



Psychological First Aid Training

2026 Governor's Hurricane Conference





Stronger Than the Storm is a 501(c)(3) nonprofit dedicated to providing kid friendly resources that support youth, caregivers, educators, and emergency professionals in preparing for and responding to disasters. Our mission is to ensure children's needs are fully integrated into emergency planning, response, and recovery.

We build awareness, provide tools, and foster public private partnerships to create resilient communities nationwide.

Through our partnership with NEW DAY, this Psychological First Aid (PFA) training gives you the tools to make a real difference in the lives of children and families after disaster events.

Together, we can build a more compassionate, prepared, and resilient future for every child.

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Psychological First Aid



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- If discussions become too activating...
 - Take some slow breaths
 - Leave the room for a couple of minutes
 - Talk with one of the facilitators
 - Get some water or a cup of tea
 - Listen to calming music
 - Look at photos that make you smile



NEW DAY

WORK FOR ENHANCING WELLNESS IN
DISASTER-AFFECTED YOUTH



NCTSN

The National Child
Traumatic Stress Network

NEW DAY

(Network for Enhancing Wellness in Disaster Affected Youth)

- Provides national expertise, training, and technical assistance on the behavioral health needs and intervention of youth in disaster-hit and disaster-prone communities, communities impacted by terrorism and mass violence, including school shootings
- Works to improve professional knowledge, skill, adoption, and implementation of evidence-based, trauma-focused disaster services and supports for youth, with a primary emphasis on meaningfully reducing racial and ethnic disparities in post-disaster behavioral health and service provision.
- Engages with school systems, youth-serving professionals, families, community agencies, stakeholder partners, and technology to broaden the reach and sustainability of supported behavioral health programs for trauma-exposed youth.
- Provide training in 3 programs:
 - Psychological First Aid (PFA)
 - Skills for Psychological Recovery (SPR)
 - Child-Adult Relationship Enhancement (CARE) After Disasters

National Child Traumatic Stress Network (NCTSN)

Mission Statement:

Raising the standard of care and improving access to services for traumatized children, their families and communities throughout the United States

Psychological First Aid Developed By:

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

Acknowledgements

- Substance Abuse Mental Health Services Administration (SAMHSA)

Psychological First Aid Authors

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- Patricia Watson, Ph.D.

What do we know about disasters?

Loss ranges from inconvenience to total destruction

Most people are resilient

The first year tends to be the peak period of distress

Most people get better over time

- For a minority, however symptoms for years

A minority of individuals and communities show lingering long-term consequences

A few develop delayed PTSD

Distress ≠ Psychopathology

- Do not equate the both
- Distress may not need mental health intervention
 - Distress is appropriate!
- Distress can be eased with social support
- Psychological First Aid may improve coping and healing



Five 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 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.

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

Where Can PFA be Delivered?

- PFA can be delivered in a broad range of emergency/non-emergency settings, such as:
 - General population shelters
 - Schools
 - Special needs shelters
 - Hospitals and 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 is asked to respond to a major storm that has severely impacted a nearby community.

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”
 - Speaking in medical/mental health jargon
 - Talking down to or patronizing the survivor

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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

- You see someone crying by themselves. You heard from another relief worker that they lost their home and business in the recent hurricane. When you approach them, they have difficulty speaking because they can't stop crying.
 - To initiate contact, what do you say?
 - Do you give them 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

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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 and social media

Group Activity #1

- You are working in a shelter opened by a local church after significant flooding threatened homes in a nearby area
 - You hear mixed reports on the flooding
 - People are anxious
 - 500 people are currently in the shelter
 - Up to 300 more are expected
- What are some of the initial steps you take to provide Psychological First Aid?
 - Use pages 121-124 in your field operations guide

PFA WORKSHEET P123

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

Suggested Responses

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

Acutely Bereaved Individuals

- Listen carefully with empathy
- Be informed about cultural norms
- Know that grief reactions vary from person to person
- Help family members to respect differences in grieving

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.”

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

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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
 - 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

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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 and a tornado hit a town nearby.
- The hospital staff is overwhelmed with injured patients, and you have been asked to assist individuals who are concerned about their family members or have sustained minor injuries.

What information do you need to begin your work?

What are action steps you would take in conducting PFA?

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
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- 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 _____

PFA WORKSHEET P123

Group Activity (cont.)

