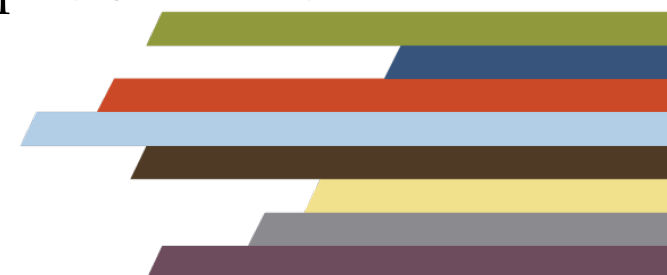




About the presenter:
Myriam González Villanueva, PsyD

Dr. Myriam González obtained a doctoral degree in clinical psychology. Dr. Gonzalez doctoral dissertation was focused on the impact of sexual abuse in children from 8 to 18 years old. She is certified in substance abuse and a certification as a Hypnotherapist from the Ericksonian Institute of Guadalajara, Mexico. She works for the Carlos Albizu University, in Puerto Rico, as a Clinical Supervisor in the area of clinical training with students at the doctoral level. At the Universidad Central del Caribe, she has collaborated with various programs, including IRESA and ATTC, conducting trainings, workshops and conferences on multiple topics of interest.

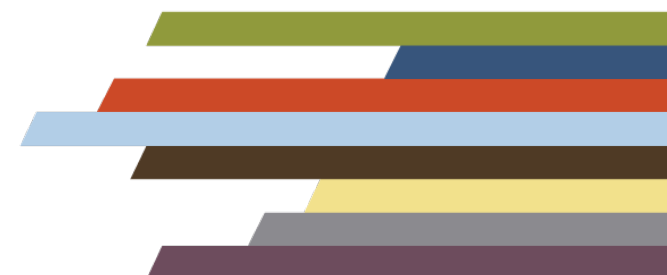




About the presenter:

Isa I. Vélez Echevarría, PsyD

Dr. Isa Vélez is a clinical psychologist. She obtained a certification as Interpersonal Psychotherapy Clinician, was trained in Trauma-Focused Cognitive Behavioral Therapy, Family Therapy, and Neurofeedback. She completed a post-doctoral fellowship at Community Services Institute in Boston, MA., where she provided home-based and school-based psychotherapy for communities of color. She is currently working as a clinical psychologist at A&R Behavioral Associates and as a Training and Content Specialist for the National Hispanic and Latino MHTTC, at the Universidad Central del Caribe, in Bayamon, PR.





National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

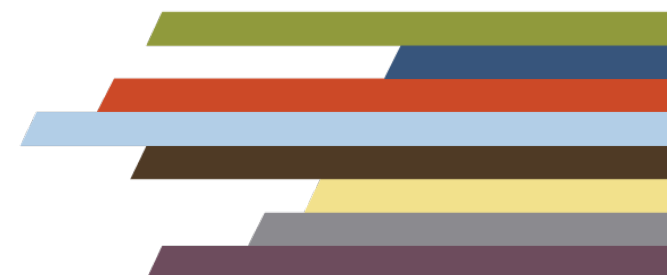
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Implications of the Psychological First Aid among Hispanic/Latinx populations during the pandemic



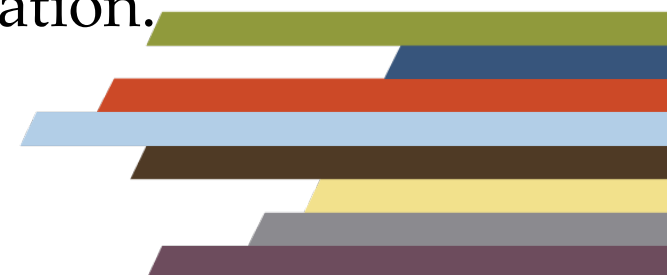
Myriam González Villanueva, PsyD
Clinical Psychologist

July 27 & 29, 2020



The primary contributors to this adaptation (in alphabetical order) included:

- Melissa Brymer, Pia Escudero, Anne Jacobs, Mindy Kronenberg, Robert Macy, Lou Ann Mock, Linda Payne, Robert Pynoos, Matt Taylor, and Juliet Vogel. Other contributors include Robert Abramovitz, Brian Allen, DeAnna Griffin, Malcolm Gordon, Robin Gurwitch, Joshua Kaufman, Joy Osofsky, Gilbert Reyes, Caryll Sprague, Rick van den Pol, Patricia Watson, Cynthia Whitham, and Marleen Wong. Carolyn Wendt and Margaret Bonanno provided editorial and graphic support throughout the development of Psychological First Aid for Schools.
- Special acknowledgment is given to Dr. Bob Seaver for the illustrations provided throughout this publication.

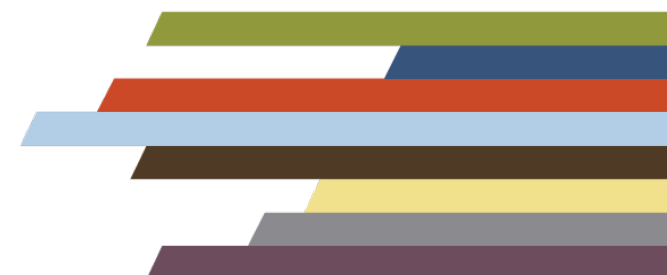


Acknowledgement

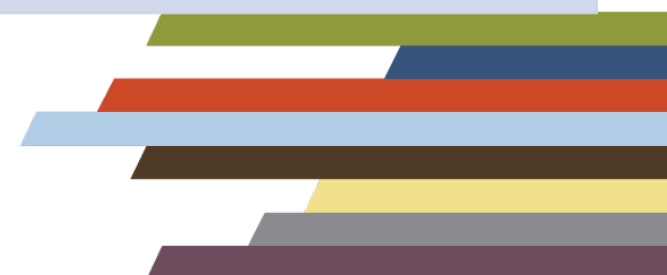
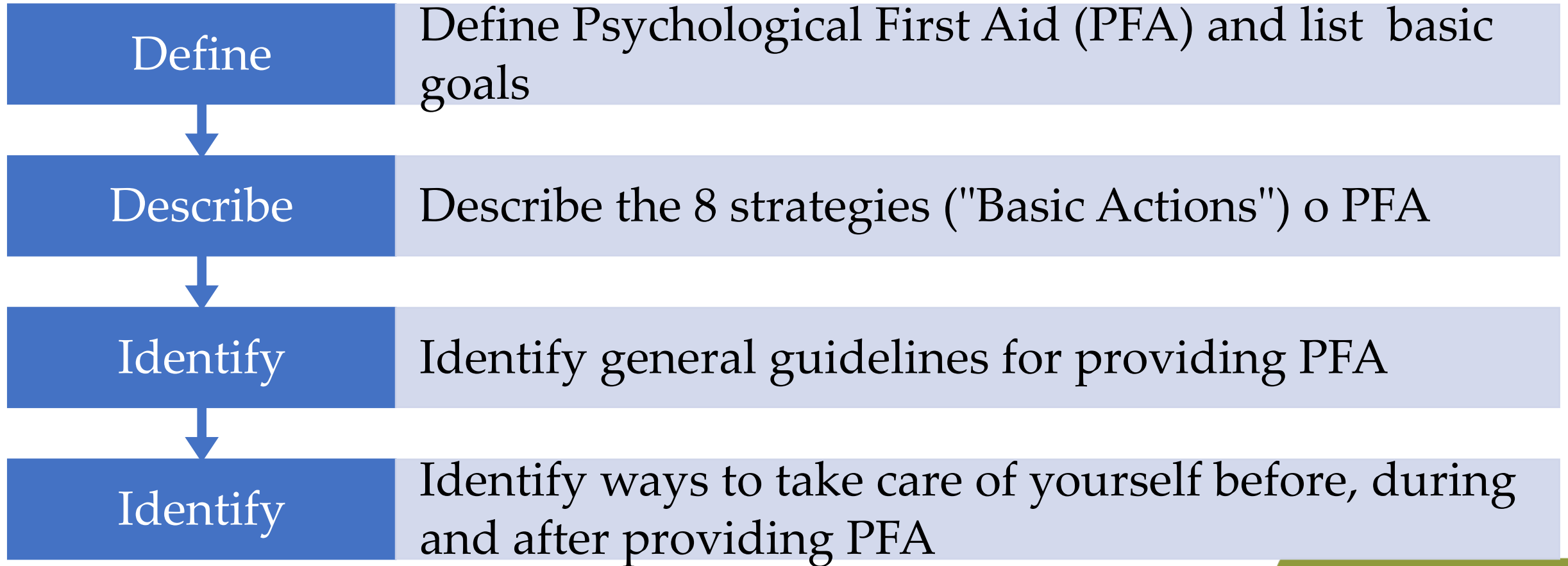
The Psychological First Aid Field Operations Guide was originally developed and revised by the National Child Traumatic Stress Network and the National Center for PTSD.

The principal authors of these editions (in alphabetical order) include:

Melissa Brymer
Anne Jacobs
Christopher Layne
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Josef Ruzek
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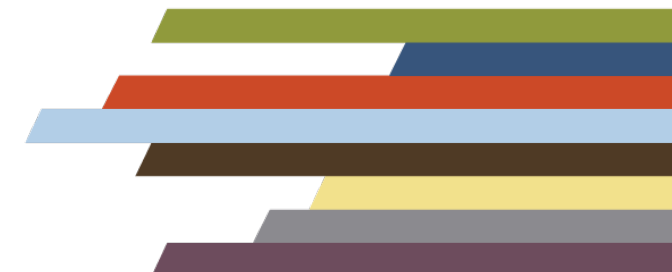


Objectives



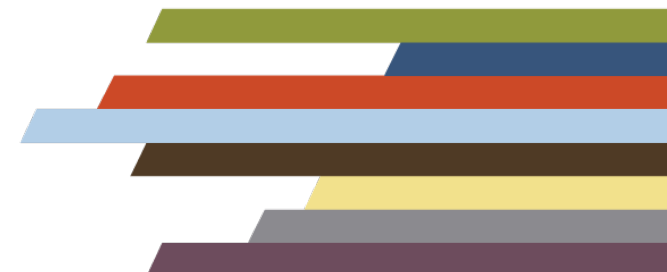
Introduction and Overview

- What is Psychological First Aid?
- Strengths of Psychological First Aid
- Who is Psychological First Aid For?
- When should Psychological First Aid be used?
- Where should Psychological First Aid be used?
- Who delivers Psychological First Aid?
- Basic objectives of Psychological First Aid
- Delivering Psychological First Aid



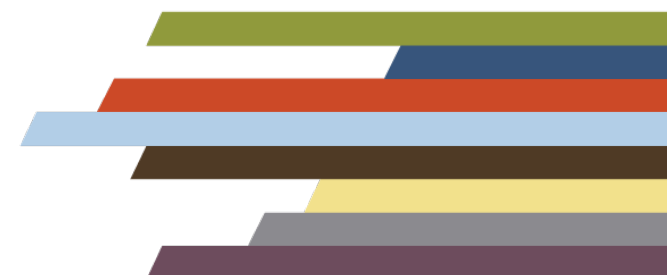
What is Psychological First Aid?

- Integrates public health, community, and individual psychology.
- **Does not assume severe mental health problems** or long-term difficulties in recovery.
- Based on an understanding that disaster survivors could experience a **broad range of early reactions** (physical, psychological, behavioral, spiritual).
- Some of these reactions will cause **enough distress to interfere with adaptive coping.**



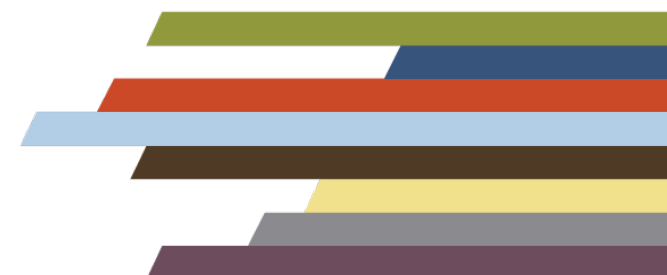
Strengths of PFA

- Basic information-gathering techniques to help you make rapid assessments of survivors' immediate concerns and needs, and to implement supportive activities in a flexible manner.
- Relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Emphasizes developmentally, culturally, and spiritually appropriate interventions for survivors of various ages and backgrounds.
- Includes handouts that provide important information for youth, adults, and families for their use over the course of recovery.



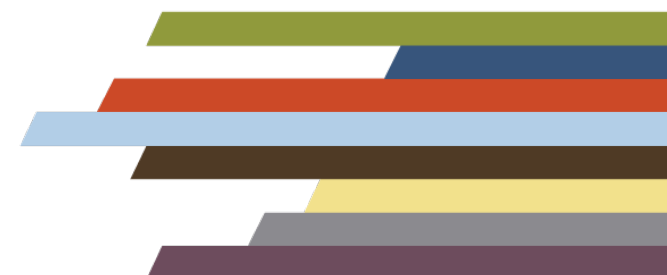
PFA is NOT...

- ...professional counseling
- ...a clinical or psychiatric intervention
- ...psychological debriefing
- ...asking someone to analyze what happen to them or to put time and events in order
- ...asking people details about how they feel or what happened



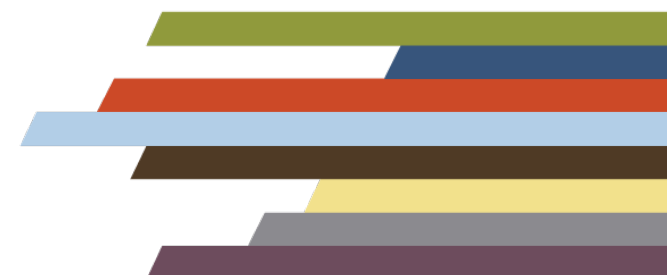
Who is PFA for?

- PFA is for distressed people who have been recently exposed to a serious crisis event.
 - ✓ For people with serious, life-threatening injuries who need emergency medical care.
 - ✓ People who are so upset that they cannot care for themselves or their children.
 - ✓ People who are not using adaptive coping mechanisms.
- PFA can also be provided to first responders and other disaster relief workers.



When should PFA be used?

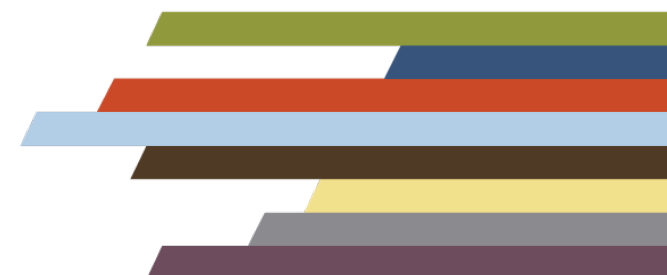
- People who have been very recently affected by a crisis event.
- Is most effective immediately following the incident (e.g., from one hour to a couple of weeks after an event).
- In some circumstances, PFA can be initiated while an incident is still occurring, such as in sheltered-in-place or lockdown situations.



Where should PFA be used?

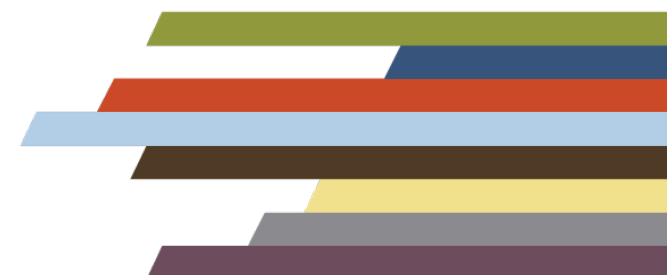
Is designed for delivery in diverse settings.

