Early interventions following disasters: Principles of Psychological and Stress First Aid

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What is the Problem?

- The majority of people exposed to disasters recover fully from any psychological effects within one year.
- 50% -65% experience psychological responses to trauma that are subclinical, but still interfere with their quality of life.
- 10-35% may require more intensive services.
- Many do not self-identify as needing services.
- Many will never seek formal help, or not until much time has passed.
- For those who need help, post-disaster phase is important.
- Community capacity is often stretched.
What are Common Reactions?

**Diagnoses:**
- Adjustment Disorder
- Post-Traumatic Stress Disorder
- Depression
- Complicated/Traumatic Bereavement
- Generalized Anxiety Disorder
- Panic Disorder
What are Common Reactions?

Behaviors:
- Difficulty with intimacy
- Social withdrawal
- Increased:
  - Use of alcohol, drugs, or cigarettes
  - Prevalence of child and spousal abuse
  - Conflict, hostility and anger
What are Common Reactions?

**Health Problems**
- Injuries resulting from the disaster
- Worsening of pre-existing health problems
- Sleep disruption
- Increase in levels of self-reported somatic complaints
- Somatization
  - Clinically-significant, medically unexplained physical symptoms
What are Common Reactions?

**Changed Perceptions of Self & the World**
- Loss of positive beliefs about the world
- Decrease in optimism
- Decline in perceived level of social support
- Decline in self-efficacy and perceived control
- Increase in feelings of vulnerability
Stress Impacts

- Improved decisions in some circumstances
- Decision-making: Goal-directed habitual
- Sensitivity to potential threat
- Avoidance in response to uncertainty
- Risk taking or risk sensitivity
- Self-control
- Regulation of emotion
- Adjusting behavior to changing circumstances
Stress Impacts

- Improved decisions in some circumstances
- Decision-making: Goal-directed ➔ habitual
- Sensitivity to potential threat ➔
- Avoidance in response to uncertainty ➔
- Risk taking or risk sensitivity ➔
- Self-control ➔
- Regulation of emotion ➔
- Adjusting behavior to changing circumstances ➔
What Contributes to Risk?

- **Trauma and Stress**
  - High exposure to disaster
  - Type of disaster
  - Community highly disrupted
  - High secondary stress
  - Perception of health risk
What Contributes to Risk?

- **Trauma and Stress**
  - High exposure to disaster
  - Type of disaster
  - Community highly disrupted
  - High secondary stress
  - Perception of health risk

- **Survivor Characteristics**
  - Female
  - Mid age, child, or fragile elder
  - Little experience
  - Neuroticism
  - Ethnic minority
  - Socioeconomic
  - Pre-disaster distress, history
What Contributes to Risk?

- **Resources**
  - Few, weak, or deteriorating practical or social resources
  - Belief in ability cope
What Contributes to Risk?

- **Resources**
  - Few, weak, or deteriorating practical or social resources
  - Belief in ability cope

- **Family Context:**
  - Children in home
  - Presence of spouse if female
  - Parental distress
  - Someone significantly distressed
  - Interpersonal conflict
  - Lack of supportive atmosphere
  - Media viewing
What Contributes to Risk?

- **Negative Coping**
  - Rumination
  - Self-blame
  - Negative appraisals
  - Avoidance coping
  - Assignment of blame
What Contributes to Risk?

- **Negative Coping**
  - Rumination
  - Self-blame
  - Negative appraisals
  - Avoidance coping
  - Assignment of blame

- **Community Context:**
  - Low cohesion
  - Lack of resources
  - Perceived inequity
  - Displacement
What Protects?

- **Demographic / biological factors**
  - Male gender
  - Greater education
- **Social and emotional resources**
- **Personality factors**
  - Low negative affectivity
  - Capacity for hope
  - Optimism
  - Emotional stability
  - Agreeableness
  - Perceived coping self efficacy

- **Adaptive skills, ability to:**
  - Reframe
  - Use distraction when appropriate
  - Fit coping strategy to the context
  - Make meaning of the situation based on personal values
  - Use positive religious strategies
  - Seek support from others
How Are Disasters Different than Other Types of Traumatic Stress?

