

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



**2. Check 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
- Living arrangements
- Lost job or school
- Assisted with rescue/recovery
- Has physical/emotional disability
- Medication stabilization
- Concerns about child/adolescent
- Spiritual concerns
- Other: \_\_\_\_\_

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

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**4. Referral**

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

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

- Yes
- No



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

### Stabilization

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

### Information Gathering

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



### Practical Assistance

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

### Connection with Social Supports

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

### Information of Coping

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

### Linkage with Collaborative Services

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