Introduction
What is the guide and how do I use it?

The Psychological First Aid (PFA) Training Coordinator Guide is a tool to help you coordinate PFA training for agency staff and other public health preparedness and response partners. This guidebook has been created to assist local public health and healthcare emergency preparedness training coordinators, emergency managers, human resources staff, and other workforce development personnel to develop sustainable policies and practices around PFA Training.

Background

Training curricula for PFA have been developed and delivered to different groups of responders over time. However, the capacity to provide PFA training to new members of the workforce and refresher training to existing members of the workforce hasn’t been sustained. Research suggests that a flexible, modular and multifaceted approach that can be adapted to site-specific needs is more likely to be sustainable.¹ There is a need for a much more standardized and systematic approach to ensure the effective and sustained delivery of such training, as outlined below.

The Albany Center for Public Health Preparedness (CPHP) Preparedness and Emergency Response Learning Center (PERLC) has worked extensively with most members of the four New York State Department of Health-sponsored regional Health Emergency Preparedness Coalitions (HEPCs) and other partners to deliver emergency preparedness trainings. These partner organizations include local health departments (LHDs), hospitals, nursing homes and other health care and human services providers. Discussions with these partners have revealed that very few, if any, have adopted a formal training plan or policy to increase capacity for PFA among their individual workforces. These discussions have identified a number of challenges to wider adoption of existing PFA training. Many partners are not fully aware of the need for PFA training, are not fully aware of the available resources, and do not have the time nor expertise to select the most appropriate courses for their agency or organization.² Partners have also identified general and innovation-specific barriers to implementation including lack of resources (staff time), lack of expertise in training content, lack of organizational support (leadership buy-in and competing priorities), lack of expertise to tailor training to the cultural needs of their organization, lack of technical support for training and exercise activities, and lack of in-person interactive sessions to practice skills learned during training since many existing trainings are offered online. Similar challenges to translating research into practice have been identified in the literature.³,⁴,⁵

PFA Training Guide Development

This PFA Training Coordinator Guide is based on a comprehensive review of online PFA training resources, including online courses, webinars, manuals, training plans, exercises, training policies and other interactive training materials. The Guide is structured to provide training coordinators with the resources and information they need to tailor a PFA training program to meet their agencies’ needs. The core of the Guide is the review of online PFA courses that will provide training coordinators with guidance on selecting the most appropriate course for their staff.

Utilizing online resources to develop PFA training programs can be a great first step to building capacity at the local level. But it’s also important to provide agency staff with opportunities to practice PFA skills in a safe setting to build confidence and competence. The Guide also includes a section on facilitating in-person interactive practice sessions using a variety of disaster scenarios. The Guide also outlines
strategies for collaborating with local behavioral health staff who can provide assistance with the implementation of practice sessions and the conduct of drills and exercises.

The remaining sections of the Guide provide information on how to develop and evaluate your training program, how to develop a sustainable PFA training policy, and other resources to enable agencies to have an ongoing quality improvement approach to their training programs. This includes model evaluation forms and other materials that can be downloaded and modified to fit agencies’ needs.

This Guide is a work in progress. We welcome feedback on the content and suggestions for other materials to include. Please send comments and suggestions to cphp@albany.edu
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What is Psychological First Aid?

The National Institute of Mental Health defines Psychological First Aid as:

Evidence-informed and pragmatically oriented early interventions that address acute stress reactions and immediate needs for survivors and emergency responders in the period immediately following a disaster. The goals of psychological first aid include the establishment of safety (objective and subjective), stress-related symptom reduction, restoration of rest and sleep, linkage to critical resources, and connection to social support. (NIMH, 2002)

PFA interventions are meant to address the interrelated practical, physical, and psychological needs of survivors. These interventions are universal, meaning they’re appropriate for children, adolescents, adults, and entire families – anyone who has been exposed to disaster or terrorism, including first responders and other disaster relief workers. At its core, the practice of PFA is meant to remove any barriers to survivors’ natural recovery processes – to provide the emotional equivalent of treating a small wound before it has a chance to develop into a more serious problem. In practice this means focusing on survivors’ immediate needs, both physical and psychological, in order to help them return as quickly as possible to their level of pre-disaster functioning.

There are many models of PFA that list different elements, but all are generally consistent in spirit. In each model, the elements are intended to address the range of needs any individual survivor has at a given point. It’s less a process of steps to follow than a toolkit of components that can be drawn on as needed for each specific survivor.

What is it not?

Returning to the physical first aid analogy, everyone in a community can and should be trained in basic first aid skills, and by implementing those skills they can do a great deal to help others in need. For example, if a neighbor falls off her bicycle and scrapes her knee, anyone can learn to disinfect and bandage that small wound and hopefully prevent it from getting infected and turning into a more serious problem. But if infection does set in – or if she didn’t just scrape her leg, but broke it – she’s going to need care from a trained healthcare professional. Similarly, everyone in a community, hospital, agency, etc. can learn to practice PFA, and in many cases that will be enough to calm disaster survivors and activate their natural recovery processes so they don’t need any further formal intervention. But for some people that won’t be sufficient; they’ll need help from a mental health professional with specialized training in the specific needs of disaster survivors.

Therefore, people who become trained in PFA need to recognize their limits. This training doesn’t qualify them to provide counseling, but it can help them notice when a referral to a mental health professional may be warranted. PFA also isn’t meant to fix every problem in a person’s life, only to address needs generated by the disaster or traumatic experience. It’s not case management with the expectation of follow-up or long-term interaction but is entirely focused on the here-and-now. A PFA intervention could consist of giving a survivor a blanket or a bottle of water if their most pressing need is being cold or thirsty, or it could mean treating an angry and frustrated survivor with kindness and patience while helping them fill out paperwork.

The vast range of interactions that qualify as PFA also means that it can’t really be described as “evidence-based” since there’s intentionally no consistency in the way it’s practiced with different
survivors. While that means it’s adapted to individual needs, it makes it very difficult to compare effects in any standardized way, so it’s usually described as “evidence-informed” since it draws on basic principles of helping.

Why is PFA Important?

“It is estimated that for every one physical casualty caused by a terrorism incident, there are four to 20 psychological victims”. 6

Psychological distress is pervasive in disasters, with 25% or more of survivors experiencing “disaster syndrome”. In this condition, survivors often appear dazed and present with a range of emotional symptoms. Regardless of the type of disaster, psychological distress is common among disaster survivors. Research suggests that symptoms of psychological distress can be found with any type of disaster, including natural disasters, epidemics, or terrorism, intentional incidents and accidents. Some examples are included below:

Natural Disasters:

- Significant increase in Emergency Room visits reported on hottest days for mental and behavioral disorders.7 During heat waves average daily hospital admissions increased 9.8 percent in Toronto, Canada. 8
- Survivors experienced post-traumatic stress and depression in areas heavily impacted by Hurricane Sandy.9
- Increased anxiety, depression and PTSD symptoms associated with flooding disasters.10
- Children exposed to Hurricane Katrina were nearly 5 times as likely to exhibit serious emotional disturbance. 11

Epidemics

- High levels of PTS symptoms reported during and after SARS, H1N1 and Ebola epidemics.12

Terrorism and intentional Incidents

- Substantial increase in stress and other symptoms reported following the attacks of 9-11 and the Boston Marathon bombing.131415
- 44% of respondents from a national survey post 9-11 reported substantial stress.
- 10 to 36% increase in the prevalence of post-disaster PTSD diagnoses following mass shooting events.16

Accidents

- 29 percent of survivors of plane crash into hotel experienced Acute Distress Disorder and/or PTSD.17
In Gonai, Brazil, a radioactive accident prompted 120,000 individuals to seek medical screening for radiological contamination – Only 249 of 120,000 screened had been contaminated.\textsuperscript{18}

Psychological reactions to disasters tend to increase in severity when the disaster occurs without warning, causes sudden changes to a scene, creates serious injuries or fatalities, is of long duration, and disrupts social support systems. Prolonged psychological distress may lead to Post-Traumatic Stress Disorder (PTSD) in 11 to 40 percent of victims of disaster. \textsuperscript{19}

**The Importance of Early Interventions:**

“It has been said that when a disaster strikes there are really three traumatic events that take place. The first, of course, is the disaster itself, but the damage doesn’t stop there.

The second traumatic event is the negative messages that survivors can receive from community members and bystanders. Some survivors of Hurricane Katrina were asked why they lived in New Orleans, an unsafe place, or why they didn’t follow the warnings to evacuate. Some 9/11 survivors were asked why they worked in the World Trade Center, an obvious target for terrorists. Such questions and negative bystander reactions can be harmful to survivors. Being the target of such negative remarks, when added to the injuries caused by the disaster, is one predictor of long-term emotional distress of disasters.\textsuperscript{20}

The third trauma is the self-talk that can result from the first two traumas. For weeks, months, and even years after the original disaster, survivors can be critical of themselves. They can view themselves in unhelpful and distorted ways, seeing themselves as inadequate, helpless or inferior. This negative self-talk is another long-lasting form of trauma.”*

*Reprinted with permission from Fundamentals of Disaster Mental Health Practice. NYSOMH (2016)*

Early interventions, such as PFA, can help provide a positive recovery environment for disaster survivors. While most people exposed to disasters will recover on their own, creating a positive recovery environment is crucial. Disaster workers can help ensure a positive recovery environment by providing support to the survivors and making sure that they are not exposed to negative blaming reactions of others. PFA provides disaster workers with tools to help survivors reduce anxiety, promote positive coping skills and develop a more positive attitude toward themselves, which may prevent long-term problems and promote healing.

**Building Workforce Resilience**

Helping others during a crisis can be difficult work but many disaster workers find it a positive and satisfying experience. Learning the skills to promote a positive recovery environmental can improve worker self-efficacy. Just as disaster survivors may have a variety of emotional reactions to their experiences, disaster workers may also be impacted by stress and other similar emotions. Effectively identifying and managing stress can positively impact staff mental health. Psychological First Aid Training is applicable for out in the field or workplace settings and can be adapted for diverse
populations. Organizations that have provided PFA training to their staff and leaders, report increased knowledge, skills and capacity to implement a PFA response. Workforce development programs which include PFA training can provide disaster responders, leaders, and supervisors with the tools to build a resilient workforce.

Principles of Early Interventions

The actions used to establish this positive recovery environment stem from principles that have received broad empirical support from research on stress, coping, and adapting after disasters and mass casualty events. According to a landmark study by Hobfoll et al, 2007, there are five essential elements (promote safety, calming, efficacy, connectedness and hope) that should be included in any comprehensive psychosocial response to disaster or mass trauma. Put into action, these principles can improve the lives of staff and or survivors.

PFA in an Evidence Informed Practice:

A recent review of PFA in the literature indicated that psychological first aid is widely supported by objective observations. PFA has been reported as helpful in a number of responses, including the following:

- Flight 3407 crash - PFA was found to help mitigate stress symptoms and encouraged positive coping strategies.
- The 2011 mass shooting at Utøya Island, Norway and Sandy Hook shooting 2012 – Lessons learned from the disasters suggest that the implementation of PFA principles early was helpful in promoting a positive recovery for survivors.
- Traumatized schoolchildren - Students who received the Listen, Protect, Connect intervention based on PFA principles had reduced depressive and posttraumatic stress symptoms.

Identified Training Gap:

Staffs with PFA and DMH training are a critical component of any disaster or emergency response. PFA is recognized nationally as an important component of the Public Health Emergency Preparedness Capabilities, the Public Health Preparedness Core Competencies, and the National Preparedness Goals. In order to create and sustain community-wide emergency preparedness systems, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends that emergency preparedness plans must include strategies to address the psychological needs of disaster survivors.

Yet, a NACCHO survey found that LHDs often do not have expertise in this area. Nationally, less than one-third of public health departments routinely offer mental health related services and only those serving large populations (over 500,000) are likely to have a behavioral health specialist on staff. A CDC-funded research grant to the NYS DOH following Hurricane Sandy, as well as the NYS DOH After Action Report for the storm, found that lack of trained staff to deal with mental health issues was a continual gap throughout the storm response. The Ebola crisis identified similar unmet needs. The New York State Homeland Security Strategy for 2014-2016 and the Joint Commission on Accreditation of
Healthcare Organizations also recognize the need for increased knowledge and training on the psychological impacts of disasters on survivors and responders. \(^{30,31}\)

**Getting to Outcomes®**

The RAND Corporation has developed a series of *Getting to Outcomes®* toolkits to help communities and organizations develop, implement and evaluate evidence based programs\(^1\). With permission from the Rand Corporation, the University at Albany CPHP has incorporated the *Getting to Outcomes®* planning process into our training guide. The PFA Training Coordinator Guide incorporates the approach to provide guidance on selecting the appropriate online PFA training for the intended audiences; tailoring the training to assure cultural competence needs are met; developing guidance for how to conduct in-person, interactive sessions to practice skills learned; promoting program buy-in; developing program sustainability; implementing program evaluation and quality improvement plans; and outlining strategies for building partnerships with local mental health providers to provide technical support for on-going training and in-person interactive exercise needs.

More information about the *Getting to Outcomes®*, please visit the [RAND website](https://www.rand.org/).

**Model Training Plan**

The PFA Training Coordinator Guide provides resources and tools to craft a training program to meet the needs and resource limitations of any agency. Our vision for a model training plan would include the following components:

- Training Coordinator would select an online PFA course from the PFA review section
- Staff would take the recommended online PFA course.
- Training coordinators would organize face-to-face practice sessions with technical assistance (TA) provided by trained local mental health professionals. The in-person practice sessions would include at a minimum:
  - A brief overview of PFA (15-30 minutes)
  - PFA Practice Sessions as outlined in the Facilitator Guide (3-15 minute practice scenarios)
  - Large Group Discussion of practice (15 minutes)
- Staff would complete an evaluation of both the online course and the practice session. Evaluations would be reviewed as part of the quality improvement process.
- Agencies would develop a written PFA Training policy
- Agencies would incorporate PFA into training and exercises

The next sections of the guide provide in-depth information for each of these components.
Building Capacity for PFA Training

As part of this project, the University at Albany CPHP conducted a needs assessment of members of the New York State Department of Health sponsored Regional Health Emergency Coalitions (HEPCs). Members were asked about existing PFA policies and practices as well as barriers to implementing PFA training in their organization. Challenges identified by local Public Health Emergency Preparedness Coordinators and Hospital Emergency Managers included the lack of expertise in the subject matter and the lack of confidence in facilitating PFA practice sessions.

To help build capacity for PFA training, the project team recruited and trained local behavioral health staff to assist as facilitators and technical advisors for the PFA practice sessions. Local behavioral health staff, social workers, mental health counselors and clergy often have significant skills and experience helping individuals cope. Many in New York State and across the country are also trained as Disaster Mental Health workers and are comfortable assisting individuals experiencing traumatic events. Practicing these skills in a safe setting, with experienced trainers can help build confidence and competence.

Trained PFA Technical Assistance Providers are available throughout New York State to help facilitate PFA practice sessions. Please contact cphp@albany.edu or your regional NYS DOH HEPC coordinator for information on how to contact someone in your region.

In addition, the CPHP is currently developing a series of video vignettes that model the PFA practice sessions. These videos will be available on the UAlbany CPHP website in the Spring of 2017. For more information, please visit our website.
1 Hambrick et al. (2014). IBID.


6 Warwick, Marion C., “Psychological effects of weapons of mass destruction,” Missouri Medicine, January 2002

7 Guirguis et al. The Impact of Recent Heat Waves on Human Health in California. Scripps Institute Assessment. 2012.


21 Lewis et al. Organizational Implementation of Psychological First Aid (PFA) Training for Managers and Peers. Psychological Trauma; Theory, Research, Practice and Policy. 2013 AMA.

22 NACCHO. Building Workforce Resilience through the Practice of Psychological First Aid A course for Supervisors and Leaders, 2015.
Review of Psychological First Aid Trainings*

February 7 2017 Draft
Prepared by the Center for Public Health Preparedness, School of Public Health, University at Albany
In collaboration with the Institute for Disaster Mental Health, SUNY, New Paltz.

* Course reviews conducted by:
Karla Vermeulen, Ph.D., Deputy Director Rebecca Rodriguez, M.S., Project Coordinator
Institute for Disaster Mental Health at SUNY New Paltz

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Introduction

The University at Albany Center for Public Health Preparedness (UACPHP) collaborated with the Institute of Disaster Mental Health (IDMH) at SUNY New Paltz to review Psychological First Aid (PFA) courses available online. The goal was to provide training coordinators with a tool to help them select the most appropriate PFA course for their agency or audience with a minimum of disruption or resource demands.

In 2016, the Center conducted a literature search of online PFA trainings, including those developed by our partners in the Preparedness and Emergency Response Learning and Research Centers (PERLCs and PERRCs). Our partners at IDMH then identified the assessment criteria and developed a tool for reviewing the online PFA trainings. The criteria for review includes metrics such as training format, intended audience, educational level, resources provided, content completeness, ease of navigation and technical use. A pilot test of the assessment tool was conducted for inter-rater reliability. A full assessment of the selected courses was then conducted.

How to use the review

The PFA course review includes a total of 14 online courses and 2 apps, ranging in length from 45 minutes to 6 hours. The first two pages of the review provide a brief summary of all the courses. Users are encouraged to review the summaries and then go the specific course(s) of interest for more detail. Ideally, Training Coordinators should take the selected online course, prior to recommending it to staff and/or colleagues.