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

Psychological First Aid Core Actions

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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

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

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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

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

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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

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

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

Helping with Reminders

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

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
- Create a plan for making amends for any skipped or delayed progression

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

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

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 working with local school systems following the recent fires due to dry conditions. Although there are no fires predicted in the immediate future, concerns remain. Teachers, staff, family members, and students are having fears and anxieties related to the “next one.”

What information on coping
do you share?

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
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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
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- 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 _____

PFA WORKSHEET P123-124



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



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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

Group Activity #4

- You have been working in a support center near the scene of a flash flood event. There is a large number of casualties and wounded. The first responders are still evacuating people. 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.

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- Asked about immediate needs

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- Other _____

PFA WORKSHEET P123-124



Practical Assistance

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Connection with Social Supports

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- Taught simple relaxation techniques(s)
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- 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) _____

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

Behavioral	Emotional	Physical	Cognitive
<input type="checkbox"/> Extreme disorientation	<input type="checkbox"/> Acute stress reactions	<input type="checkbox"/> Headaches	<input type="checkbox"/> Inability to accept/cope with death of loved one(s)
<input type="checkbox"/> Excessive drug, alcohol, or prescription drug use	<input type="checkbox"/> Acute grief reactions	<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Distressing dreams or nightmares
<input type="checkbox"/> Isolation/withdrawal	<input type="checkbox"/> Sadness, tearfulness	<input type="checkbox"/> Sleep difficulties	<input type="checkbox"/> Intrusive thoughts or images
<input type="checkbox"/> High risk behavior	<input type="checkbox"/> Irritability, anger	<input type="checkbox"/> Difficulty eating	<input type="checkbox"/> Difficult concentration
<input type="checkbox"/> Regressive behavior	<input type="checkbox"/> Feeling anxious, fearful	<input type="checkbox"/> Worsening of health conditions	<input type="checkbox"/> Difficulty remembering
<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Despair, hopelessness	<input type="checkbox"/> Fatigue/exhaustion	<input type="checkbox"/> Difficulty making decisions
<input type="checkbox"/> Violent behavior	<input type="checkbox"/> Feelings of guilt or shame	<input type="checkbox"/> Chronic agitation	<input type="checkbox"/> Preoccupation with death/destruction
<input type="checkbox"/> Maladaptive coping	<input type="checkbox"/> Feeling emotionally numb, disconnected	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 Care



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.”

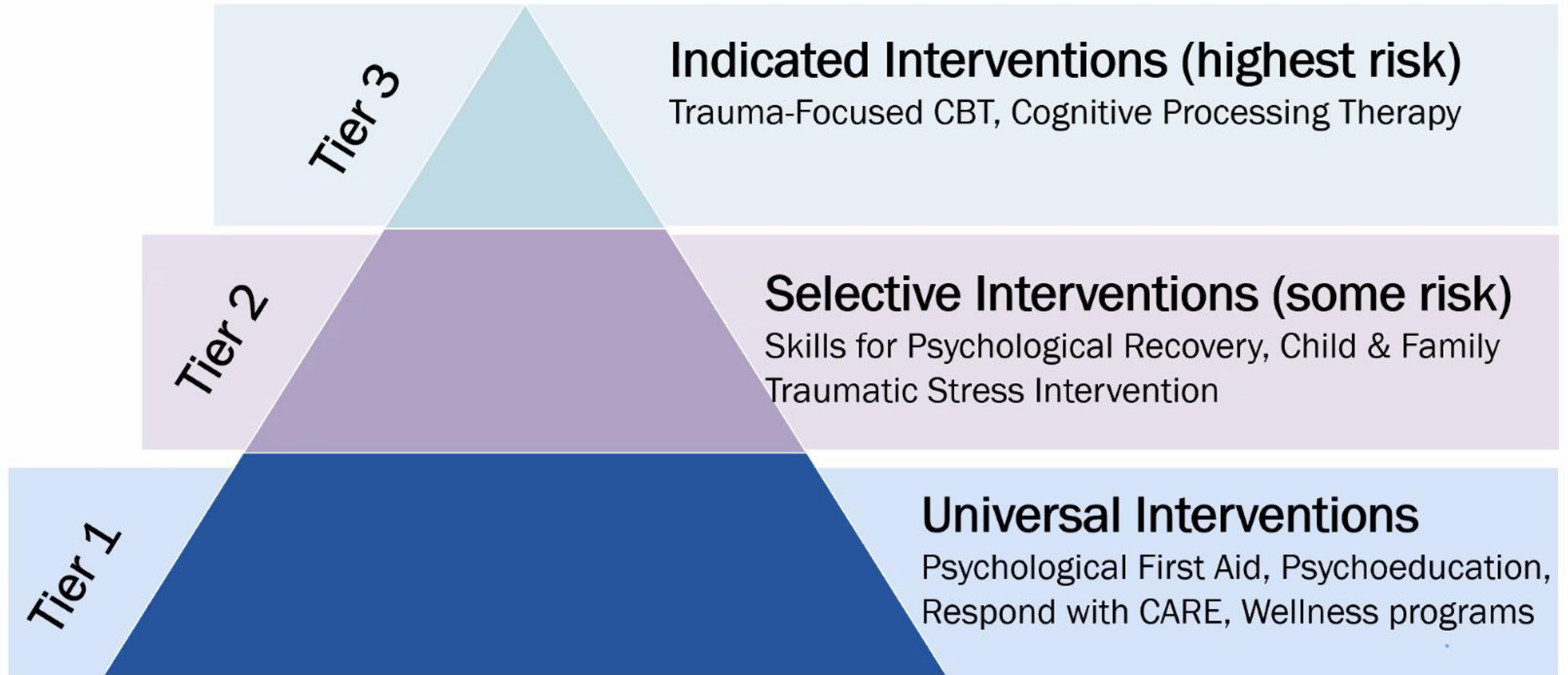
Provider Care: Following Disaster Response