- Chaotic environment
- Multiple stressors
- Community Context
How Have We Tried to Find a Solution?
A Post-Disaster Stepped Care Model

- Informational Resources
- Psychological First Aid (PFA) and/or Stress First Aid (SFA)
- SPR
- Mental Health Treatment
Why is it Hard to Implement Solutions?

Hey, I found your nose. It was in my business.
Why is it Hard to Implement Solutions?
Why is it Hard to Implement Solutions?

And then I said

"We're working quickly to resolve the issue"
Why is it Hard to Implement Solutions?

If I ignore it, maybe it will go away.
Why is it Hard to Implement Solutions?

STAGES OF GRIEF

- Loss-Hurt
- Shock
- Numbness
- Denial
- Emotional Outbursts
- Anger
- Fear
- Searchings
- Disorganization
- "Re-Entry" Troubles
- Loneliness
- Depression
- Guilt
- Isolation

My experience

- Loss-Hurt
- Shock
- Numbness
- Denial
- Emotional Outbursts
- Anger
- Fear
- Searchings
- Disorganization
- "Re-Entry" Troubles
- Loneliness
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- Guilt
- Isolation
Why is it Hard to Implement Solutions?
Why is it Hard to Implement Solutions?
Why is it Hard to Implement Solutions?

FIND YOUR CENTER.
Social Support

- Paradox: mobilization and deterioration
- Social networks after disasters
- Social strategies and attachment
What is Resilience?

Trajectories Over Time

Well-Being

Pathology
Flexible Coping Strategies

High Emotionally Intense Contexts

Low Emotionally Intense Contexts

Distraction

Distress

PTSD

Emotional Processing
Potential Solution to Complexity and Barriers: Be Person-Centered

Old woman using a marionette to feed squirrels...
Potential Solution: Five Empirically-Supported Principles Framework for Intervention

- Safety
- Calming
- Self-Efficacy
- Community Efficacy
- Connectedness

Hope
Time as a Factor: Early Intervention

• Usually 0-2 weeks
• Based on level of threat and Chaos

Accepted:
• Promote safety, attend to practical needs, enhance coping, stabilize survivors, and connect survivors with additional resources
• Psychological First Aid and outreach appear evidence-consistent, non-harmful

Not universally accepted:
• Critical Incident Stress Debriefing
• CBT and EMDR
Expert Panel: Why is Debriefing Not Indicated Following Disasters?

• **Context:** Not appropriate for primary survivors in the context of mass chaos and ongoing loss and stress

• **Timing:** Most people need to restore order and meet practical needs as the first order of business. Some avoidant emotional “down time” is helpful, and debriefing can interrupt this process

• **Format:** Not ideal format for assessment or education

• **Priorities:** Might preclude other interventions

• **Appropriateness:** Inappropriate for acutely bereaved persons, certain cultures
Psychological First Aid: What are We Trying to Accomplish?

- Establish safety and security
- Connect to restorative resources
- Reduce stress-related reactions
- Foster adaptive coping
- Enhance natural resilience
Strengths of Psychological First Aid

• PFA is a model that:
  • Uses evidence-informed strategies
  • Involves a modular approach
  • Includes basic information-gathering techniques
  • Offers concrete examples
  • Incorporates a developmental framework
  • Attends to cultural factors
  • Includes user-friendly handouts
Delivering PFA

• Observe first
• Ask simple respectful questions
• Speak calmly and slowly without jargon
• Be patient, responsive, and sensitive
• Acknowledge the person’s strength
Some Behaviors to Avoid

