

Provider Worksheet

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

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

Stabilization

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

Information Gathering

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

Practical Assistance

- | | |
|--|---|
| <input type="checkbox"/> Helped to identify most immediate need(s) | <input type="checkbox"/> Helped to clarify need(s) |
| <input type="checkbox"/> Helped to develop an action plan | <input type="checkbox"/> Helped with action to address the need |

Connection with Social Supports

- | | |
|---|---|
| <input type="checkbox"/> Facilitated access to primary support persons | <input type="checkbox"/> Discussed support seeking and giving |
| <input type="checkbox"/> Modeled supportive behavior | <input type="checkbox"/> Engaged youth in activities |
| <input type="checkbox"/> Helped problem-solve obtaining/giving social support | |

Information of Coping

- | | |
|--|---|
| <input type="checkbox"/> Gave basic information about stress reactions | <input type="checkbox"/> Gave basic information on coping |
| <input type="checkbox"/> Taught simple relaxation technique(s) | <input type="checkbox"/> Helped with family coping issues |
| <input type="checkbox"/> Assisted with developmental concerns | <input type="checkbox"/> Assisted with anger management |
| <input type="checkbox"/> Addressed negative emotions (shame/guilt) | <input type="checkbox"/> Helped with sleep problems |
| <input type="checkbox"/> Addressed substance abuse problems | |

Linkage with Collaborative Services

- Provided link to additional services service(s): _____
 Promoted continuity of care _____
 Provided handout(s) _____