- shelters
- field hospitals and medical triage areas
- acute care facilities
- staging areas or respite centers for first responders or other relief workers
- emergency operations centers
- crisis hotlines or phone banks
- feeding locations
- disaster assistance service centers
- homes
- businesses
- and other community settings



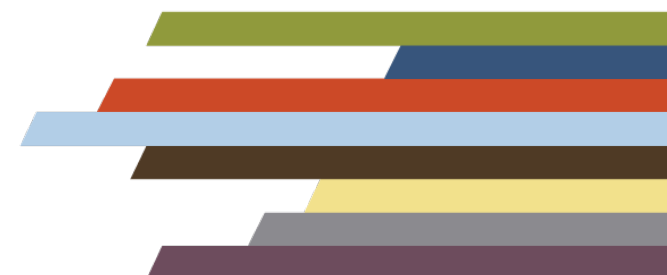
Who delivers PFA?

- ✓ PFA is designed to be delivered by mental health and other disaster response workers.
- ✓ first responder teams
- ✓ incident command systems
- ✓ primary and emergency health care
- ✓ school crisis response teams
- ✓ faith-based organizations
- ✓ community emergency response teams (CERT)
- ✓ medical reserve corps
- ✓ citizens corps
- ✓ other disaster relief organizations



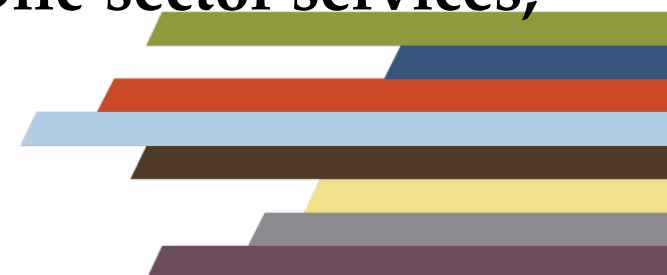
Basic Objectives of Psychological First Aid

- ✓ Establish a **human connection in a non-intrusive, compassionate manner.**
- ✓ Enhance immediate and ongoing **safety and provide physical and emotional comfort.**
- ✓ **Calm and orient emotionally overwhelmed** or distraught survivors.
- ✓ Help survivors to tell you specifically what their immediate needs and concerns are, **gather additional information** as appropriate.
- ✓ Offer **practical assistance and information to help survivors** address their immediate needs and concerns.



Basic Objectives of Psychological First Aid

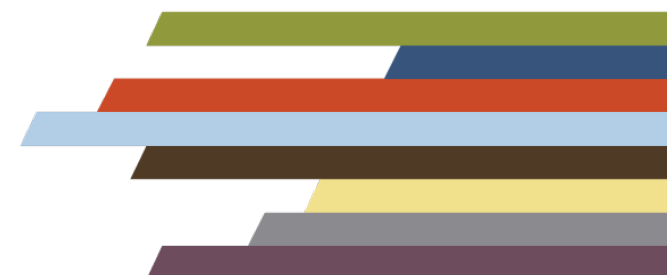
- ✓ **Connect survivors as soon as possible to social support.**
- ✓ **Support adaptive coping**, acknowledge coping efforts and strengths, and empower survivors; **encourage** adults, children, and families to take **an active role in their recovery.**
- ✓ **Provide information that may help survivors cope effectively with the psychological impact of disasters.**
- ✓ **When appropriate, link the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.**



Delivering Psychological First Aid

Professional Behavior

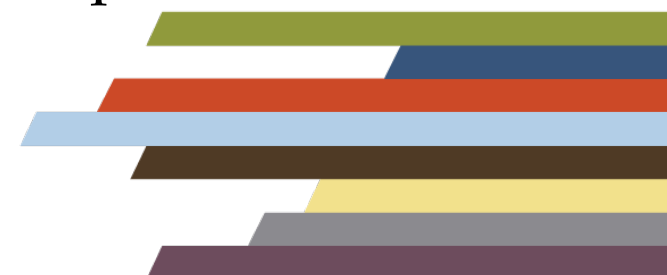
- ✓ Operate within the framework of an authorized disaster response system.
- ✓ Model healthy responses; be calm, courteous, organized, and helpful.
- ✓ Be visible and available.
- ✓ Maintain confidentiality as appropriate.



Delivering Psychological First Aid

Professional Behavior

- ✓ Remain within the scope of your expertise and your designated role.
- ✓ Make appropriate referrals when is needed or requested by the survivor.
- ✓ Be knowledgeable and sensitive to issues of culture and diversity.
- ✓ Pay attention to your own emotional and physical reactions, and practice self-care.





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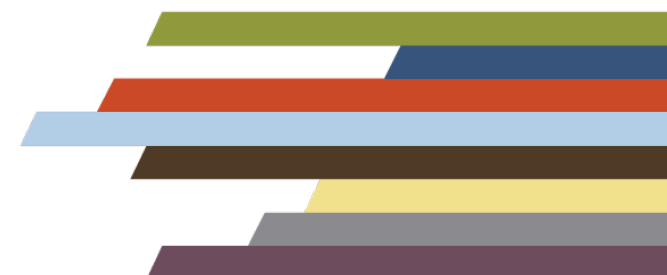
Be Sensitive to Cultural Diversity



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Culture

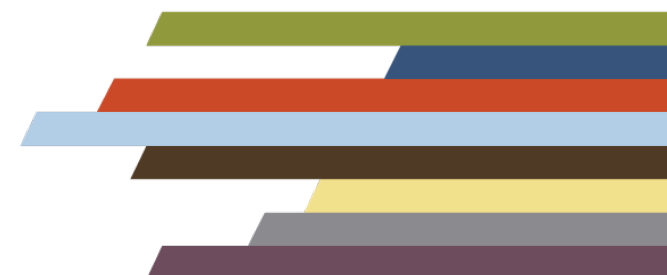
- Enduring behaviors, ideas, attitudes and traditions shared by a large group of people and transmitted from one generation to the next.
- Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (Cross et al, 1989).



Cultural Norms

- Cultural norms are patterns of behavior that are typically noted in specific groups of people.

Behavior	Language	Beliefs
Religion	Values	Customs
Race	Ethnicity	Thoughts
Actions	Communication	Social groups
Gender	Sexual identity	Age
Ability	Education	Status



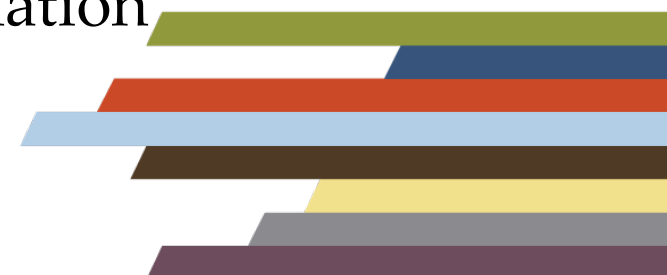
Latinx's Identity:

Differences:

- ❑ Historical context of migration
- ❑ Geographic location
- ❑ English knowledge
- ❑ Demographic and socioeconomic characteristics

Commonalities:

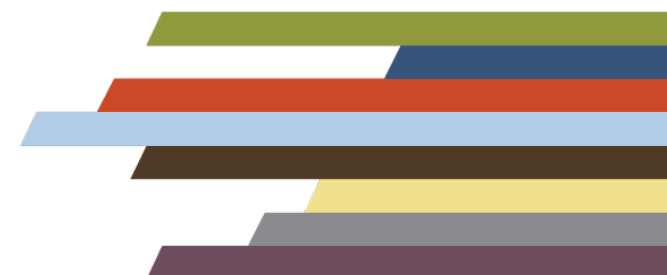
- Language – Spanish
- For some: Physical features (mix of races)
- “*Familismo*”
- Spirituality
- “*Personalismo*”
- Common values and beliefs rooted in a history of conquest and colonization
- Experience of migration
- Acculturation process/stress
- Racism and discrimination



Hispanic vs. Latino

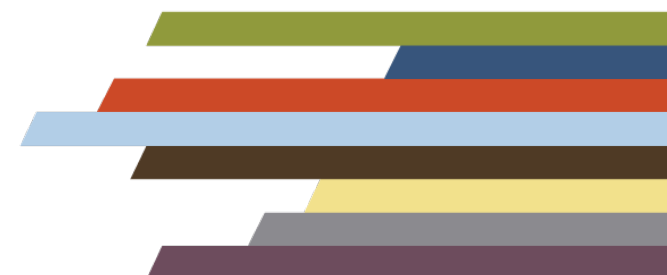
HISPANIC	LATINO	LATINX
<ul style="list-style-type: none">• Being a person of Latin American descent and especially of Cuban, Mexican, or Puerto Rican origin living in the U.S.	<ul style="list-style-type: none">• A native or inhabitant of Latin America.	<ul style="list-style-type: none">• A gender neutral label that emerged during 2014 in social media.
<ul style="list-style-type: none">• Of or relating to the people, speech, or culture of Spain.	<ul style="list-style-type: none">• A person of Latin American origin living in the U.S.	<ul style="list-style-type: none">• It appears to have been born out of the LGBTQIA community in the U.S. as a way to resist the gender binary.

(Merriam Webster Dictionary, 2020)



Some Behaviors to Avoid

- ✓ **Do not make assumptions** about what survivors are experiencing or what they have been through.
- ✓ **Do not assume that everyone exposed to a disaster will be traumatized.**
- ✓ **Do not pathologize.** Do not label reactions as “symptoms,” or speak in terms of “diagnoses,” “conditions,” “pathologies,” or “disorders.”



Some Behaviors to Avoid

- ✓ **Do not talk down or focus on his/her helplessness, weaknesses, mistakes, or disability.** Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.
- ✓ **Do not assume that all survivors want to talk or need to talk to you.** Often, being physically present in a supportive and calm way helps affected people feel safer and more able to cope.



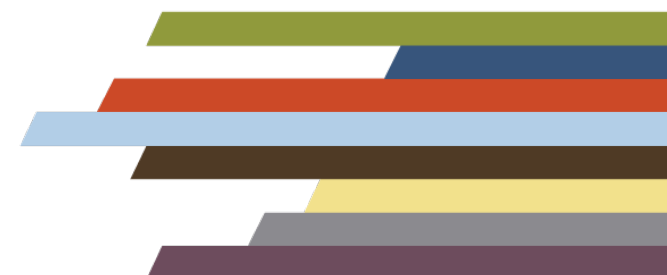
Some Behaviors to Avoid

- ✓ **Do not “debrief”** by asking for details of what happened.
- ✓ **Do not speculate** or offer possibly inaccurate information. If you cannot answer a survivor’s question, do your best to learn the facts.



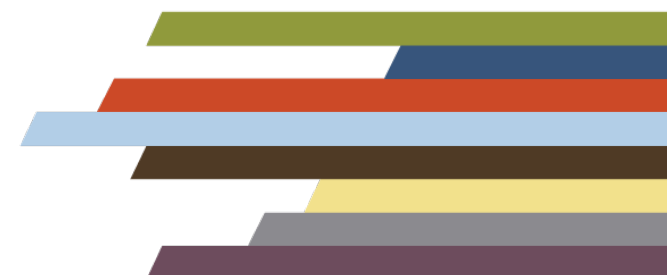
Working with Children and Adolescents

- ✓ Ask for parental/guardian permission.
- ✓ For young children, sit or crouch at the child's eye level.
- ✓ Help school-age children verbalize their feelings, concerns and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried).
- ✓ Do not use extreme words like “terrified” or “horrified” because this may increase their distress.
- ✓ Listen carefully and check in with the child to make sure you understand him/her.



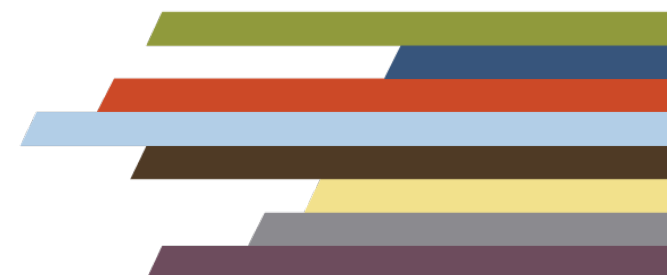
Working with Children and Adolescents

- ✓ Be aware that children may show developmental regression in their behavior and use of language.
- ✓ Match your language to the child's developmental level.
- ✓ Talk to adolescents “adult-to-adult,” so you give the message that you respect their feelings, concerns, and questions.
- ✓ Reinforce these techniques with parents/caregivers to help them provide appropriate emotional support to their child.



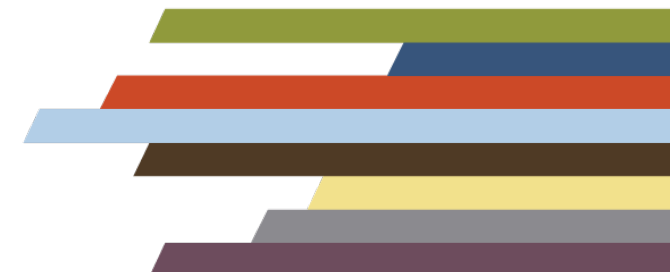
Working with Older Adults

- ✓ Older adults have strengths as well as vulnerabilities.
- ✓ Don't make assumptions based only on physical appearance or age, for example, that a confused elder has irreversible problems with memory, reasoning, or judgment.
- ✓ Reasons for apparent confusion may include disaster-related disorientation due to change in surroundings; poor vision or hearing; poor nutrition or dehydration; sleep deprivation; a medical condition or problems with medications; social isolation; and feeling helpless or vulnerable.
- ✓ An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings.



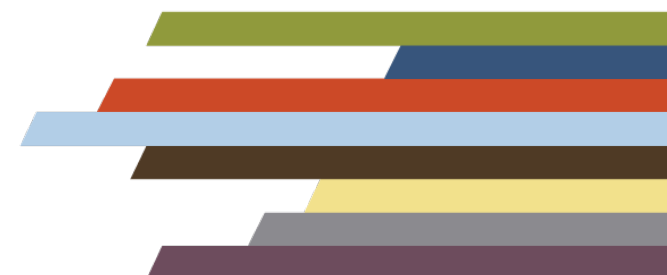
Working with Survivors with Disabilities

- ✓ When needed, try to provide assistance in an area with little noise or other stimulation.
- ✓ Address the person directly, rather than the caretaker, unless direct communication is difficult.
- ✓ For those who may have a hearing difficulty, speak clearly and in a low pitch.



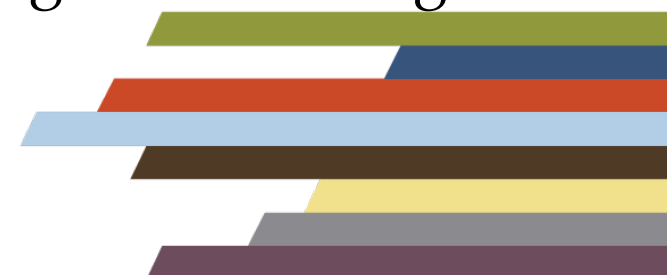
Working with Survivors with Disabilities

- ✓ Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you.
- ✓ Ask, “What can I do to help?” and trust what the person tells you.
- ✓ When possible, enable the person to be self-sufficient.
- ✓ Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
- ✓ If needed, offer to write down information and make arrangements for the person to receive written announcements.
- ✓ Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person.



