

# Psychological First Aid Field Guide, 2<sup>nd</sup> edition

## CE Course Questions

National Child Traumatic Stress Network  
<http://www.nctsn.org>

National Center for PTSD  
<http://www.ptsd.va.gov>

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*At least 10% of the proceeds of this course from PsychContinuingEd.com will be donated to charitable agencies involved in disasters such as the American Red Cross.*

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**Answer whether the following statements are True (T) or False (F); enter your answers online at PsychContinuingEd.com to receive your CE certificate.**

### **Introduction through Core Actions:**

1. Psychological first aid is for use in the immediate aftermath of disaster and terrorism
- 2 PFA responders should help survivors address their immediate needs and concerns.
- 3 It is not important to connect survivors to a social support network.
- 4 The goal of PFA is to elicit details of traumatic experiences and losses.
- 5 In PFA, you should “debrief” by asking for details of what happened.
- 6 Providing information on coping is a core action of PFA.

### **Contact and Engagement**

- 7 Contacts should be initiated in a non-intrusive, compassionate and helpful manner.
- 8 Cultural background has no impact on how to approach someone for the first time.
- 9 Confidentiality must still be preserved in a disaster situation.

### **Safety and Comfort**

- 10 We should seek to enhance safety or provide comfort.
- 11 We can support survivors by helping them do things that are active, practical and familiar.

12 We should help connect survivors to current, accurate information and practical resources.

13 We should ensure that immediate safety needs are met.

14 In death notification, you may wish to use the term “died” as opposed to “lost” or “passed away.”

### **Stabilization (if needed)**

15 We should be concerned about survivors whose reactions are so intense they significantly interfere with daily functioning.

16 We should not be concerned if someone is glassy-eyed, directionless and verbally unresponsive.

17 We should ask if the individual has supportive family members nearby who can help.

18 We should attempt to address their immediate concerns or source of distress rather than trying to tell them to calm down.

19 The “grounding” technique has no use in PFA.

### **Information Gathering...**

20 We must identify immediate needs and concerns while gathering information.

21 You may wish to assess the nature and severity of a survivor’s experiences.

22 You should avoid seeking in-depth descriptions which may increase distress.

23 Separation from loved ones and a need for medications may be sources of post-disaster stress.

24 We should assess whether a survivor has thoughts of harming themselves or others.

### **Practical Assistance**

25 We should offer practical help to address immediate needs and concerns.

26 We can help to establish a sense of empowerment, hope and dignity.

27 We can assist with problem-solving.

28 We can assist in clarifying needs and establishing plans of action.

29 We should not seek to help a survivor take action.

### **Connection with Social Supports**

30 Social support is not related to recovery or emotional well-being.

31 Feeling that others need you is not a form of social support.

32 Assisting survivors to feel socially connected is critical to recovery.

33 People may feel embarrassed or guilty about needing help.

34 PFA providers can not “model” supportive communication.

### **Information on Coping**

35 Providing information on coping and common stress reactions can increase adaptive functioning.

36 “Blanket” reassurances about stress reactions disappearing may set up unrealistic expectations.

37 Some people may have intrusive recollections of trauma or seek to avoid thinking about the trauma.

38 Children may have difficulties talking about emotions.

39 Keeping a normal schedule, re-establishing family routines and using relaxation techniques can help someone cope.

40 Drugs and alcohol may be a maladaptive coping mechanism.

41 Feelings of anger and frustration are not common to individuals who have experienced a disaster.

42 We may wish to review strategies for preventing sleeping difficulties.

### **Linkage with Collaborative Services**

43 We do not try to link survivors with appropriate services they may need.

44 Someone practicing PFA is not able to make referrals.

45 Survivors may feel they are meeting with a never ending succession of helpers with limited continuity.

46 If you are leaving a response site, if possible ensure a direct “hand-off” to another provider.

### **Appendices**

47 There are no personal issues to consider before deciding to participate in a disaster response.

48 There are no handouts or worksheets which could be useful in PFA.