



# HELPFUL HINTS

## FOR SCHOOL EMERGENCY MANAGEMENT



Vol. 3, Issue 3, 2008

## PSYCHOLOGICAL FIRST AID (PFA) FOR STUDENTS AND TEACHERS: LISTEN, PROTECT, CONNECT—MODEL & TEACH

### What is Psychological First Aid (PFA)?

Psychological First Aid is a concept that can be traced to an article published by the American Psychiatric Association in 1954 which acknowledged the need for an acute intervention to alleviate human stress “of a severity and quality not generally encountered ... due to the ‘forces of nature or from enemy attack’.”<sup>1</sup> Since that time, many researchers and health organizations, including the National Institute of Mental Health,<sup>2</sup> the Institute of Medicine,<sup>3</sup> and the U.S. Department of Health and Human Services,<sup>4</sup> have supported the idea that early, brief and focused intervention can reduce the social and emotional distress of children and adults after traumatic events.

This *Helpful Hints* publication will discuss the use of PFA in schools, specifically, the U.S. Department of Homeland Security’s “Listen, Protect, Connect—Model & Teach” (LPC) crisis response strategy. It will explore goals of the strategy, when and how PFA can be implemented by schools, when PFA should be implemented—including considerations to keep in mind when implementing—and the type of training school staff need to effectively use this strategy.

The widespread use of Psychological First Aid (PFA) is evidenced by the fact that the Inter-Agency Standing Committee (IASC), an international humanitarian assistance forum, has developed *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* that recommend, “All aid workers provide very basic psychological first aid.” The IASC guidelines further define the components of PFA to include the following actions:

- Protect survivors from further physical or psychological harm;
- Identify and provide support for those most distressed;
- Reestablish social supports:
  - Keep families together and facilitate reunion with loved ones, and
  - Reunite friends, teachers and return students to school;
- Provide information and linkage with local resources;
- Return to school and familiar routines;
- Facilitate communication among families, students and community agencies;
- Educate those affected about the expectable psychological responses, and basic coping tools, to stressful and traumatic events;
- Listen patiently in an accepting and nonjudgmental manner and convey genuine compassion;
- Identify basic practical needs and ensure that these are met;
- Ask for people’s concerns and try to address these;
- Encourage participation in normal daily routines (if possible) and use of positive means of coping; and
- As appropriate, refer to locally available support mechanisms or to trained clinicians.<sup>5</sup>

## Listen, Protect, Connect: An Evidence-Informed Model

In keeping with IASC's guidelines, LPC is a family or series of PFA strategies focusing on children, parents, families and community members. LPC uses parents, teachers, primary care and "neighbor-to-neighbor" providers to give basic psychological support.<sup>6</sup> A version of PFA specifically designed for children to be used by educators and other adult staff in schools is available.<sup>7</sup> In the immediate aftermath and during the early phases of recovery in this version, "Psychological First Aid for Students and Teachers: Listen, Protect, Connect—Model & Teach," (hereafter, LPC—Model & Teach) is a five-step crisis response strategy designed to reduce the initial distress of students or adults and to help students return to school, stay in school and resume their learning.<sup>8</sup> It is not a single session recital of events, but a model that can guide the interactions of students and educators over time through the process of their recovery. Students may need to tell their stories many times in different settings (individually, in a small group or after significant events that remind them of loss, the trauma or the anniversary of the tragedy) or not tell their story at all depending on factors regarding the event and the characteristics of the student. Teachers, counselors and other adults can use their discretion to apply these guiding principles in a flexible manner.

The two main goals of PFA for students and teachers are:

1. To stabilize the emotions and behaviors of students; and
2. To return students to an improved mental and emotional state after a crisis or disaster ready to attend school and reengage in classroom learning.

These goals promote the focus of teachers' actions on fulfilling the mission of education.

