

Psychological First Aid



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Who is Barb?

Two truths....One false

- 1) Performed at Kennedy Center, Washington DC
- 2) Helped deliver babies in West Africa
- 3) Danced professionally in school—ballet/modern



Logistics and Housekeeping

- Course and break times – compressed schedule
- Location of restrooms
- Emergency exits
- Cell phone/pager etiquette
- Registration/sign-in sheet

Participant Introductions

- Form mini-teams
- Set a tempo and chant your name
- What do you hope to gain from this CMTE? Chant it in a word or short phrase

60 second mini-team exercise....Go!

Goals

- At the end of this course, participants will:
- improve understanding of the context of PFA in disaster response and recovery;
- understand and be able to explain the core components of PFA;
- understand the role and relationship of music therapy to, and with, PFA; and,
- collaboratively introduce adaptive music therapy techniques and skills in the context of PFA.

Learning Objectives

- At the end of this course, participants shall:
 1. Describe the guiding principles of PFA that are derived from the research process.
 2. Identify the core actions of PFA.
 3. Be able to discern which core principle(s) and action(s) of PFA is appropriate given case examples.
 4. Describe the role of PFA in the disaster management cycle.
 5. Describe the role of music therapy in the disaster management cycle
 6. Identify music therapy approaches, techniques, or interventions that may be adapted for one or more core actions of PFA.

Course Agenda

- PFA Background and Guidelines for Delivery
- Core Action #1: Contact and Engagement
- Core Action #2: Safety and Comfort
- Core Action #3: Stabilization
- Core Action #4: Information Gathering
- Core Action #5: Practical Assistance
- Core Action #6: Connection and Social Supports
- Core Action #7: Information and Coping
- Core Action #8: Linkage with Collaborative Services
- Handouts and Provider Care
- Wrap Up – Team Post-test

Definition of Disaster

- Disaster
 - The term disaster is used to address any type of mass trauma event, public health emergency, or crisis

What is Psychological First Aid?

- PFA is:

An evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

Psychological First Aid Developed By:

- National Child Traumatic Stress Network
 - www.NCTSN.org
- National Center for Posttraumatic Stress Disorder
 - www.ncptsd.va.gov

Acknowledgements

- Substance Abuse Mental Health Services Administration (SAMHSA)
- National Association of County and City Health Officials (NACCHO)

Psychological First Aid Authors

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- Christopher Layne, Ph.D.
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- Alan Steinberg, Ph.D.
- Eric Vernberg, Ph.D., ABPP
- Patricia Watson, Ph.D.

How Do We Know How to Respond Following Disasters?



A Quintet of Empirically-Supported Early Intervention Principles



Psychological First Aid Core Actions



1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

What are PFA's Principle Actions?

- PFA's principle actions are to:
 - Establish safety and security
 - Connect to restorative resources
 - Reduce stress-related reactions
 - Foster adaptive short- and long-term coping
 - Enhance natural resilience (rather than preventing long-term pathology)

Who Is It For?

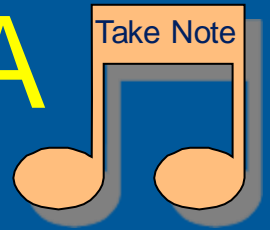
- PFA is for individuals:
 - Experiencing acute stress reactions
 - Who appear to be at risk for significant impairment in functioning

Who Delivers PFA?

- PFA is delivered by disaster response workers who provide early assistance, including:
 - First responders
 - Mental health professionals
 - School personnel
 - Religious professionals
 - Disaster volunteers
 - Health and public health officials
 - And....Qualified music therapists

Disaster Cycle and PFA

Take Note



Mitigation

Prevention

Preparedness

Disaster

Recovery

Response



When is PFA Intended to be Delivered?

- PFA is intended to be delivered in the immediate aftermath of a disaster

Where Can PFA be Delivered?

- PFA can be delivered in a broad range of emergency settings, such as:
 - General population shelters
 - Schools
 - Special needs shelters
 - Hospitals or medical triage areas
 - Family assistance centers
 - Public health emergency settings

Strengths of Psychological First Aid

- PFA is a comprehensive intervention model that:
 - Uses evidence-informed strategies
 - Involves a modular approach
 - Includes basic information-gathering techniques
 - Offers concrete examples
 - Incorporates a developmental framework
 - Attends to cultural factors
 - Includes user-friendly handouts

Requirements for PFA Providers

- PFA providers must have the:
 - Ability to work in chaotic and unpredictable environments
 - Capacity for rapid assessment of survivors
 - Ability to provide services tailored to timing of intervention, context, and culture
 - Ability to tolerate intense distress and reactions

Requirements for PFA Providers (cont.)

- PFA providers must be able to:
 - Accept tasks that are not initially viewed as mental health activities
 - Work with diverse cultures, ethnic groups, developmental levels, and faith backgrounds
 - Have the capacity for self-care

Discussion Question

- After receiving PFA training, Fred was asked to respond to a **springtime tornado** that has severely impacted a nearby county.

What factors does Fred need to consider before agreeing to the deployment?

Factors to Consider Prior to Relief Work

- Personal considerations
- Health considerations
- Family considerations
- Work considerations

Delivering PFA

- When delivering PFA:
 - Observe first
 - Ask simple respectful questions
 - Speak calmly and slowly without jargon
 - Be patient, responsive, and sensitive
 - Acknowledge the survivor's strength

Some Behaviors to Avoid

- When delivering PFA avoid:
 - Making assumptions about experiences
 - Assuming everyone will be traumatized
 - Labeling reactions as “symptoms,” or speaking in terms of “diagnoses”
 - Talking down to or patronizing the survivor

Why Music Therapy?

