



# ALBERTA HEALTH SERVICES PSYCHOLOGICAL FIRST AID PROVIDING PANDEMIC SUPPORT

## Virtual Support Workbook



Mental Health Promotion & Illness Prevention  
Email: [hpdip.mh.earlyid@ahs.ca](mailto:hpdip.mh.earlyid@ahs.ca)  
Version: 02, Revised: June 2020

## History and Evolution of PFA

- Based on World Health Organization Model.
- Evidence-based, internationally recognized first response following disaster/emergency (including Pandemic).
- Condensed 2 hour online delivery (from AHS 6 In-person training) for remote/virtual delivery amid COVID-19.

## What is Psychosocial Support?

- Helping people meet their everyday social and emotional needs.
- Anyone can provide psychosocial support.
- Distress reactions after a disaster or emergency don't equal a mental illness.

## Five Essential Elements

**Promote Safety**—(Physical and psychological safety) This can include providing impacted individuals with accurate information and connecting unaccompanied children with their caregivers.

**Promote Calm**—Disasters and emergencies create a number of losses at the same time. This can cause feelings of anxiety and uncertainty which can interfere with sleep, decision-making, and effective coping. Letting them know that these feelings are normal can help reduce anxiety. Encouraging calming techniques (e.g., deep breathing, meditation) can help.

**Promote Self and Community Efficacy**—Disaster research shows that loss of personal, social, and economic resources can lead to a diminished perception of self-efficacy and confidence in the community's ability to recover. Encourage individuals to carry on regular activities as well as to look for opportunities to participate in community or group activities.

**Promote Connectedness**—Social support improves emotional well-being and recovery. It's important to involve, engage, and connect with everyone increasing the quantity, quality and frequency of supportive interactions. (With a pandemic, this connection and community participation can occur in unique and innovative ways (e.g., online performances, group movie viewing/gaming apps))

**Instill Hope**—Instilling hope is a crucial component in disaster recovery. Helping impacted individuals envision a challenging but realistic future can instill hope and optimism.

## Purpose of PFA

- To reduce stress.
- Assist with current needs.
- Provide coping strategies.
- To help find balance and connect people with spiritual, social, physical, and emotional support.

This workshop is not intended to train you to be a trauma expert or to give you clinical skills in 'counselling'.



## Pandemic Considerations

The global safety a primary focus. Now more than ever, connectedness and how we support one another is vital to instill and sustain hope, humour, calm, and sense of self & community efficacy.

## Phases of a Disaster

**Impact:** People may be in a state of shock. Their reactions and emotions may range from disbelief or numbness, to heroic efforts to response.

- **Pandemic Considerations:** Everyone is impacted, which is not the case with all disasters. There may be constant fear, worry, and stressors due to the outbreak, with ongoing need for accurate and timely information.

**Response:** (short – term adaptive phase). Although the immediate impact of disaster may be over the destruction and realities are setting in.

- **Pandemic Considerations:** Stressors emerge due to fear of being infected and increasing physical distancing and social isolation measures, along with physical, emotional, and financial changes. Time away from work and other meaningful activities can disrupt people’s routines and result in feelings of sadness, boredom, and loneliness.

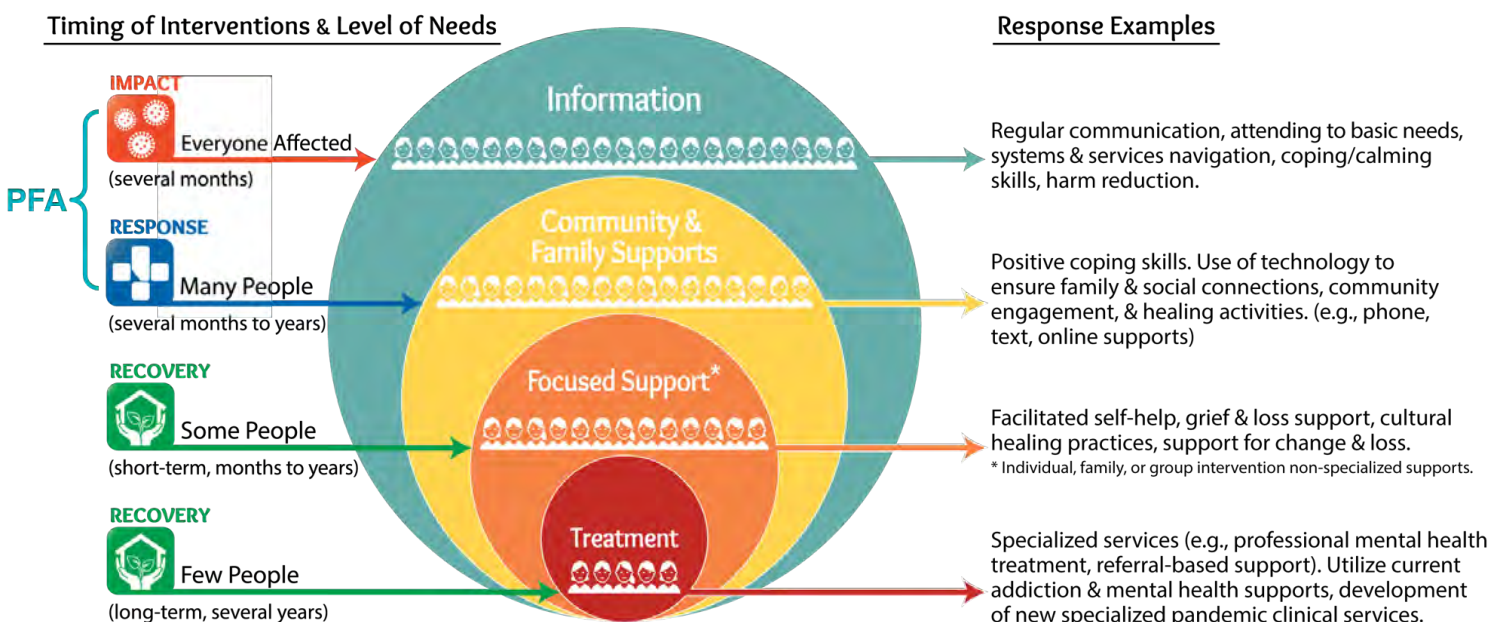
**Recovery:** It’s long-term and measured in months and years, depending on the type and impact of the disaster.