### Risk Factors That May Indicate A Counseling Referral Is Needed for a Student Include:

- Loss of a family member, schoolmate or friend
- Fear for their lives, observing serious injury or the death of another person
- Family members or friends missing after the event
- Getting sick or becoming hurt due to the event
- Home loss, family moves, changes in neighborhoods, changes in schools or loss of belongings
- Being unable to evacuate quickly
- Past traumatic experiences or losses
- Pet loss
- Past history of post-traumatic stress disorder (PTSD), anxiety or mood disorders coupled with any of the above

If a student has any of these experiences you may wish to consider referring him or her to your school psychologist, counselor or social worker.

Excerpted from: Schreiber, M., Gurwitsch, R., & Wong, M. (2006). *Listen, Protect, Connect—Model & Teach: Psychological First Aid (PFA) for Students and Teachers*. (Accessed online Oct. 16, 2008, at <http://www.ready.gov/kids/parents/index.htm>.)

## How to Implement PFA for Students and Teachers

LPC—Model & Teach is a five-step program that gives educators guidelines on how to speak with students who have experienced a crisis or disaster. Each step is formulated to help teachers reduce student distress and facilitate students' return to classroom learning. The steps are based on a model of cognitive learning that helps students put their experiences and feelings into words, provides adult support and encouragement, engages students in practical problem solving, models calm and optimistic behavior and teaches students about how traumatic stress affects human behavior.

LPC—Model & Teach also has a built-in triage tool (from the evidence-based PsySTART rapid triage system)<sup>9</sup> to help educators, community-based services, mental health supports and others who deal with children to help determine

which children may:

1. Need immediate referral to a school or other mental health professional for a potential mental health emergency; or
2. Benefit from basic psychosocial support as provided by the Protect and Connect steps of LPC—Model & Teach and other supportive means.

This built-in triage component of LPC—Model & Teach points educators to the issues that may be most challenging for a particular student. Triage calls for educators to observe for certain risk factors (see “Risk Factors That May Indicate A Counseling Referral Is Needed for a Student Include” on page 2). If a quick triage indicates one of the risk factors, then an educator should refer the student to a professional with training in treatment of trauma in the lives of children. If risk factors are not significant enough to warrant a referral, then the educator can proceed with the first step in LPC—Model & Teach and continue to monitor for risk indicators and behaviors that may emerge. Should a teacher make a referral, he or she can still utilize LPC—Model & Teach principles to provide support when the student experiences behavioral or emotional difficulties in the classroom.

### **Step 1: Listen**

During step one, teachers or adult school staff should provide students with an opportunity to share their experiences and express feelings of worry, anxiety, fear or other concerns about their safety. The LPC—Model & Teach strategy is a flexible approach that allows educators wide latitude to speak with students individually or in small formal or informal groups. Speaking with students can occur one-on-one if a teacher and student find themselves in a relatively private place to talk. Listening can also occur in a group setting. The teacher can open the discussion by acknowledging what has happened and letting students know that it is okay to share their

experiences, and establishing that the school is a safe place to do this. The teacher can begin the discussion with one of the sample “Listen” questions (see box below). Whenever possible, if conducting this step in a group setting, be aware of who is in this group. Children who have experienced a direct loss due to the event may benefit more from a one-on-one initial listening session or with a group that also has experienced the loss.

#### **Sample “Listen” Questions**

- Where were you when this crisis happened?
- What do you remember about that day?

Listening is a step that continues throughout the PFA process. Listening can occur in a formal setting, such as a classroom or homeroom, but it also may take place when students gather in the halls, before, or after school. Adults should respond encouragingly to students’ self-expression, conveying interest and empathy, and responding with support to both verbal and nonverbal cues.

Adults can acknowledge the difficulty students may be having, but should avoid making judgments and predictions, such as “You’ll get over it,” or “Only the strong survive.” It is important to validate the students’ life experiences. Another caveat to educators during this phase is not to probe students for more details than they are willing to share, but to respect students’ wishes not to share thoughts or feelings. Forcing students to go over their experiences in too much detail, especially immediately after the crisis, can re-traumatize the student and may cause more emotional and psychological distress to themselves and to others who may hear additional details about the event.

Rather, the adult should convey interest, empathy and availability, and let students know they are ready to listen. In addition,

adults should provide extra reassurance and encouragement at this point to stay in school rather than at home. Teachers and other school personnel may worry about “saying or doing the wrong thing,” but being available just to listen, reflecting back students’ concerns, and being open to discussion will serve as examples to students of how adults deal with difficult situations. Knowing they have a place where adults care and listen will increase the students’ perception that school is a positive experience, and will facilitate their return to the learning environment.

