Provider Worksheets

Survivor Current Needs

Date: _____ Provider: _____

Survivor Name: _____

Location: _____

This session was conducted with (check all that apply):

☐ Child ☐ Adolescent ☐ Adult ☐ Family ☐ Group

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

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

Behavioral	Emotional	Physical	Cognitive
☐ Extreme disorientation ☐ Excessive drug, alcohol, or prescription drug use ☐ Isolation/ withdrawal ☐ High risk behavior ☐ Regressive behavior ☐ Separation anxiety ☐ Violent behavior ☐ Maladaptive coping ☐ Other _____	☐ Acute stress reactions ☐ Acute grief reactions ☐ Sadness, 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 _____

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.

_____

_____

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 clarify need(s)
- ☐ Helped to develop an action plan
- ☐ Helped with action to address the need

Connection with Social Supports

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

Information of Coping

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

Linkage with Collaborative Services

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