Completing an online course provides a great foundation in PFA. While people can learn the basic principles of PFA through an online course, it’s important to have the opportunity to practice their skills in a safe setting in order to build confidence and competence, so they feel prepared to apply the principles in the chaotic environment of a disaster response. For more information about implementing PFA practice sessions, please review our PFA Facilitator Guide.
# Table of Contents and Course Summary

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<th>Course</th>
<th>Duration (mins.)</th>
<th>Target Audience</th>
<th>Content Level</th>
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<tbody>
<tr>
<td><strong>PFA Online Courses</strong></td>
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<tr>
<td>1. Effects of Disasters on Mental Health for Children and Adolescents</td>
<td>45</td>
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<td>Beginner</td>
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<tr>
<td>Course trains on skills in administering psychological first aid to children and adolescents immediately following a disaster and during the months that follow. The course is intended for anyone who will come into professional contact with disaster victims.</td>
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<tr>
<td>2. Psychological First Aid: A Minnesota Community Supported Model</td>
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<td>Beginner</td>
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<tr>
<td>Course provides an overview of PFA concepts and applications applied to survivors and disaster responders. The course targets Medical Reserve Corps volunteers, hospital personnel, disaster responders, and first responders.</td>
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<td>3. CDR HEPC Pediatric Disaster Mental Health</td>
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<td>Intermediate</td>
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<tr>
<td>Training provides a broad overview of mental health care needs for pediatric victims in emergency/disaster situations. This course targets first responders, public health, and healthcare workers.</td>
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<td>4. Dealing with Stress in Disasters: Building Psychological Resilience</td>
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<td>Intermediate</td>
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<tr>
<td>Trains participants to identify and cope with stressful situations. Targets public health workers and emergency responders.</td>
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<td>5. Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies</td>
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<td>Beginner</td>
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<td>Training introduces the concepts of PFA and workforce resilience and educates on the ability to provide compassionate care and emotional support during disasters and public health emergencies. This course is for the general public, as well as public health.</td>
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<td>6. Responding to a Crisis: Managing Emotions and Stress Scenario</td>
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<tr>
<td>Course uses scenarios to demonstrate using PFA during a disaster response. This course targets the public health workforce or anyone involved in disaster recovery.</td>
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<td>7. Psychological First Aid in Radiation Disasters</td>
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<td>Beginner</td>
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<tr>
<td>Provides increased awareness of the psychological consequences of radiologial and nuclear disasters. Training targets public health and healthcare workers, and emergency managers.</td>
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<tr>
<td>8. Building Workforce Resilience through the Practice of Psychological First Aid - A Course for Supervisors and Leaders</td>
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<td>Beginner</td>
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<tr>
<td>The course instructs on PFA through scenarios that allow the participant to place themselves in situations with a variety of disaster survivors. The training targets the general public, public health, and healthcare workers.</td>
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<td>Trains participants to better recognize and manage the basic symptoms of psychological distress and provides the tools needed to apply basic PFA to children, the elderly, the general population, and the responder. Training targets all audiences.</td>
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<td>10. Supporting Children in Times of Crisis</td>
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<td>This course provides information on how to support children and their families during and after a crisis. The target audience is the general public, public health workers, healthcare workers, and emergency managers.</td>
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<td>11. Introduction to Mental Health Preparedness</td>
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<td>This training is designed to help professionals and volunteers understand the psychosocial consequences of disasters and what behaviors can assist disaster survivors immediately following a disaster. The course targets public health and healthcare workers.</td>
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<td>12. FAST Foundations Course Overview</td>
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<td>The on-line FAST Foundations course is intended to provide training in the foundational knowledge necessary to effectively deliver Psychological First Aid to people of all ages in the immediate aftermath of disaster. The course targets public health, mental health, and healthcare workers, and emergency managers.</td>
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<td>13. Psychological First Aid Online</td>
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<td>Training puts participants in the provider role in a post-disaster scene. The targeted audience for this training includes public health and healthcare workers, as well as emergency managers.</td>
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<td>14. Psychological First Aid: The Johns Hopkins RAPID PFA</td>
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<td>The course employs the RAPID model: Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition. Public health care workers are the target audience.</td>
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</table>

**PFA Apps and Review Tools**

| 15. PFA Mobile: Psychological First Aid                             | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ | Beginner |
|                                                                      |                  | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |                                                                |
| Instruction provides responders with summaries of PFA fundamentals and interventions matched to disaster victims' needs and concerns. This training is for the general public, public health and healthcare workers, and emergency managers. |
| 16. Psychological First Aid Tutorial                                | 0                | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ | Beginner |
|                                                                      |                  | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |                                                                |
| Refresher training for those with previous PFA training. Targets first responders, health care providers, mental health providers, Medical Reserve Corps volunteers, and students. |

**Appendix**

1. Scoring Matrix
2. Footnotes and definitions
### 1. Effects of Disasters on Mental Health for Children and Adolescents

#### PFA Online Courses

**Training Source**

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>Iowa Department of Public Health Institute for Public Health Practice &amp; University of Iowa</th>
</tr>
</thead>
</table>

**Author/Presenter/Institution**

**URL** [https://prepareiowa.training-source.org/training/courses/Effect%20of%20Disasters%20on%20Mental%20Health%20for%20Children%20and%20Adolescents/detail](https://prepareiowa.training-source.org/training/courses/Effect%20of%20Disasters%20on%20Mental%20Health%20for%20Children%20and%20Adolescents/detail)

**Length of training (min): 45**

**Available in CDC Train:** Yes

**PERLC or PERRC product:** PERLC

#### Course Overview

**Summary**

This course is intended for anyone who will come into professional contact with disaster victims who are children or adolescents, including DMAT, hospital workers, EMTs, primary care providers and public health workers. In addition to providing general knowledge of how disaster trauma effects this particular population, this course emphasizes practical skills: administering psychological first aid to children and adolescents in the immediate aftermath of a disaster, screening them for mental health disorders in the months that follow, and involving parents and other caregivers throughout the process.

This training includes little detail on adapting PFA practice to younger survivors. No specific PFA elements are presented; more time is spent on Cognitive Behavioral Therapy than on PFA, but no guidance is provided on making a referral to a qualified mental health professional who can provide more intensive treatment. Other information is often incomplete and fails to acknowledge the wide range of possible reactions. For example, the list of somatic reactions to distress only includes "difficulty sleeping" and "stomach." Overall, this brief self-guided course could provide some supplemental information on working with children and adolescents for people who are already familiar with the principles and practices of Psychological First Aid, but it should be recommended more for awareness building than skill acquisition.

**Likert scale used in course assessment**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
</tr>
<tr>
<td>Completeness of PFA content</td>
<td>2 (not recommended)</td>
<td></td>
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</tr>
<tr>
<td>Practical focus of information</td>
<td>3 (acceptable)</td>
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</tr>
<tr>
<td>Readiness of students to conduct PFA by the end of the course</td>
<td>2 (not recommended)</td>
<td></td>
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<td></td>
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<tr>
<td>Time commitment</td>
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<tr>
<td>Ease of navigation and technical use</td>
<td>3 (acceptable)</td>
<td></td>
<td></td>
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</tbody>
</table>
1. **Effects of Disasters on Mental Health for Children and Adolescents**

**Training Details**

**Training Type**
- [ ] Narrated slides
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [✓] Text to read without narration
- [ ] Video of presenter
- [ ] Produced video content
- [ ] Other:

| # of slides: N/A | Pace: Self-paced | Year produced: 2013 |

**Training Content**

**Content Level:** Beginner

**Background Elements**
- [ ] Disaster definition
- [ ] Disaster characteristics
- [✓] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [ ] Theoretical basis of PFA
- [ ] Self-care for helpers
- [ ] Other:

**PFA Model Elements**
No elements provided.

**Learning Objectives**
- Recognize the risk factors involved for a child or adolescent developing mental health problems as a result of exposure to disaster.
- Recognize symptoms of acute psychological distress in children or adolescents.
- Administer psychological first aid to children and adolescents to provide them with stabilization during and in the immediate aftermath of a traumatic event.
- Describe how 4 major components in the psycho-physiological response to trauma (somatic, emotional, behavioral, and cognitive) manifest themselves in pre-school children, older children, and adolescents.
- Advise parents/caregivers what they do to help prevent their child or adolescent from developing mental health problems after a traumatic event.
- Distinguish between a normal and pathological reaction to disaster trauma in children and adolescents.
- Discuss treatment options for children and adolescents who develop mental health disorders.

**Emphasis on theoretical vs. practical content:** Practical

**Language level:** Eight grade and higher

**Resources Provided**
- [ ] Written or video case studies/scenarios/real-world applications
- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [✓] Checklists or other tools
- [✓] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [✓] Interactive exercises: Multiple self-assessment quizzes test knowledge throughout the training in the form of selecting appropriate responses to specific situations, but tests often appear before the relevant background has been provided.
- [ ] Other:
### Training Content (cont'd)

<table>
<thead>
<tr>
<th>Population of focus</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>✓ Children</td>
<td>✓ Teens</td>
<td>□ Adults</td>
<td>□ Older adults</td>
<td></td>
</tr>
<tr>
<td>□ People with disabilities</td>
<td>□ Hospital/healthcare patients</td>
<td>□ Cultural minorities (tribal, immigrant, refugee)</td>
<td>□ Other:</td>
<td></td>
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### Target Audience

<table>
<thead>
<tr>
<th>Intended Trainees</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>✓ General public</td>
<td>□ Public health worker</td>
<td>□ Healthcare worker</td>
<td>□ Emergency manager</td>
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<tr>
<td>□ School-based</td>
<td>□ Faith communities</td>
<td>□ First responder (EMT, firefighter, law enforcement)</td>
<td>Mental health/behavioral health background</td>
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<table>
<thead>
<tr>
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<td>✓ Volunteer</td>
<td>✓ Staff member</td>
<td>□ Licensed clinician (nurse, doctor, social worker, psychologist)</td>
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<table>
<thead>
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<table>
<thead>
<tr>
<th>Access comments</th>
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</thead>
<tbody>
<tr>
<td>No indication is given about how long the training is or how much progress the participant has made.</td>
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</table>
1. Effects of Disasters on Mental Health for Children and Adolescents

Other

Certificate of completion Yes
Completion verified Yes
☑ Post-test ☐ Must complete course to request certificate ☐ Other:

Continuing education credits
☑ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:

Credits available
508 Compliance Documented No ☐ Closed Captioning ☐ Transcripts
☐ Other

Material beyond PFA Yes A brief description of Cognitive Behavioral Therapies is included.
Available in other languages than English No
2. Psychological First Aid: A Minnesota Community Supported Model

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>University of Minnesota School of Public Health</th>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
<td>Not identified</td>
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<tr>
<td>URL</td>
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<td>PERLC or PERRC product</td>
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Course Overview

Summary
This course was designed as an overview for MRC volunteers, hospital personnel, disaster responders, and first-responders, to the concepts and applications of psychological first aid as it applies to assisting survivors and fellow responders impacted by a disaster or emergency event, particularly in the field during a response. This training may also be useful to other individuals when dealing with a personal crisis situation in their family, community or work place.

Excellent introduction to PFA for volunteers and staff from all fields. Incorporates basic theoretical background with practical guidance on practicing PFA and self-care in any situation, with useful advice on when and how to make a referral to a mental health professional. This course can be taken on-line for free, however there is a $10 fee to get Continuing Education credits and a certificate of completion.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Highly recommended</td>
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</tbody>
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Completeness of PFA content 5 (highly recommended)
Practical focus of information 5 (highly recommended)
Readiness of students to conduct PFA by the end of the course 4 (recommended)
Time commitment 5 (highly recommended)
Ease of navigation and technical use 5 (highly recommended)
2. Psychological First Aid: A Minnesota Community Supported Model

Training Details

Training Type

- [ ] Narrated slides
- [ ] Text to read without narration
- [ ] Video of presenter
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Produced video content
- [ ] Other:

# of slides: 66  
Pace: Pre-determined  
Year produced: N/A

Training Content

Content Level: Beginner

Background Elements

- [ ] Disaster definition
- [ ] Disaster characteristics
- [ ] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [ ] Theoretical basis of PFA
- [ ] Self-care for helpers
- [ ] Other:

PFA Model Elements

Active listening
Active understanding
Be kind, calm, and compassionate

Learning Objectives

Identify at least seven common physical, emotional, behavioral, cognitive, spiritual, and sensory reactions to a traumatic event in adults and children.

Demonstrate knowledge of the concept footprint of disaster as a model for the impact of a disaster on people physically and emotionally over time.

When provided with scenarios and profiles select and provide appropriate PFA responses to individuals presenting with common reactions, positive coping strategies, maladaptive coping strategies and severe reactions to traumatic events.

Demonstrate knowledge of responder stressors and principles of self-care as they apply to a personal crisis or a disaster deployment before, during and after an event.

Apply knowledge and understanding of principles of self-care to the development of a printable personal resiliency plan.

Emphasis on theoretical vs. practical content: Blended  
Language level: Eight grade and higher

Resources Provided

- [ ] Written or video case studies/scenarios/real-world applications
- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [ ] Checklists or other tools
- [ ] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [ ] Interactive exercises: Incorporates 12 "knowledge checks" throughout, which are multiple choice questions about recently presented content.
- [ ] Other: Self-care tips for responders, including a tool for developing a Personal Resiliency Plan
2. Psychological First Aid: A Minnesota Community Supported Model

Training Content (cont'd)

Population of focus
- [✓] Children
- [ ] Teens
- [✓] Adults
- [ ] Older adults
- [ ] People with disabilities
- [ ] Hospital/healthcare patients
- [ ] Cultural minorities (tribal, immigrant, refugee)
- [ ] Other:

Target Audience

Intended Trainees
- [✓] General public
- [✓] Public health worker
- [✓] Healthcare worker
- [ ] Emergency manager
- [ ] School-based
- [ ] Faith communities
- [ ] First responder (EMT, firefighter, law enforcement)
- [ ] Mental health/behavioral health background
- [ ] Other:

Professional level of intended trainees
- [✓] Volunteer
- [✓] Staff member
- [ ] Licensed clinician (nurse, doctor, social worker, psychologist)
- [ ] Manager
- [ ] Other:

Technical Details

Access requirements
- [✓] Create user account
- [✓] Audio access needed
- [ ] Windows access only
- [ ] Special software needed:
- [ ] Other:

Pause and Resume Course: Yes

Technical Support
- [ ] No
- [✓] Email Address
- [✓] Telephone number
- [ ] Other:

Access comments
The initial sign-in process was slightly confusing, but the course ran smoothly once it started. There is a $10 fee to get Continuing Education credits and a certificate of completion.
2. Psychological First Aid: A Minnesota Community Supported Model

Other

Certificate of completion Yes
Completion verified Yes
☑ Post-test ☑ Must complete course to request certificate ☑ Other: Participant must complete an online course evaluation form before requesting a certificate of completion

Continuing education credits
☐ None ☑ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:
Credits available 0.75
508 Compliance Documented No ☑ Closed Captioning ☑ Transcripts
☐ Other

Material beyond PFA No
Available in other languages than English No
3. CDR HEPC Pediatric Disaster Mental Health

**Training Source**

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>School of Public Health, State University of New York at Albany</th>
</tr>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
<td>Gerard Florio, Ph.D., Glens Falls Hospital and Double H Ranch</td>
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<td>PERLC or PERRC product:</td>
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**Course Overview**

**Summary**

This training will provide a broad overview of potential mental health care needs for the pediatric patient involved in an emergency/disaster situation. Topics covered include: a. Typical emotional and behavioral responses of children to highly stressful events by developmental age. b. Psychological First Aid including c. Information-gathering techniques, d. Assessments of survivors’ immediate needs, e. Implementation of supportive activities.

This training goes well beyond PFA to provide a comprehensive overview of children's and teens' responses to disaster over time, including developmental and cultural differences to consider when trying to aid this group. Recommended for personnel who will work directly with children and families; not appropriate for those seeking basic PFA skills.

**Likert scale used in course assessment**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
</tr>
</tbody>
</table>

Completeness of PFA content 3 (acceptable)

Practical focus of information 3 (acceptable)

Readiness of students to conduct PFA by the end of the course 3 (acceptable)

Time commitment 5 (highly recommended)

Ease of navigation and technical use 4 (recommended)
3. CDR HEPC Pediatric Disaster Mental Health

Training Details

Training Type

- [ ] Narrated slides
- [ ] Text to read without narration
- [ ] Video of presenter
- [x] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Produced video content
- [ ] Other:

# of slides: 56  
Pace: Pre-determined  
Year produced: 2015

Training Content

Content Level: Intermediate

Background Elements

- [ ] Disaster definition  
- [ ] Disaster characteristics
- [x] Theoretical basis of PFA
- [ ] Self-care for helpers
- [x] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [x] Other: Reactions by developmental stage

PFA Model Elements

Reestablish a sense of safety.
Reaffirm physical needs.
Help people address basic needs.
Help people solve problems.
Give information.
Reconnect with loved ones and social supports.

Learning Objectives

Identify the characteristics of a crisis event and the variables that determine its traumatizing potential.
Identify typical and problematic responses to traumatic events in children and teens.
Identify the variables that predict psychological trauma.
Identify the major disaster mental health interventions provided to children and teens.

Emphasis on theoretical vs. practical content: Theoretical

Language level: College and higher

Resources Provided

- [ ] Written or video case studies/scenarios/real-world applications
- [ ] You Tube or other online links to video material
- [ ] Checklists or other tools
- [ ] Links to health/wellness community services
- [ ] Interactive exercises:
- [ ] Other:

- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [x] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
3. CDR HEPC Pediatric Disaster Mental Health

Training Content (cont’d)

Population of focus
- ✓ Children
- ✓ Teens
- □ Adults
- □ Older adults
- □ People with disabilities
- □ Hospital/healthcare patients
- □ Cultural minorities (tribal, immigrant, refugee)

Target Audience

Intended Trainees
- □ General public
- □ School-based
- ✓ Public health worker
- ✓ Healthcare worker
- □ Emergency manager
- □ Faith communities
- □ First responder (EMT, firefighter, law enforcement)
- □ Mental health/behavioral health background
- □ Other:

Professional level of intended trainees
- □ Volunteer
- ✓ Staff member
- ✓ Licensed clinician (nurse, doctor, social worker, psychologist)
- □ Manager
- □ Other:

Technical Details

Access requirements
- □ Create user account
- ✓ Audio access needed
- □ Windows access only
- □ Special software needed: RealPlayer
- ✓ Other: YouTube access

Pause and Resume Course: Yes

Technical Support
- ✓ No
- □ Email Address
- □ Telephone number
- □ Other:

Access comments The presentation refers to handouts that are not available through the host website.
3. CDR HEPC Pediatric Disaster Mental Health

Other

Certificate of completion Yes

Completion verified No

☐ Post-test ☐ Must complete course to request certificate ☐ Other:

Continuing education credits

☐ None ☐ General CEs/CEUs ☐ Social workers ☑ Nurses

☑ Certified health education specialists ☑ Physicians

☐ Other:

Credits available 1.0

508 Compliance Documented No ☐ Closed Captioning ☐ Transcripts

☑ Other Printable slides

Material beyond PFA Yes Psychological triage, psychoeducational interventions, individual crisis intervention, group crisis intervention, and individual trauma therapies

Available in other languages than English No
4. Dealing with Stress in Disasters: Building Psychological Resilience

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>Local Public Health Institute of MA</th>
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<tr>
<td>Author/Presenter/Institution</td>
<td>Ashley Pearson, B.S., MPA, CBCP, Ramya Kumar, Boston University School of Public Health</td>
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<tr>
<td>Length of training (min)</td>
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<td>No</td>
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<tr>
<td>PERLC or PERRC product</td>
<td>Neither</td>
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Course Overview

Summary

The goal of this module is to train public health workers and emergency responders to identify and cope with stressful situations and to develop psychological resilience that will mitigate the emotional toll that emergencies and disasters take. Ideally, this will enable them to function more effectively.