### **Step 2: Protect**

For this second step in the LPC—Model & Teach intervention, adults should try to reestablish students’ feelings of both physical and emotional safety. They can honestly inform students about events surrounding the crisis, such as sharing with them information about what is being done in the community and school to keep everyone safe. This information should be provided in a developmentally and age-appropriate manner. In the classroom, or around school, adults should maintain structure, stability and predictability, and make efforts to reestablish routines, expectations and rules. For example, bell schedules should return to normal as soon as possible. If shortened days are required, keep them to a minimum. Traumatized students may experience more confusion when disruption comes to their school routines, including after-school activities, by changes to their regular schedules. Concerns about separation from parents or caregivers are frequently children’s paramount concern. Parents can help stabilize children’s reactions by resuming mealtime, homework, and bedtime routines as well as community or church activities disrupted by the crisis or emergency.

It is also important at this phase to protect students from further physical harm or psychological trauma. Adults should try to keep

#### **Sample “Protect” Questions**

Use these questions to help elicit what the student fears or worries are about after a disaster:

- What is the most difficult thing to deal with right now?
- Are you worried about how you are reacting?
- Are you worried about your safety? Around other students? Around adults at school or outside of school?

the environment free of anything that could re-traumatize students, such as showing videos of similar tragedies or exposing students to news stories that have repeated reminders of the crisis or disaster, particularly for younger students. Research after the bombing of the federal building in Oklahoma City found a strong relationship between the amounts of time spent watching bombing related coverage and the numbers of post-traumatic stress reactions that children reported months after the event.<sup>10</sup>

Adults also should be on the lookout for negative or trauma-related behaviors, which can include repetitive play or talk involving aspects of the traumatic event being proliferated in the classroom or around school. Other behaviors may include increased irritability, oppositional and defiant behaviors, withdrawal, poor attention and concentration, and difficulty learning new material. While some students may become the target of bullying, be aware that other students may become the bullies. Despite the adults’ assumption that students in distress may seek and receive support from peers, there will be students who use the tragedy as fodder for bullying. Although students will need extra patience and attention after a crisis, schools can increase students’ sense of safety and security when rules and routines regarding appropriate behavior, including disciplinary consequences, are reestablished.

Above all, adults should treat students’ fears, worries, and other concerns with respect, and

provide help that is supportive and discreet. For example, it would be inappropriate to announce to the class that “Jimmy is having a hard time getting his work done in the classroom and needing to leave class to go to the counselor because he can’t stop thinking about the crisis.” Or, “Jimmy is not going to the class play tonight because he is afraid of the dark since the crisis occurred.” Adults should find ways instead to help students get the support they need in a manner that preserves their dignity and privacy.

### **Step 3: Connect**

One of the most common reactions to trauma or fear is emotional and social isolation and the sense of loss of social supports. It can occur automatically, without students or adults realizing that they are withdrawing from their teachers or peers, respectively. The third objective of LPC—Model & Teach is to help students reestablish their normal social relationships and stay connected to others in order to experience social support. Restoring and building connections promotes stability, recovery and predictability in students’ lives. A student’s classroom and school is a safe place to begin restoring normalcy during a crisis or disaster. Through the eyes of children, adults can identify the “systems of care” that are part of their everyday life, move from beyond the classroom and school to the family and then to other community anchors including preexisting faith and cultural supports. This objective serves to help students reconstitute the relationships between the key community systems or “anchors” in their lives.

Teachers or other school staff that reach out and check in with students on a regular basis can do this reconstitution, sometimes several times a day (see sample “connect” questions on the right). Students also can be encouraged to interact, share activities and take on team projects with other students, friends or teachers. If necessary, teachers and staff can refer students to school counselors.

Parents can be encouraged to consult the LPC information specifically tailored for parents and caregivers, available at [http://www.ready.gov/kids/\\_downloads/PFA\\_Parents.pdf](http://www.ready.gov/kids/_downloads/PFA_Parents.pdf).