- **Pandemic Considerations:** There maybe increased mental health needs as people may avoid accessing healthcare due to fear of being infected. Continued fears, worries, and stressors contribute to deterioration of social networks. Positive outcomes may include creative community outreach, cooperation, and connection. (e.g., online platforms, phone calls, live streaming, drive by birthday celebrations). Many people discover new ways to cope and build resilience.

**Prevention/Preparedness:** Investing time to prepare for disasters can reduce the impact, time, and resources needed for response and recovery. Communities can be preparing and recovering at the same time, because preparing for the possibility of another disaster is part of the recovery process.



## Stepped Care Model



Adapted from: WHO (2012), National Research Council (2003), IASC (2007), IFRC (2009a) & IFRC (2009b)

## PFA Basics

Who is PFA for?

- Anyone exposed to a disaster including children, teens, parents, and older adults.

Who can provide PFA?

- Intended responders are people assigned to help by an agency or organization. They have training in emergency response.
- Unintended responders are bystanders or impacted individuals who suddenly find themselves in a helping role.

When do you use PFA?

- During the impact and response phase – the first days or weeks after the event.

Where can you use PFA?

- At the scene of the event, in reception centres, crisis and information phone lines, online and text services, assessment centers, community services, peer support, or anywhere it's needed.

## PFA is

- Non-intrusive, supportive and practical assistance
- Identifying needs and concerns
- Listening but not pressuring to talk
- Helping connect to information, services & social supports
- Comforting

## PFA is Not

- Something only professionals can do
- Professional counselling or trauma treatment
- “Psychological debriefing”
- Pressuring people to tell you their feelings and reactions





## PFA Action Principles

### **PREPARE**

- Learn about the disaster or emergency.
- Learn about available services and supports.
- Learn about safety and security concerns.

#### **The disaster or emergency**

- Know basic information.
- What happened?
- When and where did it take place?
- How many peoples and who is affected?
- Be prepared to be asked questions about the event.

#### **Available services and supports**

- Who's providing basic needs(e.g., emergency medical care, food, shelter)?
- Where and how can people get services and supports?
- Who else is helping? (e.g., provincial, community)
- Know key players/responding organizations to be able to direct people to where they may go to seek/ access assistance.

#### **Safety and security**

- Is the crisis over?
- What dangers may be in the environment?
- Are there areas to avoid?
- Keep safe by knowing more about the specific dangers. Safety is key when responding.

### Pandemic Considerations

Preparation is an important first step especially with uncertainty and constantly evolving information. There also can be challenges in navigating and accessing supports/resources. Fears & reactions can emerge due to lack of knowledge, rumours, and misinformation. PFA responders have a valuable role in providing accurate and timely information, dispelling myths (including info about the disease/virus), sharing clear messages about healthy, adaptive behaviours, and helping individuals to build trust in their own capacity to cope.

## Notes

---

## **LOOK**

- Check for safety.
- Look for people with obvious urgent basic needs.
- Look for people with serious distress reactions.

### **Safety**

- What dangers can you observe?
- Can you be there without harm to yourself or others?
- If you're not certain about safety...**DO NOT GO!** Seek help from others.
- Communicate from a safe distance.

### **Assist with obvious urgent basic needs**

- Is anyone critically injured?
- Does anyone need rescue?
- What are their obvious needs (e.g., torn clothing)?
- Who may need help to access services or to be protected?
- Who else is available to help-what supports or services are in the area?
- Know your role.
- Refer critically injured people for care.
- Try to obtain help for people who need special assistance.