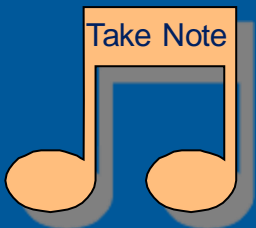
- Music is a fundamental means of human expression.
- Music influences physiological response, behavior, thought, memory and emotion - whether we are conscious of it or not.
- Rhythm organizes and energizes.
- Music is communication.
- Music requires involvement in the here and now - reality ordered behavior.

Why Music Therapy?

- Music permits participation at each persons own level
- Music elicits extramusical ideas
- Music provides a successful experience in cooperation with others.
- Music provides an experience of responsibility to self and others in a non-threatening way.
- It can be enjoyable.

Role of the Music Therapist

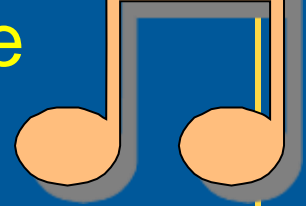
Phase	Role	Est. Contact Time	Example
Response	Immediate crisis support; advisory; Clinician scholar	~5 – 30 min. per contact	-Psychological first aid; -Music as: container, milieu, mask noise, support sleep/rest -MT for stress; -MT adapted mind-body or somatic techniques.



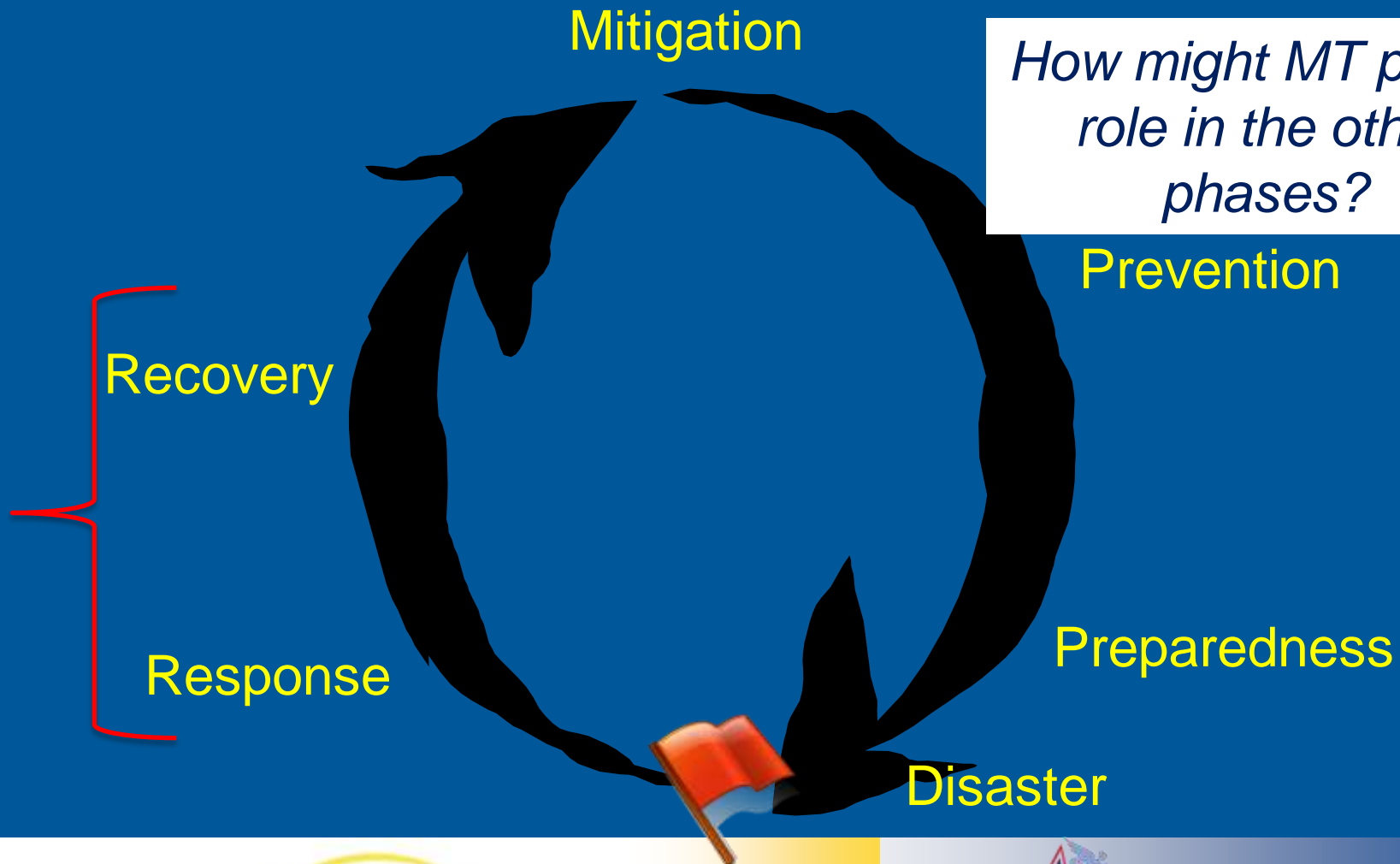
Role of the Music Therapist

Phase	Role	Est. Contact Time	Example
Recovery	Short to mid-term MT services; Clinician scholar	~15 – 60~ min. per contact (varies by client needs & goals)	Individual or group MT services practiced within scope of practice and qualifications of therapist.