"Dealing with Stress in Disasters: Building Psychological Resilience" has a lot of strengths. It provides readers with a comprehensive understanding of the biological and physiological aspects of stress, spends a lot of time reviewing wellness and resiliency, and is self-paced. However, with no actual exercises and very little time spent on Psychological First Aid, it is not a course recommended for beginners.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<table>
<thead>
<tr>
<th>Completeness of PFA content</th>
<th>2 (not recommended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical focus of information</td>
<td>3 (acceptable)</td>
</tr>
<tr>
<td>Readiness of students to conduct PFA by the end of the course</td>
<td>2 (not recommended)</td>
</tr>
<tr>
<td>Time commitment</td>
<td>4 (recommended)</td>
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<tr>
<td>Ease of navigation and technical use</td>
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4. Dealing with Stress in Disasters: Building Psychological Resilience

Training Details

Training Type

- [ ] Narrated slides
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Other: Some interactive media (point and click)
- [x] Text to read without narration
- [ ] Video of presenter
- [ ] Produced video content

# of slides: 13  
Pace: Self-paced  
Year produced: 2011

Training Content

Content Level: Intermediate

Background Elements

- [x] Disaster definition  
- [ ] Disaster characteristics
- [ ] Theoretical basis of PFA
- [ ] Self-care for helpers
- [ ] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [ ] Other:

PFA Model Elements

Observing  
Approaching  
Stabilizing  
Interacting  
Supporting

Learning Objectives

Explain the biology and physiology of the stress response.
Identify the differences in body signals, feelings, thinking, and actions in a person undergoing normal stress versus intense stress.
Identify the three major types of stress as categorized either by severity or chronicity.
Recognize and describe your own stress response by completing at least one stress self-assessment.
Identify what compassion fatigue is and why care-giving professionals are susceptible to it.
Identify the symptoms of compassion fatigue.
Develop healthy coping mechanisms and learn to implement them prior, during, and after activation to optimize positive outcomes.
Define what is meant by resilience and distinguish between resilience in individuals and groups.

Emphasis on theoretical vs. practical content: Theoretical  
Language level: College and higher

Resources Provided

- [x] Written or video case studies/scenarios/real-world applications
- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [ ] Checklists or other tools
- [ ] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [ ] Interactive exercises:
- [x] Links to health/wellness community services
- [ ] Other:
4. Dealing with Stress in Disasters: Building Psychological Resilience

Training Content (cont'd)

Population of focus

- [ ] Children
- [ ] Teens
- [x] Adults
- [ ] Older adults
- [ ] People with disabilities
- [ ] Hospital/healthcare patients
- [ ] Cultural minorities (tribal, immigrant, refugee)

Other:

Target Audience

Intended Trainees

- [x] General public
- [x] Public health worker
- [x] Healthcare worker
- [x] Emergency manager
- [ ] School-based
- [ ] Faith communities
- [ ] First responder (EMT, firefighter, law enforcement)
- [ ] Mental health/behavioral health background
- [ ] Other:

Professional level of intended trainees

- [x] Volunteer
- [x] Staff member
- [ ] Licensed clinician (nurse, doctor, social worker, psychologist)
- [ ] Manager
- [ ] Other:

Technical Details

Access requirements

- [ ] Create user account
- [ ] Audio access needed
- [ ] Windows access only
- [ ] Special software needed: Some aspects require Javascript
- [x] Other: Need to create user account to receive a certificate

Pause and Resume Course: Yes

Technical Support

- [ ] No
- [x] Email Address
- [x] Telephone number
- [ ] Other:

Access comments
4. Dealing with Stress in Disasters: Building Psychological Resilience

Other

Certificate of completion Yes
Completion verified Yes
☑️ Post-test ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑️ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:
Credits available
508 Compliance Documented No  ☐ Closed Captioning  ☐ Transcripts
☐ Other

Material beyond PFA Yes  Resilience
Available in other languages than English No
5. Psychological First Aid: Helping People Cope during Disasters and Public Health Emergencies

Training Source

**University/organization name**  New York State Department of Health Learning Management System

**Author/Presenter/Institution**  University of Rochester

**URL**  [https://www.nylearnsph.com/](https://www.nylearnsph.com/)

**Length of training (min):**  60  **Available in CDC Train:**  Yes  **PERLC or PERRC product:**  Neither

Course Overview

**Summary**

This program will introduce you to the concepts of Psychological First Aid and Workforce Resilience and will prepare you to provide compassionate care and emotional support during disasters and public health emergencies. Disaster survivors and relief workers can often experience high levels of stress and uncertainty. Psychological First Aid gives us practical ways to help people with their basic needs and immediate concerns. It also provides a mechanism for supporting individuals who provide help and assistance during disasters.

The PFA content included in this training is thorough and appropriate. However, the presentation format of audio narration over images and text highlights on slides means the participant can’t control the pacing of the course, and the narration is slow and somewhat monotone so it’s not very efficient in terms of time commitment relative to information provided. There is a printed transcript which could be read as a useful supplemental resource, and the narrated version could be very useful for someone with visual impairment or literacy issues that make more written text-oriented materials problematic.

**Likert scale used in course assessment**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
</tr>
</tbody>
</table>

- **Completeness of PFA content**  4 (recommended)
- **Practical focus of information**  4 (recommended)
- **Readiness of students to conduct PFA by the end of the course**  3 (acceptable)
- **Time commitment**  2 (not recommended)
- **Ease of navigation and technical use**  2 (not recommended)
5. Psychological First Aid: Helping People Cope during Disasters and Public Health Emergencies

Training Details

Training Type

- [✓] Narrated slides
- [ ] Text to read without narration
- [ ] Video of presenter
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Produced video content
- [ ] Other:

  # of slides: N/A  
  Pace: Pre-determined  
  Year produced: 2006

Training Content

Content Level: Beginner

Background Elements

- [✓] Disaster definition
- [✓] Disaster characteristics
- [✓] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [ ] Theoretical basis of PFA
- [✓] Self-care for helpers
- [✓] Other: Managing in the face of anger

PFA Model Elements

Providing comfort care.
Recognizing basic needs and helping to solve problems and complete practical tasks.
Validating survivors' feelings and thoughts.
Providing accurate and timely information.
Connecting people with their support systems.
Providing education about anticipated stress reactions.
Reinforcing strengths and positive coping strategies.

Learning Objectives

Describe what Psychological First Aid is and why it is important.
Identify the core components of Psychological First Aid.
Meet the basic needs of individuals who have experienced or responded to a disaster or public health emergency.
Recognize the importance of Psychological First Aid as a key mechanism for enhancing Workforce Resilience.

Emphasis on theoretical vs. practical content: Blended  
Language level: Eight grade and higher

Resources Provided

- [ ] Written or video case studies/scenarios/real-world applications
- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [ ] Checklists or other tools
- [ ] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [ ] Interactive exercises:
- [✓] Other: Review questions summarizing key points at end of training
5. Psychological First Aid: Helping People Cope during Disasters and Public Health Emergencies

Training Content (cont'd)

Population of focus
- ☑️ Children
- ☑️ Adults
- ☑️ Older adults
- ☐ Teens
- ☐ People with disabilities
- ☐ Hospital/healthcare patients
- ☑️ Cultural minorities (tribal, immigrant, refugee)
- ☐ Other:

Target Audience

Intended Trainees
- ☑️ General public
- ☑️ Public health worker
- ☑️ Healthcare worker
- ☐ Emergency manager
- ☐ School-based
- ☐ Faith communities
- ☐ First responder (EMT, firefighter, law enforcement)
- ☐ Mental health/behavioral health background
- ☐ Other:

Professional level of intended trainees
- ☑️ Volunteer
- ☑️ Staff member
- ☐ Licensed clinician (nurse, doctor, social worker, psychologist)
- ☐ Manager
- ☐ Other:

Technical Details

Access requirements
- ☑️ Create user account
- ☑️ Audio access needed
- ☐ Windows access only
- ☐ Special software needed:
- ☐ Other:

Pause and Resume Course: Yes

Technical Support
- ☑️ No
- ☐ Email Address
- ☐ Telephone number
- ☐ Other:

Access comments
5. Psychological First Aid: Helping People Cope during Disasters and Public Health Emergencies

Other

Certificate of completion
Completion verified Yes
✓ Post-test □ Must complete course to request certificate □ Other:

Continuing education credits
✓ None □ General CEs/CEUs □ Social workers □ Nurses
□ Certified health education specialists □ Physicians
□ Other:

Credits available
508 Compliance Documented No □ Closed Captioning ✓ Transcripts
□ Other

Material beyond PFA No
Available in other languages than English No
6. Responding to a Crisis: Managing Emotions and Stress Scenario

Training Source

**University/organization name**  Prepare Iowa  
**Author/Presenter/Institution**  Not identified  

**Length of training (min):** 60  
**Available in CDC Train:** Yes  
**PERLC or PERRC product:** PERLC

Course Overview

**Summary**

This course utilizes scenario-based learning to cover concepts of Psychological First Aid in responding to disasters. The user makes decisions about how to respond to the emotional needs of disaster victims and volunteers. This course is intended for the public health workforce, as well as anyone involved in post-disaster recovery.

Scenario-based structure places little emphasis on theory so some applied elements lack context or explanation, though the scenarios do provide an opportunity to imagine oneself working with a variety of disaster survivors. Recommended for those with prior PFA training, not as a sole training source.

**Likert scale used in course assessment**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
</tr>
</tbody>
</table>

**Completeness of PFA content**  3 (acceptable)

**Practical focus of information**  5 (highly recommended)

**Readiness of students to conduct PFA by the end of the course**  3 (acceptable)

**Time commitment**  4 (recommended)

**Ease of navigation and technical use**  4 (recommended)
6. Responding to a Crisis: Managing Emotions and Stress Scenario

### Training Details

#### Training Type

- // Narrated slides
- // Text to read without narration
- // Video of presenter
- // Recorded live presentation
- // Recorded Webinar
- // Produced video content
- Other: Photographs with voiceover narration

#### # of slides: 60 | Pace: Combination | Year produced: 2012

### Training Content

#### Content Level: Beginner

#### Background Elements

- Disaster definition
- Disaster characteristics
- Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- Theoretical basis of PFA
- Self-care for helpers
- Other:

#### PFA Model Elements

The goal of psychological first aid (PFA) is help reduce stress and encourage adaptive functioning. When practicing PFA, your role doesn’t replace that of a licensed psychologist.

Encouraging people to open up and talk is part of the process. However, it is not the goal of PFA to elicit details of the traumatic experience and encourage deep emotional responses. Over the course the exchange, the person may express various emotions. By the end of the conversation, you want the person to return to a thinking frame of mind. PFA isn’t a substitute for professional psychological care. When necessary, make referrals. Recognize your own personal limitations, too. While offering to help and be available for assistance is one thing, you can’t be available all the time for everybody.

#### Learning Objectives

- Assess the psycho-physiological impact of trauma.
- Describe mental health interventions used during and in the immediate aftermath of a disaster in order to provide psychological stabilization.
- Determine who may benefit from mental health intervention.
- Administer mental health interventions to disaster victims as appropriate.

#### Emphasis on theoretical vs. practical content: Practical

#### Language level: Eight grade and higher

#### Resources Provided

- Written or video case studies/scenarios/real-world applications
- Video examples of PFA interactions (e.g., role play)
- You Tube or other online links to video material
- Sample questions to establish rapport, assess psychological status, administer PFA interventions
- Checklists or other tools
- Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- Interactive exercises: Multiple choice quizzes propose alternative actions to take in specific scenarios and with specific survivors (child, adult, older adult). If an incorrect answer is selected, an explanation is provided of the better choice and the quiz is repeated until the correct choice is selected. Incorrect answers are counted against a total score.
Training Content (cont'd)

Resources Provided:

☐ The participant reviews examples of intake forms and recommendations for several clients based on their symptoms, but the curriculum does not provide any background on differentiating typical from extreme reactions so participants may lack the expertise needed for this exercise.

Population of focus

☑ Children ☐ Teens ☑ Adults ☑ Older adults
☐ People with disabilities ☐ Hospital/healthcare patients ☐ Cultural minorities (tribal, immigrant, refugee)
☑ Other: Disaster responders

Target Audience

Intended Trainees

☑ General public ☑ Public health worker ☑ Healthcare worker ☐ Emergency manager
☐ School-based ☐ Faith communities

☐ First responder (EMT, firefighter, law enforcement) ☑ Mental health/behavioral health background
☐ Other:

Professional level of intended trainees

☑ Volunteer ☑ Staff member ☐ Licensed clinician (nurse, doctor, social worker, psychologist)
☑ Manager ☐ Other:

Technical Details

Access requirements

☑ Create user account ☑ Audio access needed ☐ Windows access only
☐ Special software needed:
☐ Other:

Pause and Resume Course: Yes

Technical Support

☐ No ☑ Email Address ☐ Telephone number
☐ Other:

Access comments
6. Responding to a Crisis: Managing Emotions and Stress Scenario

Other

Certificate of completion  Yes
Completion verified  Yes
☐ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:

Credits available

508 Compliance Documented  No  ☐ Closed Captioning  ☑ Transcripts
☐ Other

Material beyond PFA  No
Available in other languages than English  No
7. Psychological First Aid in Radiation Disasters

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>Center for Disease Control and Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author/Presenter/Institution</td>
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<tr>
<td>URL</td>
<td><a href="http://www2a.cdc.gov/tceonline/registration/detailpage.asp?res_id=2490">http://www2a.cdc.gov/tceonline/registration/detailpage.asp?res_id=2490</a></td>
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<td>Available in CDC Train</td>
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<tr>
<td>PERLC or PERRC product</td>
<td>Neither</td>
</tr>
</tbody>
</table>

Course Overview

Summary

Psychological First Aid in Radiation Disasters increases awareness of the unique psychological consequences of disasters caused by a radiological or nuclear event so that clinical and public health professionals and volunteers will be better prepared to respond radiation emergencies.

Psychological First Aid in Radiation Disasters offers a solid background in understanding radiation emergencies and provides trainees with essential psychosocial information, such as fear, stigma and other emotional reactions. This training's limited PFA component isn't recommended as a stand-alone PFA training but is recommended for those professionals and helpers who may be responding to this public health emergency.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
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<td>Highly recommended</td>
</tr>
</tbody>
</table>

Completeness of PFA content 4 (recommended)

Practical focus of information 4 (recommended)

Readiness of students to conduct PFA by the end of the course 3 (acceptable)

Time commitment 4 (recommended)

Ease of navigation and technical use 5 (highly recommended)
7. Psychological First Aid in Radiation Disasters

Training Details

Training Type

☑ Narrated slides  ☑ Text to read without narration  ☑ Video of presenter
☐ Recorded live presentation  ☐ Recorded Webinar  ☑ Produced video content
☐ Other:

# of slides: 78  Pace: Combination  Year produced: 2010

Training Content

Content Level: Beginner

Background Elements

☐ Disaster definition  ☐ Disaster characteristics  ☐ Common reactions by realm
☐ Theoretical basis of PFA  ☐ Self-care for helpers  (emotional, cognitive, behavioral, physical, spiritual)
☑ Other: Characteristics of Radiation Disasters; Radiation Case Studies

PFA Model Elements

Promoting Safety
Promoting Calm
Promoting Connectedness
Promoting Self-Efficacy
Promoting Help

Learning Objectives

Define radiation disasters.
Describe the role of public health and the health community in radiation disasters.
Distinguish the unique psychological effects of radiation disasters.
Define skills and techniques used when performing Psychological First Aid in radiation disasters.

Emphasis on theoretical vs. practical content: Practical  Language level: Eight grade and higher

Resources Provided

☑ Written or video case studies/scenarios/real-world applications
☐ Video examples of PFA interactions (e.g., role play)
☐ You Tube or other online links to video material
☐ Checklists or other tools
☐ Links to health/wellness community services
☐ Interactive exercises:
☐ Sample questions to establish rapport, assess psychological status, administer PFA interventions
☐ Other:
☐ Links to additional information, such as Trainer Guide, Resources, References, or Glossary
7. Psychological First Aid in Radiation Disasters

Training Content (cont'd)

<table>
<thead>
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<th>Population of focus</th>
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<tbody>
<tr>
<td>☑ Children</td>
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<td>☑ Hospital/healthcare patients</td>
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<td>☐ Cultural minorities (tribal, immigrant, refugee)</td>
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<table>
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<tr>
<th>Target Audience</th>
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<tbody>
<tr>
<td>Intended Trainees</td>
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<td>☑ Public health worker</td>
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<td>☑ Healthcare worker</td>
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<td>☑ Emergency manager</td>
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</tr>
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<td>☐ Mental health/behavioral health background</td>
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<table>
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<tr>
<th>Professional level of intended trainees</th>
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<tbody>
<tr>
<td>☑ Volunteer</td>
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<tr>
<td>☑ Staff member</td>
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<tr>
<td>☑ Licensed clinician (nurse, doctor, social worker, psychologist)</td>
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<td>☐ Manager</td>
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<tr>
<th>Technical Details</th>
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<td>☐ Windows access only</td>
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<td>☑ Special software needed: Adobe Flash Player</td>
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| Pause and Resume Course: Yes                             |

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<td>☐ Telephone number</td>
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You can leave a request to have someone from CDC's Training and Continuing Education Online to contact you by visiting: http://www2a.cdc.gov/TCEOnline/comments.asp
7. Psychological First Aid in Radiation Disasters

Other

Certificate of completion  No
Completion verified  No
☐ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☑ Other: CE Credits were once available but the option to receive them expired in 2014.

Credits available
508 Compliance Documented  No  ☐ Closed Captioning  ☑ Transcripts
☐ Other

Material beyond PFA  Yes  Making referrals.
Available in other languages than English  No
8. Building Workforce Resilience through the Practice of Psychological First Aid - A Course for Supervisors and Leaders

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>National Association of County and City Health Officials</th>
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<tbody>
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<tr>
<td>PERLC or PERRC product:</td>
<td>Neither</td>
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Course Overview

Summary

Individuals in health, public health, and emergency management leadership roles are faced with many challenges when their organizations are activated in response to a disaster. Although mechanisms and processes are in place to support these responses, the abrupt change in focus from normal operations to disaster response operations and the intensity of these devastating events increase the level of urgency and stress for the entire organization.

This is a comprehensive training for supervisors and leaders on how to support their staff during emergency responses using PFA. This training focuses on other key components leaders will need during these times, including leadership skills and staff characteristics.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<tbody>
<tr>
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<td>Time commitment</td>
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<td></td>
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<td>5 (highly recommended)</td>
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</table>
8. **Building Workforce Resilience through the Practice of Psychological First Aid - A Course for Supervisors and Leaders**

### Training Details

<table>
<thead>
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<th>Training Type</th>
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<td>✔ Video of presenter</td>
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<td>✔ Recorded Webinar</td>
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<td>✔ Produced video content</td>
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**# of slides:** 97  
**Pace:** Self-paced  
**Year produced:** 2015

### Training Content

**Content Level:** Beginner

**Background Elements**

- ✔ Disaster definition
- ✔ Disaster characteristics
- ✔ Theoretical basis of PFA
- ✔ Self-care for helpers
- ✔ Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- ✔ Other: Workforce Resilience

**PFA Model Elements**

- Providing comfort care
- Promoting basic needs
- Validating thoughts and feelings
- Connecting individuals with their support systems
- Psychoeducation
- Reinforcing positive coping
- Providing accurate information

**Learning Objectives**

- Recognize the importance of PFA as a leadership tool for enhancing workforce resilience and supporting optimal work performance.
- Describe what PFA is and why it is important.
- Identify the core components of PFA and practical ways to implement PFA.
- Practice PFA in scenario-based exercises by identifying the need for PFA and selecting appropriate strategies for offering PFA.
- Identify challenges to providing PFA and opportunities for suggesting additional support.