Preparing to Deliver Psychological First Aid:

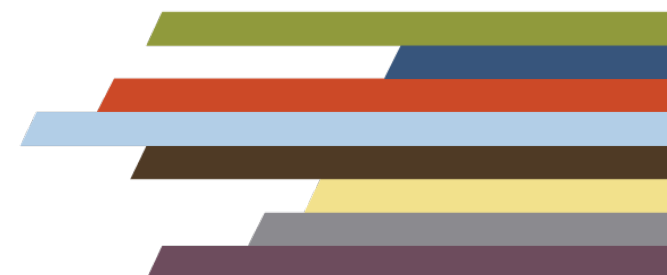
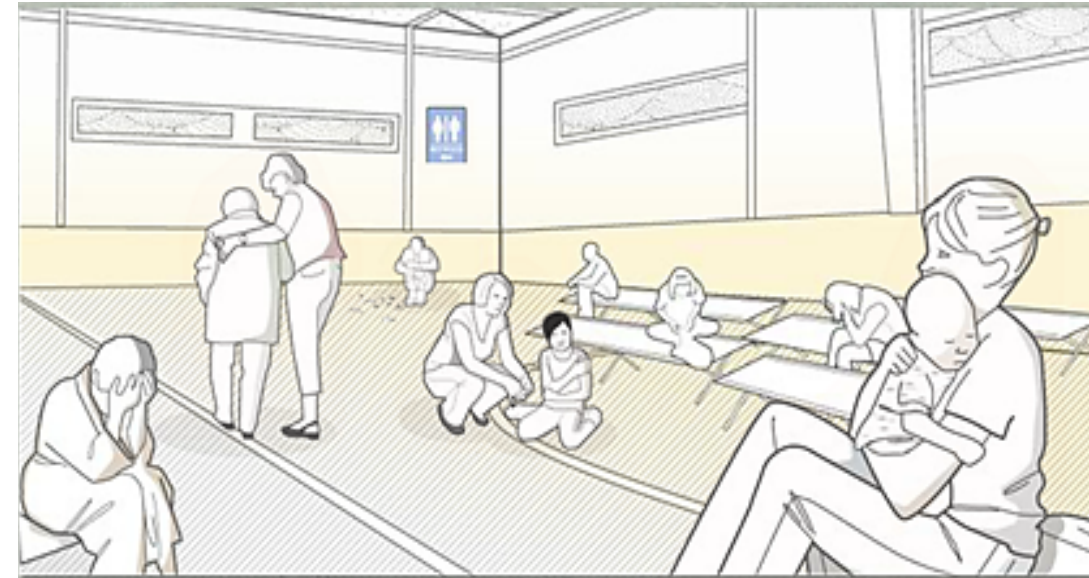
- ✓ **Planning and preparation:** be knowledgeable about the nature of the event, current circumstances, and the type and availability of relief and support services.
- ✓
- ✓ **Entering Services:** establish communication and coordinate all activities with authorized personnel or organizations that are managing the setting.
- ✓ **Providing Settings:** in some settings, PFA may be provided in designated areas. In other settings, providers may circulate around the facility to identify those who might need assistance.
- ✓ Focus your attention on how people are reacting and interacting in the setting.



Providing Services

Individuals who may need assistance include those showing signs of acute distress, including individuals who are:

- ✓ Disoriented
- ✓ Confused
- ✓ Frantic or agitated
- ✓ Panicky
- ✓ Extremely withdrawn, apathetic, or “shut down”
- ✓ Extremely irritable or angry
- ✓ Exceedingly worried



PFA Core Actions

1. Contact and Engagement

- **Goal:** To respond to contacts initiated by survivors, or to initiate contacts in a nonintrusive, compassionate, and helpful manner.

2. Safety and Comfort

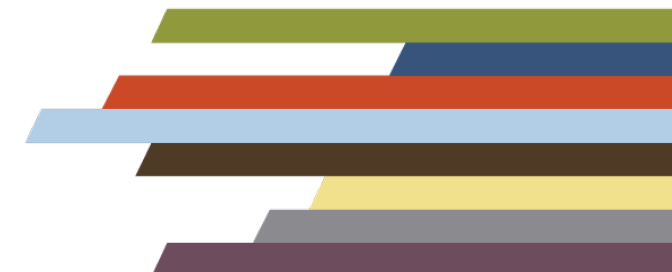
- **Goal:** To enhance immediate and ongoing safety and provide physical and emotional comfort.

3. Stabilization (if needed)

- **Goal:** To calm and orient emotionally overwhelmed or disoriented survivors.

4. Information Gathering:

- **Goal:** Identify immediate needs and concerns, and tailor PFA interventions.



PFA Core Actions

5. Practical Assistance

- **Goal:** To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with Social Supports

- **Goal:** To help establish brief or ongoing contacts with primary support persons and other sources of support.

7. Information on Coping

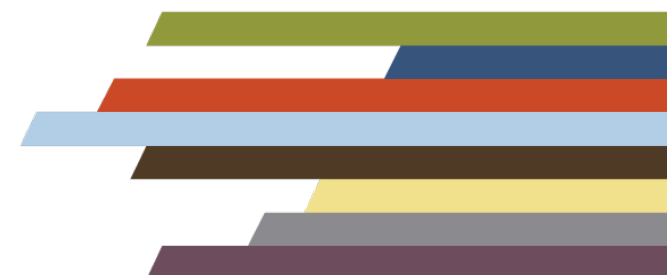
- **Goal:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with Collaborative Services

- **Goal:** To link survivors with available services needed at the time or in the future.

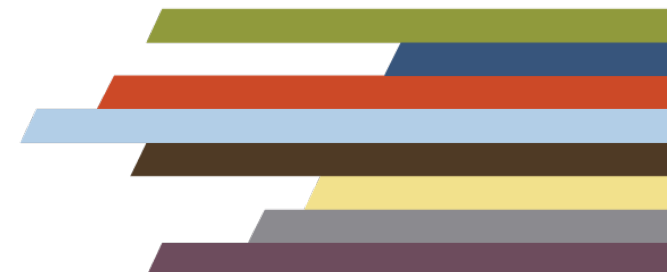
1. Contact and Engagement

- ✓ Introduce Yourself
- ✓ Ask about Immediate Needs
- ✓ Confidentiality



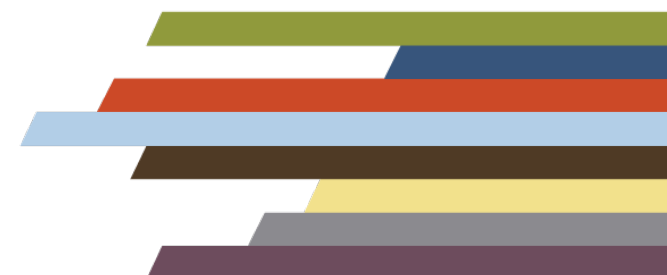
1. Contact and Engagement

- ✓ Introduce yourself with your name, title, and describe your role.
- ✓ Ask for permission to talk with them.
- ✓ Explain that you are there to see if you can help.
- ✓ Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention.
- ✓ Speak softly and calmly.



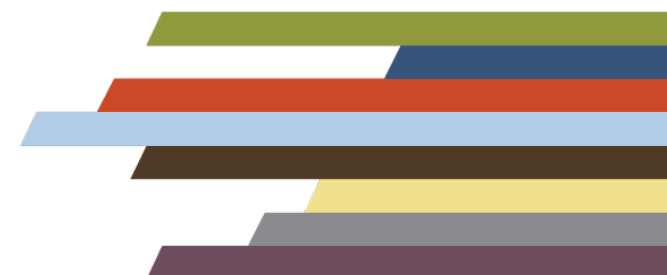
1. Contact and Engagement

- ✓ Find out whether there is any pressing problem that needs immediate attention.
- ✓ Immediate medical concerns have the utmost priority.
- ✓ When making contact with children or adolescents, make a connection with a parent or accompanying adult to explain your role and seek permission.
- ✓ If you speak with a child in distress when no adult is present, find a parent or caregiver as soon as possible to let him/her know about your conversation.



Confidentiality

- ✓ Protecting the confidentiality after a disaster can be challenging, especially given the lack of privacy in some post disaster settings.
- ✓ However, maintaining the highest level of confidentiality possible in any conversation you have with survivors or disaster responders is extremely important.



Cultural Alert: Barriers to Accessing Mental Health Care Hispanic and Latino Youth

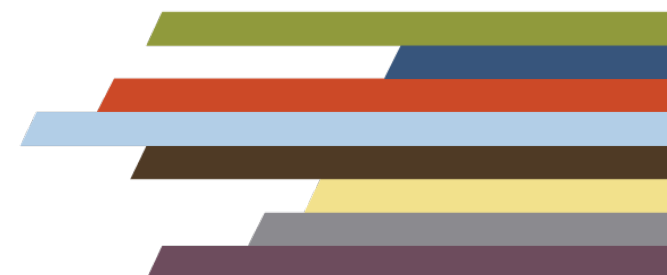
- Lack of insurance or inadequate insurance.
- Lack of knowledge/awareness about mental health problems and services available.
- Cultural stigma associated with mental illness.
- Language
- Lack of culturally tailored services and culturally competent mental health professionals.
- Shortage of bilingual or linguistically trained mental health professionals.
- Difficulties recognizing emerging signs of mental illness.
- Problems identifying psychiatric symptoms when chief complaint is somatic symptom.

Cultural Alert

- Language and Communication
 - Do not assume that the person speaks Spanish or English
 - Approach the individual with an open, and non-judgmental stance.
 - Be clear as to the nature of the relationship and expectations of the intervention.
 - Self-disclosures could increase engagement.

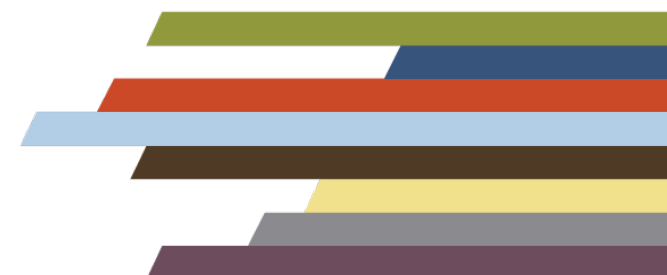
Cultural Value:

Personalism-*Personalismo* - If a positive rapport is developed, Latinos are more likely to trust a professional and follow recommendations.



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Your opinion is important to us! Fill out your evaluation forms, it only takes a couple of minutes! Just scan this code with your smartphone. Don't worry if you can't - an email will be sent to you with the link.



<https://www.surveymonkey.com/r/RXRFMBP>

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Website:

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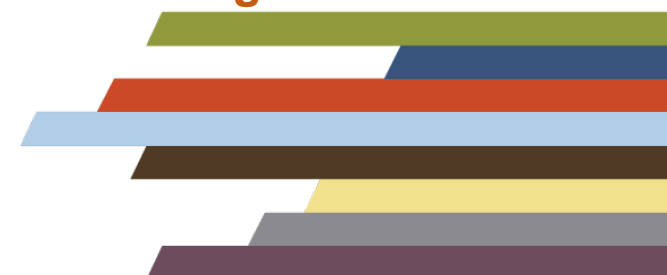
Email: hispaniclatino@mhttcnetwork.org



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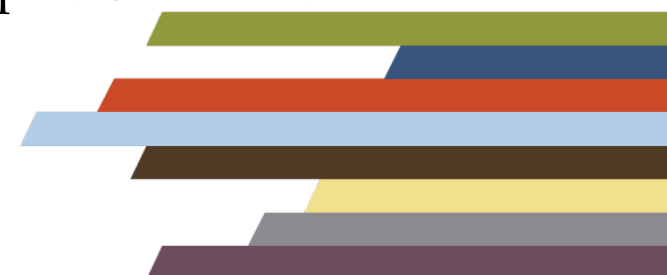
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration





About the presenter:
Myriam González Villanueva, PsyD

Dr. Myriam González obtained a doctoral degree in clinical psychology. Dr. Gonzalez doctoral dissertation was focused on the impact of sexual abuse in children from 8 to 18 years old. She is certified in substance abuse and a certification as a Hypnotherapist from the Ericksonian Institute of Guadalajara, Mexico. She works for the Carlos Albizu University, in Puerto Rico, as a Clinical Supervisor in the area of clinical training with students at the doctoral level. At the Universidad Central del Caribe, she has collaborated with various programs, including IRESA and ATTC, conducting trainings, workshops and conferences on multiple topics of interest.

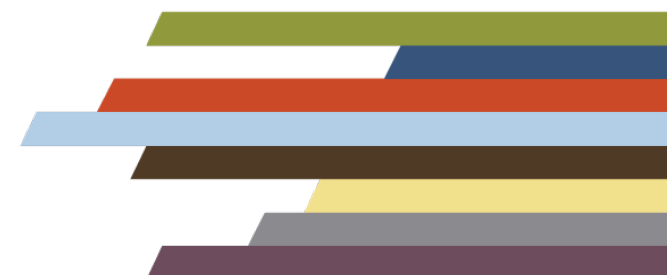




About the presenter:

Isa I. Vélez Echevarría, PsyD

Dr. Isa Vélez is a clinical psychologist. She obtained a certification as Interpersonal Psychotherapy Clinician, was trained in Trauma-Focused Cognitive Behavioral Therapy, Family Therapy, and Neurofeedback. She completed a post-doctoral fellowship at Community Services Institute in Boston, MA., where she provided home-based and school-based psychotherapy for communities of color. She is currently working as a clinical psychologist at A&R Behavioral Associates and as a Training and Content Specialist for the National Hispanic and Latino MHTTC, at the Universidad Central del Caribe, in Bayamon, PR.





National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

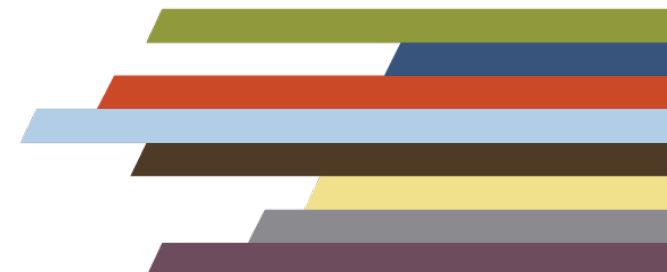
Funded by Substance Abuse and Mental Health Services Administration

Implications of the Psychological First Aid among Hispanic/Latinx populations during the pandemic



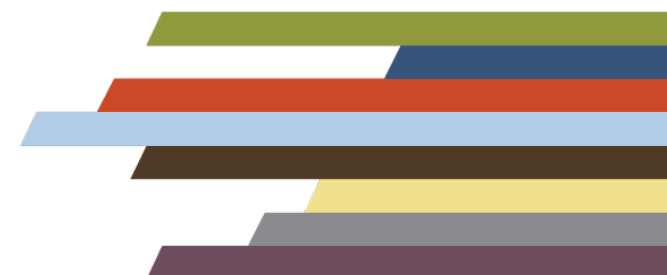
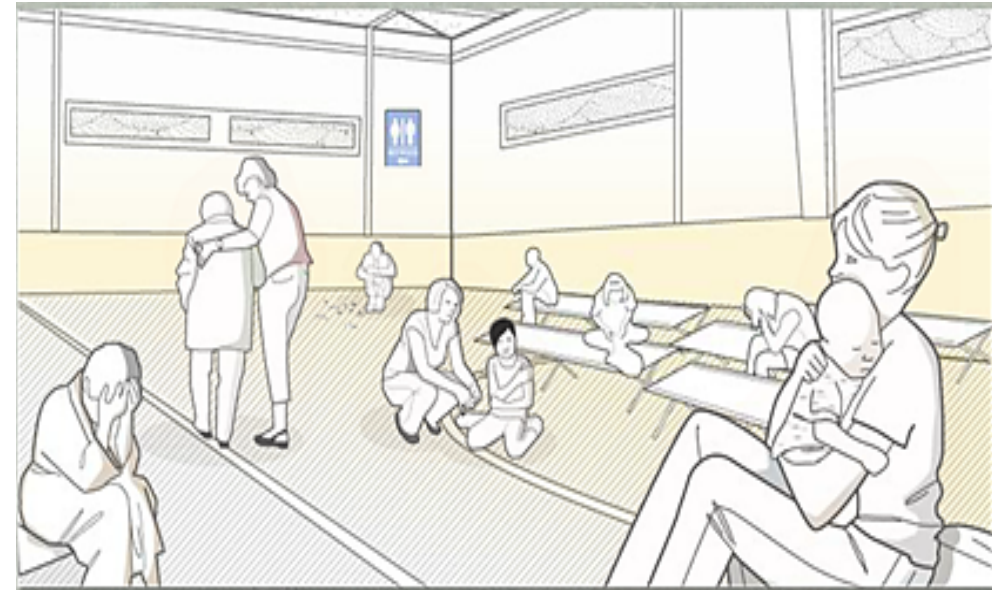
Myriam González Villanueva, PsyD
Clinical Psychologist

July 27 & 29, 2020



2. Safety and Comfort

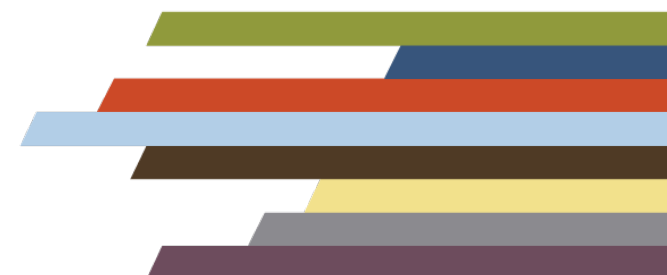
- ✓ Goal: To enhance immediate and ongoing safety and provide physical and emotional comfort.