#### **Sample “Connect” Questions**

These questions are not meant to be intrusive or probing, but are gentle inquiries as to what others can do to help the student return to school, stay in school and do well in school.

- What can I do to help you right now?
- What can your teachers do to help?
- What can your friends do to help?
- What can your family do to help?

As time passes, adults should keep track of what is going on in students’ lives, and engage in an ongoing dialogue on these happenings. By sharing positive feedback with others in the students’ lives and with the students themselves, teachers and other adults also can provide a positive boost to students’ feelings of confidence that they can handle their reactions related to the event. With this type of interaction, students feel the caring and consistent support of adults in their lives, even during a difficult time of coping.

Encourage parents to share with school personnel any concerns they may have about their children’s reactions after the event. Over time, such communication should be a goal—to balance concerns about students as well as to share students’ accomplishments and strengths. By engaging in open communication and sharing information, important adults can track the progress of students’ recovery.

### **Step 4: Model Calm and Optimistic Behavior**

In times of crisis or disaster, children and adolescents watch adult reactions and receive cues on how to confront adversity. This step of LPC—Model & Teach reminds adult staff in schools that they are role models for children. While teachers and other school personnel also will be affected and may not know

exactly how they will navigate recovery from disasters themselves, adults can acknowledge their distress but demonstrate a positive and optimistic approach and show students that constructive actions provide hope for the future. It is demonstrating that adults can effectively cope with the stress despite the fear or loss they experience that is important to children. This type of social support from adults can be extremely powerful in children’s recovery from difficult events. Students will follow the example set by teachers and parents—watch how they react and how they cope with adversity, particularly during and after stressful events.

Adults can model calm and optimistic behavior in many ways, including the following:

- Maintain level emotions and reactions with students to help them achieve balance;
- Take constructive actions to assure student safety, such as engaging in a safety drill to remind them of how to stay safe, or planning a project that improves the physical or social climate of the school;
- Express positive thoughts for the future, like “Recovery from this disaster may take some time, but we’ll work on improving the conditions at our school every day;” and
- Help students to cope with day-to-day challenges by thinking aloud with them about ways they can solve their problems.

### **Step 5: Teach**

During the coping process, it is important to help students understand the range of normal stress reactions. School counselors, nurses, psychologists or social workers can take on this task. These professionals can teach students, staff, parents or guardians, and volunteers about common reactions to the specific event or disaster, such as the fact that children and youths may have more difficulty with learning after the specific event. They can help students become familiar with the range of normal reactions that can occur immediately after a traumatic event or disaster, (see “Possible

Reactions of Children After Disasters” on page 8), such as:

- Physical changes;
- Emotional changes;
- Cognitive changes; and
- Changes in spiritual beliefs.

#### **Sample “Teach” Questions**

Professionals can also teach children specific ways of coping, including:

- Practice relaxation breathing
- Skills that help a child get back to school, stay engaged in learning and develop new work abilities
- Different ways to express feelings and experiences

Teachers also can acknowledge a few of the common reactions that affect learning and introduce the need for a nurse or counselor to provide the classroom with more information. For example, teachers could say, “After the crisis we have experienced, many students may have trouble sleeping and or with their attention and concentration. Knowing this, I understand that learning new materials that we are covering may be a bit more difficult. We are going to take step-by-step. We will review a little more than usual to be sure we all have it. I have confidence that together we can learn what we need. If you need extra help, let me know. We could also ask our nurse (psychologist, counselor, social worker) to give a short lesson about the usual ways that people react to a crisis and give us examples of how to cope with that stress a little better.”

Adults also should ensure accurate information or “risk communication” about new safety measures, drills, and ways of staying safe is conveyed to students. Knowledge helps build resilience and increases the sense of ability to cope.