**Emphasis on theoretical vs. practical content:** Blended

**Language level:** Eight grade and higher

### Resources Provided

- ✔ Written or video case studies/scenarios/real-world applications
- ✔ Video examples of PFA interactions (e.g., role play)
- ✔ You Tube or other online links to video material
- ✔ Sample questions to establish rapport, assess psychological status, administer PFA interventions
- ✔ Checklists or other tools
- ✔ Links to health/wellness community services
- ✔ Interactive exercises:
- ✔ Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- ✔ Other:
8. Building Workforce Resilience through the Practice of Psychological First Aid - A Course for Supervisors and Leaders

### Training Content (cont'd)

#### Population of focus

- [ ] Children
- [ ] Teens
- [✓] Adults
- [ ] Older adults
- [ ] People with disabilities
- [✓] Other: Employees
- [ ] Hospital/healthcare patients
- [✓] Cultural minorities (tribal, immigrant, refugee)

#### Target Audience

#### Intended Trainees

- [ ] General public
- [✓] Public health worker
- [✓] Healthcare worker
- [✓] Emergency manager
- [ ] School-based
- [ ] Faith communities
- [✓] First responder (EMT, firefighter, law enforcement)
- [ ] Other:

#### Professional level of intended trainees

- [ ] Volunteer
- [ ] Staff member
- [ ] Licensed clinician (nurse, doctor, social worker, psychologist)
- [✓] Manager
- [ ] Other:

#### Technical Details

#### Access requirements

- [✓] Create user account
- [✓] Audio access needed
- [ ] Windows access only
- [ ] Special software needed:
- [ ] Other:

#### Pause and Resume Course:  Yes

#### Technical Support

- [ ] No
- [✓] Email Address
- [✓] Telephone number
- [✓] Other: "Support" button available.

#### Access comments

---
8. Building Workforce Resilience through the Practice of Psychological First Aid - A Course for Supervisors and Leaders

Other

Certificate of completion Yes
Completion verified No
☐ Post-test ☐ Must complete course to request certificate ☐ Other:

Continuing education credits
☑ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:

Credits available

508 Compliance Documented No ☐ Closed Captioning ☑ Transcripts
☐ Other

Material beyond PFA Yes Leadership, Referrals, Barriers, Cultural Considerations

Available in other languages than English No
9. Psychological First Aid: Building Resiliency for "Us" and "Them"

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>South Central Center for Public Health Preparedness</th>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
<td>Joshua Klapow, PhD South Central Center for Public Health Preparedness University of Alabama at Birmingham</td>
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<td>URL</td>
<td><a href="http://lms.southcentralpartnership.org/course/viewguest.php?id=97">http://lms.southcentralpartnership.org/course/viewguest.php?id=97</a></td>
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<tr>
<td>PERLC or PERRC product</td>
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Course Overview

Summary

The importance of Psychological First Aid for victims of a disaster as well as first responders has been well established. From the attacks of 9/11 to Hurricane Katrina, the mental impact of a disaster often has far reaching and lasting effects. While more attention is being paid to the psychological needs of victims and first responders, the fact remains that often times during an actual crisis, those needs are not addressed or are not emphasized based on the surrounding physical and environmental needs. Promoting an environment of safety, calm, connectedness, self-efficacy, empowerment and hope is the main goal of providing Psychological First Aid. That's why basic training in the foundations of Psychological First Aid is critical for anyone who may be called to respond in a disaster situation. This program will help you to better recognize and manage the basic symptoms of psychological distress and give you the tools you need to apply basic Psychological First Aid to children, the elderly, the general population and yourself.

Psychological First Aid: Building Resiliency for "Us" and "Them" includes little information on the basic principles of PFA and how to use them to support survivors but presenter Dr. Klapow engagingly makes a good case for the importance of PFA, how the skills can be transferred to everyday life, and the importance for self-care and risk factors for burnout.

Likert scale used in course assessment

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<tr>
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Training Details

Training Type
- □ Narrated slides
- □ Recorded live presentation
- □ Other:
- □ Text to read without narration
- □ Recorded Webinar
- □ Video of presenter
- □ Produced video content

# of slides: N/A  Pace: Pre-determined  Year produced: 2009

Training Content

Content Level: Beginner

Background Elements
- □ Disaster definition
- □ Disaster characteristics
- □ Theoretical basis of PFA
- □ Self-care for helpers
- □ Other: ABC Cognitions
- ✓ Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)

PFA Model Elements

Attend to Basic Needs
Provide Emotional Support
Provide Social Support

Learning Objectives

Define Psychological First Aid.
Discuss the basic principles of Psychological First Aid.
Demonstrate the intervention strategies of Psychological First Aid.
Describe individual response patterns to disaster stress.
Examine strategies for recognizing and self-managing disaster stress.

Emphasis on theoretical vs. practical content: Practical

Language level: Eight grade and higher

Resources Provided

- ✓ Written or video case studies/scenarios/real-world applications
- □ You Tube or other online links to video material
- □ Checklists or other tools
- □ Links to health/wellness community services
- □ Interactive exercises: Included breathing exercises
- □ Other:

- □ Video examples of PFA interactions (e.g., role play)
- □ Sample questions to establish rapport, assess psychological status, administer PFA interventions
- □ Links to additional information, such as Trainer Guide, Resources, References, or Glossary

9. Psychological First Aid: Building Resiliency for "Us" and "Them"
# 9. Psychological First Aid: Building Resiliency for "Us" and "Them"

## Training Content (cont'd)

### Population of focus

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<tr>
<th></th>
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<td>People with disabilities</td>
<td>Hospital/healthcare patients</td>
<td>Cultural minorities (tribal, immigrant, refugee)</td>
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### Target Audience

#### Intended Trainees

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<tbody>
<tr>
<td></td>
<td>General public</td>
<td>Public health worker</td>
<td>Healthcare worker</td>
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<td></td>
<td>School-based</td>
<td>Faith communities</td>
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<td></td>
<td>First responder (EMT, firefighter, law enforcement)</td>
<td>Mental health/behavioral health background</td>
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<td>Other:</td>
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#### Professional level of intended trainees

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<td></td>
<td>Volunteer</td>
<td>Staff member</td>
<td>Licensed clinician (nurse, doctor, social worker, psychologist)</td>
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<td>Manager</td>
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### Technical Details

#### Access requirements

- Create user account
- Audio access needed
- Windows access only
- Special software needed: RealPlayer or Windows Media Player

#### Pause and Resume Course:

Yes

#### Technical Support

- No
- Email Address
- Telephone number

#### Access comments
9. Psychological First Aid: Building Resiliency for "Us" and "Them"

Other

Certificate of completion Yes
Completion verified Yes
☑ Post-test ☐ Must complete course to request certificate ☑ Other: Must receive 70% on Post-test to receive certificate

Continuing education credits
☑ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:

Credits available
☐ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:

508 Compliance Documented No ☐ Closed Captioning ☐ Transcripts
☐ Other

Material beyond PFA No
Available in other languages than English No
10. Supporting Children in Times of Crisis

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>South Central Center for Public Health Preparedness</th>
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<tr>
<td>Author/Presenter/Institution</td>
<td>David J. Schonfeld, MD, Director of the Division of Developmental and Behavioral Pediatrics at Cincinnati Children’s Hospital Medical Center</td>
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Course Overview

Summary

In times of crisis, children are often the most vulnerable. Whether they are personally affected or exposed to traumatic circumstances through the media, it is important to protect children's emotional well-being as much as their physical safety. This course provides information on how to support children and their families during and after a crisis.

"Supporting Children in Times of Crisis" is an effective supplemental material for individuals working with children in a crisis response. This training offers direct usable guidelines for working with children and adolescents along with information regarding typical reactions and impacts.

Likert scale used in course assessment

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<td>Highly recommended</td>
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- Completeness of PFA content: 2 (not recommended)
- Practical focus of information: 5 (highly recommended)
- Readiness of students to conduct PFA by the end of the course: 2 (not recommended)
- Time commitment: 4 (recommended)
- Ease of navigation and technical use: 5 (highly recommended)
10. Supporting Children in Times of Crisis

Training Details

Training Type

- Narrated slides
- Recorded live presentation
- Text to read without narration
- Video of presenter
- Recorded Webinar
- Produced video content
- Other:

# of slides: N/A  Pace: Pre-determined  Year produced: N/A

Training Content

Content Level: Beginner

Background Elements

- Disaster definition
- Disaster characteristics
- Theoretical basis of PFA
- Self-care for helpers
- Other:

Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)

PFA Model Elements

Learning Objectives

- Be able to outline practical advice for parents on how to support their children in times of crisis.
- Be able to list common symptoms of adjustment reactions of children in the setting of crisis and risk factors for adjustment problems.
- Be familiar with four basic principles related to preparedness planning to address the mental health needs of children in the setting of a terrorist event or disaster.

Emphasis on theoretical vs. practical content: Practical  Language level: High school and higher

Resources Provided

- Written or video case studies/scenarios/real-world applications
- Video examples of PFA interactions (e.g., role play)
- You Tube or other online links to video material
- Sample questions to establish rapport, assess psychological status, administer PFA interventions
- Checklists or other tools
- Links to health/wellness community services
- Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- Interactive exercises:
- Other:
### Training Content (cont'd)

#### Population of focus
- [x] Children
- [x] Teens
- [ ] Adults
- [ ] Older adults
- [ ] People with disabilities
- [ ] Hospital/healthcare patients
- [ ] Cultural minorities (tribal, immigrant, refugee)

#### Target Audience

**Intended Trainees**
- [x] General public
- [x] Public health worker
- [x] Healthcare worker
- [x] Emergency manager
- [x] School-based
- [x] Faith communities
- [x] First responder (EMT, firefighter, law enforcement)
- [ ] Mental health/behavioral health background

**Professional level of intended trainees**
- [x] Volunteer
- [x] Staff member
- [x] Licensed clinician (nurse, doctor, social worker, psychologist)
- [ ] Manager
- [ ] Other:

#### Technical Details

**Access requirements**
- [x] Create user account
- [x] Audio access needed
- [x] Windows access only
- [ ] Special software needed:
- [x] Other: YouTube video

**Pause and Resume Course:** Yes

**Technical Support**
- [ ] No
- [x] Email Address
- [ ] Telephone number
- [ ] Other:

**Access comments**
10. Supporting Children in Times of Crisis

Other

Certificate of completion Yes
Completion verified Yes
☑ Post-test ☐ Must complete course to request certificate ☑ Other: Must receive 70% on Post-test to receive certificate

Continuing education credits
☑ None ☐ General CEs/CEUs ☐ Social workers ☐ Nurses
☐ Certified health education specialists ☐ Physicians
☐ Other:

Credits available
☑ 508 Compliance Documented No ☐ Closed Captioning ☐ Transcripts
☐ Other

Material beyond PFA No

Available in other languages than English No
11. Introduction to Mental Health Preparedness

Training Source

<table>
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<tr>
<th>University/organization name</th>
<th>The North Carolina Institute for Public Health</th>
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<tr>
<td>Author/Presenter/Institution</td>
<td>UNC Center for Public Health Preparedness</td>
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Course Overview

Summary

This training is designed to help professionals and volunteers understand the psychosocial consequences of disasters and what behaviors can assist disaster survivors immediately following a disaster. The course targets public health and healthcare workers.

The material directly discussing Psychological First Aid takes up less than a quarter of this training, but what is included is appropriate and concise. The majority of the content focuses on aspects of disaster mental health beyond PFA, including information on extreme reactions including Posttraumatic Stress Disorder, Depression, and Generalized Anxiety Disorder; disaster response and reactions over time; descriptions of resistance, resilience, and recovery; healthy and unhealthy coping skills; cultural sensitivity and competence; and different reactions to terrorism vs. natural disasters.

The training format involves a heavy emphasis on audio narration with somewhat limited supplemental text on slides, including lengthy excerpts of talks by three disaster experts. Several exercises are provided as downloadable PDFs, including disaster scenarios to analyze and suggest responses to, but the answer key described in the slides is not actually available so participants can't evaluate and improve their responses, and there's no way for supervisors to confirm completion of exercises through the online system. This course may be most useful for people seeking to understand PFA within the broader context of disaster response, but it is less directly focused on PFA theory and practice than some other options.

Likert scale used in course assessment

<table>
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<tr>
<th></th>
<th>1</th>
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<td>Recommended</td>
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Completeness of PFA content 3 (acceptable)

Practical focus of information 4 (recommended)

Readiness of students to conduct PFA by the end of the course 2 (not recommended)

Time commitment 3 (acceptable)

Ease of navigation and technical use 3 (acceptable)
11. Introduction to Mental Health Preparedness

Training Details

<table>
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<tr>
<th>Training Type</th>
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# of slides: N/A  Pace: Combination  Year produced: 2013

Training Content

Content Level: Beginner

Background Elements

✔ Disaster definition  ✔ Disaster characteristics  ✔ Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)

❑ Theoretical basis of PFA  ✔ Self-care for helpers

Other:

PFA Model Elements

Contact and Engagement
Safety and Comfort
Stabilization
Information Gathering
Practical Assistance
Connection with Social Supports
Information on Coping
Linkage with Collaborative Services

Learning Objectives

Describe psychosocial consequences of natural disasters and terrorist events.
Be aware of mental health effects of disasters, including anxiety, stress, substance abuse, and resilience.
Recognize behaviors that can assist survivors immediately following disasters.
Identify additional resources and create an action plan for further study (optional).

Emphasis on theoretical vs. practical content: Blended

Language level: Eight grade and higher

Resources Provided

✔ Written or video case studies/scenarios/real-world applications

❑ You Tube or other online links to video material
❑ Checklists or other tools
❑ Links to health/wellness community services

❑ Interactive exercises: Downloadable workbook with self-directed activities including scenario-based case studies.

❑ Other:

Video examples of PFA interactions (e.g., role play)

Sample questions to establish rapport, assess psychological status, administer PFA interventions

Links to additional information, such as Trainer Guide, Resources, References, or Glossary
11. Introduction to Mental Health Preparedness

Training Content (cont'd)

Population of focus
- Children
- Teens
- Adults
- Older adults
- People with disabilities
- Hospital/healthcare patients
- Cultural minorities (tribal, immigrant, refugee)
- Other:

Target Audience

Intended Trainees
- General public
- School-based
- Public health worker
- Healthcare worker
- Emergency manager
- Faith communities
- First responder (EMT, firefighter, law enforcement)
- Mental health/behavioral health background
- Other:

Professional level of intended trainees
- Volunteer
- Staff member
- Licensed clinician (nurse, doctor, social worker, psychologist)
- Manager
- Other:

Technical Details

Access requirements
- Create user account
- Audio access needed
- Windows access only
- Special software needed:
- Other:

Pause and Resume Course: Yes

Technical Support
- No
- Email Address
- Telephone number
- Help FAQ
- Other:

Access comments Some elements of the downloadable workbook are not available, including the answer key and Action Plan for Mental Health Preparedness worksheet.
11. Introduction to Mental Health Preparedness

Other

Certificate of completion  Yes
Completion verified  Yes
☑ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:

Credits available
508 Compliance Documented  No
☐ Closed Captioning  ☑ Transcripts
☐ Other

Material beyond PFA  Yes
Risk factors for and descriptions of extreme reactions including Posttraumatic Stress Disorder, Depression, and Generalized Anxiety Disorder; disaster response and reactions over time; descriptions of resistance, resilience, and recovery; healthy and unhealthy coping skills; cultural sensitivity and competence; and different reactions to terrorism vs. natural disasters

Available in other languages than English  No
12. FAST Foundations Course Overview

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>University of South Florida / Center for Leadership in Public Health Practice</th>
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Course Overview

Summary

Knowledge of how to effectively deliver Psychological First Aid to children, adolescents, adults, and families in the immediate aftermath of disaster is critical in disaster response and emergency management. Psychological First Aid is an evidence-informed approach for responding to the psychosocial needs of children, adolescents, adults, and families affected by disaster. Its goal is to reduce the initial distress caused by the traumatic event, assist with current needs, and foster adaptive functioning and coping. The on-line FAST Foundations course is intended to provide training in the foundational knowledge necessary to effectively deliver Psychological First Aid (PFA) to children, adolescents, adults, and families in the immediate aftermath of disaster.

This training is based entirely on the widely used and well-respected Psychological First Aid Field Operations Guide (see listing titles: Psychological First Aid Online), published in 2008 by the National Child Traumatic Stress Network and the National Center for PTSD, and written by several leading experts in the field of disaster and trauma response. Participants are expected to read the 189-page field guide and follow along on 133 slides that highlight main points, but the slides don't add any additional content and there is no interactivity involved beyond a 20-item multiple choice pre- and post-test resulting in a certificate of completion. This option could be appropriate for participants who learn best by reading at their own pace, and the certificate of completion could be used by supervisors to verify that staff members had absorbed the material, but the absence of any kind of examples or exercises limits this training's effectiveness if supplemental practice opportunities are not offered.

Likert scale used in course assessment

<table>
<thead>
<tr>
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- Completeness of PFA content: 4 (recommended)
- Practical focus of information: 4 (recommended)
- Readiness of students to conduct PFA by the end of the course: 2 (not recommended)
- Time commitment: 3 (acceptable)
- Ease of navigation and technical use: 3 (acceptable)
# 12. FAST Foundations Course Overview

## Training Details

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<tr>
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<tr>
<td>Other:</td>
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</table>

- # of slides: 133
- Pace: Self-paced
- Year produced: N/A

## Training Content

### Content Level: Intermediate

### Background Elements

- Disaster definition
- Disaster characteristics
- Theoretical basis of PFA
- Self-care for helpers
- Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- Other:

### PFA Model Elements

- Contact and Engagement
- Safety and Comfort
- Stabilization (if needed)
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

### Learning Objectives

- Define and describe Psychological First Aid.
- List the basic objectives of Psychological First Aid.
- Identify guidelines for delivering Psychological First Aid to adults, children, older adults and persons with disabilities.
- Identify things that the Psychological First Aid provider should know and do when preparing to deliver Psychological First Aid.
- Recognize survivors who are at increased risk for adverse psychosocial outcomes.
- Identify the 8 Core Actions of Psychological First Aid and the related goal(s) and key tasks.