### **Look for people with serious distress**

- How many and where are they?
- Is anyone extremely upset, immobile, not responding to others or is in shock?
- Consider who may benefit from PFA and how best to help.

### Pandemic Considerations

For phone or online supports, the look role occurs through the listen action principles.

## **Notes**

---

## LISTEN

- Make contact with people who need support.
- Ask about people's needs and concerns.
- Listen to people and help them to feel calm.

### Make contact

- Does anyone need assistance?
- Are there quiet spaces you can take people to talk?
- Is there food or water available to make a person feel comfortable
- Approach people respectfully and introduce yourself.
- Be sure to ask if you can provide help.
- Try and make people feel comfortable and safe.

### Ask about needs and concerns

- What are the needs of the individuals?
- What priority are those needs?
- It's important to ask about needs, even if they are obvious. People may need help prioritizing their needs.

### Listen and help people feel calm

- Is the person in distress?
- Does the person want to talk or share their story?
- Don't pressure people to talk, but listen if they want to talk.
- If they are in distress help them feel calm and make sure they are not alone.

## Notes

---

### Pandemic Considerations

Focus your discussion on problem-solving and applying coping strategies to address immediate issues.

Examples of guiding questions to help promote individual problem solving and positive coping:

- What are my physical needs right now?
  - What positive activities can I do for my physical well-being? (examples: nutrition, sleep, personal hygiene, exercise, rest & relaxation, dress up)
- What are my emotional needs at this time?
  - What positive things can I do to enhance my emotional and social wellbeing? (examples: group chat, video chat, video dinner party)
- What are things I can do to stimulate my mind? (examples: creative activities, reading, writing, studying, puzzles, crosswords).

### Phone support tips:

- Stay focused and prevent yourself from being distracted by external noises and other tasks.
- Listen to the emotion in your caller's voice.
- Consider your tone of voice, messages are conveyed in a way that words are delivered.
- Understand that the person has no non-verbal cues, remember to communicate everything verbally.
- Speak clearly and succinctly—long statement or questions may result in the other person losing the actual point.
- Write or type quick notes/references as needed, because it's difficult to listen attentively if you are thinking of answers and responses.
- If you are having difficulty listening due to internal/external factors, take time to check in and clarify, (e.g., "I'm sorry I missed your last point-would you mind repeating that for me?").

## Communication Skills

What listening and communication skills have you used to support others?

### Notes

---

## Methods of Effective Communication

**Ask questions.** Skillful communication can be challenging under any circumstances. Knowing how to assess people's needs requires the use of questioning. Questioning allows you to find out more about the impacted person and their family, and is necessary to build rapport.

Open-ended questions invite a more in-depth and lengthier response. They can be used to find out more about the person and their current situation.

Close-ended questions can be answered with a single word e.g., "yes" or "no" or a short phrase. Closed questions give you facts. They're quick, easy to answer, and they allow the questioner to keep control of the conversation. They can also help the individual refocus on their immediate needs/priorities when feeling overwhelmed. This helps the person break down a complex problem into manageable pieces in order to focus on what is most important.

Examples of closed-ended questions:

- Are you feeling safe now?
- Did you eat today?
- Are you here/there by yourself?
- Is there anything I can do?

Examples of Open-ended questions:

- How are you today?
- How did the disaster affect you?
- What are your immediate plans?
- How can I help you?

**Supportive statements.** These can be reassuring and give hope.

Examples Supportive Statements

- It's understandable that you're upset.
- I understand your concerns/your worries.
- In this situation your reaction is normal.
- You have the right to be angry, sad, frustrated
- I hear what you are saying.
- I'm sorry for your loss.
- This is really hard.

Examples of unsupportive statements

- You will be fine. It'll be better soon.
- You should have...
- Multiple "have you.... Or have you thought of....?" (these questions can feel like you may be highlighting what they haven't done)
- I know how you feel.
- Everything will be fine.
- You'll get over it eventually.
- Don't cry. You're okay.



**Non-verbal communication.** This is a powerful and effective tool to show emotion without words by using welcoming and opening gestures. (e.g., warmth in facial expression and tone).

When on the phone, use encouragers or conversation fragments such as “Mmm”, “Yeah”, and “I see”. This can help to let a person know that you are still listening. Short moments of silence are sometimes a useful tool as there may be times when effective pauses allow the person a chance to pull their thoughts together. However, during a phone call try to avoid long periods of silence since there aren't opportunities to use nonverbal signs of assurance that you are listening.

Brené Brown on empathy  
“Its about holding space  
for people and honoring  
their experience.”

**Active listening.** Showing empathy and building relationships.

Offer empathy verses sympathy. Sympathy is a feeling or an expression of pity for the suffering and hardships that another person has encountered, while empathy goes beyond this as it's the ability to understand the feelings of another and being able to imagine yourself in their situation.