Take Note



Disaster Cycle and PFA



Psychological First Aid Core Actions



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Core Action #1: Contact and Engagement

- Establish a connection with survivors in a non-intrusive and compassionate manner
 - Introduce yourself and describe your role
 - Ask for permission to talk
 - Explain objectives
 - Ask about immediate needs



Discussion Questions

- I am a female survivor sobbing by myself. You heard from another relief worker that I was just notified that my husband died in a fire.
- When you approach me, I have difficulty speaking because I can't stop crying.
 - To initiate contact, what do you say?
 - Do you give me a hug?

Personal Contact

- Personal contact varies from person to person and across social groups
- If you are not familiar with the culture of the survivor, **do not**:
 - Approach too closely
 - Make prolonged eye contact
 - Touch

Personal Contact (cont.)

- Get guidance about cultural norms
- Seek cues from the survivor regarding “personal space”
- When working with families, identify the family spokesperson

Music Intervention Core Action #1: Contact and Engagement

- Exercise: Children & Name Rhythms
- Setting Emergency Shelter



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Core Action #2: Safety and Comfort

- The goal is to enhance immediate and ongoing safety and provide physical and emotional comfort



Safety and Comfort

- Ensure immediate physical safety
- Provide information about disaster response activities and/or services
- Offer physical comforts
- Offer social comforts and link to other survivors
- Protect from additional trauma and potential trauma reminders
- Discuss media viewing

Group Activity #1

- You are working in a shelter opened by a local church after a wildfire threatens homes in a nearby county.
 - You hear mixed reports on the status of the fire
 - People are anxious
 - 500 people are currently in the shelter
 - Up to 300 more are expected
- What five initial steps do you take to provide Psychological First Aid?

Suggested Responses

- Information
- Safety
- Basic needs
- Recruit volunteers
- Identify persons who are emotionally overwhelmed

Discussion Question

- I am a 7-year-old boy who was brought to you by another survivor who stated that he found me about one mile away on the street by myself.
- I am not very verbal and can only say that my name is “Andy.”

What are the three actions you would want to take?

Unaccompanied Children

- Ask basic information
- Notify appropriate authorities immediately
- Provide the child with accurate information in simple terms about:
 - Who will be supervising him
 - What he can expect
- Make sure there is a continual plan of care

Acutely Bereaved Individuals

- Identify persons who are emotionally overwhelmed
- Listen carefully with sympathy
- Be informed about cultural norms
- Know that grief reactions vary from person to person
- Help family members to respect differences in grieving

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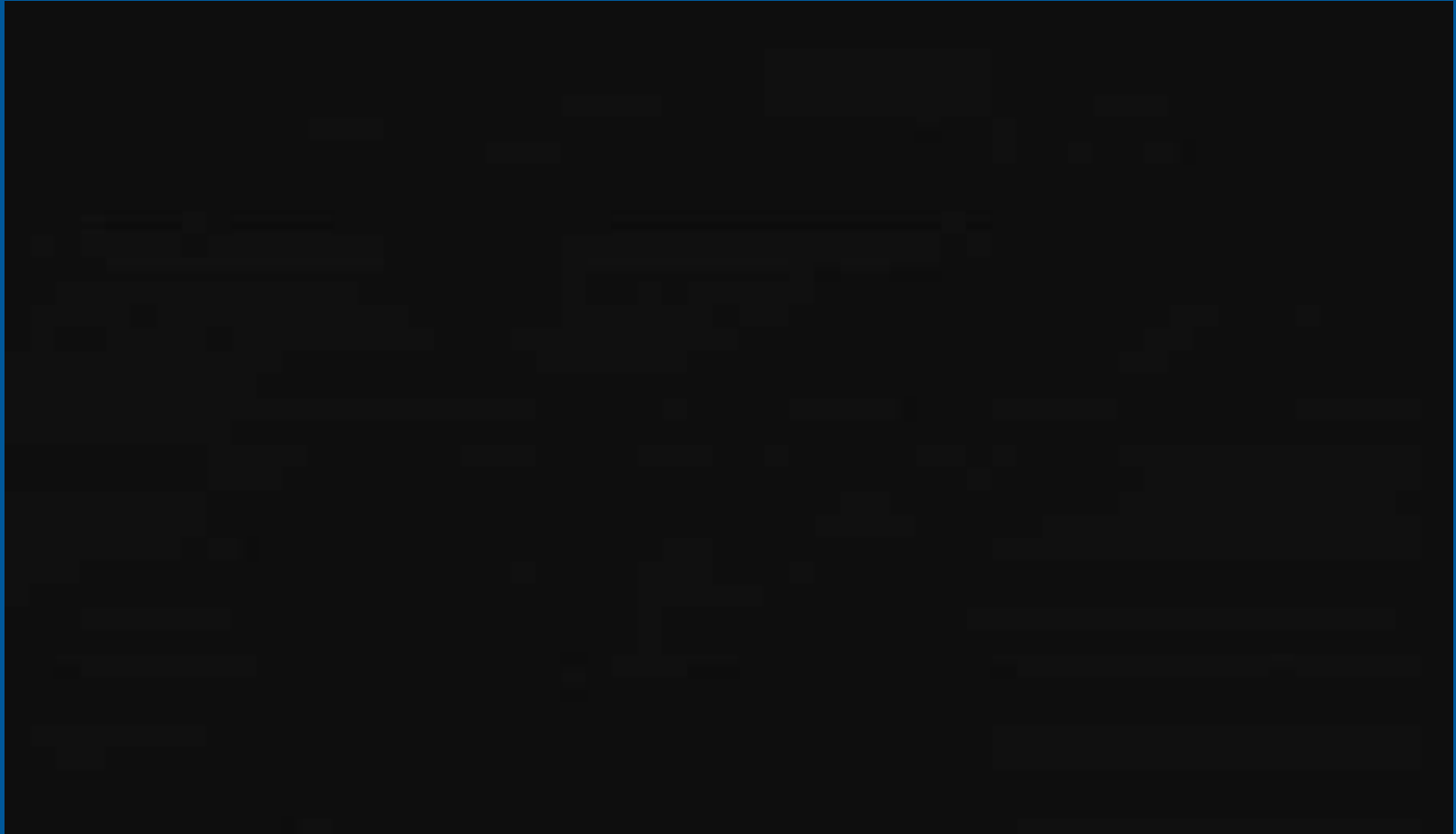
Acutely Bereaved Individuals: Things to Say