• When delivering PFA avoid:
  • Making assumptions about experiences
  • Assuming everyone will be traumatized
  • Labeling reactions as “symptoms,” or speaking in terms of “diagnoses”
  • Talking down to or patronizing the survivor
<table>
<thead>
<tr>
<th></th>
<th>Contact and Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Safety and Comfort</td>
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<tr>
<td>3</td>
<td>Stabilization</td>
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<td>4</td>
<td>Information Gathering</td>
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<td>5</td>
<td>Practical Assistance</td>
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<td>6</td>
<td>Connection with Social Supports</td>
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<tr>
<td>7</td>
<td>Information on Coping</td>
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<tr>
<td>8</td>
<td>Linkage with Collaborative Services</td>
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</tbody>
</table>
Core Action #1: Contact and Engagement

- Establish a connection with survivors in a non-intrusive and compassionate manner
- Introduce yourself and describe your role
- Ask for permission to talk
- Explain objectives
- Ask about immediate needs
Safety and Comfort

- Ensure immediate physical safety
- Provide information about disaster response activities and/or services
- Offer physical comforts
- Offer social comforts and link to other survivors
- Protect from additional trauma and potential trauma reminders
- Discuss media viewing
Core Action #3: Stabilization

- Calm and orient emotionally-overwhelmed and distraught survivors using grounding and calming activities.
Core Action #4: Information Gathering

- Identify immediate needs and concerns
- Gather additional information as needed
- Determine the need for:
  - Immediate referral
  - Components of PFA may be helpful
  - Any additional available ancillary services
Example of Content Areas

- Nature and severity of experiences
- Death of a loved one
- Concerns about the post-disaster circumstances and threat
- Separation from or concerns about the safety of loved ones
- Physical illness, mental health conditions, and need for medications
- Losses incurred as a result of the disaster
Core Action #5: Practical Assistance

- Offer practical help to survivors in addressing immediate needs and concerns
- Identify the most immediate need(s)
- Clarify the need
- Discuss an action response
- Break down actions into manageable tasks
- Act to address the need
Core Action #6: Connection with Social Support

- Enhance access to primary support persons
- Encourage use of immediately available support persons
- Discuss ways to seek and give support
- Explore reluctance to seek support
- Address extreme social isolation or withdrawal
Core Action #7: Information on Coping

• Provide information about stress reactions and coping to reduce distress and promote adaptive functioning
• Explain what is currently known about the event
• Inform survivors of available resources
• Identify post-disaster reactions and how to manage them
• Promote and support self-care and family care practices
Cognitive Domain

- Intrusive thoughts
- Worry
- Self-blame
- Ruminating
- Decreased productivity
- Trouble making decisions
- Confusion

- Determination
- Resolve
- Sharper perception
- Increased intuition
- Courage
- Optimism
- Inspiration
- Faith
Physiological Domain

- Fatigue
- Headache
- Muscle aches
- Stomachache
- Increased heart rate
- Difficulties sleeping
- Nausea
- Shakiness
- Clumsiness

- Alertness
- Readiness to respond
- Increased energy
- Adrenalin rush
Emotional Domain

- Shock
- Sorrow
- Grief
- Guilt and shame
- Sadness
- Anger
- Numbness
- Irritability
- Fear

- Inspiration
- Involvement
- Positive challenge
- Mobilization
- Gratitude
Social Domain

- Isolation
- Withdrawal
- Numbness towards others
- Overwhelmed
- Interpersonal conflict

- Altruistic helping behaviors
- Connectedness with community
- Appreciation that family and friends are precious and important
Core Action #7: Information on Coping

Provide simple information about:

- Stress reactions and coping
- Trauma, loss, and change reminders
- Developmental issues
- Anger management skills
- Coping with guilt and shame
- Coping with sleep problems
- Alcohol and substance abuse
Tips: Anxiety

• Take time during the day to calm yourself through relaxation exercises to make it easier to sleep, concentrate, and give you energy

• Try a breathing exercise
  – Power breath: exhale twice as long as inhale

• Do this five times slowly, and as many times a day as needed
Tips: Concern about Reactions

• Talk with someone you trust. Find the right time and place, and ask if it is okay to talk about your feelings.