### Emphasis on theoretical vs. practical content: Practical

### Language level: High school and higher

### Resources Provided

- Written or video case studies/scenarios/real-world applications
- You Tube or other online links to video material
- Checklists or other tools
- Links to health/wellness community services
- Interactive exercises:

- Other: Resources including checklists and psychoeducational handouts are included in the written PFA Field Operations Guide but not highlighted in the USF slides
## 12. FAST Foundations Course Overview

### Training Content (cont'd)

<table>
<thead>
<tr>
<th>Population of focus</th>
<th></th>
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<tbody>
<tr>
<td>✓ Children</td>
<td>✓ Teens</td>
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<tr>
<td>✓ Adults</td>
<td>✓ Older adults</td>
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<td>✓ People with disabilities</td>
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<td>Other:</td>
<td>✓ Cultural minorities (tribal, immigrant, refugee)</td>
</tr>
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### Target Audience

#### Intended Trainees

- [ ] General public
- [ ] School-based
- [ ] First responder (EMT, firefighter, law enforcement)
- [ ] Public health worker
- [ ] Healthcare worker
- [ ] Emergency manager
- [ ] Faith communities
- [ ] Mental health/behavioral health background
- [ ] Other:

#### Professional level of intended trainees

- [ ] Volunteer
- [ ] Staff member
- [ ] licensed clinician (nurse, doctor, social worker, psychologist)
- [ ] Manager
- [ ] Other:

### Technical Details

#### Access requirements

- [ ] Create user account
- [ ] Audio access needed
- [ ] Windows access only
- [ ] Special software needed:
- [ ] Other:

#### Pause and Resume Course:

- [ ] Yes

#### Technical Support

- [ ] No
- [ ] Email Address
- [ ] Telephone number
- [ ] Other: Live chat URL

#### Access comments
### 12. FAST Foundations Course Overview

**Other**

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**Continuing education credits**

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<table>
<thead>
<tr>
<th>Certified health education specialists</th>
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<table>
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13. Psychological First Aid Online

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>The National Child Traumatic Stress Network</th>
</tr>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
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<td>Length of training (min)</td>
<td>360</td>
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<td>Available in CDC Train:</td>
<td>Yes</td>
</tr>
<tr>
<td>PERLC or PERRC product:</td>
<td>Neither</td>
</tr>
</tbody>
</table>

Course Overview

Summary

PFA online includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA online also offers a Learning Community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.

This is an extremely detailed training that focuses on the practical application of PFA with a range of survivors, including making initial connections, supporting unaccompanied minors, stabilizing survivors, meeting information and practical needs, adaptive vs. maladaptive coping mechanisms, and much more. Audio "Mentor Tips" by experienced responders provide realistic examples of implementing PFA in the field, and a combination of video and written examples demonstrate PFA in action. There are also links to extensive supporting materials, including psychoeducational materials in multiple languages. However, completing the training requires a six-hour commitment, most of it spent listening to narrated slides so the pacing is outside of the participant's control, followed by a lengthy 61-item post-test that's required in order to get a certificate of completion or CE credits. This course is highly recommended for those who are able to dedicate this time and who are comfortable with primarily auditory learning, but it may be less appealing to those who prefer a self-paced learning method.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>4</th>
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<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
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<tr>
<td>Practical focus of information</td>
<td>5 (highly recommended)</td>
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<tr>
<td>Readiness of students to conduct PFA by the end of the course</td>
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<tr>
<td>Time commitment</td>
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<tr>
<td>Ease of navigation and technical use</td>
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</table>
Training Details

Training Type
- [x] Narrated slides
- [ ] Text to read without narration
- [x] Video of presenter
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Produced video content
- [ ] Other:

# of slides: 188
Pace: Pre-determined
Year produced: 2015

Training Content

Content Level: Intermediate

Background Elements
- [x] Disaster definition
- [ ] Disaster characteristics
- [ ] Common reactions by realm
  (emotional, cognitive, behavioral, physical, spiritual)
- [x] Theoretical basis of PFA
- [x] Self-care for helpers
- [ ] Other:

PFA Model Elements

Establish human connections in a non-obtrusive, compassionate manner
Enhance survivors' immediate and ongoing safety and provide physical and emotional comfort
Calm and orient emotionally overwhelmed, agitated, and distraught survivors
Help survivors tell you about their specific immediate needs and concerns
Offer practical assistance and information to help survivors address their immediate needs and concerns
Connect survivors to social support networks, including family, friends, neighbors and other community resources
Promote adaptive coping strategies and encourage survivors to take an active role in their recovery
Link survivors to local community resources, including mental health services, public sector services, and disaster response organizations

Learning Objectives

Identify the five early intervention principles of PFA
Define PFA and list its basic objectives
Describe the 7 strategies (Core Actions) of PFA
Identify general guidelines to provide PFA
Adapt PFA in diverse settings and with different populations
Identify ways to take care of yourself before, during, and after providing PFA

Emphasis on theoretical vs. practical content: Blended
Language level: High school and higher

Resources Provided

- [x] Written or video case studies/scenarios/real-world applications
- [x] Video examples of PFA interactions (e.g., role play)
- [x] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [x] Checklists or other tools
- [x] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [ ] Links to health/wellness community services
- [ ] Interactive exercises:
- [ ] Other:
13. Psychological First Aid Online

Training Content (cont'd)

Population of focus
- [✓] Children
- [✓] Teens
- [✓] Adults
- [✓] Older adults
- [ ] People with disabilities
- [ ] Hospital/healthcare patients
- [✓] Cultural minorities (tribal, immigrant, refugee)

Target Audience

Intended Trainees
- [ ] General public
- [ ] School-based
- [✓] Public health worker
- [✓] Healthcare worker
- [✓] Emergency manager
- [ ] Faith communities
- [✓] First responder (EMT, firefighter, law enforcement)
- [ ] Mental health/behavioral health background
- [ ] Other:

Professional level of intended trainees
- [✓] Volunteer
- [✓] Staff member
- [✓] Licensed clinician (nurse, doctor, social worker, psychologist)
- [✓] Manager
- [ ] Other:

Technical Details

Access requirements
- [✓] Create user account
- [✓] Audio access needed
- [ ] Windows access only
- [ ] Special software needed:
- [ ] Other:

Pause and Resume Course: Yes

Technical Support
- [ ] No
- [✓] Email Address
- [ ] Telephone number
- [ ] Other:

Access comments Links to YouTube videos don't go directly to specific video but to a general PFA Online page, so the user needs to locate the intended segment.
13. Psychological First Aid Online

Other

Certificate of completion  Yes
Completion verified  Yes
☑ Post-test ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☐ None  ☑ General CEs/CEUs  ☑ Social workers  ☑ Nurses
☐ Certified health education specialists  ☑ Physicians
☑ Other:  Psychologists; California Board of Behavioral Sciences

Credits available  6.0

508 Compliance Documented  No  ☐ Closed Captioning  ☑ Transcripts
☐ Other

Material beyond PFA  No
Available in other languages than English  No
14. Psychological First Aid: The Johns Hopkins RAPID PFA

Training Source

<table>
<thead>
<tr>
<th>University/organization name</th>
<th>Johns Hopkins</th>
</tr>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
<td>George Everly, Professor, Center for Public Health Preparedness, Bloomberg School of Public Health</td>
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<td>URL</td>
<td><a href="https://www.coursera.org/learn/psychological-first-aid">https://www.coursera.org/learn/psychological-first-aid</a></td>
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<tr>
<td>PERLC or PERRC product:</td>
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Course Overview

Summary

Learn to provide psychological first aid to people in an emergency by employing the RAPID model: Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition. Utilizing the RAPID model (Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition), this specialized course provides perspectives on injuries and trauma that are beyond those physical in nature. The RAPID model is readily applicable to public health settings, the workplace, the military, faith-based organizations, mass disaster venues, and even the demands of more commonplace critical events, e.g., dealing with the psychological aftermath of accidents, robberies, suicide, homicide, or community violence. In addition, the RAPID model has been found effective in promoting personal and community resilience.

This six-hour course can be taken for free on Coursera, though there is a $49 fee to obtain a certificate of completion. The training is delivered by a recognized expert in the field, George Everly, who narrates the presentation slides and demonstrates PFA dos and don'ts in video simulations. While the course is described as intended for non-clinicians, it does focus more on assessment and distinguishing benign from severe psychological and behavioral reactions than most PFA courses, and it emphasizes follow-up with a client to a degree that's more typical of Disaster Mental Health interventions than PFA delivery. Overall it is probably more appropriate for people with some mental health education than for a general audience.

<table>
<thead>
<tr>
<th>Likert scale used in course assessment</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</table>

Completeness of PFA content 4 (recommended)
Practical focus of information 3 (acceptable)
Readiness of students to conduct PFA by the end of the course 3 (acceptable)
Time commitment 2 (not recommended)
Ease of navigation and technical use 4 (recommended)
## Training Details

### Training Type

- ✓ Narrated slides
- □ Text to read without narration
- ✓ Video of presenter
- □ Recorded live presentation
- □ Recorded Webinar
- ✓ Video of presenter
- □ Other: Video vignettes of PFA dos and don'ts

### # of slides: N/A  
**Pace:** Pre-determined  
**Year produced:** 2015

### Training Content

#### Content Level: Advanced

**Background Elements**

- □ Disaster definition
- □ Disaster characteristics
- ✓ Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- ✓ Theoretical basis of PFA
- ✓ Self-care for helpers
- ✓ Other: Historical development of PFA and other disaster mental health

**PFA Model Elements**

- Rapport and reflective listening
- Assessment
- Prioritization
- Intervention
- Disposition and follow-up

**Learning Objectives**

- Discuss key concepts related to PFA.
- Listen reflectively.
- Differentiate benign, non-incapacitating psychological/behavioral crisis reactions from more severe, potentially incapacitating, crisis reactions.
- Prioritize (triage) psychological/behavioral crisis reactions.
- Mitigate acute distress and dysfunction, as appropriate.
- Recognize when to facilitate access to further mental health support.
- Practice self-care.

**Emphasis on theoretical vs. practical content:** Blended  
**Language level:** College and higher

### Resources Provided

- ✓ Written or video case studies/scenarios/real-world applications
- ✓ Video examples of PFA interactions (e.g., role play)
- □ You Tube or other online links to video material
- □ Sample questions to establish rapport, assess psychological status, administer PFA interventions
- □ Checklists or other tools
- □ Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- □ Links to health/wellness community services
- □ Interactive exercises:
- □ Other:
### Training Content (cont’d)

**Population of focus**
- □ Children
- □ Teens
- □ Adults
- □ Older adults
- □ People with disabilities
- □ Hospital/healthcare patients
- □ Cultural minorities (tribal, immigrant, refugee)
- □ Other:

**Target Audience**

**Intended Trainees**
- □ General public
- □ School-based
- □ First responder (EMT, firefighter, law enforcement)
- □ Mental health/behavioral health background
- □ Other:

**Professional level of intended trainees**
- □ Volunteer
- □ Staff member
- □ Manager
- □ Licensed clinician (nurse, doctor, social worker, psychologist)
- □ Other:

**Technical Details**

**Access requirements**
- □ Create user account
- □ Audio access needed
- □ Windows access only
- □ Special software needed:
- □ Other:

**Pause and Resume Course:** Yes

**Technical Support**
- □ No
- □ Email Address
- □ Telephone number
- □ Other: Help Center with guidance on common issues; support forums to discuss problems

**Access comments** The course is hosted by Coursera, the online education platform. Participants can register with Coursera and take the course for free, but they must pay $49 for a certificate of completion.
14. Psychological First Aid: The Johns Hopkins RAPID PFA

Other

Certificate of completion  Yes
Completion verified  Yes
☑ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:

Credits available
508 Compliance Documented  No  ☐ Closed Captioning  ☑ Transcripts
☐ Other

Material beyond PFA  No
Available in other languages than English  No
15. PFA Mobile: Psychological First Aid

PFA Apps and Review Tools

Training Source

University/organization name: National Child Traumatic Stress Network and National Center for PTSD

Author/Presenter/Institution

URL: https://itunes.apple.com/us/app/pfa-mobile/id551079424?mt=8;

Length of training (min): Available in CDC Train: Yes

PERLC or PERRC product: Neither

Course Overview

Summary

PFA Mobile was designed to assist responders who provide psychological first aid (PFA) to adults, families, and children as part of an organized response effort. This app provides responders with summaries of PFA fundamentals, PFA interventions matched to specific concerns and needs of survivors, mentor tips for applying PFA in the field, a self-assessment tool for readiness to conduct PFA, and a survivors' needs form for simplified data collection and easy referral.

PFA Mobile is a comprehensive field guide helpers would benefit from keeping on their mobile devices while they are in the field. In addition to providing PFA information, this app hosts a "Survivor Needs Form" which allows helpers to keep track of contacts in the field along with an extensive list of resources for those impacted by disasters.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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Completeness of PFA content: 5 (highly recommended)

Practical focus of information: 5 (highly recommended)

Readiness of students to conduct PFA by the end of the course: 3 (acceptable)

Time commitment: 5 (highly recommended)

Ease of navigation and technical use: 4 (recommended)
## 15. PFA Mobile: Psychological First Aid

### Training Details

<table>
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<td>Video of presenter</td>
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<tr>
<td>Recorded Webinar</td>
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<td>Produced video content</td>
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<td><strong>Other:</strong> App</td>
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<tr>
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### Training Content

#### Content Level: Beginner

#### Background Elements

- Disaster definition
- Disaster characteristics
- Theoretical basis of PFA
- Self-care for helpers
- Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)

#### PFA Model Elements

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering
- Practical Assistance Links to Social Supports
- Information on Coping
- Links to Services

#### Learning Objectives

- Review the 8 core PFA actions
- Match PFA interventions to specific stress reactions of survivors
- Hear mentor tips for applying PFA in the field
- Self-assess to determine their readiness to conduct PFA
- Assess and track survivors' needs, simplifying data collection and making referrals

#### Emphasis on theoretical vs. practical content: Blended

#### Language level: Eight grade and higher

#### Resources Provided

- Written or video case studies/scenarios/real-world applications
- Video examples of PFA interactions (e.g., role play)
- You Tube or other online links to video material
- Sample questions to establish rapport, assess psychological status, administer PFA interventions
- Checklists or other tools
- Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- Links to health/wellness community services
- Interactive exercises:

  - Audio clips of PFA mentors describing experiences,
15. PFA Mobile: Psychological First Aid

Training Content (cont'd)

<table>
<thead>
<tr>
<th>Population of focus</th>
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<tbody>
<tr>
<td>✓ Children</td>
<td>✓ Teens</td>
<td>✓ Adults</td>
<td>□ Older adults</td>
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<tr>
<td>□ People with disabilities</td>
<td>□ Hospital/healthcare patients</td>
<td>□ Cultural minorities (tribal, immigrant, refugee)</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Audience</th>
</tr>
</thead>
</table>

Intended Trainees

| ✓ General public | ✓ Public health worker | ✓ Healthcare worker | ✓ Emergency manager |
| ✓ School-based | ✓ Faith communities | | |
| ✓ First responder (EMT, firefighter, law enforcement) | | Mental health/behavioral health background |
| □ Other: | | |

Professional level of intended trainees

| ✓ Volunteer | ✓ Staff member | □ Licensed clinician (nurse, doctor, social worker, psychologist) |
| ✓ Manager | □ Other: | |

Technical Details

Access requirements

| ✓ Create user account | □ Audio access needed | □ Windows access only |
| □ Special software needed: | | |
|✓ Other: iOS 4.3 or higher, Android 2.3 and up |

Pause and Resume Course: Yes

Technical Support

| ✓ No | □ Email Address | □ Telephone number |
| □ Other: | | |

Access comments
15. PFA Mobile: Psychological First Aid

Other

Certificate of completion  No
Completion verified  No
☐ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:

Credits available
508 Compliance Documented  No  ☐ Closed Captioning  ☐ Transcripts
☐ Other

Material beyond PFA  No
Available in other languages than English  Yes
16. Psychological First Aid Tutorial

Training Source

<table>
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<th>University/organization name</th>
<th>University of Minnesota</th>
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<tbody>
<tr>
<td>Author/Presenter/Institution</td>
<td>University of Minnesota: Simulations, Exercises, and Effective Education Preparedness and Emergency Response Learning Center</td>
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<tr>
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<td>Available in CDC Train:</td>
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</tr>
<tr>
<td>PERLC or PERRC product:</td>
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</tr>
</tbody>
</table>

Course Overview

Summary

The Psychological First Aid (PFA) Tutorial provides a quick and thorough review for those who have previously received training to provide PFA. First responders, health care providers, mental health providers, MRC volunteers, students, and others will find this an easy to use resource while in the field following a traumatic event, natural disaster, public health emergency, act of terrorism, or personal crisis.

This Psychological First Aid app offers a good introduction or refresher to Psychological First Aid. With an easy to navigate interface, information on PFA principles, different populations, referrals and self-care and a resource guide with additional trainings this app is a good option for those looking for a quick PFA learning experience.

Likert scale used in course assessment

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>Not recommended</td>
<td>Acceptable</td>
<td>Recommended</td>
<td>Highly recommended</td>
</tr>
</tbody>
</table>

Completeness of PFA content 3 (acceptable)

Practical focus of information 4 (recommended)

Readiness of students to conduct PFA by the end of the course 2 (not recommended)

Time commitment 5 (highly recommended)

Ease of navigation and technical use 5 (highly recommended)
16. Psychological First Aid Tutorial

Training Details

Training Type
- [ ] Narrated slides
- [ ] Text to read without narration
- [ ] Video of presenter
- [ ] Recorded live presentation
- [ ] Recorded Webinar
- [ ] Produced video content
- [x] Other: Phone App

# of slides: N/A  Pace: Self-paced  Year produced: 2015

Training Content

Content Level: Beginner

Background Elements
- [ ] Disaster definition
- [ ] Disaster characteristics
- [x] Theoretical basis of PFA
- [x] Self-care for helpers
- [ ] Common reactions by realm (emotional, cognitive, behavioral, physical, spiritual)
- [ ] Other:

PFA Model Elements
- Promote Safety
- Promote Calm and Comfort
- Promote Connectedness
- Promote Self-Empowerment

Learning Objectives
- Describe how to provide PFA through the 4 core actions.
- Recognize traumatic stress reactions that may warrant a referral or consultation with a supervisor or mental health professional.
- Engage with disaster survivors in a supportive non-judgmental manner.
- Identify self-care actions that can be practiced by responders before, during, and after an emergency response that will contribute to the responder's wellbeing.

