing, hearing, or otherwise sensing something that reminds them of the disaster.	▪ Explain the difference between the event and reminders of the event. ▪ Protect children from things that will remind them as best you can.	▪ "Even though it's raining, that doesn't mean the hurricane is happening again. A rainstorm is smaller and can't wreck stuff like a hurricane can." ▪ Keep your child from television, radio, and computer stories of the disaster that can trigger fears of it happening again.
Not talking: Being silent or having difficulty saying what is bothering them.	▪ Put common feelings into words, such as anger, sadness, and worry about the safety of parents, friends, and siblings. ▪ Do not force them to talk, but let them know they can talk to you any time.	▪ Draw simple "happy faces" for different feelings on paper plates. Tell a brief story about each one, such as, "Remember when the water came into the house and you had a worried face like this?" ▪ Say something like, "Children can feel really sad when their home is damaged." ▪ Provide art or play materials to help them express themselves. Then use feeling words to check out how they felt. "This is a really scary picture. Were you scared when you saw the water?"
Sleep problems: Fear of being alone at night, sleeping alone, waking up afraid, having bad dreams.	▪ Reassure your child that he is safe. Spend extra quiet time together at bedtime. ▪ Let the child sleep with a dim light on or sleep with you for a limited time. ▪ Some might need an explanation of the difference between dreams and real life.	▪ Provide calming activities before bedtime. Tell a favorite story with a comforting theme. ▪ At bedtime say, "You can sleep with us tonight, but tomorrow you'll sleep in your own bed." ▪ "Bad dreams come from our thoughts inside about being scared, not from real things happening."
Not understanding about death: Preschool age children don't understand that death is not reversible. They have "magical thinking" and might believe their thoughts caused the death. The loss of a pet may be very hard on a child.	▪ Give an age-appropriate consistent explanation–that does not give false hopes–about the reality of death. ▪ Don't minimize feelings over a loss of a pet or a special toy. ▪ Take cues from what your child seems to want to know. Answer simply and ask if he has any more questions.	▪ Allow children to participate in cultural and religious grieving rituals. ▪ Help them find their own way to say goodbye by drawing a happy memory or lighting a candle or saying a prayer for the deceased. ▪ "No, Pepper won't be back, but we can think about him and talk about him and remember what a silly doggy he was." ▪ "The firefighter said no one could save Pepper and it wasn't your fault. I know you miss him very much."

Parent Tips for Helping School-Age Children after Disasters

Reactions	Responses	Examples of things to do and say
Confusion about what happened	▪ Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any misinformation that your child has about whether there is a present danger. ▪ Remind children that there are people working to keep families safe and that your family can get more help if needed. ▪ Let your children know what they can expect to happen next.	▪ "I know other kids said that more tornadoes are coming, but we are now in a safe place." ▪ Continue to answer questions your children have (without getting irritable) and to reassure them the family is safe. ▪ Tell them what's happening, especially about issues regarding school and where they will be living.
Feelings of being responsible: School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others.	▪ Provide opportunities for children to voice their concerns to you. ▪ Offer reassurance and tell them why it was not their fault.	▪ Take your child aside. Explain that, "After a disaster like this, lots of kids–and parents too–keep thinking, 'What could I have done differently?' or 'I should have been able to do something.' That doesn't mean they were at fault." ▪ "Remember? The firefighter said no one could save Pepper and it wasn't your fault."
Fears of recurrence of the event and reactions to reminders	▪ Help identify different reminders (people, places, sounds, smells, feelings, time of day) and clarify the difference between the event and the reminders that occur after it. ▪ Reassure them, as often as they need, that they are safe. ▪ Protect children from seeing media coverage of the event, as it can trigger fears of the disaster happening again.	▪ When they recognize that they are being reminded, say, "Try to think to yourself, I am upset because I am being reminded of the hurricane because it is raining, but now there is no hurricane and I am safe." ▪ "I think we need to take a break from the TV right now." ▪ Try to sit with your child while watching TV. Ask your child to describe what they saw on the news. Clarify any misunderstandings.
Retelling the event or playing out the event over and over	▪ Permit the child to talk and act out these reactions. Let him know that this is normal. ▪ Encourage positive problem-solving in play or drawing.	▪ "You're drawing a lot of pictures of what happened. Did you know that many children do that?" ▪ "It might help to draw about how you would like your school to be rebuilt to make it safer."