• Remind yourself that your feelings are expectable and you are not “going crazy”, and that you are not at fault for the disaster or your responses.

• If these feelings persist for a month or more you may wish to seek professional help.
Tips: Overwhelm

• Make a list of your concerns and decide what to tackle first.
• Take it a step at a time.
• Find out who or which agencies can help with your needs and how to access them.
• Where appropriate, rely on your family, friends, and community for practical assistance.
**Tips: Anger**

- Remember that disasters can make you more irritable and angry, so factor in the stress before you act.
- Manage your anger by:
  - Taking time to cool down
  - Walk away from stressful situations
  - Talk to a friend about what is making you angry
  - Get physical exercise
  - Distract yourself with positive activities
  - Problem-solve the situation that is making you angry
- Remind yourself that being angry will not get you what you want, and may harm important relationships.
- If you become violent, get immediate help.
Core Action #8: Linkage with Collaborative Services

• Link survivors with available services needed immediately or in the future
Psychological First Aid Handouts

- When Terrible Things Happen
- Connecting with Others (Seeking and Giving Support)
- Tips for Relaxation
- Alcohol and Drug Use After Disasters
- Tips for Adults

- Parent Tips for Helping School-Age Children
- Parent Tips for Helping Adolescents
- Parent Tips for Helping Infant and Toddlers
- Parent Tips for Helping Preschool-Age Children
Stress First Aid Model

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope
How is SFA Different from PFA?

• SFA is a peer to peer model
• Operational stress in is seldom due to a single event
• Four types of stressors are predictably ongoing and cumulative:
  – Traumatic stress
  – Loss
  – Inner conflict
  – Wear and tear
• SFA integrates with leadership and peer support, and functions longitudinally
# Stress Continuum Model

<table>
<thead>
<tr>
<th><strong>READY</strong></th>
<th><strong>REACTING</strong></th>
<th><strong>INJURED</strong></th>
<th><strong>ILL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Green)</td>
<td>(Yellow)</td>
<td>(Orange)</td>
<td>(Red)</td>
</tr>
</tbody>
</table>

## Definition
- **READY**
  - Optimal functioning
  - Adaptive growth
  - Wellness

- **REACTING**
  - Mild and transient distress or impairment
  - Always goes away
  - Low risk

- **INJURED**
  - More severe and persistent distress or impairment
  - Leaves a scar
  - Higher risk

- **ILL**
  - Clinical mental disorder
  - Unhealed stress injury causing life impairment

## Features
- **READY**
  - At one’s best
  - Well-trained and prepared
  - In control
  - Physically, mentally and spiritually fit
  - Mission-focused
  - Motivated
  - Calm and steady
  - Having fun
  - Behaving ethically

- **REACTING**
  - Feeling irritable, anxious or down
  - Loss of motivation
  - Loss of focus
  - Difficulty sleeping
  - Muscle tension or other physical changes
  - Not having fun

- **INJURED**
  - Loss of control
  - Panic, rage or depression
  - No longer feeling like normal self
  - Excessive guilt, shame or blame

- **ILL**
  - Symptoms persist and worsen over time
  - Severe distress or social or occupational impairment

## Causes
- **READY**
  - Any stressor

- **REACTING**
  - Life threat
  - Loss
  - Moral injury
  - Wear and tear

- **INJURED**
  - Life threat
  - Loss
  - Moral injury

- **ILL**
  - Life threat
  - Loss
  - Moral injury
  - Wear and tear

## Types
- **READY**
  - PTSD
  - Depression
  - Anxiety
  - Substance abuse
Essential SFA Skills

1. Recognize when a peer has a stress injury
2. Act: If you see something, say something
   • To the distressed person
   • To a trusted support of the distressed person
3. Know at least 2 trusted resources you would offer to a peer in distress
Curbside Manner: Stress First Aid for the Street