Emphasis on theoretical vs. practical content: Blended  Language level: Eight grade and higher

Resources Provided
- [ ] Written or video case studies/scenarios/real-world applications
- [ ] Video examples of PFA interactions (e.g., role play)
- [ ] You Tube or other online links to video material
- [ ] Sample questions to establish rapport, assess psychological status, administer PFA interventions
- [ ] Checklists or other tools
- [x] Links to additional information, such as Trainer Guide, Resources, References, or Glossary
- [ ] Interactive exercises: Includes an exercise consisting of survivor statements and a multiple choice option of helper statements.
- [ ] Other:
### 16. Psychological First Aid Tutorial

#### Training Content (cont'd)

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<tr>
<td>✓ Adults</td>
<td>✓ Older adults</td>
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<tr>
<td>✓ People with disabilities</td>
<td>✓ Cultural minorities (tribal, immigrant, refugee)</td>
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| Pause and Resume Course: | Yes |

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| Access comments            | |
16. Psychological First Aid Tutorial

Other

Certificate of completion  No
Completion verified  No
☐ Post-test  ☐ Must complete course to request certificate  ☐ Other:

Continuing education credits
☑ None  ☐ General CEs/CEUs  ☐ Social workers  ☐ Nurses
☐ Certified health education specialists  ☐ Physicians
☐ Other:

Credits available
508 Compliance Documented  No  ☐ Closed Captioning  ☐ Transcripts  ☐ Other

Material beyond PFA  No
Available in other languages than English  No
## Appendix 1. PFA Scoring Criteria

<table>
<thead>
<tr>
<th></th>
<th>1 (unacceptable)</th>
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<th>3 (acceptable)</th>
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<tr>
<td><strong>Completeness of PFA content</strong></td>
<td>Training is missing important elements of PFA, or it assumes prior knowledge needed to master the material, leaving participants with an incomplete understanding of PFA principles</td>
<td></td>
<td>Content addresses essential aspects of PFA, with no significant gaps</td>
<td></td>
<td>Content provides full understanding of the nature of post-disaster reactions, the theoretical basis of PFA actions, and the elements of providing effective support to survivors</td>
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<tr>
<td><strong>Practical vs. theoretical focus of information</strong></td>
<td>Training focuses exclusively on theory, with no material on how to practice PFA, or it focuses entirely on application so participants have no understanding of context for the recommended actions</td>
<td></td>
<td>Training provides an adequate balance between theory and practice</td>
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<td>Training thoroughly addresses both underlying theory and the practical application of the recommended PFA elements</td>
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<tr>
<td><strong>Readiness of students to conduct PFA by the end of the course</strong></td>
<td>Participants conclude the course with little comprehension of how or why to deliver PFA support after a disaster</td>
<td></td>
<td>Participants conclude the course with appropriate understanding of how to implement PFA but could benefit from opportunities to practice their skills</td>
<td></td>
<td>Participants are competent in practicing PFA actions, and confident in their ability to apply those skills with specific populations and settings</td>
</tr>
<tr>
<td><strong>Time commitment</strong></td>
<td>Length of time required is very excessive relative to the amount of information provided</td>
<td></td>
<td>Length of time is appropriate relative to the amount of information provided</td>
<td></td>
<td>Use of time is highly efficient, delivering the maximum amount of information possible relative to the time required</td>
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<tr>
<td><strong>Ease of navigation and technical use</strong></td>
<td>Training contains multiple technical barriers, and the navigation is confusing and problematic</td>
<td></td>
<td>Training is acceptably easy to navigate but includes minor technical bugs, or the technology is problem-free but navigation is slightly confusing or frustrating</td>
<td></td>
<td>Navigation through the training is clear and efficient, and the course is free of technical problems</td>
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Appendix 2. Footnotes and Definitions

**PERLC  Preparedness and Emergency Response Learning Centers**
CDC provides funding for 14 PERLC across the U.S. PERLC provide training to state, local, and tribal public health authorities within self-defined service areas and meet partners' unique workforce development needs in the area of public health preparedness and response; specialized training, education, and consultation.

For more information see: [http://www.cdc.gov/phpr/perlc.htm](http://www.cdc.gov/phpr/perlc.htm)

**PERCC  Preparedness and Emergency Response Research Centers**
PERCCs were mandated by the Pandemic and All-Hazards Preparedness Act of 2006. This act called for research to improve federal, state, local and tribal public health. PERRCs conduct research to evaluate the structure, capabilities, and performance of public health systems for preparedness and emergency response.


**Section 508 Compliance**
The Section 508 of the Rehabilitation Act of 1973
This act requires Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. The law applies to all federal agencies when they develop, procure, maintain, or use electronic and information technology.

For more information see: [https://www.section508.gov/content/learn](https://www.section508.gov/content/learn)

**Pace**

**Predetermined**
Pace of the training course is determined by the course itself. The training authors control the length of the training and time to complete any modules of the course.

**Self-paced**
The participant can move through the training at their desired speed. The progression through the training and all of its modules is based on the decision of the participant.

**Combination**
A training with any combination of predetermined or self-paced modules.
Psychological First Aid Demonstration Project
Preparedness and Emergency Response
Learning Center (PERLC)
Center for Public Health Preparedness (CPHP)
School of Public Health
University at Albany

Psychological First Aid Practice Scenarios
Facilitator Guidelines

This exercise is intended to give participants an opportunity to practice the PFA elements they learned in the online course or other training that they’re expected to take before this in-person session.

So that everyone has the chance to practice, participants will work in groups of three, rotating through acting as Helper, Client, and Observer. The exercise itself will take one hour, including 15 minutes per scenario and 15 minutes to discuss the experience with the entire group. It will also take a few minutes to get people started including forming groups and distributing materials, so be mindful of your overall timing and shorten each scenario period if necessary to be sure you have enough time for the large group processing at the end.

Preparing Materials:
Before the training, read through the ten scenario options provided and select the three that are the most appropriate for your audience based on their professional fields and the locations where they’re most likely to respond to a disaster. Some scenarios mention that the Helper is a mental health professional so those should be reserved for groups with that background, but most are general and can be adapted to any response role.

For each group of three participants, print one copy of each selected scenario (three total) and three copies of the PFA Observer Worksheet. Having the materials collated in advance by group will help you hand them out most efficiently.

Note that the elements listed on the Observer Worksheet Sheet are consistent in spirit with most PFA models but the language may be different than the elements described in the specific advanced training your participants took. If you think that might cause confusion you can customize the sheet to be consistent with the model used in that training, but these are general enough that most people will be able to adapt to them.

Reviewing PFA Do’s and Don’ts:
While your role is really to facilitate the practice session, not to train participants in delivering PFA, it may be helpful to briefly review some do’s and don’ts before they begin, or as part of the follow-up discussion. Some key points:

**Don’t over-promise or over-reassure; do be realistic in your assurances.** In their desire to help, responders often fall into a trap of making promises that can’t be kept (either general ones like “everything will be okay” or specific but inaccurate ones like “you’ll definitely get enough insurance money to rebuild your home”). It’s important to avoid that temptation, since when the promises fall through it can feel like betrayal to the survivor.

**Don’t minimize the client’s losses or make comparisons to other survivors; do validate the client’s feelings.** Obviously helpers should never say things like “you should consider yourself lucky compared to what other people lost,” but sometimes well-intended statements are perceived as insensitive or unhelpful. Remind participants to be conscious of how their words might be received, and to apologize if they realize they’ve misspoken. Also note that sometimes survivors downplay their own losses because they know others experienced worse, so part of PFA is helping survivors acknowledge their own right to mourn.

**Don’t change the subject; do stay with the client’s focus.** The intensity of a discussion with someone experiencing strong emotions can sometimes overwhelm helpers, leading them to try to switch to a lighter topic. Practice can help responders learn to avoid that urge and to meet the client’s need to be heard.

**Don’t fill up silence with chatter; do learn to tolerate silence.** This is closely related to the previous point: Sometimes what survivors need is not to talk, but simply to sit and reflect on their experience. But sitting in silence can be extremely challenging, so helpers need to learn to restrain the tendency to make small talk out of their own discomfort.

**Don’t take client anger or frustration personally; do accept that they’re venting and it’s not really aimed at you.** We tend to focus on emotions like sadness and grief when we think about survivor reactions, but it’s also common for anxiety, frustration, and other reactions to be expressed as hostility towards whoever is available – in this case, the PFA provider. It’s essential that helpers maintain boundaries and remember that any anger they confront is a result of the client feeling powerless over their situation. It can be helpful to realize that if the roles were reversed, we might be the ones doing the venting.

**Forming Groups:**
First, please be sure to acknowledge to the group that the scenarios they’re about to practice depict distressing situations that some may find upsetting to consider, even though it’s only a simulation. If someone really doesn’t want to participate for that reason, they could observe a group, or opt out of one particular scenario. However, please emphasize that practicing exposure under these safe conditions is important preparation for being able to help disaster survivors in a real event, so encourage them to participate fully.
Divide participants into groups of three. This will go most smoothly if you have an advance plan based on your audience and room set-up.

If you know the professional background of your participants, it’s ideal to form groups that mix people with different levels of training and experience so those with less experience can learn from those with more. Similarly, if you know one member of a group is more experienced, encourage that person to act as the Helper in the first round so they can model the process for the others.

It’s also usually a good idea to break up groups of friends or coworkers who may take the exercise more seriously if they’re working with less familiar people. That also provides an excellent networking opportunity for people from different organizations or departments to get to know each other before they become involved in a disaster response, so do encourage people to introduce themselves. You can randomize groups by dividing the total number by three and having participants count off around the room, and then moving into groups by number. (For example, if you have 30 participants, count off to 10 three times, then all 1s form a group, all 2s form a group, etc.) That’s an effective way to mix groups up, though it can be unwieldy with larger audiences.

If numbers don’t work out evenly you can have one group of two without an Observer, or one group of four with two Observers. If space allows, encourage groups to move far enough away from each other so they won’t be distracted by other discussions.
**Instructing Participants:**
We recommend that you present these instructions verbally before distributing the handouts – otherwise people tend to start reading the scenarios and tune out the guidelines. Also remind them that there will be a discussion with the entire group at the end so they should be sure to note any questions or points they’d like to discuss.

Instruct them that the **Client** should read the scenario description to the group before beginning the exercise so everyone understands the situation, but the Helper should not see the suggested client statements in advance. A list of suggested statements are included, but please point out that this isn’t meant to be a script, more a framework for issues to raise with the Helper. Clients should get into character, read a statement, and then allow the Helper to respond. Clients can diverge from the statements, but should try to cover the main suggested points and to stay in role. They should act appropriately distressed (which sometimes takes the form of numbness or flattened emotions) but not so emotional that it’s impossible for the Helper to be effective.

**Helpers** can refer to the Observer Worksheet as a reminder of PFA elements they might try to use, but they should stay focused on the conversation rather than following a list. Sometimes people get so distracted by thinking about what they should say next that they stop really listening, so encourage Helpers to stay in the moment and concentrate on the discussion. They should try to use whatever PFA elements are relevant to the scenario, recognizing that some won’t apply to a particular situation. In some scenarios the Helper’s role is specified (for example, a home healthcare aide or mental health counselor) but in most it’s left unspecified. In these cases, they should respond in whatever role they might actually play in a disaster – mental health professional, hospital security guard, shelter volunteer, or whatever is realistic for them.

**Observers** will take notes on the worksheet, noting what elements were used effectively, what might be improved, etc. (These notes are just references for their discussion, not to be handed in.) Remind them that the goal isn’t for the Helper to use every element, but to focus on those that are most relevant to the specific scenario. The Observer will also act as timekeeper, allowing 10 minutes for the PFA intervention followed by 5 minutes for discussion within the small group, focusing on what the Client found helpful (or not) and what the Observer noticed about the exchange.

**Modeling PFA**
If time allows and you feel comfortable doing it, it is very useful to demonstrate a roleplay so your participants can observe PFA in action. If you choose to do this, select one of the other scenarios so you’re not using one the groups will then practice. You could ask for a volunteer from the group to serve as the Client, or enlist a colleague. If possible you can have a third person model serving as the Observer, taking notes during the demonstration and then providing constructive feedback to the Helper.
Starting the Exercise:
Once you’re sure everyone understands the instructions, give each participant one copy of the PFA Observer Worksheet, and one scenario to use when they’re acting as the Client, making sure each Client in the group receives a different scenario.

After 15 minutes, the Facilitator will instruct groups to **switch roles and move on to the next scenario**. Changing roles often seems to cause confusion so tell them that:

- Whoever just played the Helper will now be the Observer
- The previous Client will now be the Helper
- The previous Observer will now be the Client

Repeat the same instructions when it’s time to switch to the third scenario. It can be hard to capture people’s attention once groups start talking so you may need to flash lights off and on, or move around the room and instruct each group directly when to move on.
**Follow-Up Discussion**

After all three scenarios have been practiced, the entire group will reconvene to discuss the exercise for 15 minutes, led by the Facilitator. Rather than addressing the specific details of the scenarios, this discussion should focus on the **process of practicing PFA**. For example:

- While acting as Helper, did participants feel comfortable and competent? What was particularly challenging? If they said something that didn’t seem helpful, how did they recover? How were their own emotions activated by trying to help someone in distress?
- While acting as Client, what was helpful and what wasn’t? How would they like to be treated in that situation?
- What did Observers note in terms of body language and other non-verbal cues? What was a particularly positive interaction they saw?

The main goal of this discussion is to validate their recognition that practicing PFA is challenging, and to build confidence in their ability.

Participants will often note that even though they knew it was just a roleplay it still felt very intense. You can point out that this is precisely why we want people to practice so they feel more confident going into real interactions.
PFA Observer Worksheet

*Note to participant: When you’re serving as the Observer, monitor the exchange and note whether the Helper included each PFA element in their support for the Client so you can give feedback at the end of their discussion. Not all elements will be appropriate for all situations, so focus on what they did well and how they might improve in the future.*

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<td>Making a connection</td>
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<td>Attending to physiological needs</td>
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<tr>
<td>Attending to safety needs</td>
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<td>Remaining calm</td>
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Hospital-based Family Assistance Center following a worksite explosion, assisting a family member.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
The Client is a young woman who has come to the hospital seeking information about her husband, who was working in a local factory when a major explosion occurred. Police are directing family members to the hospital for news about workers and bystanders injured in the accident, and rumors are starting to spread among those gathered.

Client Statements:
• The police told me to come here but now no one will tell me anything about my husband. Why won’t they let me see him?
• Why won’t anyone tell me what’s going on? They must know if he’s okay. Why won’t they just tell me?
• He’s not picking up his phone or answering my texts and he always gets back to me right away. I know something is terribly wrong.
• But maybe he’s okay. Maybe he decided to skip work today and he’s safe in a movie theater somewhere so he doesn’t even know what’s happened. I’ll kill him myself if that’s the case! Do you think he’s safe somewhere?
• We just got married a few months ago and moved into this town so he could take the job at the factory. I don’t really know anyone here.
• We’ve been trying to get pregnant and maybe I already am. What if I am and he’s really badly hurt or even…. But he’s not. He’s going to be okay for our baby. Right? I should call his mother, I know, but she’s just going to blame me for this, like she does for everything. Do I have to call her?
• You know what’s going on, don’t you? I think you know something you’re not telling me.
Emergency Shelter following a tornado, assisting an evacuee.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
A shelter has been opened in a high school gymnasium after a tornado destroyed dozens of homes. The Client is an 18-year-old whose parents and younger sibling are out of town. Presumably they’re safe, but the Client has been unable to get in touch with them since phone service is down. The Client wasn’t hurt physically, having taken shelter in a closet, but there was extensive damage to the house and the family dog is missing.

Client Statements:
• The rest of my family is away visiting my grandmother but I had to work so I stayed home alone. I guess that’s good that they’re all away and okay, but I kind of wish they were here with me now.
• They must be freaking out about how I am. I bet they’re watching the news non-stop, or maybe they’re trying to get home soon. But I heard the airport’s closed indefinitely so I don’t know how they’ll be able to come back.
• I’m going to have to tell them the house is messed up. Are they going to think it’s my fault? Maybe I could have done something different, like… I don’t really know.
• Why didn’t I take the dog inside with me when I heard the siren? I’m such a loser. My little brother’s never going to forgive me for not saving the dog.
• Were you here for the tornado? I’ve never been through anything like that before. People on TV always talk about how loud it is, like a freight train, but I had no real idea… [shudders at the memory].
• Damn, my stomach really hurts.
Disaster Recovery Center following a major flood, assisting a fellow helper.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
A DRC has been opened after a powerful hurricane flooded entire coastal communities, displacing thousands of people. It’s now a week after the storm and the demand for services means clients must wait for many hours in a hot, humid gym in order to begin the process of filing claims for benefits. Tempers are short and rumors are flying about unfair distribution of resources. The Client is an older man in a FEMA vest who is pacing around the staff break-room and muttering to himself.

Client Statements:
• I took this job so I could try to help these poor people and all they do is scream at me!
• I’m doing my best but there are just so many of them, and the paperwork for each case takes freaking forever to complete. I feel like it’s my fault. If only I could work faster.
• I know some of the questions are stupid but that’s not my fault! If they’d just answer them rather than complaining about them we could get them help a lot faster.
• Do they think I’m getting rich doing this job? Hah! I just answered an ad to make a little extra money now that I’m retired but this is definitely not worth it. I think I’d better quit before I punch someone or have a stroke.
• I’m really not up for doing this anymore. I’m just not able to cope.
• Sorry, ignore me, I’m just tired. Please don’t tell my supervisor I said any of this, okay? I don’t want to lose this job.
Hospital Emergency Department waiting room following a sports team bus crash, assisting the mother of a victim.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
While returning from an away game, a bus carrying a local high school sports team crashed shortly before reaching the school. Many students were injured, some severely, and they’ve been transported to hospitals throughout the region. The Client is a middle-aged woman who was notified that her daughter was among those who have been brought to this hospital, where she’s currently in surgery. The extent of her injuries is not yet known.

Client Statements:
• I – I just got this phone call out of the blue that this accident happened and my daughter is hurt but I don’t know how badly and they won’t tell me anything except that she’s in surgery.
• [Looks around as if she’s not sure where she is.]
• She’s got to be okay. She’s all I have.
• Do you know why the crash happened? Was the driver drunk or something? That’s how we lost her dad.
• [Stares into space.]
• Look, I know you can find out how she is. Won’t you please help me?
• Why her? Why did she have to be the one to get hurt?
Homecare Setting with a recommended evacuation due to an impending winter storm, assisting an elderly client.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
A late winter ice storm is approaching, with predictions that downed trees and power lines will cause widespread and long-lasting power outages, and will make travel impossible starting in a few hours. The Client is a 92-year-old woman with some physical limitations but no cognitive impairment. Her son, Tom, lives on the other side of the country. She and her beloved dog, Riley, live in her home of 50 years with the help of a live-in aide (the Helper) who is trying to convince her to evacuate as authorities are strongly urging.

Client Statements:
• I’m not going! I’d rather take my chances here than go to some horrible shelter.
• Especially if I can’t take Riley with me. There is no way I’m going to be separated from him so you can just stop trying.
• You go, I’ll be fine. And if I’m not, well, then it’s just my time to go.
• I bet Tom is putting you up to this as a way of getting me out of this house permanently. I know he just wants to sell it and put me away in some nursing home until I die. But if that happens you’ll be out of a job so it’s in your best interest to stay too!
• I can live without electricity just fine. I’ll just put on another sweater. And there’s plenty of canned soup I can heat up on the stove. Riley and I can take care of ourselves.
Nursing Home Evacuation due to a hurricane, assisting relocated elderly patient.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
It’s late summer and a powerful hurricane is being forecast to make landfall in 24 hours in a coastal town where an 80-bed rehabilitation center and assisted living facility is located. In cooperation with the local Emergency Manager, the facility’s manager decided to evacuate the center according to their disaster management plan. All staff members were called in to help prepare the residents for relocation by bus or ambulance. Per the evacuation plan, the most fragile patients were transported to hospitals, but the majority are now being settled into another nursing home outside of the hurricane danger zone for what is expected to be a two to three day stay. The Client is an elderly man with mild cognitive impairment who is confused by the new setting and is becoming anxious and agitated.