Parent Tips for Helping School-Age Children after Disasters

Reactions	Responses	Examples of things to do and say
Fear of being overwhelmed by their feelings	▪ Provide a safe place for her to express her fears, anger, sadness, etc. Allow children to cry or be sad; don't expect them to be brave or tough.	▪ "When scary things happen, people have strong feelings, like being mad at everyone or being very sad. Would you like to sit here with a blanket until you're feeling better?"
Sleep problems: Bad dreams, fear of sleeping alone, demanding to sleep with parents.	▪ Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream. ▪ Temporary sleeping arrangements are okay; make a plan with your child to return to normal sleeping habits.	▪ "That was a scary dream. Let's think about some good things you can dream about and I'll rub your back until you fall asleep." ▪ "You can stay in our bedroom for the next couple of nights. After that we will spend more time with you in your bed before you go to sleep. If you get scared again, we can talk about it."
Concerns about the safety of themselves and others.	▪ Help them to share their worries and give them realistic information.	▪ Create a "worry box" where children can write out their worries and place them in the box. Set a time to look these over, problem-solve, and come up with answers to the worries.
Altered behavior: Unusually aggressive or restless behavior.	▪ Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration.	▪ "I know you didn't mean to slam that door. It must be hard to feel so angry." ▪ "How about if we take a walk? Sometimes getting our bodies moving helps with strong feelings."
Somatic complaints: Headaches, stomachaches, muscle aches for which there seem to be no reason.	▪ Find out if there is a medical reason. If not, provide comfort and assurance that this is normal. ▪ Be matter-of-fact with your child; giving these complaints too much attention may increase them.	▪ Make sure the child gets enough sleep, eats well, drinks plenty of water, and gets enough exercise. ▪ "How about sitting over there? When you feel better, let me know and we can play cards."
Closely watching a parent's responses and recovery: Not wanting to disturb a parent with their own worries.	▪ Give children opportunities to talk about their feelings, as well as your own. ▪ Remain as calm as you can, so as not to increase your child's worries.	▪ "Yes, my ankle is broken, but it feels better since the paramedics wrapped it. I bet it was scary seeing me hurt, wasn't it?"
Concern for other survivors and families.	▪ Encourage constructive activities on behalf of others, but do not burden them with undue responsibility.	▪ Help children identify projects that are age-appropriate and meaningful (clearing rubble from school grounds, collecting money or supplies for those in need).

Parent Tips for Helping Adolescents after Disasters

Reactions	Responses	Examples of things to do and say
Detachment, shame, and guilt	▪ Provide a safe time to discuss with your teen the events and their feelings. ▪ Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done.	▪ "Many teens–and adults–feel like you do, angry and blaming themselves that they could have done more. You're not at fault. Remember even the firefighters said there was nothing more we could have done."
Self-consciousness: About their fears, sense of vulnerability, fear of being labeled abnormal.	▪ Help teens understand that these feelings are common. ▪ Encourage relationships with family and peers for needed support during the recovery period.	▪ "I was feeling the same thing. Scared and helpless. Most people feel like this when a disaster happens, even if they look calm on the outside." ▪ "My cell phone is working again, why don't you see if you can get a hold of Pete to see how he's doing." ▪ "And thanks for playing the game with your little sister. She's much better now."
Acting out behavior: Using alcohol or drugs, sexually acting out, accident-prone behavior.	▪ Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened. ▪ Limit access to alcohol and drugs. ▪ Talk about the danger of high-risk sexual activity. ▪ On a time-limited basis, keep a closer watch on where they are going and what they are planning to do.	▪ "Many teens–and some adults–feel out of control and angry after a disaster like this. They think drinking or taking drugs will help somehow. It's very normal to feel that way–but it's not a good idea to act on it." ▪ "It's important during these times that I know where you are and how to contact you." Assure them that this extra checking-in is temporary, just until things have stabilized.
Fears of recurrence and reactions to reminders	▪ Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it. ▪ Explain to teens that media coverage of the disaster can trigger fears of it happening again.	▪ "When you're reminded, you might try saying to yourself, 'I am upset now because I am being reminded, but it is different now because there is no hurricane and I am safe.'" ▪ Suggest, "Watching the news reports could make it worse, because they are playing the same images over and over. How about turning it off now?"