### Tip for establishing a relationship

- Introduce yourself and your role if the person doesn't know you.
- Ask the person what they would like to be called.
- Listen to the words the person has used. Choose your own words accordingly. Use short simple sentences.
- Explain why you are asking the questions.
- Keep the conversation personable. You can bring yourself into the conversation by giving the person your uninterrupted attention, or by briefly relating any similar life experiences with the person. For example, “I have an elderly parent, I can appreciate your worry”

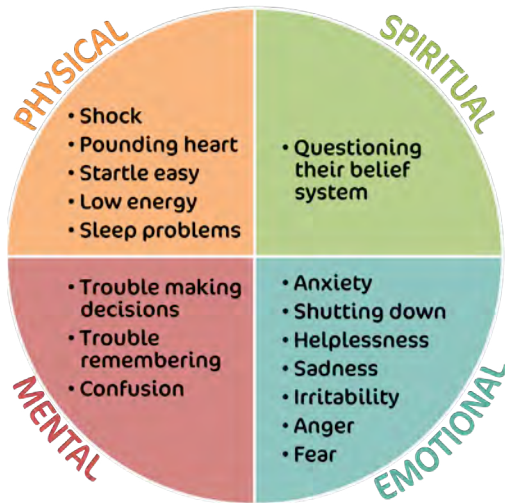
**Paraphrasing.** This is a simple way to show understanding of needs.

- Use reflections. It nudges the conversation forward and helps the person focus on the most important aspects of what they have just said. For example, if the person's says, “I'm really worried about my neighbour who is a senior”, the response might be “So you are worried about your neighbour? Why do you think she might need help?”
- Focus on the person's feelings. One way to do this is to tell the person how they sound. For example: “you sound angry” or “you sound very worried”, it can help the person get in touch with their feeling and let them know that you have heard them.

## Notes

---

## Common Stress Reactions



## Notes

---

### Stabilizing Intense Emotions

- Recognize when someone is struggling to control their emotions
- Use a neutral or calm tone; if challenged try not to be defensive.
- Maintain empathy and respect.
- Avoid absolutes (e.g., ‘always’, ‘never’).
- Answer their questions.
- Reword and repeat directions or requests.
- Use the buddy system

**If the person becomes threatening or intimidating and does not respond to your attempts to calm them you need to ensure the safety and comfort of others. Seek support and assistance.**

### Stabilizing Strategies

Coaching and reassurance are essential to stabilizing emotions.

#### Coaching

- Encourage individuals to ground their feet on the floor.
- Tap fingers on lap/table or feet on floor in a slower, even rhythm, alternating left and right. It may help to count 1-2, 1-2, with them.
- Mindfully notice things around them in their environment (e.g., what they see, what they hear, what they are touching/in contact with).
- Have individuals focus on their breath (e.g., breathing slower and deeper. Inhale and exhale for equal counts).

#### Reassurance

- Reassure individuals that they are safe and that you are there to help them.

## Notes

---

## LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give accurate information.
- Connect people with loved ones and social supports.

## Safety

- What needs is the person requesting?
- What services are available?
- People may need help with accessing housing, food and water, health services or information about the event.

## People with obvious urgent needs

- How does the person normally cope?
- Ask the person how they have coped in the past and discuss health coping strategies and unhealthy coping strategies.

## People with serious distress

- Is the person familiar with services available to them?
- Is the person looking for any specific information (e.g., related to the event, their loved ones)
- Find out where to get updated information and keep updated while you are responding. Be sure you know where people can access specific services to give accurate information.

## Connect

- Link people to personal and social supports.
- Are there friends or relatives they can contact?
- Keep families together.
- Does the person have a spiritual community they are involved with?