- 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

Tiered Approach to Intervention





Why Self-Care?

Stress Reactions & Emotional Responses

- Irritability
- Difficulty concentrating
- Feeling angry / cynical
- Intrusive or recurrent disturbing thoughts
- Sleep problems
- Feeling emotionally detached
- Overly aware of any signs of danger
- Guilt
- Grief
- Frustration
- Sadness
- Hopelessness
- Helpless or feeling no control over what is happening
- Social withdrawal
- Fear
- Chronic exhaustion
- Physical ailments (chest tightness, GI distress, pain)
- Diminished self-care
- Feeling ineffective
- Feeling down or depressed
- Feeling apathetic
- Avoiding reminders of difficult experiences
- Increased monitoring of physical symptoms
- Second thoughts about career choice
- *Feelings of satisfaction and meaning by helping*

Working under stress

- Challenges with concentration
- Challenges with work/teaching planning
- Increased irritability
- Increased impatience
- Challenges with flexible thinking
- Increased feelings of helplessness, not doing enough
- Balancing work demands with family demands
- Increased emotional strain
- Decreased self-care
- Challenges with burn-out
- Challenges with compassion fatigue and emotional strain



A New Framework for Self-Care: PRN



Pause

- “Pausing” just means taking a few minutes to check in with yourself.
- Check in with your body, monitoring for tenseness and tightness.
 - Where does your body hold the negative emotions
- Check in with your mind and emotions to see what might be churning inside of you
 - Frustration
 - Anxiety
 - Anger
 - Grief
 - Loss



Reset

- Acknowledge the feeling of being “uncentered”
 - Imagine letting this feeling go (leaf in a river)
- Actively do something to help you feel steadier, more calm, confident, or focused
 - Meditation
 - Petting an animal
 - Taking a walk
 - Looking at a favorite photo
- Focus on something positive
 - Relaxation Breathing
 - Affirmation
 - Sharing gratitude
 - Watching something funny
- Practice self-compassion—what would you say to a friend or colleague to provide caring and support?



Reset



- **Three Steps for Interrupting Rumination**

- Name it (I'm ruminating again)
- Let it go...
- Involve yourself in a 15-20 minute focused activity

(Miller & Shrank, 2017)

Nourish

- Ask yourself, *“What do I need to nourish myself right now?”*
- Consider ways to replenish your mind-body-heart-soul-spirit
 - Name one rewarding or meaningful moment at home and at work.
 - Find a moment (or more) to be playful, lighthearted, joyful
 - Create your own affirmation or mantra you can repeat to yourself in times of stress
- Remind yourself of WHY you went into this work in the first place and think of one way you are making a difference.