Children also may benefit from the experience of helping with recovery efforts. Teachers and other school personnel often serve as a resource for various types of information, programs and school or community activities. After a disaster, students and families may continue to turn to educators for guidance. The school, for example, may sponsor a poster campaign related to preparedness and resilience or participate in a disaster preparedness or safety fair in the community. Bake sales can raise money for recovery efforts. Other examples include older students helping to replant trees in areas devastated by wildfires, serving as volunteers to box food or clothing donations, engaging in cleanup efforts around the school or conducting home or community or letter-writing or drawing campaigns for rescue and recovery personnel. In some events, letter-writing or drawing campaigns for rescue and recovery personnel are schoolwide activities. Children's drawings given to emergency responders often become treasured possessions. Providing information to students and their families about opportunities for students, families and volunteers to participate in recovery activities in the school and community is another important role adults can serve and can help in the students' overall recovery.

All adults must remind students and parents that resuming normal routines, including returning to regular school attendance and activities, is important to recovery. By using their everyday teaching skills, educators can help students develop constructive solutions for returning to school after a crisis or disaster, like how to go to school, stay in school and do well in school, and rely on the support of friends and family.

### **When to Implement LPC—Model & Teach**

Implement PFA, and specifically the LPC—Model & Teach program, for students after

any disaster, school crisis or emergency. Since children can exhibit any range of behaviors after such an event, including those that are difficult to observe externally and require self-report, it is important to anticipate their possible needs and begin the LPC—Model & Teach program immediately following a crisis.

### **Developmental Concerns When Implementing LPC—Model & Teach**

Post-traumatic stress can cause a range of reactions in youths (see “Possible Reactions of Children After Disasters” on page 8); however, certain responses are more likely with specific phases of child development, and therefore certain coping techniques are more appropriate for specific age groups. Consider incorporating the following age-specific strategies for coping with students' psychological reactions in the five steps of the LPC—Model & Teach to help alleviate stress-related symptoms:

#### ***Preschool age through second grade (3–6 years old)***

- Encourage expression through play or drawing.
- Recognize that students may need more patience, attention and help with daily activities.
- Provide verbal reassurance of safety and physical comfort.
- Remind parents to maintain calm and comforting play, meal and bedtime routines.
- Remind parents to monitor adult conversations and exposure to media coverage of the crisis. Children can take in traumatic information from casual adult conversation or from television left on as “background” while adults walk in and out of the room.

#### ***Elementary school age (5–11 years old)***

- Allow students to retell the event and its effect on them through writing activities, art or music. End the session with a discussion

## Possible Reactions of Children After Disasters

### Emotional Reactions

- Increased worries or fears about safety of self or others
- Increased worries or fears about security
- Worries or fears about separation
- Worries or fears about reoccurrence of event
- Worries about ongoing situation
- Feelings of guilt or blame
- Feelings of helplessness
- Attitude of seeming not to be effected

### Behavioral Reactions

- Changes in school attendance or performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Regression in behavior

### Cognitive Reactions

- Repeated questions about the event
- Repeated discussion or story-telling about event
- Repetitive play about the event
- Misattributions and misperceptions about event
- Increased interest in media coverage
- Trauma reminders (those things that are similar to sights, thoughts, sounds, tastes, smells, etc. that were present at the time of the traumatic event)
- Loss reminders (those things that serve to remind individuals about what and/or who they have lost because of the disaster or trauma)

### Physiological Reactions

- Increased sensitivity to sound
- Increased startle response
- Increased somatic complaints including: headaches, stomachaches, fatigue, vague aches and pains

of how students can help to make things better at home, at school or in the community.

- Recognize that students' attention and concentration may be impaired and affect their learning. To address this, teach stress management techniques, such as controlled breathing and relaxation. Review the most recently acquired lessons before introducing new material.
- Involve students in planning and implementing a regular safety drill.
- Discuss and develop simple class activities or projects that express concern for the victims and survivors and contribute to recovery in the community.
- Maintain discipline measures for aggressive behavior at home or school. Do not rationalize bullying or aggressive behaviors "because they have been through so much."
- Remind parents to monitor adult conversations and exposure to media coverage of the crisis.

**NOTE:** Among all age groups, post-traumatic stress can take the form of somatic complaints, such as stomachaches, headaches or general malaise. The school nurse should check out these symptoms. If no physical ailment is detected, proceed with involving the student(s) in the LPC—Model & Teach intervention.