- Tell them what they are experiencing is understandable and expectable
- It is okay to use the deceased person's name
- Inform them that they will most likely continue to experience periods of sadness, loneliness, or anger

Acutely Bereaved Individuals: Things NOT to Say

- “I know how you feel.”
- “It’s good he passed away quickly.”
- “It was his time to go.”
- “Let’s talk about something else.”
- “It’s good that you are alive.”

Video: Bereaved Individuals



Video Key Points

- Identifies needs
- Provides validation, support, and normalization
- Provides education about acute grief
- Provides guidance on family pressure
- Adjusts guidance to fit the context
- Provides follow-up and referral information

Identifies Needs

- How did the counselor determine Eric's needs at this point?
 - The counselor may only have this opportunity to speak with Eric. So, after giving Eric a few moments to share how he is feeling, the counselor tries to focus the conversation quickly to assess how she can be of assistance.

Provides Validation, Support, and Normalization

- How does the counselor perceive Eric to be feeling?
- What does the counselor do to provide validation, support, and normalization?
 - The counselor perceives Eric to be feeling overwhelmed, exhausted, and in shock.
 - She provides support by telling him that the way he is feeling is to be expected in these circumstances.

Provides Education about Acute Grief

- What does the counselor say to Eric about acute grief?
 - The counselor provides basic psychoeducation about early grief reactions, informing Eric that it is common to feel numb just after experiencing a traumatic death.

Provides Guidance on Family Pressure

- What guidance does the counselor give to Eric in regards to his family pressuring him to open up?
 - The counselor helps Eric to identify ways he could explain his reactions to his family, in simple terms, so that they will stop pressuring him to open up to them.

Adjusts Guidance to Fit the Context

- What does the counselor do to help Eric not feel overloaded?
 - The counselor is careful not to overload Eric with too much information at a time when he is already feeling overwhelmed. She sticks with current concerns, assures him that he can reconnect with her, and reminds him of her hours at the shelter.

Provides Follow-up and Referral Information

- What does the counselor do to provide Eric with follow-up and referral information?
 - The counselor refers Eric to the toll-free number and website address.
 - Eric may be feeling too overwhelmed to seek counseling in the short-term.
 - Making a positive connection with the counselor may open the door for him to get help in the future.

Grief and Spiritual Issues

- Ask survivors if they have religious/spiritual needs
- Refer them to a clergy member of their choice
- Do not judge, contradict, or correct what they say about their religious beliefs
- If survivors want to pray, help them find a suitable place

Music Intervention and Core Action #2: Safety and Comfort

- Listening *is* an intervention
- Music as milieu and environment
- Music as a container

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Core Action #3: Stabilization

- The goal is to calm and orient emotionally-overwhelmed and distraught survivors



Signs a Person May Need Stabilization

- Glassy eyed and vacant
- Unresponsive
- Disoriented
- Exhibiting strong emotional responses
- Uncontrollable physical reactions
- Frantic searching behavior

Steps toward Stabilization

- Respect the survivor's privacy
- Give him/her a few minutes without active attempts to intervene
- Remain calm, quiet, and present
- Tell him/her that you will be available if he/she needs you or that you will check back with him/her in a few minutes

Steps toward Stabilization (cont.)

- Offer support and help him/her focus on specific manageable feelings, thoughts, and goals
- Enlist support from family/friends
- Speak directly to his/her immediate concern or difficulty
- Give information that orients him/her to the surroundings

Grounding

- Ask the person to:
 - Listen to and look at you
 - Orient him/herself to the surroundings
 - Talk about the aspect of the situation that is under control, hopeful, or positive
 - Breathe in and out slowly and deeply
 - Name five **non-distressing** things he/she can see, hear, and feel

Grounding (cont.)