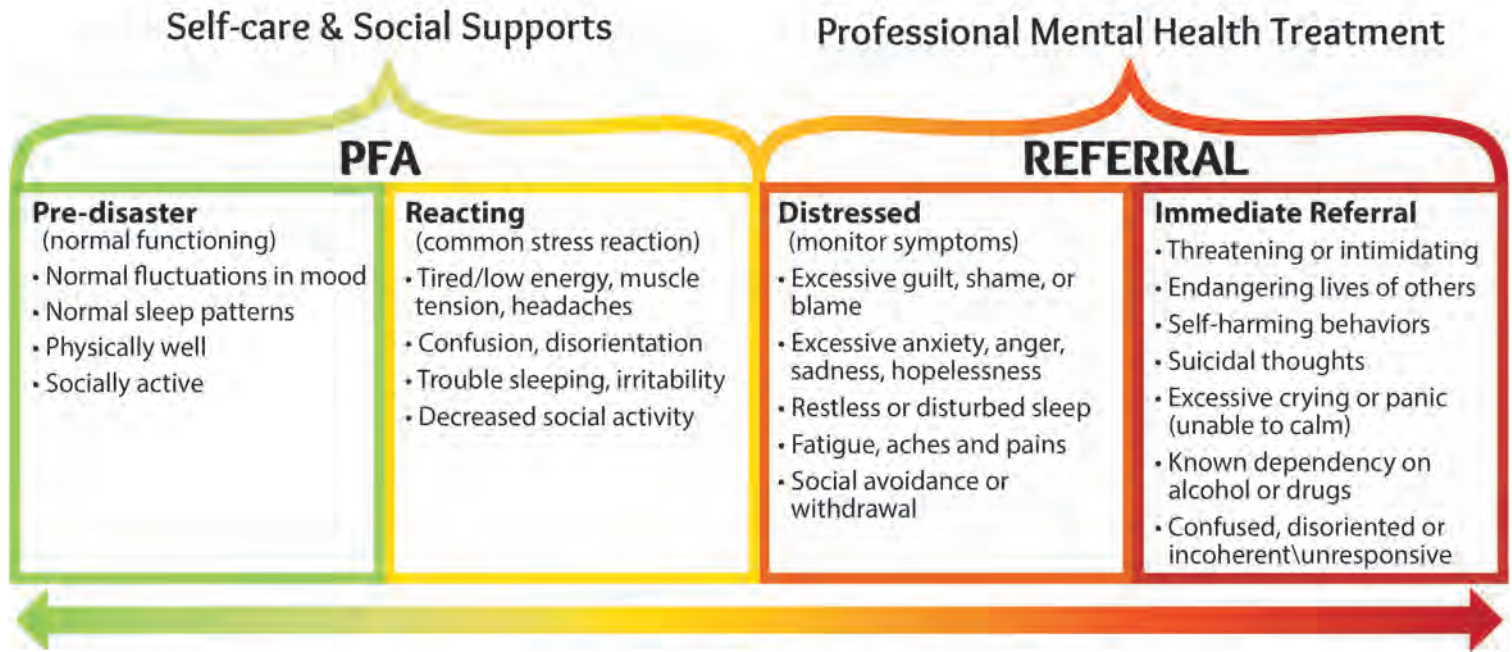
## Pandemic Considerations

During a pandemic people may need help to brainstorm creative ideas around maintaining social connections through technology (e.g., phone, text, online, video chat).

## Notes

---

## When to Refer People



Adapted from: Road to Mental Readiness, Mental Health Continuum Model and The Big 4. Government of Canada, National Defence & the Armed Forces Canadian (2011)

## Notes

## Helping Different Populations

**Who might be at risk after a disaster?**

Indigenous People    Older Adults    Living in Poverty  
LGBTQ2S+    Children  
Teens    Persons with Disabilities  
People who are Homeless    Chronic Health Conditions  
Mental Illness    Newcomers

## Notes

Domestic violence & child abuse risks can increase during self-isolation and times of increased stress (e.g., homeschooling, child care issues, financial struggles). During this time, partners and children may now have less or even no contact with their social support networks. Pay attention to signs of potential risk and consult with peers, supervisors, and appropriate resources.

For more information about services and supports go to:  
[www.alberta.ca/family-violence-find-supports.aspx](http://www.alberta.ca/family-violence-find-supports.aspx)

**Important:** It's your duty to report risk of immediate harm. If you know someone is in danger call **911**

If you suspect someone is experiencing family violence or abuse call:

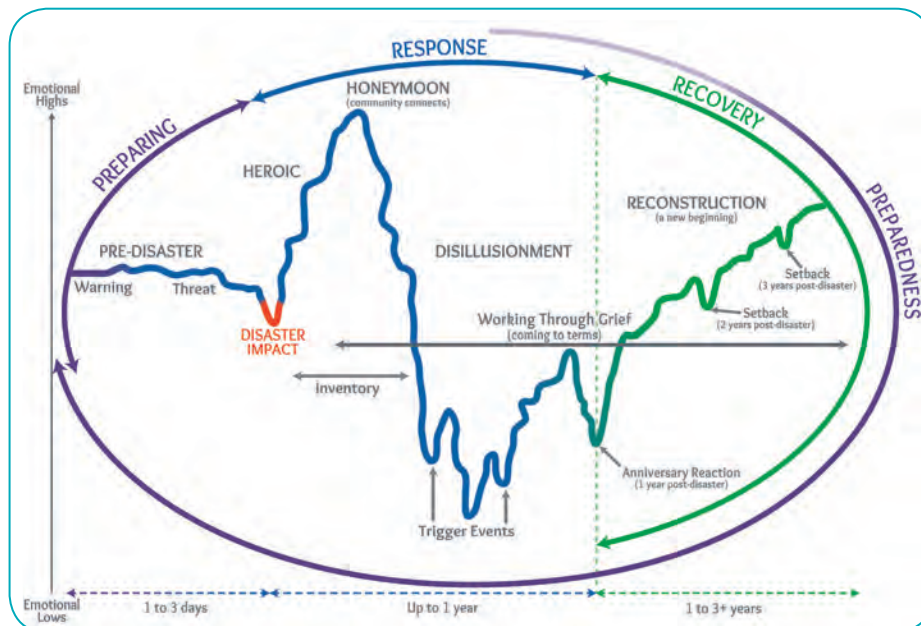
- **Alberta provincial abuse helpline: 1-855-443-5722**  
(available in more than 100 languages)  
7:30 am to 8 pm, Monday to Friday
- **Child Abuse Hotline: 1-800-387-5437**  
24 hours a day, 7 days a week