- CM is public-facing Stress First Aid
- It is used to:
  - Reduce distress and foster adaptive functioning
  - Increase people's feeling cared for and respected
  - Enhance compliance
- It is used in daily work
- Its goals are less broad than SFA or PFA
- It primes SFA by building it into a familiar and frequent professional application
Curbside Manner: SFA for the Streets Core Actions

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Cover</td>
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<tr>
<td>2</td>
<td>Calm</td>
</tr>
<tr>
<td>3</td>
<td>Connect</td>
</tr>
<tr>
<td>4</td>
<td>Competence</td>
</tr>
<tr>
<td>5</td>
<td>Confidence</td>
</tr>
</tbody>
</table>
## Curbside Manner: Components in each Core Action

<table>
<thead>
<tr>
<th><strong>Approach</strong></th>
<th>Maintain an approach that conveys respect, care and compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information</strong></td>
<td>Get and give information in helpful ways</td>
</tr>
<tr>
<td><strong>Direction</strong></td>
<td>Direct people in a way that focuses them and reduces distress</td>
</tr>
</tbody>
</table>
### Approach
- Convey that you are there to keep the person safe

### Information
- Ask about concerns
- Give simple, accurate information on rescue activities
- Reassure of safety

### Direction
- Remove person from scene
- Protect from unnecessary exposure to reminders, media and/or onlookers
**Calm**

<table>
<thead>
<tr>
<th>Approach</th>
<th>Information</th>
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</tr>
</thead>
</table>
| • Maintain a calm presence  
• Respect needs  
• Reassure by authority and presence  
• Show understanding  
• Validate | • Ask questions in calming or distracting way  
• Provide information about services  
• Explain your actions  
• Give reassurance | • Address basic needs  
• Emphasize the present, practical, possible  
• Let the person help  
• Direct to use simple self-calming actions  
• Use distraction |
<table>
<thead>
<tr>
<th>Essential Need</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover</td>
<td>- How has the incident affected your sense of safety?</td>
</tr>
<tr>
<td>Calm</td>
<td>- What changes have occurred regarding sleep, feelings of being on edge, or ability to keep calm?</td>
</tr>
</tbody>
</table>
## Connect

<table>
<thead>
<tr>
<th>Approach</th>
<th>Make it part of your job to connect people to trusted supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Get contact information</td>
</tr>
<tr>
<td></td>
<td>Look for people in vicinity to connect individuals to</td>
</tr>
<tr>
<td></td>
<td>Ask about who are most trusted supports (including pets)</td>
</tr>
<tr>
<td>Direction</td>
<td>Foster reconnection with family, friends</td>
</tr>
<tr>
<td></td>
<td>Encourage peer support with those available</td>
</tr>
<tr>
<td></td>
<td>Solicit volunteers to provide support</td>
</tr>
<tr>
<td>Essential Need</td>
<td>Question</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Connection</td>
<td>▪ Has there been an impact on how you talk with each other, work morale, or connecting with family and friends?</td>
</tr>
<tr>
<td></td>
<td>▪ Is there someone you feel comfortable talking with about this?</td>
</tr>
<tr>
<td></td>
<td>▪ Has anyone you know done or said something that really helped?</td>
</tr>
</tbody>
</table>
## Competence

<table>
<thead>
<tr>
<th>Approach</th>
<th>Information</th>
<th>Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Get people connected</td>
<td>• Determine people’s needs, what your role is and what the exit plan is</td>
<td>• Get needed items</td>
</tr>
<tr>
<td>to resources</td>
<td>• Don’t leave the scene without a relationship transfer</td>
<td>• Give contact information to acquire resources</td>
</tr>
<tr>
<td>• Don’t leave the scene</td>
<td>• Provide verbal and written information on resources, and encourage their</td>
<td>• Make connections for specific MH and PH conditions</td>
</tr>
<tr>
<td>without a relationship transfer</td>
<td>use</td>
<td></td>
</tr>
</tbody>
</table>