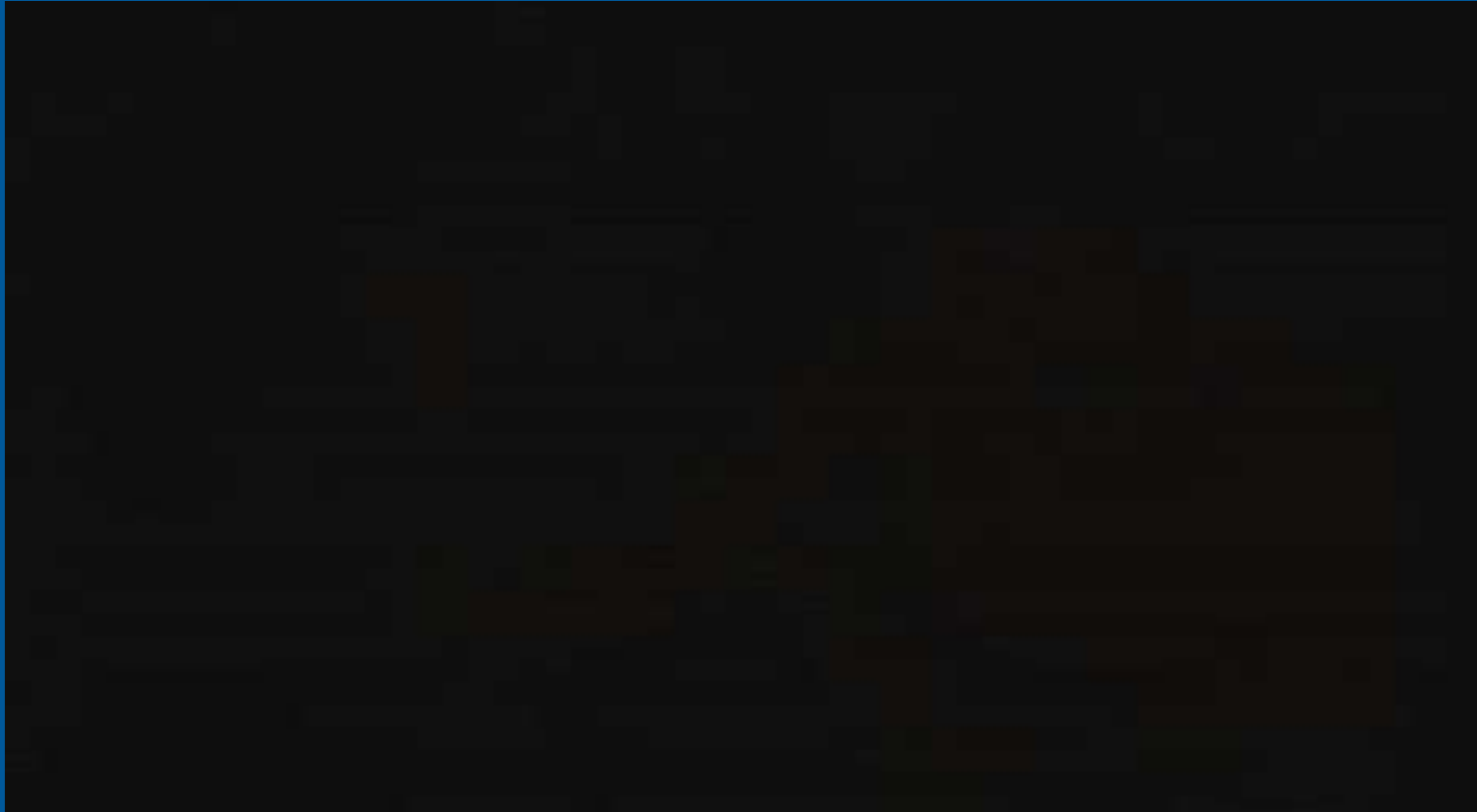
- Younger children may find it easier to identify colors that they see around them
- Get a medical consult when the situation is secure

Music Intervention and Core Action #3: Stabilization

- Music as a container
- Music as a grounding element
- Breathing exercise with music
- Active music making
- Use of voice



Video: Breathing



Video Key Points

- Ask permission
- Acknowledge fears and offer rationale
- Check on previous experiences before using the technique
- Demonstrate the technique
- Give the survivor control
- Give an instruction card
- Encourage practice

Check for Understanding

- What are the two things the DMH worker does before teaching the survivor the breathing techniques and why?
 - The DMH worker first asked the survivor for permission to talk to him about coping skills to determine his interest. In addition, he checks for any negative prior experiences the survivor had with relaxation techniques, so that the worker can address such experiences before proceeding.

Check for Understanding (cont.)

- What does the worker do to ensure that the survivor maintains a sense of control over the process?
 - The worker makes a point of telling the survivor that he can stop the demonstration at any time if he feels uncomfortable, and inquires as to whether the survivor prefers to proceed with his eyes open or closed.

Check for Understanding (cont.)

- What does the worker encourage the survivor to do so that he doesn't get discouraged and suddenly stop performing the breathing techniques?
 - The worker emphasizes that the survivor should practice the technique regularly, but should not practice it when he is overly stressed or anxious.

Grounding

- Ask the person to:
 - Listen to and look at you
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 - Talk about the aspect of the situation that is under control, hopeful, or positive
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Core Action #4: Information Gathering

- The goal is to identify immediate needs and concerns, gather additional information, and tailor PFA interventions
- It is used to determine:
 - Need for immediate referral
 - Need for any additional available ancillary services
 - Which components of PFA may be helpful

Example of Content Areas

- Nature and severity of experiences
- Death of a loved one
- Concerns about the post-disaster circumstances and threat
- Separation from or concerns about the safety of loved ones
- Physical illness, mental health conditions, and need for medications
- Losses incurred as a result of the disaster

Clarifying Disaster-Related Experiences

- Avoid asking for in-depth description of traumatic experiences
- Follow the lead of the survivor in discussing the event
- Individuals should **not** be pressed to disclose details of any trauma or loss

Clarifying Disaster-Related Experiences (cont.)