Client Statements:
- They keep telling me this is my room for now but this is not my room. My room has blue walls, and only one bed in it, and this room has two beds in it.
- Why is everyone rushing around like this?
- It’s time for art class but the art room isn’t where it’s supposed to be!
- My son usually comes to visit me in the morning but I don’t think he came today. Did I do something to make him mad? I know sometimes I forget things and he gets annoyed with me.
- Did my son send me away to punish me?
- I can tell you’re hiding something from me. Why won’t you tell me what’s happening?
- I’m going to tell my son about all of this when I see him, believe me!
Avian flu pandemic POD, assisting mother of two young children

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
A particularly virulent strain of avian flu has emerged, and production of a vaccine has been expedited though supplies are still limited. The virus appears to be most dangerous for young people with healthy immune systems so they’re being given priority for vaccination; a major public health campaign has urged individuals and families to come to a Point of Dispensing in the parking lot of the regional hospital to receive the vaccine. The Client is a mother with two young children who is waiting in line, looking around nervously.

Client Statements:
- This doesn’t make any sense – first they tell us to avoid contact with crowds and then they make us join a crowd to get the vaccination?
- I heard that since they had to rush the production of the vaccine it’s really unsafe and tons of people are getting sicker from it than if they got the actual flu. Is that true?
- Ugh, the guy behind me in line is coughing and I’m sure he’s got it. I’ve got to get my kids out of here!
- My husband’s in the National Guard and he got called up to help deal with this outbreak. I’m so afraid he’s going to get exposed! Plus of course that means I’m dealing with the kids on my own, as usual.
- The news said that for now only people under 40 can get the shot, but usually by this time of year my parents would have had flu shots and now they’re being told they can’t have it. I bet all of those rich old guys in Congress got their shots already!
- I’m feeling kind of short of breath. I think I may be getting sick already….
Infectious disease outbreak, assisting quarantined traveler.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
An emerging outbreak of a severe respiratory illness has been recognized in Central America. Despite efforts to screen all travellers from the region for signs of sickness, a passenger on a New York-bound flight became visibly ill, with intense coughing and sneezing. Out of concern that the virus may have spread through the plane’s recirculated air, all passengers have been placed in mandatory quarantine for the 10-day incubation period. They’re being lodged in a motel where they’re brought food and other supplies each day. They have television, phone, and internet access but are not allowed to leave their rooms or to have face-to-face contact with any visitors. It’s now Day 6 of the quarantine period. The Client is a 42-year-old construction worker who is married with two teenage children. He’s become increasingly angry and hostile towards those monitoring his health, so they have asked the Helper, who works for the Health Department, to provide PFA over the phone.

Client Statements:
- Can you get them to let me out of here? I have to get out of here!
- I’m completely fine! I’m not coughing or sneezing, I don’t have a fever or headache, and if I have to have my vitals checked one more time I don’t know what I might do.
- I already missed a week of work to go check on my parents in their country, and now I’m out for another 10 days. How’s my wife supposed to feed our kids when I’m not working? And I’ll be lucky if I have a job at all when I finally get out of here.
- The kids say they’re behaving but I bet they’re giving my wife hell by now. They need me around to keep them in line.
- Man, if I watch one more press conference with that jackass governor bragging about how he’s taking care of his people by keeping us passengers locked up here I’m really going to lose it.
- Why did that woman get on the plane in the first place? She must have known she was sick but she exposed everyone anyway. I hope she dies from that disease.
- I’m going stir crazy in this room.
School shooting, assisting family of child survivor.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
While several classes from an elementary school were outside playing during recess, a gunman opened fire from the border of the playground, killing six children and wounding many more. It’s now two days after the event and a Family Assistance Center has been opened in the local high school to provide support to the community. The Client is the parent of an eight-year-old child who was unharmed physically but who witnessed the event directly. One of the child’s closest friends was killed. The parent and child are both present, but the child is silent and seems dazed while the parent speaks with the Helper, a mental health counselor.

Client Statements:
- I’m so worried about my daughter. I can’t believe she experienced something so terrible at such a young age.
- She’s barely said a word since this happened, but she won’t let me out of her sight. She keeps trying to climb into my lap, which she hasn’t done in ages.
- I’m so grateful that she wasn’t hurt, but the other parents who weren’t so lucky – I just can’t imagine….
- She knows her friend Amy is, um, gone, but I don’t think she really understands it. I mean, at that age, how could she?
- Ugh, I haven’t reached out to Amy’s parents yet and I feel terrible about it. I just don’t know what to say to them. I mean, I still have my daughter and they don’t, so what can I possibly say to them?
- She had such bad nightmares the first night, then last night she refused to go to sleep so she’s exhausted on top of everything else.
- How can I ever send her back to that school? Maybe I should homeschool her so I know she’s always safe, or we should move or something.
- Will she ever recover from this?
Mass shooting, assisting hospital staff.

Note to participant: When you’re serving as the Client, you will read the following scenario description to the group before beginning the exercise so everyone understands the situation, but you shouldn’t let the Helper see the suggested Client Statements. Those are comments you can use to see how the Helper responds using the elements of PFA.

Scenario Description:
After a mass shooting at a local nightclub, dozens of critically wounded patients were treated at the regional trauma center. While the medical staff succeeded in saving many lives, some patients did not survive, and the intensity of the response as well as the exposure to distraught family members waiting for news about their loved ones has taken a toll on staff members. The hospital social workers and chaplains are doing outreach the next day to provide support. The Client is a nurse who typically works in the pediatric ward but who was called into the ED to assist with the response.

Client Statements:
- I haven’t been able to get those images out of mind since yesterday. I feel kind of shaky today.
- All that blood....
- A lot of the patients were around my own age. In fact I went to that nightclub once so, you know, I keep thinking it could have been me, or one of my friends.
- How could someone have done this? What’s wrong with people?
- We see some tough stuff in my department between the sick kids and their parents, but the screaming and crying I heard in the waiting room – I dreamed about that last night.
- I’m trying to focus on the good work we did and all the people we saved, but it’s hard not to keep thinking about the ones we lost.
- I love being a nurse, mostly, but if I’m going to have to do that kind of thing again maybe I’m not in the right field.
PFA Policies and Practices
PFA Policies and Practices:

Introduction
A key objective of the PFA Demonstration project is to provide preparedness and response agency leadership and training coordinators with practical guidance for developing sustainable PFA training policies and practices that meet the needs of their organization. Incorporating PFA training requirements into policies and practices will help ensure that training is sustained over time, is required for new responders, and that refresher trainer is available for existing responders.

This section of the guide includes both a recommended PFA training policy and resources from other local, state and national preparedness programs to help agencies incorporate PFA training into their own policies, workforce development plans, training and exercise plans, job actions sheets and exercise evaluation guide.
Sample PFA Training Policy for Local Health Departments:

**Background**

THE ...........COUNTY DEPARTMENT OF PUBLIC HEALTH RECOGNIZES THE IMPORTANCE OF SAFEGUARDING OUR COMMUNITIES WELFARE DURING PUBLIC HEALTH EMERGENCIES AND DISASTERS. WE ALSO RECOGNIZE THAT TRAINING IS A KEY ELEMENT IN BUILDING WORKFORCE COMPETENCY AND RESILIENCY. PSYCHOLOGICAL FIRST AID (PFA) IS AN EVIDENCE INFORMED APPROACH FOR ASSISTING INDIVIDUALS WITH BASIC NEEDS AND IMMEDIATE CONCERNS DURING A DISASTER OR OTHER TRAUMA. PFA TRAINING PROVIDES EMPLOYEES WITH THE KNOWLEDGE, SKILLS AND ATTITUDES TO HELP SURVIVORS REDUCE ANXIETY, PROMOTE POSITIVE COPING SKILLS AND DEVELOP A MORE POSITIVE ATTITUDE TOWARD THEMSELVES, WHICH MAY PREVENT LONG-TERM PROBLEMS AND PROMOTE HEALING. WE ALSO RECOGNIZE THAT DISASTERS MAY CREATE A STRAINED AND STRESSED WORK ENVIRONMENT FOR OUR EMPLOYEES. PFA TRAINING CAN HELP STAFF AND SUPERVISORS IDENTIFY AND ADDRESS THEIR OWN STRESS REACTIONS, ULTIMATELY FOSTERING A POSITIVE RECOVERY ENVIRONMENT FOR OUR WORKFORCE.

**Policy**

ALL DEPARTMENT OF HEALTH EMPLOYEES ARE ENCOURAGED TO HAVE EXPERIENCE AND TRAINING IN PSYCHOLOGICAL FIRST AID (PFA). THE FOLLOWING EMPLOYEES ARE REQUIRED TO SATISFACTORILY COMPLETE PFA TRAINING AS INDICATED BELOW:

ALL SUPERVISORY STAFF:
1. ONLINE COURSE – BUILDING WORKFORCE RESILIENCE THROUGH THE PRACTICE OF PSYCHOLOGICAL FIRST AID
2. ATTEND PFA PRACTICE SESSION

ALL PUBLIC HEALTH EMERGENCY RESPONSE STAFF AND ALL EMPLOYEES WITH ASSIGNED RESPONSE ROLES:
1. COMPLETE ONE OF THE FOLLOWING ONLINE COURSES
   A. PSYCHOLOGICAL FIRST AID: A MINNESOTA COMMUNITY SUPPORTED MODEL
   B. PSYCHOLOGICAL FIRST AID PFA100.A AVAILABLE ON THE NEW YORK STATE LEARNING MANAGEMENT SYSTEM AT WWW.NYLEARNSPH.COM
2. ATTEND PFA PRACTICE SESSION
Refresher

ALL STAFF WITH RESPONSE ROLES ARE REQUIRED TO PARTICIPATE IN REFRESHER TRAINING EVERY 3 YEARS. REFRESHER TRAINING SHOULD INCLUDE EITHER IN PERSON REVIEW PROVIDED BY THE DEPARTMENT OR ONE OF THE ONLINE REVIEWS RECOMMENDED BELOW:

1. PSYCHOLOGICAL FIRST AID TUTORIAL
   - SELECT THE REFRESHER OPTION ON THE BOTTOM LEFT HAND SIDE OF SCREEN.
   - 2. PFA MOBILE – REVIEW ALL SECTIONS AND COMPLETE THE SELF-ASSESSMENT

-ALL EMPLOYEES NOTED ABOVE ARE REQUIRED TO PARTICIPATE IN A PFA PRACTICE SESSION. PRACTICE SESSIONS MAY INCLUDE FACILITATED SMALL GROUP PRACTICE, DRILLS OR EXERCISES.

Description

- CERTIFICATION IS ENCOURAGED FOR ALL EMPLOYEES AS A MEASURE OF BASIC EDUCATION AND TRAINING FOR WORKFORCE RESILIENCY.
- ACQUISITION OF PFA SKILLS MAY BE FACILITATED THROUGH SCENARIO BASED PRACTICE SESSIONS, TRAININGS, DRILLS AND EXERCISES.

References:
2. Building Workforce Resilience through the Practice of Psychological First Aid. NACCHO, 2015.
### PFA Policies and Practices:

The table below is a compilation of general and PFA-related training policies and practices from local, state, and national organizations. The information in the table was gathered through internet searches and requests from local New York State Health Emergency Preparedness Coalition (HEPC) members who responded to a 2016 PFA training needs survey. A number of HEPC members have generously shared their policies and practices here. The types of policies and practices outlined in the table below include the following:

- General workforce development or training plans
- Training and Exercise Plan
- Job Action Sheets – training requirements for specific position or role
- Sample Letters – to send out to new hires or new volunteers
- Exercise Evaluation Guides

#### General workforce development and training plans

<table>
<thead>
<tr>
<th>Organization</th>
<th>Goal</th>
<th>Objective</th>
<th>PFA Training Policy</th>
</tr>
</thead>
</table>
| **American Red Cross – North Texas Region Red Cross University** (2014) | Provide volunteers and staff with a guide for Workforce Development | Document outlines required training by volunteer/staff position. | PFA training required for following positions:  
  - Client Caseworker (p10)  
  - Disaster Action Team Captain (p8)  
  - Service Associate (p11)  
  - Disaster Mental Health (p11)  
  - Disaster Health Services Coordinator (p12)  
  - Mass Care (p13-14)  
  - Staff wellness supervisor (p22)  
  - Services to Armed Forces (caseworker, associate, mailing p 24-25) |
<p>| <strong>Arlington County (Texas) Medical Reserve Corps, Volunteer Handbook</strong> (2016) | Deliver a comprehensive training program for members that meets the needs of the community during an emergency. | Core Competency Training: Describe the impact of an event on your mental health and that of responders, the public and others. | PFA strongly recommended training for all volunteers (p16) |</p>
<table>
<thead>
<tr>
<th>Organization</th>
<th>Goal</th>
<th>Objective</th>
<th>PFA Training Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broome County Health Department</td>
<td>Goal is to enhance and maintain the capacity of workforce to respond to PH emergencies</td>
<td>Outlines recommended and required training for workforce.</td>
<td>PFA is required for all staff (see Appendix 1, attached).</td>
</tr>
<tr>
<td>Civil Air Patrol Strategic Plan Annex (2016) Page 10</td>
<td>Goal 5.2 Take care of our members</td>
<td>Objective 5.2.2. – Develop and include annual PFA training to all members which will create a climate of resiliency.</td>
<td>Provides annual in-person PFA training.</td>
</tr>
<tr>
<td>NACCHO – MRC Training Plan</td>
<td>Goal is to provide a competency based training plan for volunteers</td>
<td>DMPH Competency 7.0: Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disaster and public health emergencies, in accordance with professional scope of practice.</td>
<td>The training plan is a suggested guide for training MRC Volunteers at the local level. PFA is one of 5 courses suggested for competency 7.0. Links to the recommended courses and training plan are available on the MRC TRAIN website.</td>
</tr>
<tr>
<td>Rensselaer County Department of Health (NYS)</td>
<td>Provide training plan for Medical Reserve Corps (MRC) Volunteers</td>
<td>Training plan outlines requirements to meet basic, introductory, core competency and cultural competency levels.</td>
<td>Tiered training plan – PFA required to reach core competency level (see Appendix 2, attached).</td>
</tr>
<tr>
<td>NYS Department of Homeland Security and Emergency Services, New York State Homeland Security Strategy (2014-2016)</td>
<td>Enhance Citizen and Community Preparedness Capabilities</td>
<td>Objective 7.9: Enhance efforts to understand and mitigate the psychological impacts that emergencies have on both first responders and the general public (p29)</td>
<td>Target: Provide training to first responders and other officials on how to address and manage the psychological impacts of emergencies.</td>
</tr>
<tr>
<td>Training and exercise Plans</td>
<td>Goal</td>
<td>Capability: Community and Healthcare System Preparedness</td>
<td>Training and exercise plan mapped out over 5 years which includes PFA and other Disaster Mental Health Training. Annual exercise for Disaster Mental Health team includes Exercise Evaluation Guide and ICS form (see Appendix 6, attached).</td>
</tr>
<tr>
<td>Florida Department of Health</td>
<td>Provide public health and healthcare with a statewide Multi-Year Training and Exercise Plan</td>
<td>Capability: Community and Healthcare System Preparedness</td>
<td>Training and exercise plan mapped out over 5 years which includes PFA and other Disaster Mental Health Training. Annual exercise for Disaster Mental Health team includes Exercise Evaluation Guide and ICS form (see Appendix 6, attached).</td>
</tr>
</tbody>
</table>
### Requirements for Specific Roles (Job Action Sheets)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Goal</th>
<th>Objectives</th>
<th>PFA requirement by role</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross – North Texas Region Red Cross University (2014)</td>
<td>Provide volunteers and staff with a guide for Workforce Development</td>
<td>Document outlines required training by volunteer/staff position.</td>
<td>PFA training required for numerous positions. See details under workforce development plans above.</td>
</tr>
<tr>
<td>Hamilton County Public Health Nursing Service (NYS)</td>
<td>Prepare support staff to serve during public health disaster</td>
<td>Job Action Sheet outlines required training for roles/positions</td>
<td>PFA training recommended for support staff (see Appendix 3, attached)</td>
</tr>
<tr>
<td>University of Minnesota and Hennepin County Medical Reserve Corps Family Assistance Center Training Toolkit</td>
<td>Provide Training Toolkit for MRCs</td>
<td>Document outlines description of roles in a Family Assistance Center and the training required to support those positions.</td>
<td>PFA is suggested training for following positions: • Ante mortem interview assistant (p 13) • Family Liaison (p 12) • Friends/Relative Briefer (p 11)</td>
</tr>
</tbody>
</table>

### Sample letters for new hires/volunteers

<table>
<thead>
<tr>
<th>Organization</th>
<th>Goal</th>
<th>Objectives</th>
<th>PFA recommendation by role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleghany County Department of Health (NYS)</td>
<td>A prepared public health workforce</td>
<td>Prepare all public health employees for public health disaster</td>
<td>All new hires required to take PFA. Information sent out in letter (see Appendix 4, attached)</td>
</tr>
<tr>
<td>Erie County Department of Health (NYS)</td>
<td>Letter outlines training requirements for Specialized Medical Assistance Response Team volunteers.</td>
<td>Volunteers trained to Core Competencies and to provide PFA during the acute period following a disaster.</td>
<td>All SMART (Specialized Medical Assistance Response Team) volunteers are required to complete PFA training (see Appendix 5, attached)</td>
</tr>
<tr>
<td>Rensselaer County Department of Health (NYS)</td>
<td>Welcome and introduction for MRC volunteers with training plan</td>
<td>Provide volunteers with training plan and resources for training</td>
<td>PFA training recommended for competency (see Appendix 2, attached).</td>
</tr>
</tbody>
</table>
## Appendix 1: Required Trainings by Position

<table>
<thead>
<tr>
<th>Training</th>
<th>Training Provider and Format</th>
<th>Staff Affected</th>
<th>Minimum Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Manual Review</td>
<td>In Person</td>
<td>All</td>
<td>Upon Hire</td>
</tr>
<tr>
<td>Evacuation Procedure</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>Phone System</td>
<td>In Person</td>
<td>All</td>
<td>Upon Hire</td>
</tr>
<tr>
<td>Mandated Reporter</td>
<td>In Person/Video</td>
<td>All</td>
<td>Upon Hire</td>
</tr>
<tr>
<td>CPR/AED (If appropriate)</td>
<td>In Person</td>
<td></td>
<td>Every 2 Years</td>
</tr>
<tr>
<td>Workplace Violence Training</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>HIPAA</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>HIV Confidentiality</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>OSHA Blood borne Pathogens</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>Right to Know/SDS/Fire Safety</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>Cultural Competency/Cultural Diversity</td>
<td>In Person/Video</td>
<td>All</td>
<td>Annually</td>
</tr>
<tr>
<td>Psychological First Aid</td>
<td>Online</td>
<td>All</td>
<td>One Time</td>
</tr>
<tr>
<td>ICS 100</td>
<td>Online</td>
<td>All</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 200</td>
<td>Online</td>
<td>All</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 700</td>
<td>Online</td>
<td>All</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 800</td>
<td>Online</td>
<td>All</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 300</td>
<td>In Person</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 400</td>
<td>In Person</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 701</td>
<td>Online</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 702</td>
<td>Online</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 703</td>
<td>Online</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
<tr>
<td>ICS 704</td>
<td>Online</td>
<td>Senior Leadership</td>
<td>One time</td>
</tr>
</tbody>
</table>

Appendix 1
Broome County Health Department
Workforce Capacity Development Plan 2016-2017

Broome County Health Department Administration Division
6/30/2016

Materials provided courtesy of Broome County Health Department
# Rensselaer County MRC Membership Levels

## Level 1 - Member
- Completed Membership File including ServNY Registration
- RCDOH
- In Person

## Level 2 – Introductory
1. Orientation
2. Introduction to the Incident Command System (IS 100) – In-Person
3. National Incident Management System (NIMS) an Introduction (IS 700) – FEMA IS Website

Upon completion of these trainings you will receive your MRC ID Badge & MRC Volunteer Binder.