### *Middle and high school age (12 years old and up)*

- Encourage students to resume social activities, athletics and club participation.
- Encourage involvement in constructive community, church or other volunteer projects to lessen feelings of helplessness.
- Involve students in planning and implementing a regular safety drill.
- Encourage, but do not insist on, discussion of the event or fears with trusted teachers, counselors, peers or family members.



- Discuss what students have heard from others or seen through media coverage, correct misattributions and misperceptions.
- Help students to understand aggressive or withdrawn behaviors are an effort to numb responses or cope with anger or fear.
- Seek immediate assistance by following protocols in your school's crisis response plan if students show serious warning signs of suicide, violence, shame, guilt or plans for revenge.

PFA can be helpful to many students after a crisis or emergency. However, if a student exhibits the following behaviors after a post-disaster period of four weeks or longer, the student may need further help, such as a referral to a school or community mental health professional. These behavioral changes include:

- Statement(s) about feeling suicidal;
- Interruption of daily physical functions for an extended period, (e.g., disrupted sleeping, eating);
- New, disruptive behaviors in the classroom, school grounds or home from students who were previously compliant or prolonged and increased levels of disruptive behaviors among students who have had discipline problems prior to the crisis or disaster;
- Refusal to attend school;
- Continued or increasingly severely symptoms such as depressive mood or anxieties that do not improve;
- Prolonged fear of separation from caregivers;
- Repeated statements about wanting to join a deceased parent or loved one;
- High-risk or dangerous behavior, such as acting out sexually, using or abusing substances, driving recklessly, or a combination of these;
- Repetitive play or talk in which the student seems to be reenacting the events alone or with friends over and over without resolution;<sup>11, 12, 13</sup>

- Changes in a previously positive parent-child or teacher-student relationship;
- The stress symptoms are highly upsetting to the student or parent(s); or
- Any of the risk factors leading to triage described in "Risk Factors That May Indicate A Counseling Referral Is Needed for a Student Include" on page 2.

### **Staff Training for PFA: LPC—Model & Teach**

School counselors, psychologists and social workers can teach PFA in schools effectively generally within an hour to school staffs as part of the training for the recovery phase of school emergency management. The training should touch briefly on the history and rationale for PFA, underscoring the fact that children and adolescents are far more vulnerable to traumatic stress, anxiety, fear and confusion than adults are after crises or disasters. In addition, the training must address adult reluctance to intervene or even to speak with child or adolescent survivors of crises or disasters because of common feelings that "I don't know what to say and I'm afraid I'll make it worse." The training should conclude with a review of the five phases of PFA for students and teachers: Listen, Protect, Connect, Model and Teach, including how to implement these phases and ideas for teaching basic coping skills to students.

### **Conclusion**

PFA requires a mindset that is open to hearing students' points of view. Every adult in the school, regardless of title or position can play an important role in crisis recovery if they follow the five-step LPC—Model & Teach process and possess the following qualities:

- Ability to establish rapport quickly;
- Ability to listen to difficult feelings and experiences of others and to empathize and be supportive;
- Discretion about the sensitive information that students share;

- Awareness of limitations, biases, personal thoughts and feelings about the event; and
- Awareness of the need for self-care.

Some adults find it very difficult to listen to the pain of children or youths who have suffered injury, abuse, physical or emotional trauma or loss. But when tragedy or loss strikes a school, educators and other staff are often the “first responders” who can help calm student fears, reestablish a climate of safety and restore the classroom learning environment through the use of PFA and the use of the Listen, Protect, Connect—Model & Teach intervention.