- If survivors are anxious to talk about their experiences, tell them:
 - For now, the basic information to help with current needs is the most helpful
 - That they can discuss their experiences in a proper professional setting in the future

Group Activity #2

- You are working in a hospital.
- A passenger train crashed into another train that was carrying unknown chemicals.
- The hospital staff is overwhelmed with injured patients, and you have been asked to assist individuals who are concerned about exposure, those with minor injuries who are distressed, and family members.

Group Activity (cont.)

- What information do you need to begin your work?
- What are the five actions you would take in conducting PFA?

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Core Action #5: Practical Assistance

- Offer practical help to survivors in addressing immediate needs and concerns
 - Identify the most immediate need
 - Clarify the need
 - Discuss an action response
 - Act to address the need

Discussion

- You are working in a family support center at the airport.
- There has been a fatal plane crash.
- Family members of the deceased are just arriving.

What are five types of practical assistance you are able to offer?

Setting Achievable Goals

- Set achievable goals to:
 - Reverse feelings of failure and inability to cope
 - Help individuals to have repeated experiences of success and efficacy
 - Help to reestablish a sense of control over one's environment

Music Intervention and Core Action #5: Practical Assistance

- Music may or may not be involved
- Relieve parent(s) from care giving and engage children with music activity
- Off duty hours music programs for emergency workers
 - Kitchen Band



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Core Action #6: Connection with Social Support

- The goal is to help establish brief or ongoing contacts with primary support persons, such as family members and friends, and to seek out other sources of support



Connection with Social Support (cont.)

- Enhance access to primary support persons (family and significant others)
- Encourage use of immediately available support persons
- Discuss ways to seek and give support
 - Identify possible support persons
 - Discuss what to do/talk about
 - Explore reluctance to seek support
- Address extreme social isolation or withdrawal

Discussion

- You are speaking to an 84-year-old woman. She reports moving to your town from New Orleans after surviving Hurricane Katrina, which destroyed her home. Now a tornado has taken her apartment.
- She feels that connecting with others is just not worth it as she will just lose contact with them again.
- She is tired from all the moves.
- She also feels that talking with others will only burden them.

How will you assist her?

Those Who are Withdrawn or Isolated

- Think about the type of support that is most helpful
- Think about the people the survivor can approach
- Decide who might be a good role model or mentor
- Decide ahead of time what the survivor would like to discuss or do
- Choose the right time and place to approach someone for support

Music Intervention and Core Action #6: Connection with Social Support

- Song writing to communicate thoughts and feelings
- Recovery and social support via music therapy



TAKING CARE OF ME

Verse 1

HOPE, OH...TAKING CARE OF ME
HOPE, OH...TAKING CARE OF ME
HOPE, OH...TAKING CARE OF ME
WASH MY FEARS AWAY
WASH MY FEARS AWAY

Verse 2

HEART, OH...TAKING CARE OF ME
HEART, OH...TAKING CARE OF ME
HEART, OH...TAKING CARE OF ME
BEAT MY FEARS AWAY
BEAT MY FEARS AWAY

Verse 3

SONG, OH...TAKING CARE OF ME
SONG, OH...TAKING CARE OF ME
SONG, OH...TAKING CARE OF ME
SING MY FEARS AWAY
SING MY FEARS AWAY

Verse 4

PEACE, OH...TAKING CARE OF ME
PEACE, OH...TAKING CARE OF ME
PEACE, OH...TAKING CARE OF ME
MELT MY FEARS AWAY
MELT MY FEARS AWAY

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Core Action #7: Information on Coping

- Provide information about stress reactions and coping to reduce distress and promote adaptive functioning
 - Explain what is currently known about the event
 - Inform survivors of available resources
 - Identify the post-disaster reactions and how to manage them
 - Promote and support self-care and family care practices

Stress Reactions and Coping

- Provide simple information about stress reactions and coping:
 - Build discussion around their individual reactions
 - Include possible negative and positive reactions
 - Avoid pathologizing responses
 - Discuss negative and positive coping actions

Music Intervention and Core Action #7: Information on Coping

- Music Therapy and Mindfulness
- Music Therapy Guided Relaxation and Breathing
- Music making as a constructive expression of energy and anger
 - Isoprinciple
- Music Therapy and sleep disturbances
- Music and masking noise

Negative Coping

- These forms of coping may have unintended negative outcomes:
 - Social isolation or withdrawal
 - Extreme avoidance of thinking or talking about the event
 - “Workaholism”
 - Anger or violence
 - Frequent use of alcohol or drugs

Positive Coping

- These adaptive coping actions lead to positive outcomes:
 - Social support
 - Positive distracting activities
 - Setting and achieving goals
 - Changing expectations / priorities
 - Breathing / relaxation / rest
 - Exercise
 - Counseling

Duration of Reactions

- How long the reactions last will depend on (among other things):
 - The severity of trauma exposure and loss
 - The severity of post-trauma adversities
 - How often they are experiencing reminders