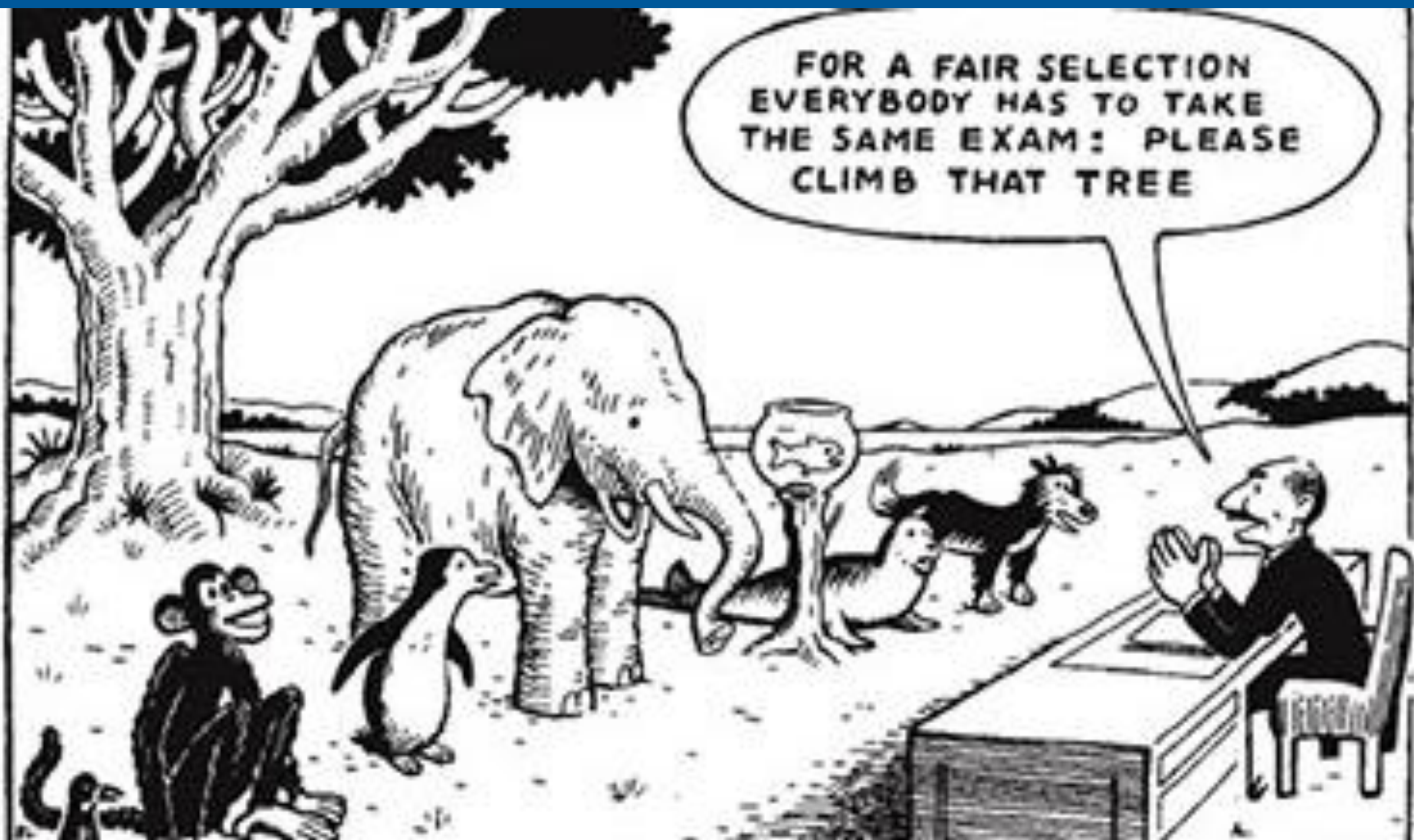


Nourish



- Celebrate the small victories
- Find ways to honor/commemorate someone who has died
- Do something to help someone else (outside of work)
- Develop your personal self-care plan—what works for you may not work for someone else

FOR A FAIR SELECTION
EVERYBODY HAS TO TAKE
THE SAME EXAM: PLEASE
CLIMB THAT TREE



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



Readiness To Respond Survey

Additional Resources

- National Child Traumatic Stress Network:
 - www.NCTSN.org
- National Center for PTSD:
 - www.ptsd.va.gov
- For more information on NEW DAY, please contact Jennifer Cortina at jdcortin@fiu.edu.