## Level 3 – Basic Core Competency
1. Your Family Disaster Plan (UACPHP-204) – NYS DOH LMS
2. Are You Ready? An In-Depth Guide to Citizen Preparedness (IS-22) – FEMA IS Website
3. Applying ICS to Healthcare Organizations (IS-200.HCa) – NYSDOH LMS
4. Introduction to Public Health Preparedness (1026660) – MRC Train Website
5. Psychological First Aid (PFA100.a) – NYS DOH LMS
6. Special Needs Populations in Disaster Response (ADPH-20080911) – NYS DOH LMS

## Level 4 – Cultural Competency
1. Public Health Preparedness for At-Risk Populations and Functional and Access Needs
2. Cultural Competency: The impact on Health Equality
3. National Standards for culturally and linguistically appropriate services in Health Care
4. Risk Communication

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Appendix 2
Draft training policy provided courtesy of Rensselaer County Department of Health
** These courses are offered on occasion in the state. Visit [http://kyem.ky.gov/training](http://kyem.ky.gov/training) for availability.

### Level 5a- Strategic National Stockpile (SNS) Team

4. SNS 100 Introduction, Terms & Concepts.
5. SNS 110 Point of Dispensing (POD) Staff &
6. SNS 120 Distribution Node (DN) Staff Introductory Level Training.

### Level 5b- Point of Dispensing (POD) Operations Team

1. SNS 100 Introduction, Terms & Concepts.
2. SNS 110 Point of Dispensing (POD) Staff &
3. SNS 120 Distribution Node (DN) Staff Introductory Level Training.

### Level 5c- Environmental Health Team

**Training**

1. Community Environmental Health Assessments
2. Environmental Public Health Overview

### Level 6 – Crisis and Public Health Emergency Management

1. Climate Change and Public Health (1050176)
2. MRC Category A Agents (1004807)
3. IS 200 (1024638)
4. ISC 300 Intermediate ICS for Expanding Incidents**
5. ISC 400 Advanced Incident Management System**
6. Infection Control (1004805)
7.
Policies and Practices

JOB ACTION SHEET – SUPPORT STAFF

PURPOSE: This Job Action Sheet provides a summary of the role of Support Staff before, during, and following a public health emergency.

PROTOCOL: Use the reference to prepare for and respond to a potential or actual potential public health emergency response.

JOB TITLE: Support Staff

PRE-EVENT ACTIVITIES:
- Prepare and exercise a personal disaster plan. Be prepared to work an 8 on and 8 off shift.
- Be prepared to have a change of clothing (layers if the electricity may be out for an extended period); winter outdoor clothing including boots; toiletries; food and water; prescription drugs; etc.
- Prepare and exercise a family disaster plan.
- Keep cell phone charged at all times, if applicable.
- Check Personal Protective Equipment (PPE) and emergency supplies for expiration dates and replace if damaged or worn. Keep two N-95 respirators in your car.
- Always keep your whereabouts form up to date.
- Notify the Public Health Emergency Preparedness (PHEP) Coordinator of any changes needed to call-up lists.

RESPONSE ACTIVITIES:
- Activate your personal and family disaster plans.
- Report to DPH or PHEP Coordinator to support the activation of the PHEP Response Plan or CHHA Emergency Plan and associated SOPs.
- Primary duties may include answering telephones, maintaining telephone logs, and IT and clerical support.
- Assist with set-up of Emergency Operations Center and/or Point of Distribution (POD).
- May to act as runner, if communications are down.
- Participate in Just in Time training.

DEMOBILIZATION ACTIVITIES:
- Participate in “hot wash” and input to the After Action Report, as applicable.
- Assist with breakdown of EOC and/or POD and restocking of supplies.
- Resume usual activities.

TRAINING:
- Use of PPE (N95, gloves, goggles, etc.)
- HCPHNS Call-Up List
- Infectious Agent Packaging and Shipping
- Annual review of PHEP and CHHA Emergency Plans
- FEMA ICS
- Psychological First Aid
- Risk Communication
- Other, as applicable.

Job Action Sheet provided courtesy of: HAMILTON COUNTY PUBLIC HEALTH NURSING SERVICE
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE Appendix 3
PFA for Training Coordinators
Policies and Practices – Sample Welcome Letter

Welcome,

Starting a new position can sometimes be overwhelming. There is a lot to learn and do in the first few weeks and I am here to help you through a couple of the processes that you will need to complete upon starting your new position:

1. **Signing up for a NYS Health Commerce System (HCS) account**, if you don’t have one already.

   HCS website:  [https://commerce.health.state.ny.us](https://commerce.health.state.ny.us)

2. **Signing up on the NY Learning Management System (LMS):**
   (Trainings need to be completed within 6 months of date of hire)

   [https://www.nylearnsph.com/Public/default.aspx](https://www.nylearnsph.com/Public/default.aspx)

   The **NY Learning Management System** helps keep track of most of your trainings, required or not.

   It is our practice in the Allegany County Department of Health to require anyone who will be involved in an emergency position to complete:
   - IS 100.b
   - IS 200.b IS 700.a
   - and IS 800.b courses.

   These Federal Emergency Management Assistant (FEMA) courses will get you familiar with the National Incident Management System that is used during major emergency disasters and trainings all across the country. These courses are done online through the LMS.

Sample letter provided courtesy of Alleghany County Department of Health  Appendix 4
PFA for Training Coordinators
Policies and Practices – Sample Welcome Letter

Other courses you will need to take are as follows when available:

**CTI-100 CTI-200**
**Psychological First Aid IS-917-Active Shooter**

All Health Department employees play some sort of role in a major public health disaster, which is why we are required to complete these courses. In the near future, you will be informed and trained in the role; your position would participate in, if ever a Public Health Emergency or disaster occurs in our County.

- Be sure to bookmark the website, as you will need to get familiar with it for future trainings.

There are hundreds of trainings on the LMS System. You are not required to complete all of them. Only the ones above and any new ones that I will notify you about.

You are welcome to complete any of the other courses in the system, on your own time or on company time, if requested by your program manager.

I am available to help you with the process, so please do not hesitate to ask for help if you need it.

If you have already taken any of the courses that are required or any others that are on the system, please bring in a copy of your certificate and I will be sure to add them to your account so you can get the acknowledgment of them. You do not have to retake the required courses if you can produce the certificate. You are always welcome to retake them if you need a refresher course at anytime.

Congratulations on your new job,

*Public Health Emergency Preparedness Coordinator*

Sample letter provided courtesy of Alleghany County Department of Health    
Appendix 4
PFA for Training Coordinators
Policies and Practices

SMART VOLUNTEER INSTRUCTIONS

Access the SMART website at http://www.erie.gov/health/smart

1. Click Volunteer Today to complete an application.

2. Click Join Our Mailing List to register on ServNY.
   (You will notice on the opening page that there are references to the organization called “SMERT”, which is an acronym used to name the statewide team. DON’T BE CONFUSED – SMART is for the Erie County team, and SMERT is for the statewide team. You will have the opportunity to check a box if you are interested in volunteering either statewide or for national emergencies.)

3. Complete the following Core Courses:
   http://www.ualbanycphp.org/learning/registration/tab.cfm?course=pep&s=Overview
   http://www.ualbanycphp.org/learning/registration/tab.cfm?course=terrorism&s=Overview
   http://www.ualbanycphp.org/learning/registration/tab.cfm?course=pod&s=Overview
   http://www.training.fema.gov/EMIWeb/IS/IS100b.asp

4. Contact the Office of Public Health Emergency Preparedness at the number below to:
   a. Obtain a SMART Photo I.D. (which is required by all volunteers
   b. Obtain a SMART Physical Form

5. Finally, forward a copy of your current certification of professional license, if applicable, to the address below:

   Office of Public Health Emergency Preparedness 95
   Franklin Street – Room 931
   Buffalo, NY 14202
   Phone: 716-858-7101 Fax: 716-858-7121

Volunteer requirements provided courtesy of Erie County Department of Health
## Exercise Evaluation Guide

|---|---|---|

### Response

**Exercise Objective:**

**Objective 1:** Demonstrate the ability to conduct a DBH Global Assessment in an impacted county

### Core Capability: Public Health and Medical Services

Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.

### Organizational Capability Target 1: Complete DBH Assessment in Special Needs Shelter

**Critical Task:** Report to Legends Special Needs Shelter

**Critical Task:** Complete DBH Global Assessment Form

**Critical Task:** Develop plan to support identified DBH needs

**Source(s):** ESF-8 Disaster Behavioral Health Standard Operating Guidelines-2013 Draft

### Organizational Capability Target 2: Respond to DBH Needs Presented in Special Needs Shelter

**Critical Task:** Identify developing DBH needs among SpNS clients

**Critical Task:** Identify developing DBH needs among SpNS staff

**Critical Task:** Develop action plan to support those needs

**Source(s):** ESF-8 Disaster Behavioral Health Standard Operating Guidelines-2013 Draft

### Organizational Capability Target 3: Provide DBH Situational Awareness & Resource Status Information to State ESF-8 Plans

**Critical Task:** Report initial global assessment findings to SpNS Team Leader

**Critical Task:** Report global assessment information to FCC and State ESF-8 Plans

**Critical Task:** Respond to other information requests as needed

**Critical Task:** Report demobilization plan and status

**Source(s):** ESF-8 Disaster Behavioral Health Standard Operating Guidelines-2013 Draft
**EXERCISE EVALUATION GUIDE**

<table>
<thead>
<tr>
<th>Exercise Name:</th>
<th>Infectious disease outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Date:</td>
<td>Organization/Jurisdiction:</td>
</tr>
<tr>
<td>Venue:</td>
<td>[Insert venue name]</td>
</tr>
</tbody>
</table>

**Response**

**Exercise Objective:** Coordinate public health, medical, and mental health/behavioral health system recovery operations for infectious disease outbreak with population, some of which are quarantined.

**Core Capability:** Public Health, Healthcare, and Emergency Medical Services

Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.

**Organizational Capability Target 1:** Assess, Monitor and coordinate public health, medical and mental/behavioral needs of quarantined individuals

**Critical Task:** Health status monitored per agency protocol

**Critical Task:** Action taken to re-evaluate need for higher level medical care

**Critical Task:** Self-monitoring guidance issued, if appropriate

**Critical Task:** Confined person’s compliance monitored per agency protocol

**Source(s):** [Insert name of plan, policy, procedure, or reference]

**Organizational Capability Target 2:** Provide psychological First Aid

**Critical Task:** Provide non-intrusive pragmatic care (focused on listening to affected persons, but not forcing them to talk)

**Critical Task:** Basic needs assessed and met to a reasonable extent (medication, essential supplies, equipment, etc.)

**Critical Task:** Basic information about common reactions to stress and trauma provided

**Critical Task:** Connect individuals with social supports (phone, Facetime, Skype)

**Source(s):** [Insert name of plan, policy, procedure, or reference]

**Organizational Capability Target 3:** Facilitate referrals of individuals needing additional be

**Critical Task:** Differentiate between stress reactions and mental illness to provide appropriate care and support

**Critical Task:** Coordinate DMH needs with DMH Liaison/Team leader

**Source(s):** [Insert name of plan, policy, procedure, or reference]
<table>
<thead>
<tr>
<th>Organizational Capability Target</th>
<th>Associated Critical Tasks</th>
<th>Observation Notes and Explanation of Rating</th>
<th>Target Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Insert Organizational Capability Target 1 from page 1]</td>
<td>• [Insert Organizational Capability Target 1 Critical Tasks from page 1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Insert Organizational Capability Target 2 from page 1]</td>
<td>• [Insert Organizational Capability Target 2 Critical Tasks from page 1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Insert Organizational Capability Target 3 from page 1]</td>
<td>• [Insert Organizational Capability Target 3 Critical Tasks from page 1]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Final Core Capability Rating**

**Ratings Key**
- P – Performed without Challenges
- S – Performed with Some Challenges
- M – Performed with Major Challenges
- U – Unable to be Performed
### Ratings Definitions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed without Challenges (P)</td>
<td>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</td>
</tr>
<tr>
<td>Performed with Some Challenges (S)</td>
<td>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</td>
</tr>
<tr>
<td>Performed with Major Challenges (M)</td>
<td>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</td>
</tr>
<tr>
<td>Unable to be Performed (U)</td>
<td>The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</td>
</tr>
</tbody>
</table>

Appendix 6 Florida State DOH

**PROTECTIVE MARKING, AS APPROPRIATE**

Homeland Security Exercise and Evaluation Program (HSEEP)
Evaluation and Quality Improvement
Training Evaluation

Evaluation is an important component of any workforce development or training program. Evaluation includes getting feedback from learners and supervisors to improve the quality of the training and determine whether the goals of the training were met.

Most of the online PFA trainings in the Guide have incorporated evaluations based on the Kirkpatrick Model of Training Evaluation. This framework identifies 4 levels of training evaluation: participant satisfaction; participant learning; application of the knowledge or skills in the job; and impacts on the organization. The majority of evaluations of the online PFA courses focus on Kirkpatrick Level 1 and Level 2 evaluations of participant satisfaction and learning. This information can help training coordinators identify the usefulness of specific online courses for their target audiences.

Practice sessions, drills, exercises and “real-life” events give training coordinators the opportunity to evaluate skill acquisition and/or the application of knowledge and skills in the disaster setting (level 3). The Guide includes the following tools that can be adapted to help evaluate PFA skills:

1. The PFA observer worksheet – This worksheet is intended for use during interactive scenario based practice sessions. Observers can use the form to assess use of PFA skills during practice sessions (attached Appendix A).

2. Sample evaluation for PFA practice session – This evaluation form is intended for use with participants of an interactive practice based PFA training session (attached Appendix B).

3. Exercise Evaluation Guide (EEG) – This form is intended for use during drills and exercises. Exercise evaluators can use the form to assess PFA skills during an exercise or drill (Appendix C).

Continuous Quality Improvement:

An important goal of evaluation is to identify areas of improvement. Evaluation can help identify what worked, what didn’t work and any lessons learned from a training program.

Continuous Quality Improvement is a process and an environment where trainers, supervisors and staff strive to constantly improve the quality of training and services. In the arena of disaster preparedness, After Action Reports and Improvement Plans are the standard for identifying areas of improvement and planning strategies to achieve goals. The Getting to Outcomes™ process (please refer to Section 2 of the Guide to learn more about the 10 step process to plan, implement and evaluate programs) also includes a Worksheet CQI Summary form (attached Appendix D) that may help training coordinators identify areas for improvement and plan training to meet the changing needs of their organization.
Note to participant: When you’re serving as the Observer, monitor the exchange and note whether the Helper included each PFA element in their support for the Client so you can give feedback at the end of their discussion. Not all elements will be appropriate for all situations, so focus on what they did well and how they might improve in the future.

<table>
<thead>
<tr>
<th>PFA Element</th>
<th>Did the Helper address this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a connection</td>
<td></td>
</tr>
<tr>
<td>Attending to physiological needs</td>
<td></td>
</tr>
<tr>
<td>Attending to safety needs</td>
<td></td>
</tr>
<tr>
<td>Providing acknowledgment, recognition, reassurance</td>
<td></td>
</tr>
<tr>
<td>Remaining calm</td>
<td></td>
</tr>
<tr>
<td>Providing warmth, empathy, and genuineness</td>
<td></td>
</tr>
<tr>
<td>Empowering the survivor</td>
<td></td>
</tr>
<tr>
<td>Obtaining information</td>
<td></td>
</tr>
<tr>
<td>Providing accurate information</td>
<td></td>
</tr>
<tr>
<td>Helping clients access social support</td>
<td></td>
</tr>
<tr>
<td>Making a referral for additional help</td>
<td></td>
</tr>
<tr>
<td>Ending the conversation</td>
<td></td>
</tr>
</tbody>
</table>
Sample PFA Training Evaluation and Participant Feedback Form   Appendix B

Contact Information

Name: __________________________

Title: __________________________

Organization: _____________________

Address: __________________________

Telephone: _________________________

Email: ____________________________

Satisfaction with on-line course

<table>
<thead>
<tr>
<th>Indicate your agreement with the following statements, based on your experience with the on-line Psychological First Aid course taken to prepare for this training (Circle the correct answer).</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As a result of the on-line training, I am able to: Demonstrate knowledge of the principles and techniques of Psychological First Aid as they apply to a disaster response and knowledge of responder stressors and principles of self-care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I was satisfied with the course overall.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The on-line course enhanced my knowledge of the subject matter.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The on-line course was relevant to what I might be expected to do to (prevent, prepare for, or respond to) an emergency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Skills

<table>
<thead>
<tr>
<th>Please choose the number that best corresponds to how you rate your ...</th>
<th>Very Low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Ability to support people who have experienced disasters or other extremely stressful events</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Ability to recognize people in distress who may need support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Ability to listen in a supportive way, according to someone’s cultural context</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Ability to link people affected by crisis events to needed services, information and loved ones</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Ability to take care of yourself and support your team members when assisting people affected by crisis.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Confidence

<table>
<thead>
<tr>
<th>Please rate your confidence in the following areas:</th>
<th>Not at all Confident</th>
<th>Neutral</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. I understand the range of typical reactions that can be expected from disaster survivors, including physical, emotional, cognitive, behavioral, and spiritual responses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. I can practice the principles of the current early intervention of choice, Psychological First Aid and other basic helping practices.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. I understand why Psychological First Aid is recommended as an intervention for disaster survivors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. I am able to use Psychological First Aid skills in face-to-face interactions during a disaster intervention.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Satisfaction with in-person training

<table>
<thead>
<tr>
<th>Based on your experience of today’s in-person training, indicate your agreement with the following statements. Today’s training...</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. increased my understanding of the importance of Psychological First Aid and its basic elements.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. provided a thorough opportunity to practice Psychological First Aid skills using emergency response scenarios.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How to improve the training

16. What aspects of this training could be improved?

________________________________________________________________________
________________________________________________________________________

17. Any additional comments:

________________________________________________________________________
________________________________________________________________________

Thank you