Polling question # 1

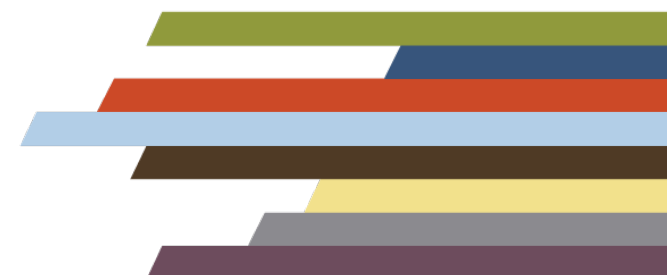
¿Given the reality of the COVID-19 epidemic, **select two strategies** to provide safety and comfort to our population?

- A. Ensuring that everything will be fine.
- B. Do not provide information that may worry people.
- C. Remind people that we are all going through the same situation.
- D. Ensure immediate physical safety.
- E. Provide information about disaster response activities and services.



2. Safety and Comfort

- ✓ Ensure immediate physical safety.
- ✓ Provide information about disaster response activities and services.
- ✓ Attend to physical comfort.
- ✓ Promote social engagement.
- ✓ Attend to children who are separated from their parents/ caregivers.
- ✓ Protect from additional traumatic experiences and trauma reminders.
- ✓ Help survivors who have a missing family member.
- ✓ Help survivors when a family member or close friend has died.

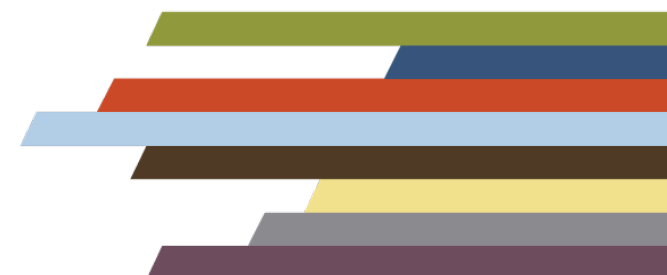


2. Safety and Comfort

Goal: To enhance immediate and ongoing safety and provide physical and emotional comfort.

Comfort and safety can be supported in a number of ways:

- ✓ Do things that are active, practical and familiar (drawing on past experience).
- ✓ Get current, accurate and up-to-date information, while avoiding survivors' exposure to information that is inaccurate or excessively upsetting.

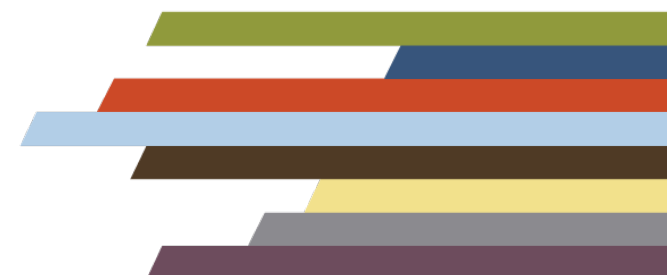


2. Safety and Comfort

Goal: To enhance immediate and ongoing safety and provide physical and emotional comfort.

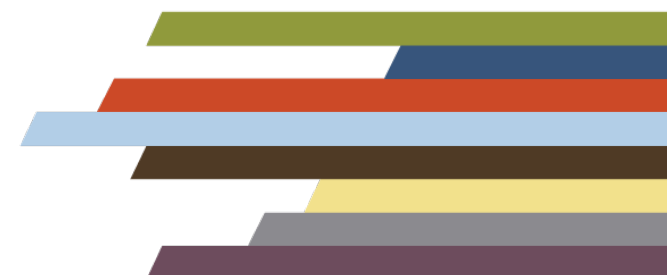
Comfort and safety can be supported in a number of ways:

- ✓ Get connected with available practical resources.
- ✓ Get information about how responders are making the situation safer.
- ✓ Get connected with others who have shared similar experiences.



Ensure Immediate Physical Safety

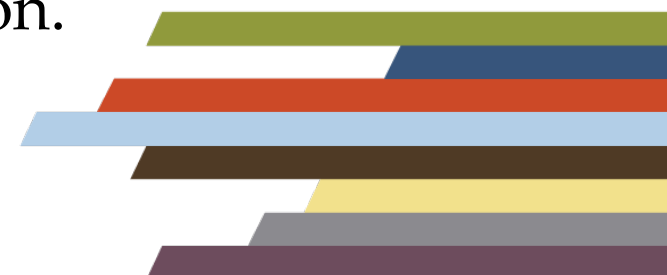
- ✓ Health problems, problems with blood pressure, respiratory issues (supplemental oxygen dependency), (increased susceptibility to falls, minor injuries).
- ✓ **Signs of shock** (pale, clammy skin; weak or rapid pulse; dizzy; irregular breathing; dull or glassy eyes; unresponsive to communication; restless, agitated, or confused), **seek immediate medical support.**
- ✓ In need for medication, food, water, shelter, masks, gloves, others.
- ✓ Explore threat of harm to self or others.
- ✓ Contact relatives (if available), to further ensure safety, nutrition, medication, and rest.
- ✓ Make sure that the authorities are aware of any daily needs that are not being met.



Providing Information about Disaster Response Activities and Services

To help reorient and comfort survivors, provide information about:

- ✓ What to do next
- ✓ What is being done to assist them
- ✓ What is currently known about the unfolding event
- ✓ Available services
- ✓ Common stress reactions
- ✓ Self-care, family care, and coping.
- ✓ Answer pressing question and support adaptive coping.
- ✓ Use clear and concise language, while avoiding technical jargon.

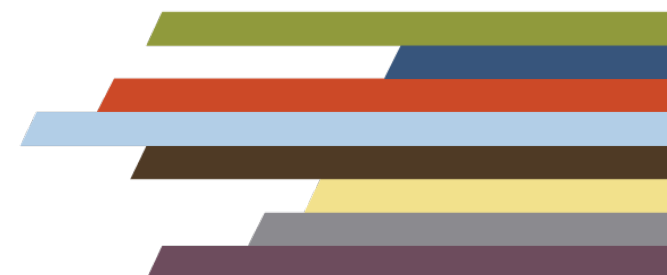


Strategies for providers in order to help survivors:

- ✓ When a family member or close friend has died.
- ✓ Survivors who have a missing family member.
- ✓ Attend to children who are separated from their parents/ caregivers.
- ✓ Protect from additional traumatic experiences and trauma reminders.



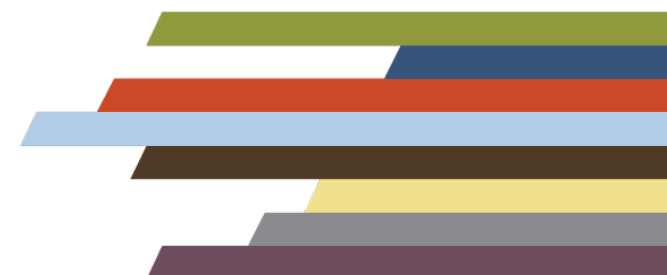
- PFA operational guide will provide strategies to providers in order to help survivors.



Cultural Alert: Needs of Immigrants

Historical and social subgroup differences may impact the needs of immigrants due to political strife, poverty, and oppression.

1. Central Americans may be need of mental health services due to political trauma experienced in their home countries.
2. Puerto Rican and Mexican American children and adults may be at a higher risk than other immigrants due to their lower educational and economic resources.
3. Immigrants who have arrived recently and who are adapting to life in the United States may have different stressors than long term immigrants.

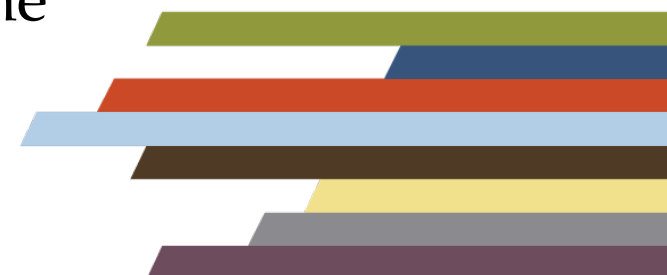


Cultural Alert: Needs of Immigrants

4. Puerto Ricans have citizenship, and therefore can access many services available to all United States citizens.

5. Mexicans may or may not have citizenship, they may have a strong cultural support and, because of their numbers, may have family or others in their community who share many cultural similarities who may support them.

6. South and Central American immigrants may have experienced differing levels of political strife and oppression, which may influence their perception of government services offered in the United States.



Acute Grief from Responding to Crisis in the Aftermath of Disasters



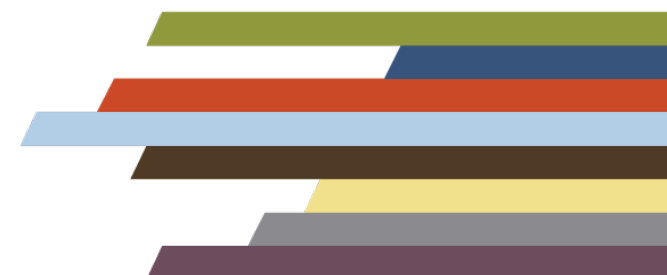
<https://www.youtube.com/watch?v=VilfIPeE8ZY&t=29s>



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3. Stabilization (if needed)

Goal: To calm and orient emotionally overwhelmed or disoriented survivors.

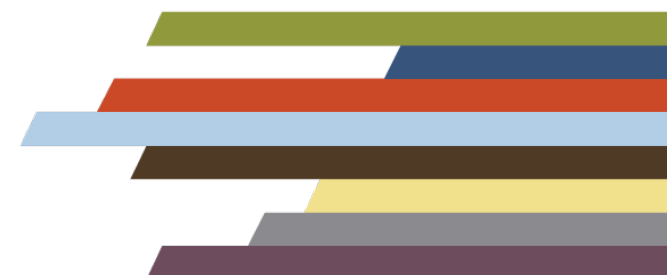
- ✓ Stabilize Emotionally Overwhelmed Survivors
- ✓ Orient Emotionally Overwhelmed Survivors
- ✓ The Role of Medications in Stabilization



3. Stabilization (if needed)

Observe individuals disoriented or overwhelmed:

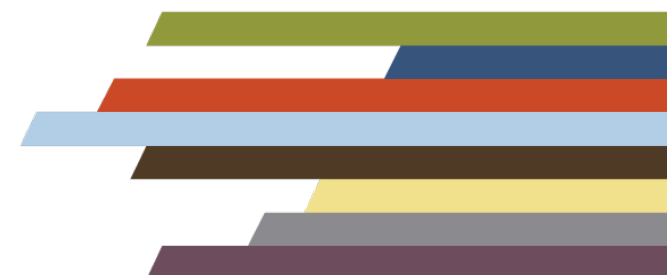
- ✓ Looking glassy eyed and vacant–unable to find direction
- ✓ Unresponsiveness to verbal questions or commands
- ✓ Disorientation (for example, engaging in aimless disorganized behavior)
- ✓ Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, rocking or regressive behavior



3. Stabilization (if needed)

Observe individuals disoriented or overwhelmed:

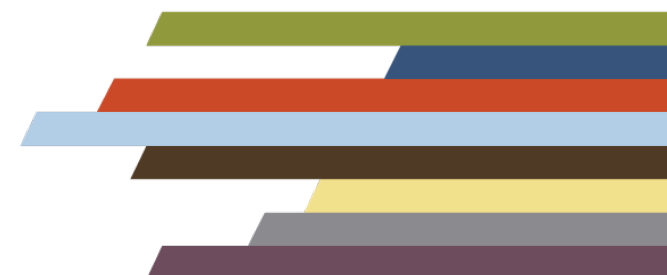
- ✓ Experiencing uncontrollable physical reactions (shaking, trembling)
- ✓ Exhibiting frantic searching behavior
- ✓ Feeling incapacitated by worry
- ✓ Engaging in risky activities



Intervention with Emotionally Overwhelmed Survivors

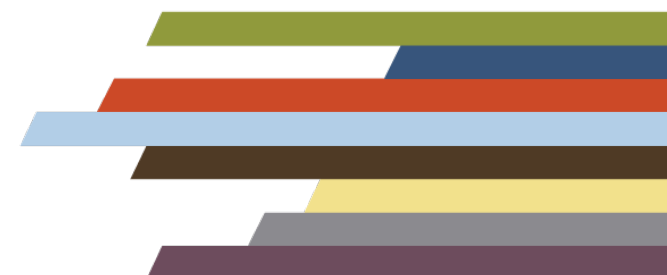
Use these points to help survivors understand their reactions:

- ✓ Orient about shocking experiences that may trigger strong, often upsetting, “alarm” reactions in the body. Intense emotions may come and go in waves.
- ✓ Offer support and help focus on specific manageable feelings, thoughts, and goals.
- ✓ Address the person’s primary immediate concern or difficulty, rather than simply trying to convince the person to “calm down” or to “feel safe”.



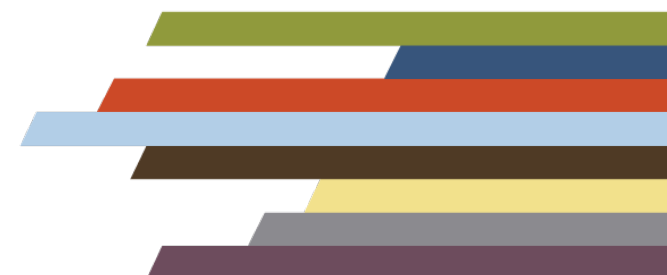
Intervention with Emotionally Overwhelmed Survivors

- ✓ Encourage to practice calming routines.
- ✓ Grounding exercise.
- ✓ Friends and family are very important sources of support to help calm down.
- ✓ If none of these intervention's aids in emotional stabilization, **consult with medical or mental health professionals.**



The Role of Medications in Stabilization

- ✓ Medication for acute traumatic stress reactions is not recommended as a routine way of meeting the goals of PFA.
- ✓ Considered only if an individual has not responded to other ways of helping.
- ✓ Should have a specific target and **time-limited**.