## Grief and Loss

- What can people lose in a disaster or emergency?
- When is the right time for grieving and mourning?

## Notes



Adapted from: Disaster Mental Health Services: A Primer for Practitioners. (Myers, D, Wee, D.F., 2004).

## Notes



**SELF CARE**

WELLNESS NUTRITION  
 EMPATHY EMOTIONS  
 ATTENTION IMPROVING  
 AWARENESS **GOOD**  
 ACTIVITY **MENTAL**  
 BODY CUES **HEALTH**  
 PRACTICE **HEALTH**  
 INDIVIDUAL POSITIVE **INFORMATION**  
 SUPPORT SKILLS

### Self-Care red flags

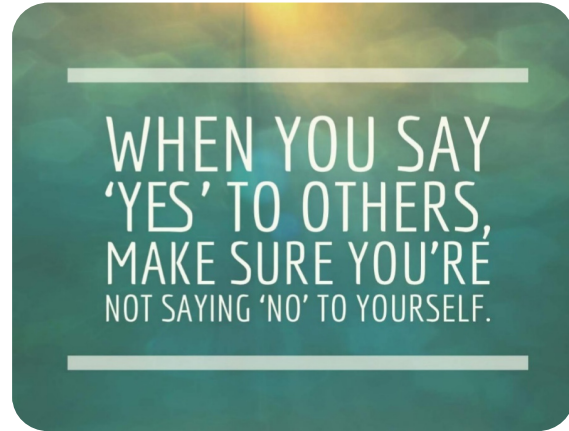
- Change in eating habits or weight
- Loss of interest
- Guilt
- Taking lots of time off
- Conflict in relationships
- Changes in sleep (fatigue/insomnia)
- Don't give self a break
- Isolating self
- Feeling very busy, hurried
- Physical changes
- Memory or attention problems
- Drinking, smoking, or vaping more

### Notes

---

### Questions to ask yourself:

- What is going on in your personal life at the moment?
- Do you have personal or family commitments that would be affected if you redeployed?
- How is your physical, emotional, mental, and spiritual well-being?



### Notes

---



### Self check-ins

- How was checking in with yourself been helpful to you?
- What makes it difficult to do?
- What is the minimum thing I can do for my self-care?

### Notes

---

## Self-Care In Action

- Balance the number of hours worked.
- Seek consultation from your team leader or trusted co-worker.
- Use peer support to help with complex situations.
- Develop a self-care plan for yourself and use it.
- Practice self-care in the moment.
- Seek balance through cultural and faith ceremonies and traditions.
- Little changes in routines/daily tasks
- Regular physical activity
- Deep breathing techniques
- Creative activities or hobbies
- Giving yourself time for daily self-care
- Limit exposure to social media and news
- Shifting focus to what you can control



## Notes

---

We Stand Together  
6 Feet Apart  
Be Kind  
Be Safe  
Be Blessed

#### PFA Contacts

##### Resource support/feedback

Catharine.McFee@ahs.ca

Carla.Kembel@ahs.ca

##### Administrative support

Wendy.MacGregor@ahs.ca

### Local and Provincial Resources

- **www.informalberta.ca**—Information about community, health, social, and government services across Alberta. Use keyword search: Disaster
- **211**—Information on available community and social supports (e.g., where to obtain supports for vulnerable populations, translators)
- **311** (Calgary, Edmonton, Lethbridge, and local municipalities where available)—Information related to services and disaster information
- **811** —Health Link
- **1-877-303-2642** —Mental Health Help Line
- **www.emergencyalert.alberta.ca** —Alberta Emergency Alert, click on ‘Sign-Up For Alerts’ to download the App

### Printed Resources

There are several printed resources available through Alberta Health Services, Mental Health Promotion & Illness Prevention that offer information on preparing for, responding to and recovering from disasters and emergencies. Also available, resources that provide information on Psychological First Aid, Skills for Psychological Recovery, substance use, coping tips, and how to interact with and support those affected (including vulnerable populations).

