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.**

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Emotional</th>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Extreme disorientation</td>
<td>□ Acute stress reactions</td>
<td>□ Headaches</td>
<td>□ Inability to accept/cope with death of loved one(s)</td>
</tr>
<tr>
<td>□ Excessive drug, alcohol, or prescription drug use</td>
<td>□ Acute grief reactions</td>
<td>□ Stomachaches</td>
<td>□ Distressing dreams or nightmares</td>
</tr>
<tr>
<td>□ Isolation/withdrawal</td>
<td>□ Sadness, tearfulness</td>
<td>□ Sleep difficulties</td>
<td>□ Intrusive thoughts or images</td>
</tr>
<tr>
<td>□ High risk behavior</td>
<td>□ Irritability, anger</td>
<td>□ Difficulty eating</td>
<td>□ Difficulty concentrating</td>
</tr>
<tr>
<td>□ Regressive behavior</td>
<td>□ Feeling anxious, fearful</td>
<td>□ Worsening of health conditions</td>
<td>□ Difficulty remembering</td>
</tr>
<tr>
<td>□ Separation anxiety</td>
<td>□ Despair, hopelessness</td>
<td>□ Fatigue/exhaustion</td>
<td>□ Difficulty making decisions</td>
</tr>
<tr>
<td>□ Violent behavior</td>
<td>□ Feelings of guilt or shame</td>
<td>□ Chronic agitation</td>
<td>□ Preoccupation with death/destruction</td>
</tr>
<tr>
<td>□ Maladaptive coping</td>
<td>□ Feeling emotionally numb, disconnected</td>
<td>□ Other __________</td>
<td>□ Other __________</td>
</tr>
<tr>
<td>□ Other __________</td>
<td>□ Other __________</td>
<td>□ Other __________</td>
<td></td>
</tr>
</tbody>
</table>
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) _______________  [ ] Substance abuse treatment
   - [ ] Other disaster agencies  [ ] Other community services
   - [ ] Professional mental health services  [ ] Clergy
   - [ ] Medical treatment  [ ] 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
☐ 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
☐ 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

### 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 ____________________

Psychological First Aid - Field Operations Guide
<table>
<thead>
<tr>
<th><strong>Practical Assistance</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Helped to identify most immediate need(s)</td>
<td>□ Helped to clarify need(s)</td>
</tr>
<tr>
<td>□ Helped to develop an action plan</td>
<td>□ Helped with action to address the need</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Connection with Social Supports</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facilitated access to primary support persons</td>
<td>□ Discussed support seeking and giving</td>
</tr>
<tr>
<td>□ Modeled supportive behavior</td>
<td>□ Engaged youth in activities</td>
</tr>
<tr>
<td>□ Helped problem-solve obtaining/giving social support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Information of Coping</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Gave basic information about stress reactions</td>
<td>□ Gave basic information on coping</td>
</tr>
<tr>
<td>□ Taught simple relaxation techniques(s)</td>
<td>□ Helped with family coping issues</td>
</tr>
<tr>
<td>□ Assisted with developmental concerns</td>
<td>□ Assisted with anger management</td>
</tr>
<tr>
<td>□ Addressed negative emotions (shame/guilt)</td>
<td>□ Helped with sleep problems</td>
</tr>
<tr>
<td>□ Addressed substance abuse problems</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Linkage with Collaborative Services</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Provided link to additional service(s)</td>
<td></td>
</tr>
<tr>
<td>□ Promoted continuity of care</td>
<td></td>
</tr>
<tr>
<td>□ Provided handout(s)</td>
<td></td>
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</tbody>
</table>