The Role of Medications in Stabilization

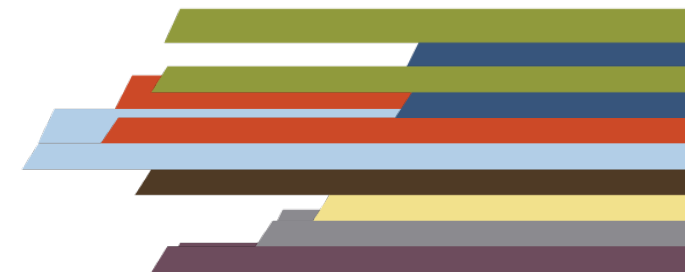
- ✓ Exposure to disaster may worsen pre-existing conditions.
- ✓ Some survivors may be without their medications, or face uncertainty about continued access to medications.
- ✓ Communication with their psychiatrists, physicians, or pharmacies may be disrupted.



Cultural Alert

Challenges Presenting in Treatment Regarding the Culture of the Hispanic and Latino Populations

- Many Latinos only go to the doctor when something is wrong and when pain is unbearable (Rivera-Ramos & Buki, 2011).
- Latinos are more likely to seek help from a medical professional than a psychologist or psychiatrist due to the stigma associated with receiving mental health treatment.
- Family is crucial in the process of stabilization.



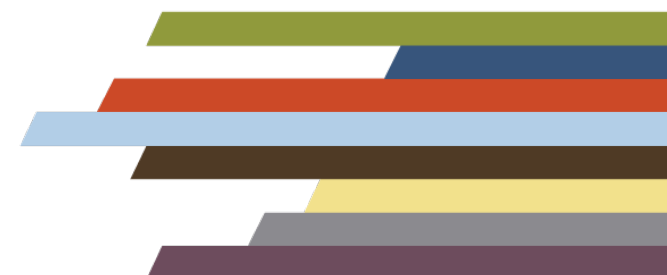
4. Information Gathering: Needs and Current Concerns

- ✓ Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.



4. Information Gathering: Needs and Current Concerns

- ✓ **Begins immediately** after contact and continues throughout PFA.
- ✓ **Be flexible**, adapt interventions for specific individuals needs and concerns.
- ✓ Gather enough information so that you can tailor and **prioritize** your interventions to meet these needs.
- ✓ Your ability to gather information will be **limited by time**, survivors' needs and priorities, and other factors.
- ✓ Although a formal assessment is not appropriate, you may ask about current concerns, immediate needs, need for **immediate referral and for additional services**.



Within project
(specify)

Substance
abuse treatment

Other disaster
agencies

Other
community
services

Professional
mental health
services

Community
Religious
Professional

Medical
treatment

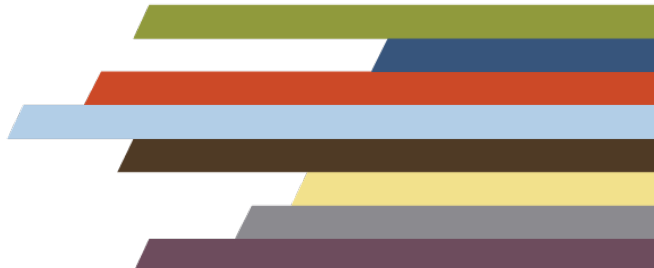
Private office

Was the referral
accepted by the
individual?



Yes

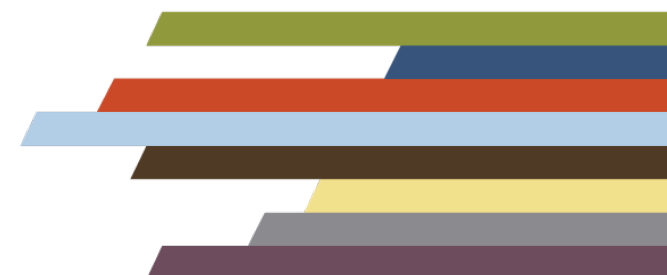
No



Polling Question # 2

Faced with the reality of the COVID-19 pandemic, some of people's needs and concerns are related to:

- A. Death of a family member or friend
- B. Thoughts of harming self or others
- C. Concerns about safety of loved one(s)
- D. All the above



4. Information Gathering

- ✓ Concerns about safety of loved one(s)
- ✓ Death of a family member or friend
- ✓ Concerns about ongoing threat
- ✓ Physical/mental health illness and medication(s)
- ✓ Disaster-related losses
- ✓ Extreme guilt or shame



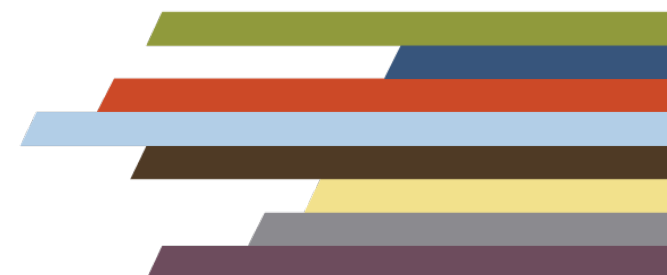
4. Information Gathering

- ✓ 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
- ✓ Spiritual and/or religious needs



Provider Alert

- ✓ In clarifying disaster-related traumatic experiences, avoid asking for in-depth descriptions that may provoke additional distress.
- ✓ Don't press survivors to disclose details of any trauma or loss.
- ✓ If they are anxious to talk about their experiences, politely and respectfully tell them that what would be most helpful now is to get some *basic information* so that you can help with their current needs, and plan for future care.
- ✓ Let them know that the opportunity to discuss their experiences in a proper setting can be arranged for the future.

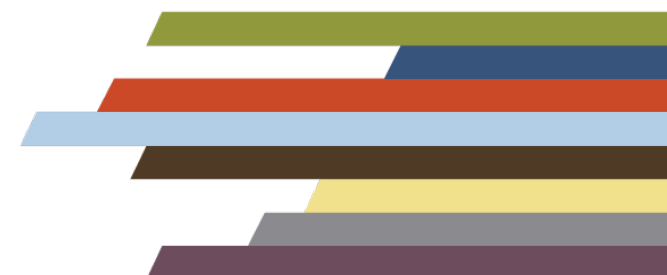


Survivor Current Needs (Appendix D)

Behavior	Emotional	Physical	Cognitive
<ul style="list-style-type: none"> <input type="checkbox"/> Extreme disorientation <input type="checkbox"/> Excessive drug, alcohol, or prescription drug use <input type="checkbox"/> Isolation/ withdrawal <input type="checkbox"/> High risk behavior <input type="checkbox"/> Regressive behavior <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Violent behavior <input type="checkbox"/> Maladaptive coping <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Acute stress reaction <input type="checkbox"/> Acute grief reactions <input type="checkbox"/> Sadness. Tearfulness <input type="checkbox"/> Irritability, anger <input type="checkbox"/> Feeling anxious, fearful <input type="checkbox"/> Despair <input type="checkbox"/> Hopelessness <input type="checkbox"/> Feelings of guilt or shame <input type="checkbox"/> Feeling emotionally numb, disconnected <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Headaches <input type="checkbox"/> Stomach aches <input type="checkbox"/> Sleep difficulties <input type="checkbox"/> Eating difficulties <input type="checkbox"/> Worsening of health conditions <input type="checkbox"/> Fatigue/ exhaustion <input type="checkbox"/> Chronic agitation <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Inability to accept/cope with death of loved one(s) <input type="checkbox"/> Distressing <input type="checkbox"/> Dreams or nightmares <input type="checkbox"/> Intrusive thoughts or images <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Preoccupation with death/ destruction <input type="checkbox"/> Other _____

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
- Financial concerns
- Loved one(s) missing or dead
- Displaced from home
- Pets missing/injured/dead
- Has physical/emotional disability
- Living arrangements
- Lost job or school
- Medication stabilization
- Assisted with rescue/recovery
- Concerns about child/adolescent

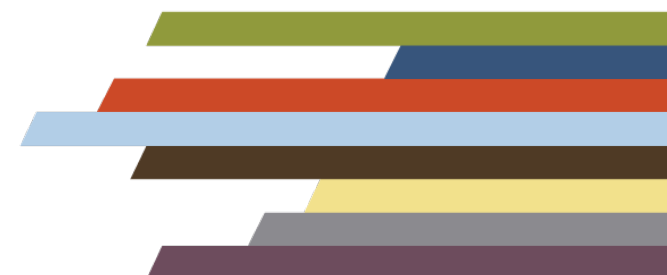


It's also helpful to ask an open question to make sure you don't lack any important information

✓ Example:

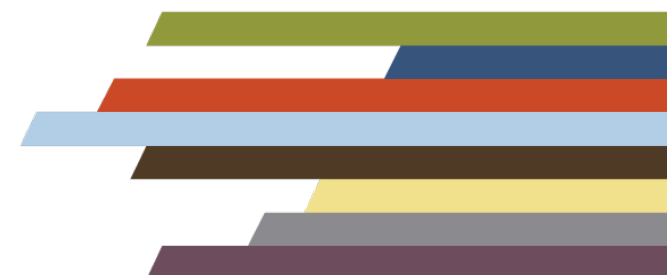
Is there anything else we have not covered that you are concerned about or want to share with me?

✓ If the survivor identifies multiple concerns, summarize these and help to identify which issues are most pressing. Work with the survivor to prioritize the order in which concerns should be addressed.



Cultural Alert: Common Mental Health Disorders among Hispanics and Latinos

- Generalized anxiety disorder
 - Depressive disorders
 - Posttraumatic stress disorder
 - substance use disorders
- Also, Latina high school girls have high rates of suicide attempts.

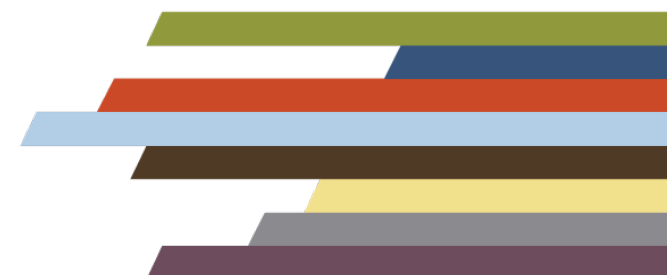


Cultural Alert: Latina Teen Suicide Concerns

According to the 2017 Youth Risk Behavior Surveillance Survey which was administered by the Centers for Disease Control and Prevention to people ages 10 to 24:

- 1 out of 10 Latinas has attempted suicide in the past year;
- 2 out of 10 have made a suicide plan;
- Half have said they felt hopeless.
- Rates of depression, suicidal thoughts and suicide attempts have remained above Latino male youths, and White males and females.

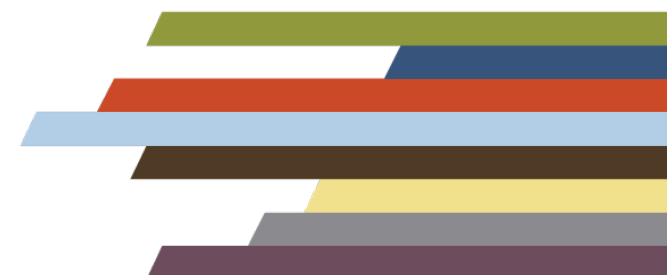
Source: 2017 Youth Risk Behavior Surveillance Survey



5. Practical Assistance

Goal: To offer practical help to survivors in addressing immediate needs and concerns.

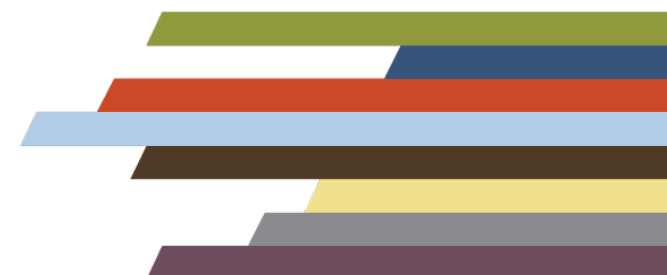
- ✓ Identify the Most Immediate Needs
- ✓ Clarify the Need
- ✓ Discuss an Action Plan
- ✓ Act to Address the Need
- ✓ Offering Practical Assistance to Children and Adolescents



Exposure to disaster, and post-event adversities is often accompanied by a loss of hope

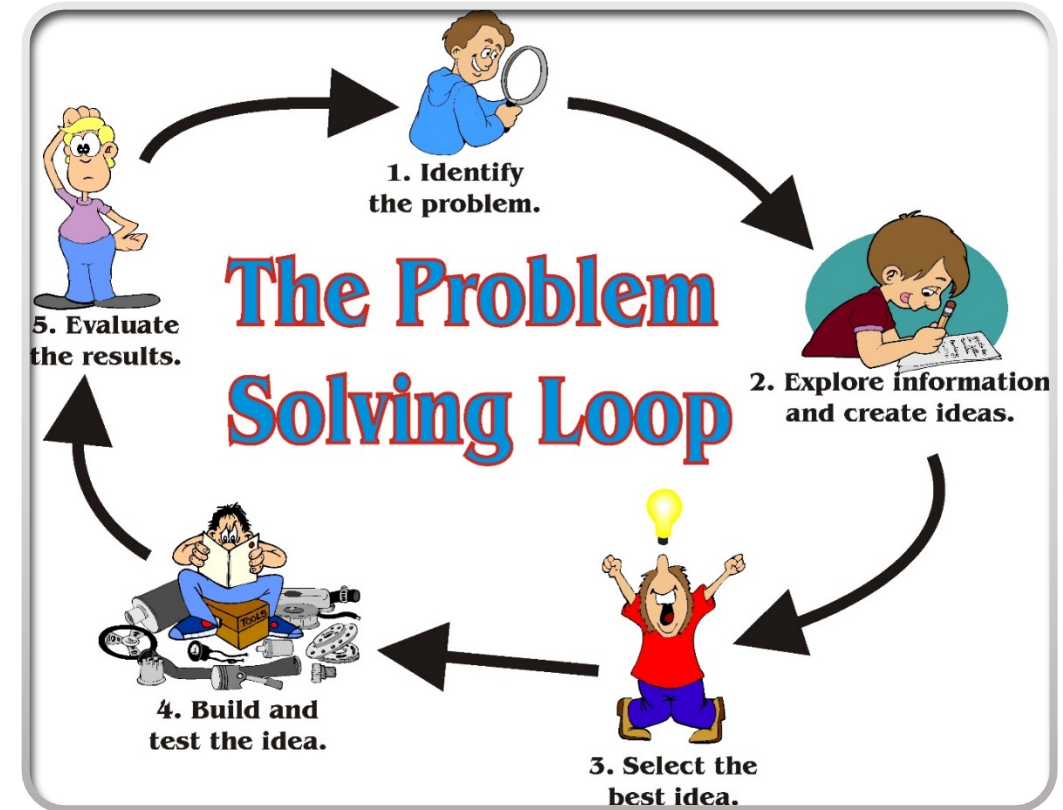
Those who are likely to have more favorable outcomes are those who maintain one or more of the following characteristics:

- ✓ **Optimism** (because they can have hope for their future)
- ✓ Confidence that life is predictable
- ✓ Belief that **things will work out** as well as can reasonably be expected
- ✓ Belief that **outside sources act benevolently** on one's behalf (responsive government)
- ✓ **Strong faith-based beliefs**
- ✓ **Positive belief**
- ✓ **Resources**, including housing, employment, financial



Problem Solving

- ✓ Problem-solving may be more difficult under conditions of stress and adversity.
- ✓ Teaching individuals to set **achievable goals**
 - ✓ may reverse feelings of failure and inability to cope
 - ✓ help individuals to have repeated success experiences
 - ✓ help to reestablish a sense of environmental control necessary for successful disaster recovery



Problem Solving

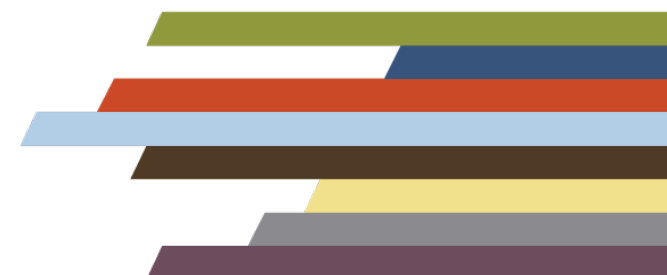
Step 1: Identify the Most Immediate Needs

Step 2: Clarify the Need

Step 3: Discuss an Action Plan

Step 4: Act to Address the Need

- ✓ Help the survivor to take action. For example, set an appointment with a needed service or assist him/her in completing paperwork.