To order or download copies of these resources go to: <https://dol.datacm.com/>

Login ID: mentalhealthresources

Password: mh2016



## References

- Alberta Health Services. (2015). The Psychology of Disasters. [Infographic]. Calgary, AB. Mental Health Promotion & Illness Prevention.
- Alberta Health Services. (2016). Disaster Response Tips for Health Care Providers [Brochure]. Calgary, AB. Mental Health Promotion & Illness Prevention. Retrieved from: [www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-prov-mhpi-disaster-for-responders-helping-impacted-people-communities.pdf](http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-prov-mhpi-disaster-for-responders-helping-impacted-people-communities.pdf)
- Alberta Health Services. (2019). Self-Care in Disaster and Beyond. [Facilitator Guide]. Calgary, AB. Mental Health Promotion & Illness Prevention.
- Alberta Health Services. (2020). Stress and your health. [Brochure]. Calgary, AB. Mental Health Promotion & Illness Prevention.
- Aldrich, D. P. (2012). Building resilience: Social capital in post-disaster recovery. Chicago, IL: University of Chicago Press.
- American Psychological Association, Weir, K. (2020). Seven crucial research findings that can help people deal with COVID-19. Retrieved from: <https://www.apa.org/news/apa/2020/03/covid-19-research-findings>
- Australian Centre for Posttraumatic Mental Health ; Australian Psychological Society. (2013). 3 Tiered Framework. Evidence-informed framework for delivering psychosocial support and mental health care following disasters. Australia.
- Australian Psychological Society (APS). (2014). Psychosocial Support in Disaster a resource for health professionals: PSID.org.au. Retrieved from [www.psid.org.au/recovery](http://www.psid.org.au/recovery)
- Australian Red Cross. (2014). Emergency Services Psychological First Aid Trainers Handbook.
- Bonnano, G.A., Brewin, C.R., Kaniasty, K., & La Greca, A. M. (2010). Weighing the costs of disaster: Consequences, risks, and resilience in individuals, families, and communities. *Psychological Science in the Public Interest*, 11(1), 1-49.
- Bopp J; Bopp, M; Brown, L; Lane, P. Jr.; and Elders. (2004). Sacred Tree: Reflection on Native American Spirituality.
- Brown, B. (2008). I thought it was just me (but it isn't): Telling the truth about perfectionism, inadequacy, and power. New York: Gotham Books.
- Brymer M., Jacobs A., Layne C., Pynoos R., Ruzek J., Steinberg A., Vernberg E., Watson P., (National Child Traumatic Stress Network and National Center for PTSD). (2006). Psychological First Aid: Field Operations Guide, 2nd Edition. Retrieved from: [www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA\\_2ndEditionwithappendices.pdf](http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_2ndEditionwithappendices.pdf)
- Cage, J. (2013). Joplin Pays it Forward, Community Leaders Share our Recovery Lessons. Retrieved from: [www.nationalmasscarestrategy.org/wp-content/uploads/2014/07/joplin-pays-it-forward-community-leaders-share-our-recovery-lessons.pdf](http://www.nationalmasscarestrategy.org/wp-content/uploads/2014/07/joplin-pays-it-forward-community-leaders-share-our-recovery-lessons.pdf)
- Center for Loss and Life Transition, Wolfel. A.D. (2020). This Pandemic of Grief. Retrieved from: [www.centerforloss.com/2020/03/pandemic-of-grief/](http://www.centerforloss.com/2020/03/pandemic-of-grief/)
- Doppelt, B. (2016). Transformational Resilience: How Building Human Resilience to Climate Disruption Can Safeguard Society and Increase Wellbeing. Salts Mill, UK: Greenleaf Publishing.
- Elrod, C. L., Hamblen, J. L., & Norris, F. H. (2006). Challenges in Implementing Disaster Mental Health Programs: State Program Directors' Perspectives. *The Annals of the American Academy of Political and Social Science*, 604(1), 152-170 (160).
- Framingham, J., & Teasley, M. L. (2012). Behavioral Health Response to Disasters. Boca Raton, FL, USA: CRC Press Taylor & Francis Group.
- Government of Alberta; Alberta Culture and Community Spirit. (2010). Basic Facilitation Skills Training for Not-for Profit and Government Organizations.
- Government of Canada Government of Canada, National Defence & the Armed Forces Canadian. (2011). Road to Mental Readiness - Mental Health Continuum Model and The Big 4. Retrieved from: [www.forces.gc.ca/assets/FORCES\\_Internet/docs/en/caf-community-health-services-r2mr/r2mr-pocket-card.pdf](http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/caf-community-health-services-r2mr/r2mr-pocket-card.pdf)
- Hobfoll, S.E., Watson, P., Bell C.C., Bryant, R.A, Brymer, M.J., Friedman, M.J., Friedman, M., Gersons, B.P., de Jong, J.T., Layne, C.M., Maguen, S., Neria, Y., Norwood, A.E., Pynoos, R.S., Reissman, D., Ruzek, J.I., Shalev, A.Y., Solomon, Z., Steinberg, A.M., Ursano, R.J. (2007) Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*. 2007 Winter;70(4):283-315; discussion 316-69. doi: 10.1521/psyc.2007.70.4.283.
- Inter-Agency Standing Committee (IASC ). (2020). Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak. Retrieved from: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>
- Inter-Agency Standing Committee (IASC). (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. Retrieved from: [https://interagencystandingcommittee.org/system/files/legacy\\_files/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](https://interagencystandingcommittee.org/system/files/legacy_files/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

