Rutgers Psychological First Aid

Psychological First Aid Components Provided

Date: __________ Provider: ____________________ Location: ____________________

Provider: Place a checkmark 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 insure 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
- __ 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 survivors after body identification

**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
- __ 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

**Information of Coping**
- Gave basic information about stress reactions
- Taught simple relaxation technique(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 services service(s):________________________________________
- Promoted continuity of care_________________________________________________________
- Provided handout(s)_______________________________________________________________


Rutgers Psychological First Aid

Student Needs

Date: ________ Provider: _____________ Survivor Name: ____________ Location ______

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. Place a checkmark next to the corresponding 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>
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<tr>
<td>___ Excessive drug, alcohol, or prescription drug use</td>
<td>___ Acute grief reactions</td>
<td>___ Stomachaches</td>
<td>___ Distressing dreams or nightmares</td>
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<tr>
<td>___ Isolation/withdrawal</td>
<td>___ Sadness, tearful</td>
<td>___ Sleep difficulties</td>
<td>___ Intrusive thoughts or images</td>
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<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, hopeless</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>___ Other: ________</td>
</tr>
</tbody>
</table>
2. Place a checkmark next to any other specific concerns

- 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
- School/Work
- 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  __ CAPS  __ DOS  __ VPVA  __ Health Services  __ Crisis Numbers

- 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