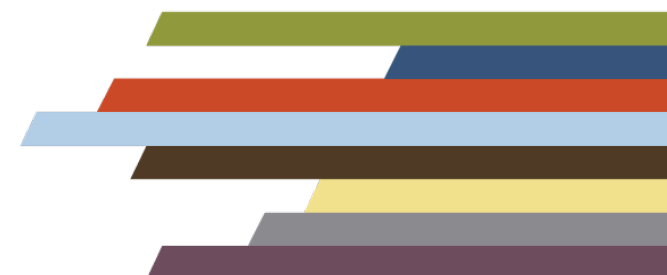
Offering Practical Assistance to Children and Adolescents

Children and adolescents' benefit from clarifying their needs and concerns, developing a plan to address them, and acting on the plan.

Their ability to clarify what they want, think through alternatives, select the best option, and follow through develops gradually.

Many children can participate in problem-solving but require the assistance of adults to follow through with their plans.

When appropriate, share the plans with parents/caregivers, or involve parents/caregivers in making the plans, so that they can help the child or adolescent to carry them through.



Cultural Alert



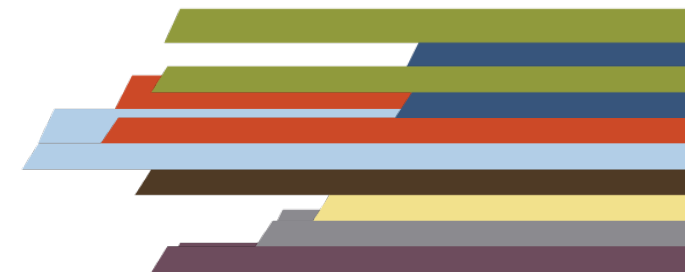
Family Preparedness Plan



https://www.bmc.org/sites/default/files/Programs_Services/Programs_for_Adults/center-family-navigation-community-health-promotion/1-Family-Preparedness-Plan.pdf

This Family Preparedness Plan was developed by:
Ivys Fernández-Pastrana, JD
Center for Family Navigation and Community Health Promotion
Carmen Rosa Noroña, LCSW, MS. Ed., CEIS
Child Witness to Violence Project
Division of Developmental & Behavioral Pediatrics
Kara Hurvitz, JD, MSW
Medical Legal Partnership-Boston

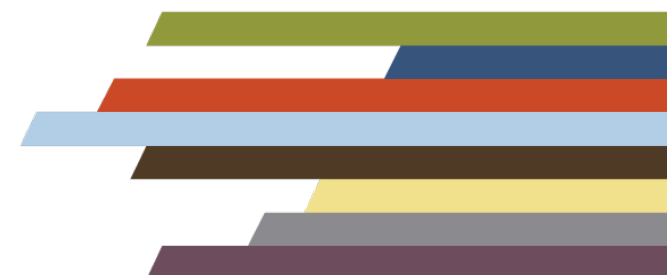
https://www.bmc.org/sites/default/files/Programs_Services/Programs_for_Adults/center-family-navigation-community-health-promotion/Family-Preparedness-Plan-Spanish.pdf



6. Connection with Social Supports

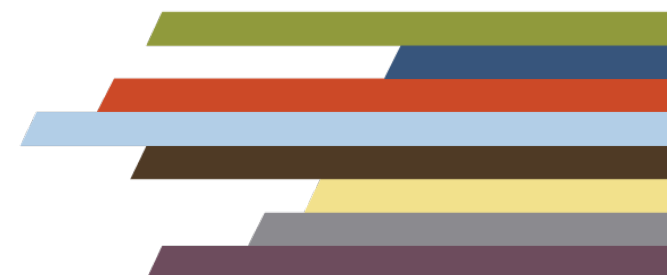
Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.

- ✓ Enhance access to primary support persons (family and significant others)
- ✓ Encourage use of immediately available support persons
- ✓ Discuss support-seeking and giving
- ✓ Special considerations for children and adolescents
- ✓ Modeling support



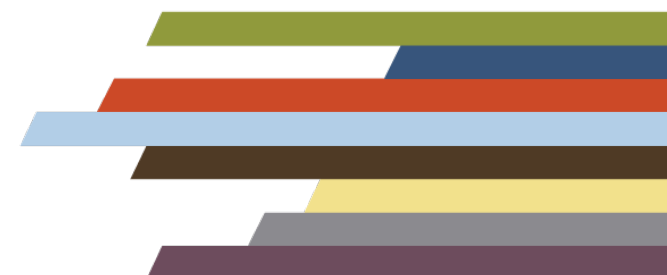
Social support can come in many forms

- ✓ ***Emotional Support:*** hugs, a listening ear, understanding, love, acceptance.
- ✓ ***Social Connection:*** feeling like you fit in and have things in common with other people, having people to share activities.
- ✓ ***Feeling Needed:*** feeling that you are important to others, that you are valued, useful and productive, and that people appreciate you.
- ✓ ***Reassurance of Self-Worth:*** having people help you have confidence in yourself and your abilities, that you can handle the challenges you face.



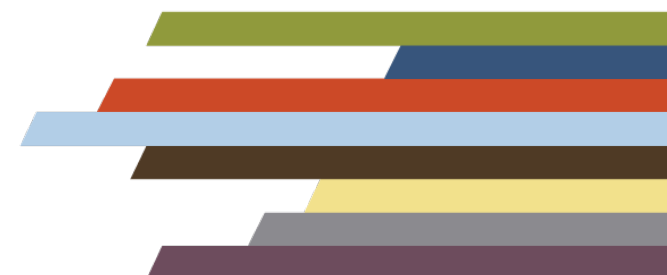
Social support can come in many forms

- ✓ ***Reliable Support:*** having people reassure you that they will be there for you in case you need them.
- ✓ ***Advice and Information:*** having people show you how to do something or give you information or good advice, having good examples to learn from about how to cope in positive ways with what is happening.
- ✓ ***Physical Assistance:*** having people help you perform tasks, like carrying things, fixing up your house or room, and helping you do paperwork.
- ✓ ***Material Assistance:*** having people give you things, like food, clothing, shelter, medicine, building materials, or money.



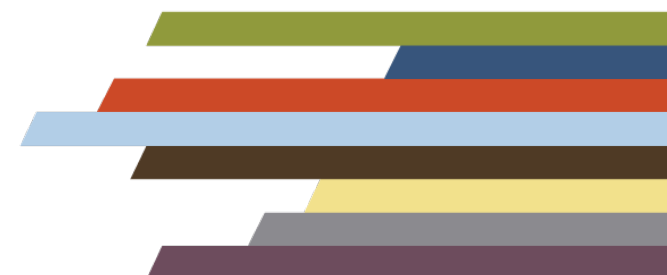
Fostering connections as soon as possible and assisting survivors in developing and maintaining social connections is critical to recovery

- ✓ Enhance Access to Primary Support Persons (Family and Significant Others).
- ✓ Encourage use of immediately available support persons.

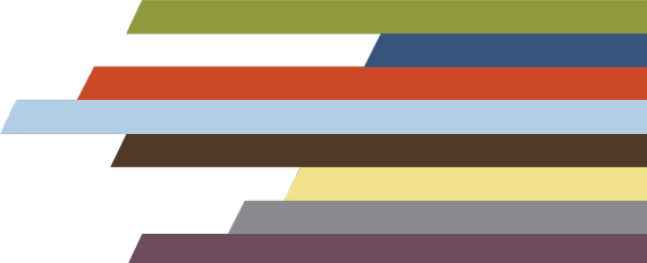
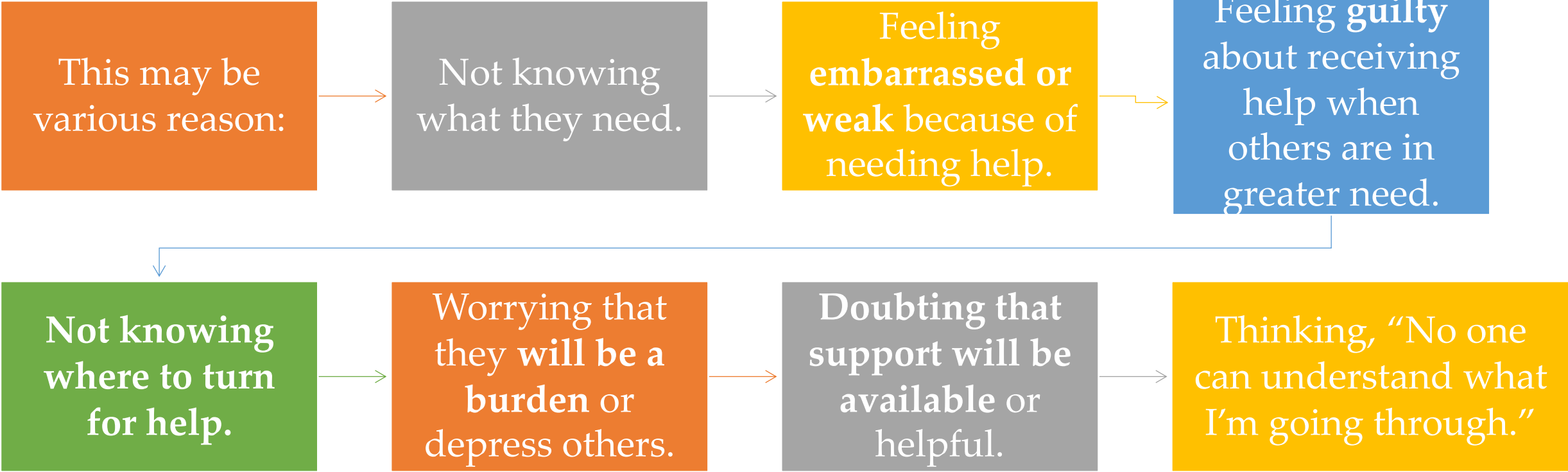


Children

- ✓ Bring similar-age children together in a shared activity.
- ✓ Provide art materials, coloring books, or building materials to help younger children engage in soothing, familiar activities.
- ✓ Older children and adolescents can lead younger children in activities.
- ✓ Children may have suggestions of songs to sing or classroom games that they have played at school.



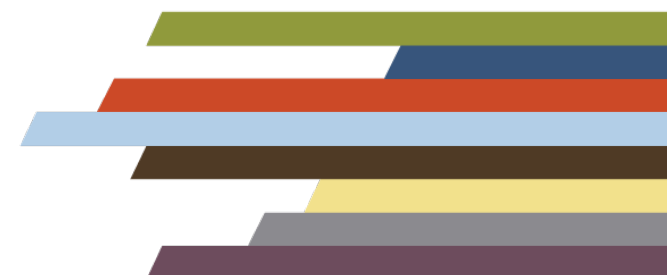
If individuals are reluctant to seek support



Withdrawn or socially isolated survivors...

Help them to:

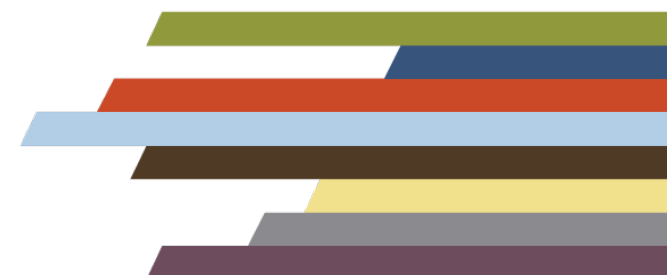
- ✓ Think about the type of support that would be most helpful.
- ✓ Think about whom they can approach for that type of support.
- ✓ Choose the right time and place to approach the person.
- ✓ Talk to the person and explain how he/she can be of help.
- ✓ Afterwards, thank the person for his/her time and help.



Survivors that want to provide support to others you can help them to:

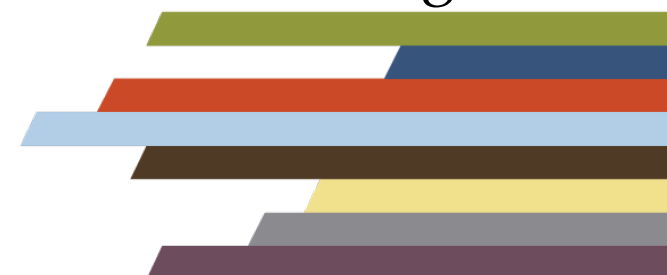
- ✓ Identify ways that they can be helpful to others.
- ✓ Identify a person or persons that they can help.
- ✓ Find an uninterrupted time and place to talk or to help them.
- ✓ Show interest, attention, and care.

The focus should not be on discussing disaster-related experiences or loss, but rather on providing practical assistance and problem-solving current needs and concerns.



Cultural Alert

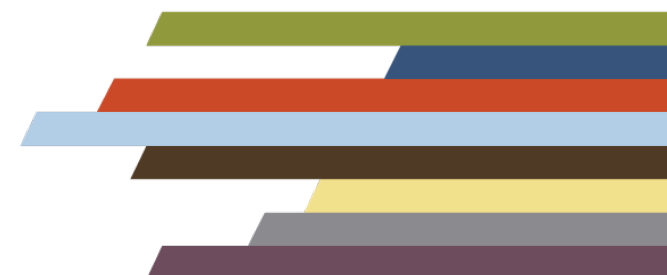
- Acknowledge cultural factors that may influence the understanding and view of stress. Help your patient have a plan to stay connected during the pandemic and supported.
- **Familism-*Familismo***- “Family goes first” Connect with other family members.
 - Example: Guatemalan girl
- Many Latinos have strong support systems in their family who are willing to attend relevant appointments and otherwise support the client.
- **Spirituality-*Espiritualidad***- Connect with spiritual and religious leaders
 - Some Latinos may be open to a holistic treatment experience involving spirituality and physical health treatment.



7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

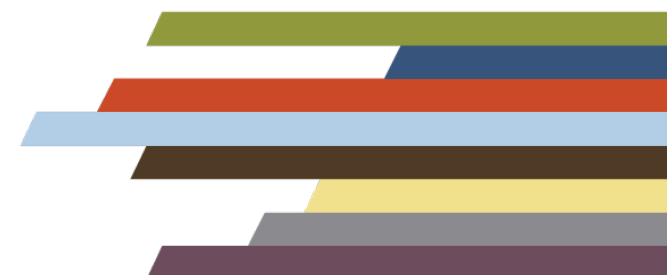
- ✓ Provide basic information about stress reactions
- ✓ Review common psychological reactions to traumatic events
- ✓ Experiences and losses
- ✓ Talking with children about body and emotional reactions
- ✓ Provide basic information on ways of coping
- ✓ Teach simple relaxation techniques



7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

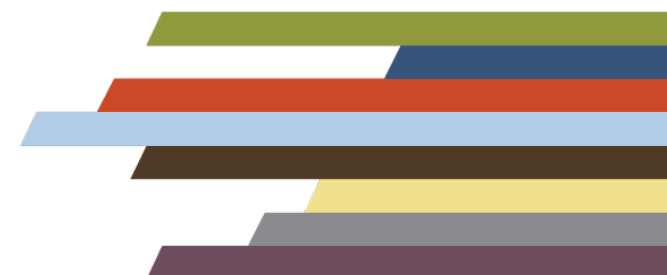
- ✓ Coping for families
- ✓ Assisting with developmental issues
- ✓ Assist with anger management
- ✓ Address highly negative emotions
- ✓ Help with sleep problems
- ✓ Address alcohol and substance abuse



7. Information on Coping

Various types of information can help survivors manage their stress reactions and deal more effectively with problems.