Parent Tips for Helping Adolescents after Disasters

Reactions	Responses	Examples of things to do and say
Abrupt shifts in interpersonal relationships: Teens may pull away from parents, family, and even from peers; they may respond strongly to parent's reactions in the crisis.	▪ Explain that the strain on relationships is expectable. Emphasize that everyone needs family and friends for support during the recovery period. ▪ Encourage tolerance for different family members' courses of recovery. ▪ Accept responsibility for your own feelings.	▪ Spend more time talking as a family about how everyone is doing. Say, "You know, the fact that we're crabby with each other is completely normal, given what we've been through. I think we're handling things amazingly. It's a good thing we have each other." ▪ You might say, "I appreciate your being calm when your brother was screaming last night. I know he woke you up, too." ▪ "I want to apologize for being irritable with you yesterday. I am going to work harder to stay calm myself."
Radical changes in attitude	▪ Explain that changes in people's attitudes after a disaster are common, but often return back over time.	▪ "We are all under great stress. When people's lives are disrupted this way, we all feel more scared, angry–even full of revenge. It might not seem like it, but we all will feel better when we get back to a more structured routine."
Premature entrance into adulthood: (wanting to leave school, get married).	▪ Encourage postponing major life decisions. Find other ways to make the teens feel more in control.	▪ "I know you're thinking about quitting school and getting a job to help out. But it's important not to make big decisions right now. A crisis time is not a great time to make major changes."
Concern for other survivors and families	▪ Encourage constructive activities on behalf of others, but do not let them burden themselves with undue responsibility.	▪ Help teens to identify projects that are age-appropriate and meaningful (clearing rubble from school grounds, collecting money or supplies for those in need).

Tips for Adults

Reactions/Behavior	Responses	Examples of things to do and say
High anxiety/arousal: Tension and anxiety are common after disasters. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating, and feel jumpy and nervous. These reactions can include rapid heart beat and sweating.	▪ Use breathing and/or other relaxation skills. ▪ Take time during the day to calm yourself through relaxation exercises. These can make it easier to sleep, concentrate, and will give you energy.	▪ Breathing exercise: Inhale slowly through your nose and comfortably fill your lungs all the way down to your stomach, while saying to yourself, “My body is filled with calm.” Exhale slowly through your mouth and empty your lungs, while silently saying to yourself, “My body is letting go.” Do this five times slowly, and as many times a day as needed.
Concern or shame over your own reactions. Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame about how they reacted, and feeling guilty about something. It is expectable and understandable to feel many emotions in the aftermath of an extremely difficult event.	▪ Find a good time to discuss your reactions with a family member or trusted friend. ▪ Remember that these reactions are common and it takes time for them to subside. ▪ Correct excessive self-blame with realistic assessment of what actually could have been done.	▪ When talking with someone, find the right time and place, and ask if it is okay to talk about your feelings. ▪ Remind yourself that your feelings are expectable and you are not “going crazy,” and that you are not at fault for the disaster. ▪ If these feelings persist for a month or more, you may wish to seek professional help.
Feeling overwhelmed by tasks that need to be accomplished (housing, food, paperwork for insurance, child care, parenting).	▪ Identify what your top priorities are. ▪ Find out what services are available to help get your needs met. ▪ Make a plan that breaks down the tasks into manageable steps.	▪ Make a list of your concerns and decide what to tackle first. Take one step at a time. ▪ Find out which agencies can help with your needs and how to access them. ▪ Where appropriate, rely on your family, friends, and community for practical assistance.
Fears of recurrence and reactions to reminders: It is common for survivors to fear that another disaster will occur, and to react to things that are reminders of what happened.	▪ Be aware that reminders can include people, places, sounds, smells, feelings, time of day. ▪ Remember that media coverage of the disaster can be a reminder and trigger fears of it happening again.	▪ When you are reminded, try saying to yourself, “I am upset because I am being reminded of the disaster, but it is different now because the disaster is not happening and I am safe.” ▪ Limit your viewing of news reports so you just get the information that you need.
Changes in attitude, view of the world and of oneself: Strong changes in people’s attitudes after a disaster are common, including questioning one’s spiritual beliefs, trust in others and social agencies, and concerns about one’s own effectiveness, and dedication to helping others.	▪ Postpone any major unnecessary life changes in the immediate future. ▪ Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness. ▪ Get involved with community recovery efforts.	▪ Getting back to a more structured routine can help improve decision-making. ▪ Remind yourself that going through a disaster can have positive effects on what you value and how you spend your time.