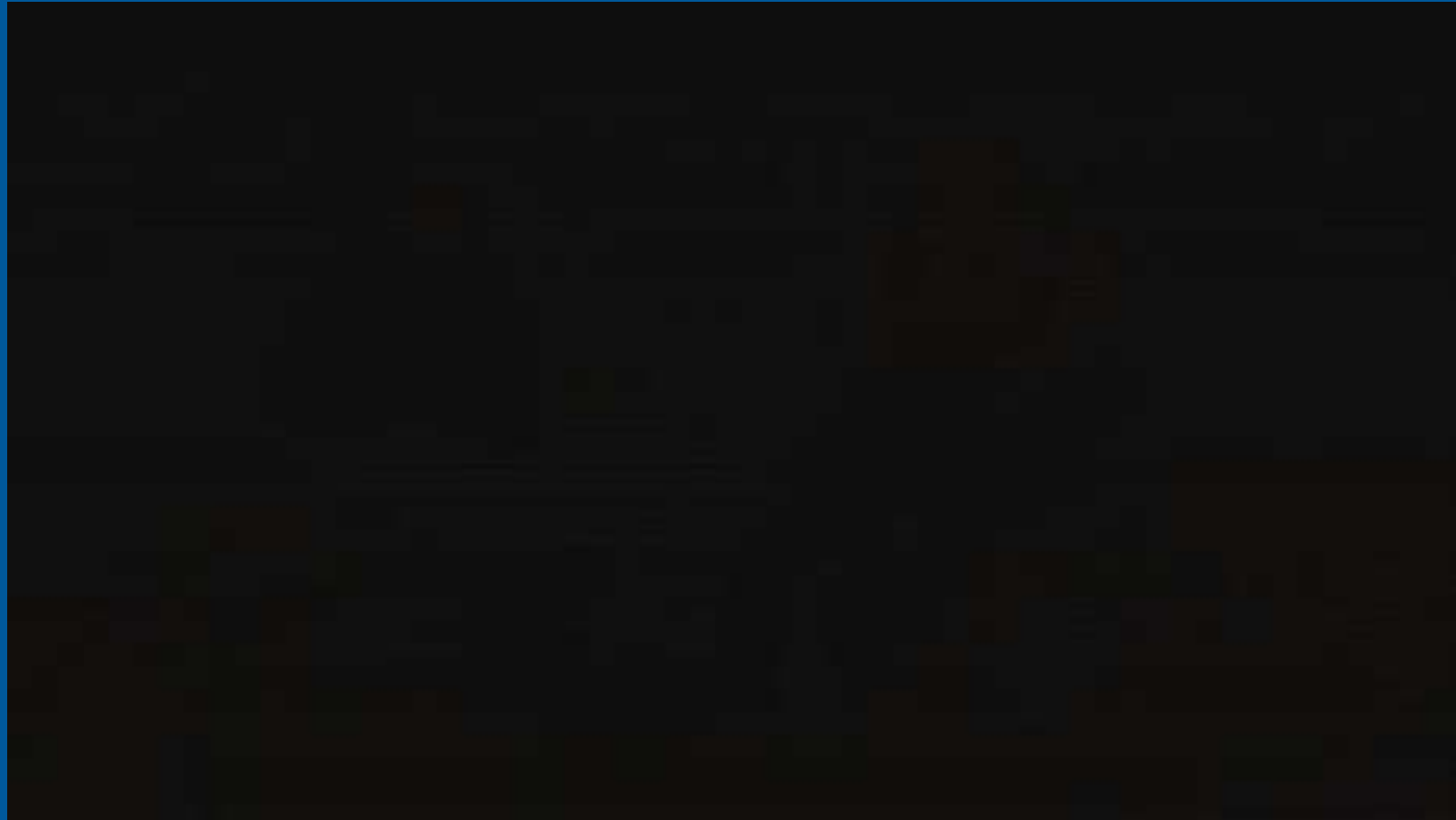
Helping with Reminders

- Discuss the potential impact of trauma, loss, and change reminders
- Identify current and potential reminders
- Identify ways of coping with reminders

Definitions

- Trauma reminders:
 - Can evoke upsetting thoughts and feelings about what happened
- Loss reminders:
 - Bring to mind the absence of a loved one
- Change reminders:
 - Things that remind a survivor how life has changed as a result of the disaster

Video: Reminders



Key Points

- Definition of a trauma reminder
- Coping with trauma reminders
- Family coping

Developmental Issues

- The many stresses and adversities in the aftermath of a disaster may result in key interruptions, delays, or reversals in developmental progression
- The loss of developmental opportunities or achievements can be experienced as a major consequence resulting from the disaster

Helping with Developmental Issues

- Ask if there are any special events, goals, or things that the family was looking forward to, such as starting school, celebrating marriage, or birthday
- Increase awareness of each family member of the impact of the interruption or loss

Discussion

- You are working in a shelter and see a couple arguing. The male is getting louder and louder and thrusts his fist in the air. Survivors nearby are starting to get anxious and ask the man to stop shouting. In response, he starts yelling at them.

What do you do?

Anger Management Skills

- Survivors can modify their anger by:
 - Taking a “time out” or “cool down”
 - Talking to a friend about what is angering them
 - Blowing off steam through physical exercise (e.g., go for a walk, jog, do push-ups)
 - Keeping a journal in which they describe how they feel

Anger Management Skills (cont.)