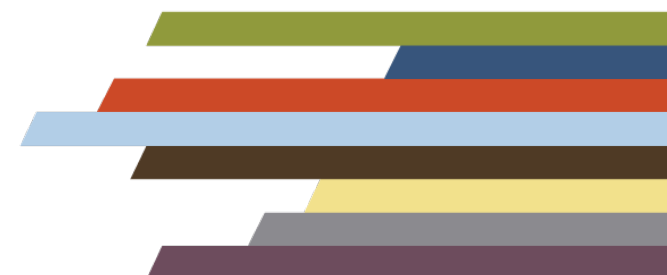
- ✓ Reliable and trustworthy source of information
- ✓ What is currently known about the unfolding event
- ✓ What is being done to assist them
- ✓ What, where, and when services are available
- ✓ Post-disaster reactions and how to manage them
- ✓ Self-care, family care, and coping



Polling question # 3

Some stress reactions experienced in our population to COVID-19 are?

- A. Stress, anxiety, intrusive ideas that they had spread to the virus
- B. Interpersonal relationship conflict
- C. Using alcohol and drugs to cope
- D. All of the above



Immediate stress reactions

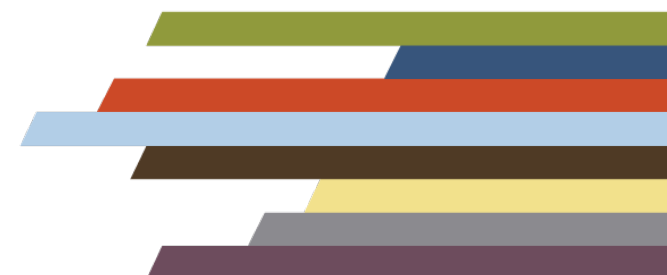
Domain	Negative Responses	Positive Responses
Cognitive	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, and shame	Feeling involved, challenged, mobilize
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

There are three types of posttraumatic stress reactions

1. *Intrusive reactions* are ways in which the traumatic experience comes back to mind.

2. *Avoidance and withdrawal reactions* are ways people use to keep away from, or protect against, distress.

3. *Physical arousal reactions* are physical changes that make the body react as if danger is still present.



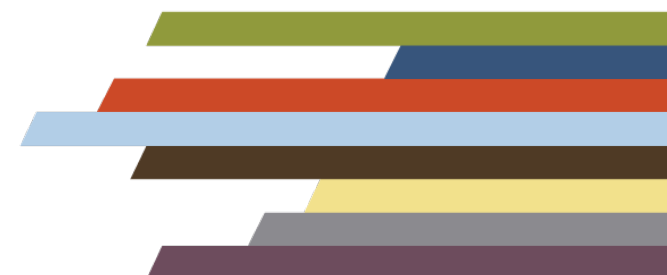
Other kinds of reactions include grief reactions, traumatic grief, depression, and physical reactions



National Hispanic and Latino

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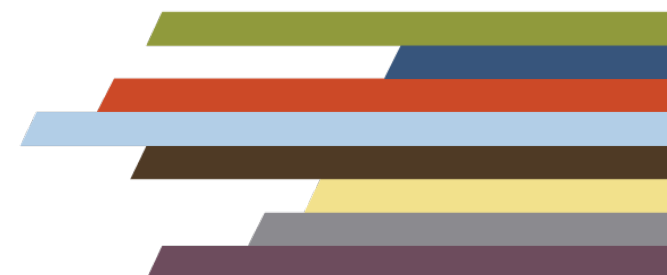
Grief Reactions

Will be prevalent among those who survived the disaster but have suffered **many types of losses**, including:

- ✓ the death of loved ones,
- ✓ loss of home, possessions, pets, schools, and community.

Loss may lead to feelings of sadness and anger, guilt or regret over the death, missing or longing for the deceased, and dreams of seeing the person again.

More information on grief reactions and how to respond to survivors experiencing acute grief reactions can be found in the section on Safety and Comfort.



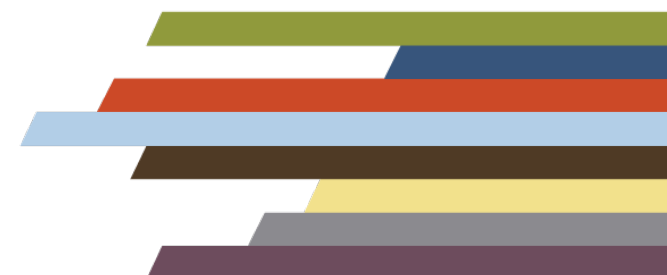
Traumatic Grief Reactions

- ✓ **Traumatic Grief Reactions** occur when children and adults have suffered the **traumatic death of a loved one**.
- ✓ Some survivors may stay focused on the circumstances of the death, including being preoccupied with how the death could have been prevented, what the last moments were like, and who was at fault.
- ✓ These reactions may interfere with grieving, making it more difficult to adjust to the death over time.



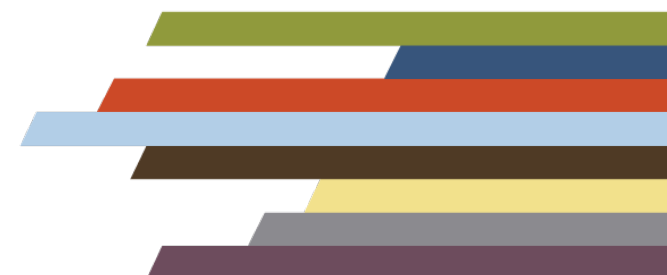
Depression

- ✓ **Depression is associated** with prolonged grief reactions and strongly related to the accumulation of post-disaster adversities.
- ✓ **Reactions include** persistent depressed or irritable mood, loss of appetite, sleep disturbance, greatly diminished interest or pleasure in life activities, fatigue or loss of energy, feelings of worthlessness or guilt, feelings of hopelessness, and sometimes thoughts about suicide.
- ✓ **Demoralization** is a common response to unfulfilled expectations about improvement in post-disaster adversities and resignation to adverse changes in life circumstances.



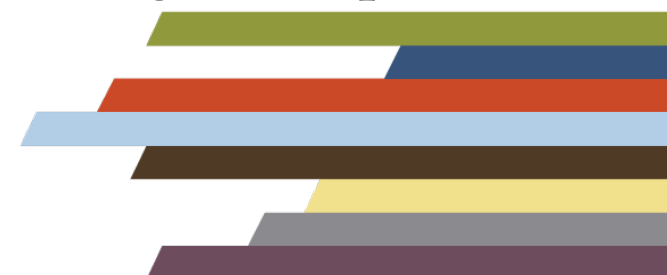
Physical Reactions

- ✓ *Physical Reactions* may be commonly experienced, even in the absence of any underlying physical injury or illness.
- ✓ These reactions include headaches, dizziness, stomachaches, muscle aches, rapid heartbeat, tightness in the chest, hyperventilation, loss of appetite, sleep problems and bowel problems.



Maladaptive coping actions

- ✓ Withdrawing from family or friends
- ✓ Working too many hours
- ✓ Getting violently angry
- ✓ Excessive blaming of self or others
- ✓ Withdrawing from activities
- ✓ Overeating or undereating
- ✓ Watching too much TV or playing too many computer games
- ✓ Doing risky or dangerous things
- ✓ Not taking care of yourself (sleep, diet, exercise, etc.)
- ✓ Using alcohol or drugs to cope



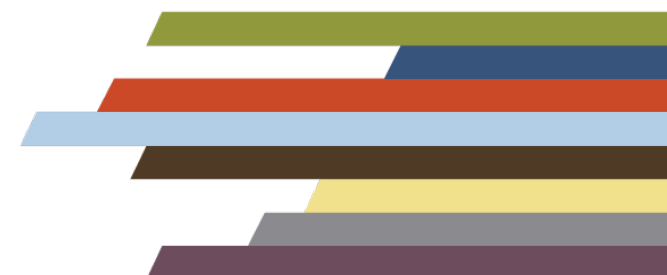
The aim of discussing positive and negative forms of coping is to:

- ✓ Help survivors consider different coping options
- ✓ Identify and acknowledge their personal coping strengths
- ✓ Think through the negative consequences of maladaptive coping actions
- ✓ Encourage survivors to make conscious goal-oriented choices about how to cope



Provide basic information on ways of coping:

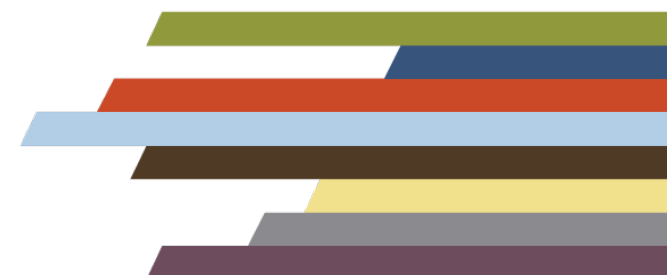
- ✓ Talking to another person for support
- ✓ Getting needed information
- ✓ Getting adequate rest, nutrition, exercise
- ✓ Engaging in positive distracting activities (sports, hobbies, reading)
- ✓ Trying to maintain a normal schedule to the extent possible
- ✓ Telling yourself that it is natural to be upset for some period of time
- ✓ Scheduling pleasant activities
- ✓ Eating healthful meals
- ✓ Spending time with others
- ✓ Participating in a support group
- ✓ Using relaxation methods



Assist with Anger Management

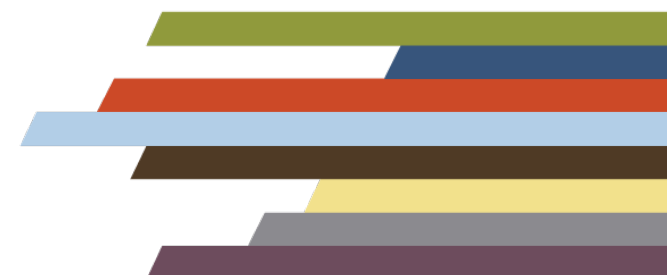
Stressful post-disaster situations can make survivors feel irritable and increase their difficulty in managing their anger.

- ✓ Explain feelings of anger and frustration are common.
- ✓ Normalize the experience of anger, while discussing how anger can increase interpersonal conflict, push others away, or potentially lead to violence.
- ✓ Ask survivors to identify changes that they would like to make to address their anger.
- ✓ Compare how holding on to the anger can hurt them, versus how coping with letting go of anger or directing it toward positive activities can help.
- ✓ Emphasize that some anger is normal and even helpful, while too much anger can undermine what they want to do.



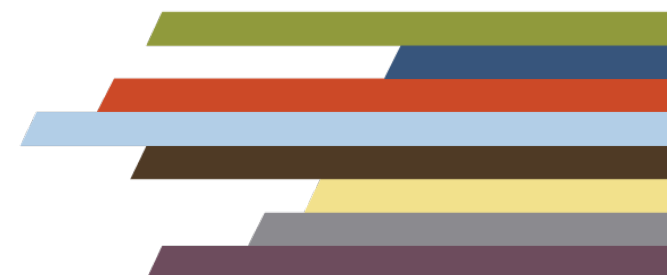
Anger Management Skills

- ✓ Take a “time out” or “cool down”.
- ✓ Talk to a friend about what is angering you.
- ✓ Blow off steam through physical activities.
- ✓ Keep a journal in which you describe how you feel and what you can do to change the situation.
- ✓ Remind yourself that being angry will not help you achieve what you want and may harm important relationships.



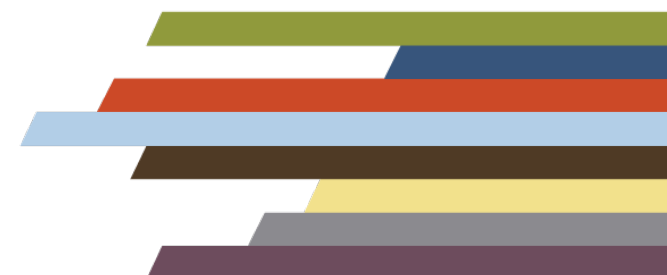
Anger Management Skills

- ✓ **Distract** yourself with positive activities
- ✓ **Look at your situation in a different way**, see it from another's viewpoint, or find reasons your anger may be over the top.
- ✓ **For parents** have another family member or other adult temporarily supervise your children's activities
- ✓ **Children and adolescents** often like activities that help them express their feelings, such as drawing pictures, writing in a journal, playing out the situation with toys, and composing a song.
- ✓ Help children and adolescents **to problem-solve** a situation that is angering or frustrating them



Sleep Difficulties

- ✓ Are common following a disaster.
- ✓ People tend to stay on alert at night, making it hard to fall asleep and causing frequent awakenings.
- ✓ Worries about adversities and life changes can also make it hard to fall asleep.
- ✓ Disturbance in sleep can have a major effect on mood, concentration, decision-making, and risk for injury.
- ✓ Ask whether the survivor is having any trouble sleeping and about sleep routines and sleep-related habits.



Problem-solve Ways to Improve Sleep

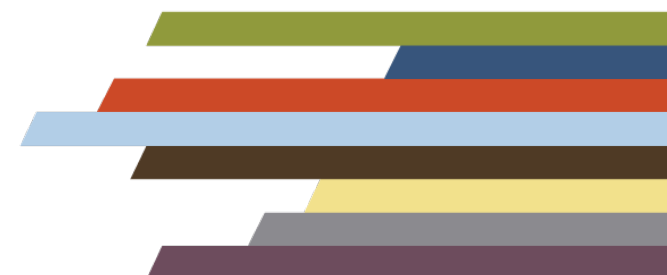
- ✓ Go to sleep at the same time and get up at the same time each day.
- ✓ Reduce alcohol consumption, alcohol disrupts sleep.
- ✓ Eliminate consumption of caffeinated beverages in the afternoon or evening.



Problem-solve Ways to Improve Sleep

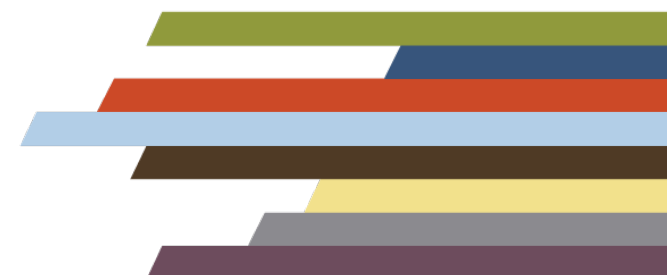
- ✓ Increase regular exercise, though not too close to bedtime.
- ✓ Relax before bedtime by doing something calming, like listening to soothing music, meditating, or praying.
- ✓ Limit daytime naps to 15 minutes and limit napping later than 4 PM.

Discuss that worry over immediate concerns and exposure to daily reminders can make it more difficult to sleep, and that being able to discuss these and get support from others can improve sleep over time.



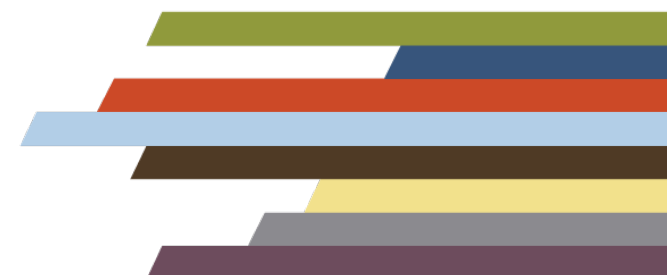
Children's Sleep Problems

- ✓ It is common for children to want to remain close to their parents at nighttime, and even to want to sleep in bed with them.
- ✓ **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.