Tips for Adults

Reactions/Behavior	Responses	Examples of things to do and say
Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors: Many people feel out of control, scared, hopeless, or angry after a disaster and engage in these behaviors to feel better. This can especially be a problem if there was pre-existing substance abuse or addiction.	▪ Understand that using substances and engaging in addictive behaviors can be a dangerous way to cope with what happened. ▪ Get information about local support agencies.	▪ Remember that substance use and other addictive behaviors can lead to problems with sleep, relationships, jobs, and physical health.
Shifts in interpersonal relationships: People may feel differently towards family and friends; for example, they may feel overprotective and very concerned for each other's safety, frustrated by the reactions of a family member or friend, or they may feel like pulling away from family and friends.	▪ Understand that family and friends are a major form of support during the recovery period. ▪ It is important to understand and tolerate different courses of recovery among family members. ▪ Rely on other family members for help with parenting or other daily activities when you are upset or under stress.	▪ Don't withdraw from others because you feel you might burden them. Most people do better after disasters turning to others. ▪ Ask your friends and family how they are doing, rather than just giving advice, or telling them to "get over it." Offer a supportive ear or lend a helping hand. ▪ Say, "We're crabby with each other and that is completely normal, given what we've been through. I think we're handling things amazingly. It's a good thing we have each other."
Excessive anger: Some degree of anger is understandable and expected after a disaster, especially when something feels unfair. However, when it leads to violent behavior, extreme anger is a serious problem.	▪ Find ways to manage your anger that help you rather than hurt you.	▪ Take time to cool down, walk away from stressful situations, talk to a friend about what is making you angry, get physical exercise, distract yourself with positive activities, or problem-solve the situation that is making you angry. ▪ Remind yourself that being angry may harm important relationships. ▪ If you become violent, get immediate help.
Sleep difficulties: Trouble falling asleep and frequent awakening is common after a disaster, as people are on edge and worried about adversities and life changes.	▪ Make sure you have good sleep routines.	▪ Go to sleep at the same time every day. ▪ Don't have caffeinated drinks in the evening. ▪ Reduce alcohol consumption. ▪ Increase daytime exercise. ▪ Relax before bedtime. ▪ Limit daytime naps to 15 minutes, and do not nap later than 4 pm.

Tips for Relaxation

Tips for Relaxation

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

For Yourself:

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

For Children:

Lead a child through a breathing exercise:

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

Make a Game of It:

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

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Alcohol, Medication, and Drug Use after Disaster

Alcohol, Medication, and Drug Use after Disaster

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

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

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

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

- Increase your attendance at substance abuse support groups.
- If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use.
- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby alcohol or drug recovery groups, or ask them to help organize a new support group.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.
- Increase your use of other supports that have helped you avoid relapse in the past.

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