- International Federation of Red Cross and Red Crescent Societies (IFRC). (2009b). Psychosocial interventions: A handbook. International Federation Reference Centre for Psychosocial Support. Denmark: IFRCb
- International Federation of Red Cross and Red Crescent Societies (IFRC). (2009a). Community-based psychosocial support: Trainer's book. International Federation Reference Centre for Psychosocial Support. Denmark: IFRC.
- Kantor, E.M., & Beckert, D.R. (2011). Preparation and systems issues: Integrating into a disaster response. In Stoddard, F. J., Pandya, A., Katz, C. L. Disaster Psychiatry Readiness, Evaluation and Treatment (pp. 203-212). American Psychiatric Publishing.
- Margot, L., MccKenzie, L. (2006) The wellness wheel: an aboriginal contribution to social work.
- Miller, J. (2012). Psychosocial capacity building in response to disasters. New York: Columbia University Press.
- Ministry of Health Services Ministry of Children and Family Development. (2010). Healthy minds, healthy people: A 10-year plan to address mental health and substance use in British Columbia.
- Myers, D., Wee, D.F. (2004). Disaster Mental Health Services: A Primer for Practitioners. New York, NY, USA: Brunner-Routledge
- Neria, Y., Nandi, A., & Galea, S. (2008). Post-traumatic stress disorder following disasters: A systematic review. *Psychological Medicine*, 38(4), 467-480.
- North, C. S., Oliver, J., & Pandya, A. (2012). Examining a comprehensive model of disaster-related posttraumatic stress disorder in systematically studied survivors of 10 disasters. *American Journal of Public Health*, 102(10), e40-e48.
- Office of Emergency Preparedness; Sheldrew, D., (2010). Defining "At Risk" Populations. Retrieved from: [www.health.state.mn.us/oep/responsesystems/atriskdef.html](http://www.health.state.mn.us/oep/responsesystems/atriskdef.html)
- Reifels, L., Pietrantonio, L., Prati, G., Kim, Y., Kilpatrick, D. G., Dyb, G., ... O'Donnell, M. (2013). Lessons learned about psychosocial responses to disaster and mass trauma: an international perspective. *European Journal of Psychotraumatology*, 4, 10.3402/ejpt.v4i0.22897. doi: [org/10.3402/ejpt.v4i0.22897](https://doi.org/10.3402/ejpt.v4i0.22897)
- RSA Shorts, Davis (AKA Gobblynnie), K. (Animator). (2013). Brené Brown on Empathy. [Animated Adaptation Online Video]. USA: RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce Retrieved from: [www.youtube.com/watch?v=1Evwgu369Jw](http://www.youtube.com/watch?v=1Evwgu369Jw)
- Scheir, A., Ballin, D., Carmichael, H., Hendrickson, C., McGaffey, J., Phillips, L., Rodriguez, M., Stefanidis, N. (2009). Psychological First Aid for Youth Experiencing Homelessness. Retrieved from: [www.nctsn.org/sites/default/files/assets/pdfs/pfa\\_homeless\\_youth.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/pfa_homeless_youth.pdf)
- Schreiber, M., Gurwitch, R., Wong, M. (2007). Listen, Protect, Connect—Model & Teach, Psychological First Aid (PFA) for Students and Teachers. Retrieved from: [www.ready.gov/sites/default/files/documents/files/PFA\\_SchoolCrisis.pdf](http://www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf)
- Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. (2014). Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from: [www.store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-02.pdf](http://www.store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-02.pdf)
- Swank, R.L., Marchand, W.E. (1946) Combat neuroses: development of combat exhaustion *Archives of Neurology & Psychiatry*, 55(3), 236. doi:10.1001/archneurpsyc.1946.02300140067004
- U.S. Department of Health and Human Services. (2012). At-Risk Individuals. Retrieved from: [www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx](http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx)
- University of Nebraska Public Policy Center, Zagurski, R.B., Bulling, D., Chang, R. (2005). Disaster Mental Health Nebraska. Retrieved from: [www.nebhands.nebraska.edu/files/Psych%20first%20aid%20trainers%20manual%20%2005.pdf](http://www.nebhands.nebraska.edu/files/Psych%20first%20aid%20trainers%20manual%20%2005.pdf)
- Van Ameringen, M., Mancini, C., Patterson, B., & Boyle, M. (2008). Post-traumatic stress disorder in Canada. *CNS Neuroscience and Therapeutics*, 14, 171-181.