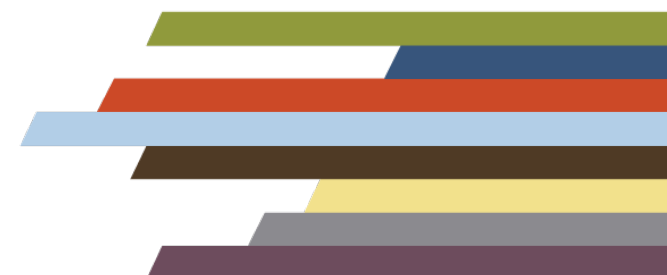
Children's Sleep Problems

- ✓ A parent might say, “We have all been scared by what happened. You can stay in our bedroom for the next couple of nights. Then you will sleep in your bed, but we will sit with you in your bedroom for a while before you go to sleep so you will feel safe. If you get scared again, we can talk about it.”



When use of alcohol and other substances is a concern:

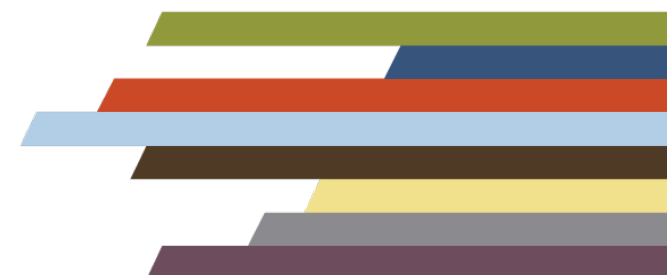
- ✓ Explain that many people (including adolescents) who experience stress reactions choose to drink or use medications or drugs, to reduce their bad feelings.
- ✓ Ask the individual to identify what he/she sees as the positives and negatives of using alcohol or drugs to cope.
- ✓ Discuss and mutually agree on abstinence or a safe pattern of use.
- ✓ Discuss anticipated difficulties in changing behavior.



When use of alcohol and other substances is a concern:

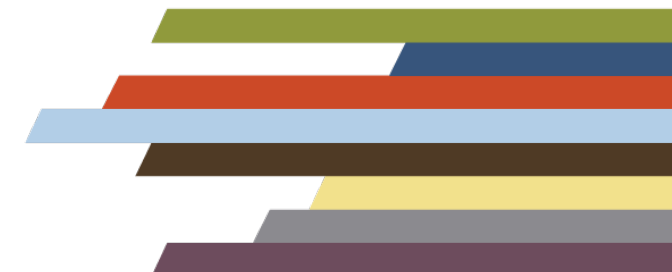
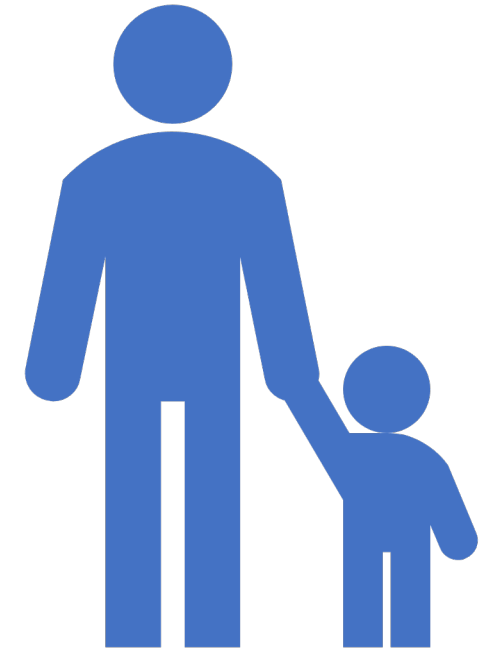
- ✓ If appropriate and acceptable to the person, make a referral for substance abuse counseling or detoxification.
- ✓ If the individual has previously received treatment for substance abuse, encourage him/her to once again seek treatment to get through the next few weeks and months.

The handout, *Alcohol, Medication, and Drug Use after Disasters* (Appendix E) gives an overview of this information and is intended for adults and adolescents with concerns in this area.



Several handouts found in Appendix E may be useful

- ✓ *When Terrible Things Happen* describes common adult and adolescent reactions, and positive/negative coping.
- ✓ *Parent Tips for Helping Infants and Toddlers*
- ✓ *Parent Tips for Helping Preschool-Age Children*
- ✓ *Children; Parent Tips for Helping School-Age Children;*
- ✓ *Parent Tips for Helping Adolescents;*
- ✓ *Tips for Adults* are for adults to help themselves and their children.



Tips for Adults

Reactions/ Behavior

Responses

Intense anxiety/stimulation: Tension and anxiety are common after a disaster. Adults may be overly concerned about the future, having difficulty sleeping, problems with concentration, feeling startled and nervous. These reactions may include rapid heart palpitation (tachycardia) and sweating.

- Use breathing and/or relaxation techniques
- Take some time during the day to calm down by practicing relaxation exercises. These will help you fall asleep, concentrate, and provide you with energy.

Concern or shame over their own reactions: Many people react intensely after a disaster, feel fear and anxiety, difficulty concentrating, embarrassment for the way they reacted, and guilt for something. It is to be expected and understandable to experience many emotions during the sequel of an extremely difficult event.

- Find a suitable place to discuss your reactions with a family member or trusted friend.
- Remember that these reactions are common and take time to dissipate.
- Replace blaming yourself excessively for a realistic assessment of what might have been done.

Feeling overwhelmed by tasks to be performed (housing, food, insurance paperwork, childcare, parenting)

- Identify your priorities.
- Find out which services are available to help meet your needs.
- Make a plan that simplifies tasks in possible steps to follow.



Tips for Adult Reactions / Behavior

Responses

Changes in interpersonal relationships: People may feel differently about their family and friends. For example, they may become very overprotective and very concerned about the safety of others and themselves, frustrated by the reactions of a family member, or they may feel like to move away from their family.

- ✓ **Understand that family and friends are very important support during the recovery period.**
- ✓ **It is important to understand and tolerate the different recovery courses among family members.**
- ✓ **Count on other family members to help you with childcare or other daily activities while you are upset or under stress.**



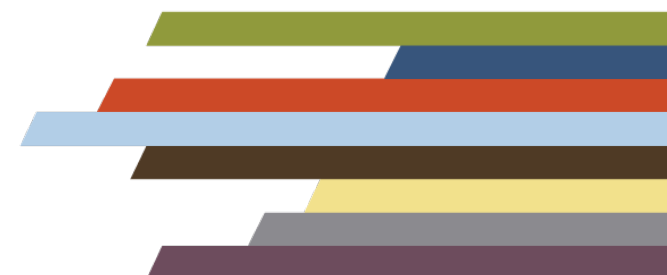
Complicated Grief: Cultural Considerations When Working with Loss in Hispanic and Latino Students and Their Families



Cultural Alert

- *Respeto* or respect, a strong cultural value that prioritizes respect to elders in the family hierarchy, might play a vital role in the grieving process

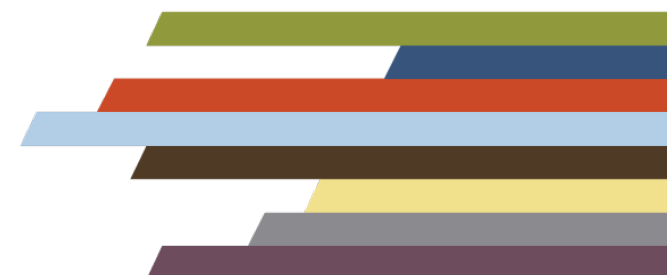
<https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/product/complicated-grief-cultural-considerations-when>



8. Linkage with Collaborative Services

Goal: To link survivors with available services needed at the time or in the future.

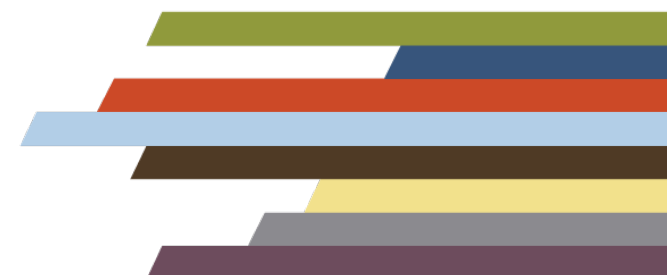
- ✓ Provide direct link to additional needed services
- ✓ Referrals for children and adolescents
- ✓ Referrals for older adults
- ✓ Promote continuity in helping relationships



Provide Direct Link to Additional Needed Services

Examples of situations requiring a referral include:

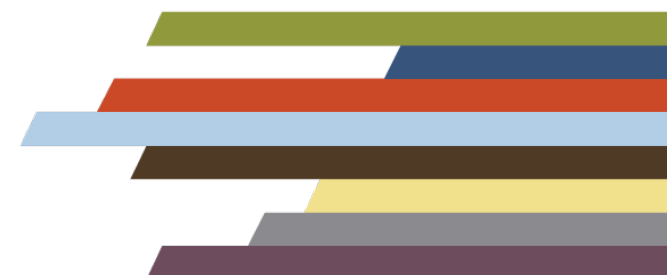
- ✓ An acute medical problem that needs immediate attention
- ✓ An acute mental health problem that needs immediate attention
- ✓ Worsening of a pre-existing medical, emotional, or behavioral problem
- ✓ Threat of harm to self or others
- ✓ Concerns related to the use of alcohol or drugs



Provide Direct Link to Additional Needed Services

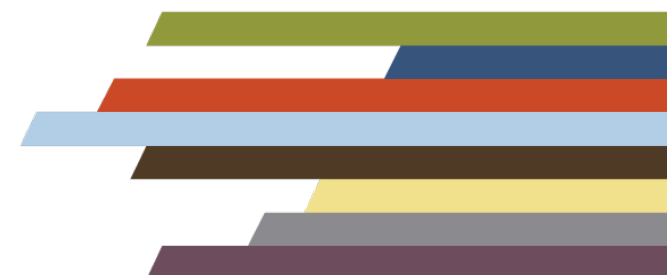
Examples of situations requiring a referral include:

- ✓ Cases involving domestic, child, or elder abuse (be aware of reporting laws)
- ✓ When medication is needed for stabilization
- ✓ When pastoral counseling is desired
- ✓ Significant developmental concerns about children or adolescents
- ✓ When the survivor asks for a referral
- ✓ Ongoing difficulties with coping (4 weeks or more after the disaster)



Reconnect survivors to agencies that provided them services before the disaster, including:

- Mental health services
- Medical services
- Social support services
- Child welfare services
- Schools
- Drug and alcohol support groups





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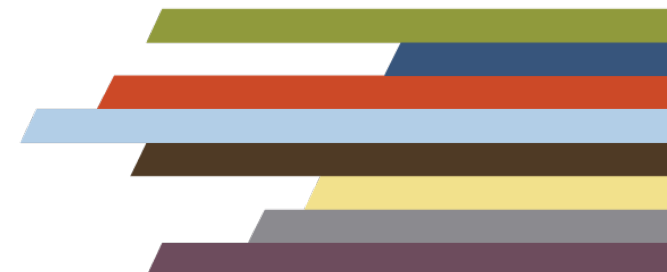
SAMHSA
Substance Abuse and Mental Health
Services Administration

National Minority Mental Health Month

- https://mhttcnetwork.org/sites/default/files/2020-06/Mh_Disparities_Booklet.pdf



**MENTAL HEALTH
DISPARITIES AMONG
HISPANIC AND LATINO
POPULATIONS**

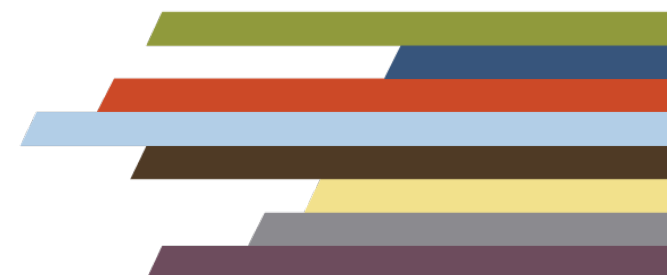


Providers

Share.....

- ✓ **Hope**
- ✓ **Optimism**
- ✓ **Confidence**
- ✓ **Compassion**

Thank you,
Dr. Myriam González





National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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Your opinion is important to us! Fill out your evaluation forms, it only takes a couple of minutes! Just scan this code with your smartphone. Don't worry if you can't - an email will be sent to you with the link.



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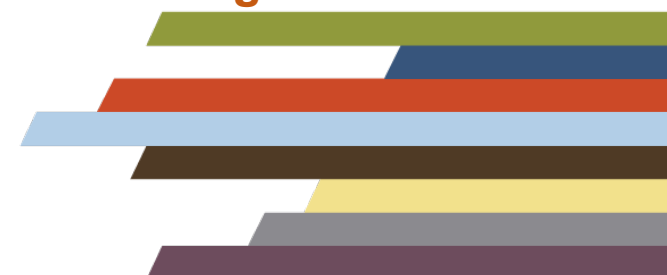
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SAMHSA
Substance Abuse and Mental Health
Services Administration

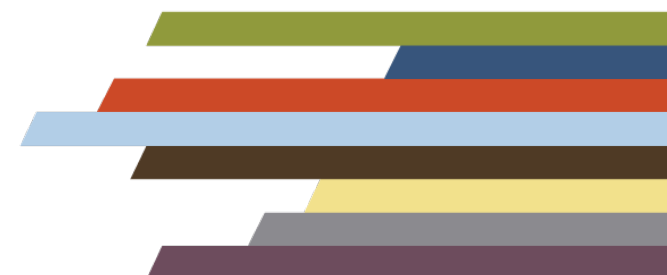
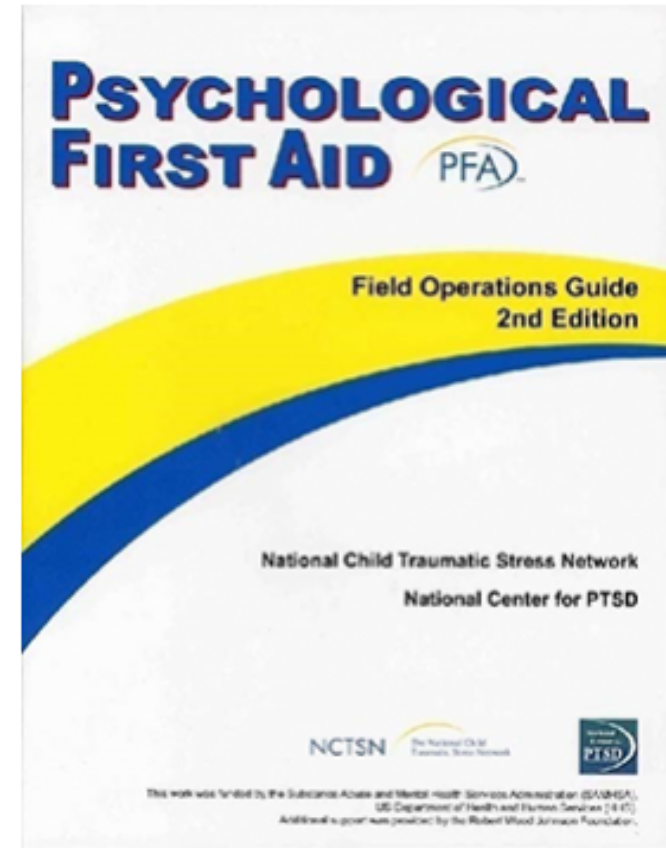
UCC
UNIVERSIDAD CENTRAL DEL CARIBE

IRESA
INSTITUTE OF RESEARCH, EDUCATION
AND SERVICES IN ADDICTION



References

- If you want more detailed information on this training, you can download this guide at the following link:
- https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf



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