- Remind survivors that being angry will not help them achieve what they want and may harm important relationships
- Encourage survivors to distract themselves with positive activities
- Encourage survivors to have another adult temporarily supervise their children

Addressing Highly Negative Emotions

- Help to clarify misunderstandings, rumors, and distortions
- Help survivors understand how thoughts influence emotions
- Identify and offer other ways of looking at the situations that are less upsetting



Coping with Sleep Problems

- Encourage survivors to:
 - Keep regular sleep routines
 - Reduce alcohol consumption
 - Eliminate caffeinated beverages in the PM
 - Increase regular exercise
 - Relax before bedtime
 - Limit naps to 15 minutes, prior to 4 PM
 - Get support for immediate concerns

Discussion

- Mrs. Jones expressed concern that her children now want to sleep with her and her husband at night.

What do you say?

Coping with Children's Sleep Problems

- Remind parents that it is common for children to want to remain close to their parents at night
- Temporary changes in sleeping arrangements are okay, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements



LISTEN



Alcohol and Substance Abuse

- Explain that many survivors choose to drink, use medications, or drugs to reduce their bad feelings
- Ask the survivor to identify what he/she see as the “pro’s and con’s” of using alcohol or drugs to cope
- Mutually agree on abstinence or a safe pattern of use

Group Activity #3

- You are a PFA provider staffing a hotline during a pandemic. The caller is recovering from a severe bout of the flu. She is isolated at home with other family members, one who is currently sick. She reports feeling fearful and overwhelmed.

What information on coping do you share?

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Core Action #8: Linkage with Collaborative Services

- The goal is to link survivors with available services needed immediately or in the future



Agencies Providing Services

- Reconnect survivors to agencies that provided them services before the disaster:
 - Mental health services
 - Medical services
 - Spiritual support
 - Alternative healers
 - Child welfare services
 - Schools
 - Drug and alcohol support groups

If Referral to Mental Health Care is Refused

- Suggest an evaluation, rather than treatment
- Normalize the idea of treatment
- Give educational materials
- Give information about different ways to seek assistance
- Consider involving the person's spouse or partner in the discussion
- Follow-up on the issue

Psychological First Aid Handouts

- Connecting with Others (Seeking and Giving Support)
- When Terrible Things Happen
- Parent Tips for Helping Infants and Toddlers
- Parent Tips for Helping Preschool-Age Children

Psychological First Aid Handouts (cont.)

- Parent Tips for Helping School-Age Children
- Parent Tips for Helping Adolescents
- Tips for Adults
- Tips for Relaxation
- Alcohol and Drug Use after Disasters

Group Activity #4

- You have been working in a support center near the scene of a terrorist attack. There has been an explosion at a large corporate building. One of the towers of the building has collapsed. There is a large number of casualties and wounded. The rescue workers are still pulling out survivors. Much of the community is coming to the area in disbelief. A couple comes to you and is in distress because they can't find their son.

Provider Care: Management

- Mandated rotation where workers are moved from the most highly exposed assignments to varied levels of exposure
- Enforced support by providing/encouraging:
 - Regular supervision
 - Regular case conferences
 - Peer partners and peer consultation

Provider Care: Management (cont.)

- Monitor providers who meet certain high risk criteria
- Conduct trainings on stress management practices

Provider Care: Personal

- Limit daily numbers of most severe cases
- Utilize the buddy system to share distressing emotional responses
- Use benefit time, vacation, personal time
- Access supervision routinely
- Practice stress management during the workday
- Stay aware of limitations and needs

Provider Care: Personal (cont.)

- Providers should make every effort to avoid:
 - Working too long by themselves without checking in
 - Working “around the clock” with few breaks
 - Feeling like they are not doing enough
 - Excessive intake of sweets and caffeine

Provider Care: Personal (cont.)

- Common attitudinal obstacles to self-care:
 - “It would be selfish to take time to rest.”
 - “Others are working around the clock, so should I.”
 - “The needs of survivors are more important than the needs of helpers.”
 - “I can contribute the most by working all the time.”
 - “Only I can do x, y, and z.”

Provider Care: Following Disaster Response

- Expect a readjustment period upon returning home
- Discuss the situation with coworkers and management
- Participate in formal help if extreme stress persists
- Ask help in parenting, if you feel irritable or have difficulties adjusting

Provider Care: Following Disaster Response (cont.)

- Prepare for worldview changes that may not be mirrored by others in your life
- Increase experiences that have spiritual or philosophical meaning to you

Future: Psychological First Aid

- Different applications and versions of the PFA are underway
- Translations of PFA are completed or underway
- Tools are used in ongoing research studies to evaluate the effectiveness of PFA

Take Home Messages

- Utilize a flexible, pragmatic, approach, specific to the need, context, and phase of recovery
- Refer to the Field Operations Guide for detailed information and handouts
- Take care of yourself and your colleagues
- Document progress to move the field forward

Contact Us

- National Child Traumatic Stress Network:
 - www.NCTSN.org
- National Center for PTSD:
 - www.ncptsd.va.gov
- Your facilitator: Barb Else
 - else@musictherapy.org

Learning Objectives

- At the end of this course, participants shall:
 1. Describe the guiding principles of PFA that are derived from the research process.
 2. Identify the core actions of PFA.
 3. Be able to discern which core principle(s) and action(s) of PFA is appropriate given case examples.
 4. Describe the role of PFA in the disaster management cycle.
 5. Describe the role of music therapy in the disaster management cycle
 6. Identify music therapy approaches, techniques, or interventions that may be adapted for one or more core actions of PFA.