---

## Notes

1. Everly, G.S., Phillips, S.B., Kane, D. and Feldman, D. (2006). “Introduction to and Overview of Group Psychological First Aid.” *Brief Treatment and Crisis Intervention* 6(2):130-136. Accessed online Dec. 3, 2008, at <http://brief-treatment.oxfordjournals.org/cgi/content/abstract/6/2/130>.
2. National Institute of Mental Health. (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Interventions for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138. Washington, DC: National Institute of Mental Health.
3. Institute of Medicine. (2003). *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*. Washington DC: The National Academics Press.
4. New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. (No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services.
5. Inter-Agency Standing Committee (IASC) (2008). *IASC Guidance on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC. Accessed online Oct. 16, 2008, at <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-documents-default&bodyid=5>.
6. The University of California, Los Angeles School of Public Health’s Center for Public Health and Disasters has developed two psychological first aid guides: *Listen, Protect and Connect: Psychological First Aid for Children and Parents*, and *Listen, Protect, Connect—Model & Teach: Psychological First Aid for Students and Teachers*. Both LPC versions are available on <http://www.ready.gov>, the public national preparedness Web site of the U.S. Department of Homeland Security.
7. Schreiber, M., Gurwitch, R., & Wong, M. (2006). *Listen, Protect, Connect—Model & Teach: Psychological First Aid (PFA) for Students and Teachers*. Accessed online Oct. 16, 2008, at <http://www.ready.gov/kids/parents/index.html>.
8. Ibid.

9. PsySTART is an evidence-based rapid mental health triage tool and system that uses brief, “objective” indicators to help determine which children may need crisis intervention, prompt intervention or follow up using evidenced based risk indicators. It is included in the American Red Cross Psychological First Program and several state, local, and national “best practice” recommendations. Excerpted from Schreiber, M. (2005). “Learning from 9/11: Toward a National Model for Children and Families in Mass Casualty Terrorism.” Cited in Y. Daneli & R. Dingman (Eds.), *On the Ground After September 11: Mental Health Responses and Practical Knowledge Gained* (pp.605–609). New York: Haworth Press.
10. La Greca, A. M., & Silverman, W. K. (2006). “Treating Children and Adolescents Affected by Disasters and Terrorism.” In P. Kendall (Ed.), *Child and Adolescent Therapy: Cognitive-Behavioral Procedures* (pp. 356–382). New York: Guilford Press.
11. Nader, K., Pynoos, R. & Fairbanks, L. (1990). “Children’s PTSD Reactions One Year After a Sniper Attack at Their School.” *American Journal of Psychiatry*, 147, 1526–1530.
12. Pynoos, R. S. (1993). “Traumatic stress and developmental psychopathology in children and adolescents.” *Review of psychiatry*, 12, 205–238
13. Vogel, J. M., & Vernberg, E. M. (1993). “Part 1: Children’s Psychological Responses to Disasters.” *Journal of Clinical Child & Adolescent Psychology*, 22(4), 464–484.

This newsletter was produced by the REMS TA Center, and authored by Marleen Wong, Assistant Dean and Clinical Professor, University of Southern California, School of Social Work; Merritt Schreiber, Psychological Programs, UCLA Center for Public Health and Disasters; and Robin Gurwitsch, Program Coordinator, National Center for School Crisis and Bereavement and Professor of Pediatrics, Cincinnati Children’s Hospital Medical Center.

The REMS TA Center was established in October 2007 by the U.S. Department of Education, Office of Safe and Drug-Free Schools. The center supports schools and school districts in developing and implementing comprehensive emergency management plans by providing technical assistance via trainings, publications and individualized responses to requests. For additional information about school emergency management topics, visit the REMS TA Center at <http://rems.ed.gov> or call 1-866-540-REMS (7367). For information about the REMS grant program, contact Elizabeth Argeris ([Elizabeth.Argeris@ed.gov](mailto:Elizabeth.Argeris@ed.gov)), Tara Hill ([tara.hill@ed.gov](mailto:tara.hill@ed.gov)), Michelle Sinkgraven ([michelle.sinkgraven@ed.gov](mailto:michelle.sinkgraven@ed.gov)) or Sara Strizzi ([sara.strizzi@ed.gov](mailto:sara.strizzi@ed.gov)).

This publication was funded by OSDfS under contract number ED-04-CO-0091/0002 with EMT Associates, Inc. The contracting officer’s representative was Tara Hill. The content of this publication does not necessarily reflect the views or policies of the Department of Education, nor does the mention of trade names, commercial products or organizations imply endorsement by the U.S. government. This publication also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader’s convenience. The Department of Education is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered. All hyperlinks and URLs were accessed October 2008.