**MH**: Mental Health

**PH**: Physical Health
<table>
<thead>
<tr>
<th>Essential Need</th>
<th>Question</th>
</tr>
</thead>
</table>
| Competence     | ▪ Any concerns about being able to handle what’s going on in your life, deal with your stress reactions, or function?  
▪ What are some things that you have done to cope that have been helpful in the past, or have been helpful since this incident? |
### Confidence

**Approach**
- Keep a neutral or positive attitude
- Avoid judgment

**Information**
- Clarify rumors, misunderstandings and distortions
- Reduce guilt about actions

**Direction**
- Focus the person on the present moment
- Put the person on task
<table>
<thead>
<tr>
<th>Essential Need</th>
<th>Question</th>
</tr>
</thead>
</table>
| Confidence     | ▪ Any change in your confidence in your ability to X?  
▪ Does this *event/incident* hold special meaning or connect with other experiences in any way? |
Care After PFA and SFA

• Crisis Counseling – supportive counseling and connection to resources
• Cognitive behavioral approaches have the strongest empirical support, but are not recommended for routine use for all
• Use guided self-help, low intensity empirically supported, flexible, modularized approaches
SPR Principles

• Promote capacity building and action *with* the person vs. doing things *for* the person
• Partnership and facilitation when active listening isn’t sufficient
• Responsible *to* the person, not *for* the person
• Success = client empowerment and capacity
Components of SPR

- Problem-solving
- Activity scheduling
- Managing Reactions
- Helpful thinking
- Rebuilding Healthy Social Connections
How Can I Help? Knowledge

- Range of responses to differing exposure levels to the disaster
- Interventions by post-disaster phases
- Available partners and their roles
- Local cultural considerations
- Special needs of local populations
- Needs a vulnerable populations
- Referral options and resources
- Access to care for people with severe mental disorders
- Balancing avoidant/distracting coping with active/processing coping
How Can I Help? Skills

- Individual / community needs assessment
- Public health crisis / risk communication
- Active listening, respectful attitude
- Protecting vulnerable populations
- PFA actions like initial contact, rapport building, stabilization
- Brief assessment, triage, and referral
- Problem-solving
- Action planning
How Can I Help? Skills

• How to minimize harm related to alcohol and other substance use
• Advocacy
• Death notification
• Mass for fatality medical management
• Cultural competence
How Can I Help? Abilities

- Tolerate intense distress and reactions
- Be flexible
- Be empathic
- Work in chaotic and unpredictable environments
- Rapidly assess survivors
- Provide services tailored to timing of intervention, context, and culture
- Remain focused on the needs and priorities of affected individuals
- Know when to be directive and when to be silent
How Can I Help? Abilities

- Remain optimistic and hopeful
- Collaborate with local indigenous and traditional health systems
- Take stock of one’s own strengths, limitations, and assumptions
- Maintain boundaries and self-care
- Determine a reasonable work-life balance
What Really Matters?

Volunteers/Workers:
- Resources
- Skills
- Knowledge
- Abilities
- Heart
- Willingness
- Hardiness
- Longevity

Affected Individuals:
- Safety
- Calm
- Connectedness
- Self-efficacy
- Hope
- Safety 
- Self & Community
- Efficacy
- Calming
- Connectedness
- Hope
Take Home Messages

• Emphasize resilience and capacity-building
• Utilize a flexible, tailored approach specific to context, needs, and phase
• Be evidence-informed or consensus-informed as much as possible
• Provide a spectrum of services
• Utilize innovative approaches that map onto survivor needs
• Teach skills for self-sufficiency and longevity
PFA Translations & Adaptations

- Spanish
- Japanese
- Italian
- Swedish
- Mandarin/Simplified Chinese
- Homeless Youth & Families
- Schools (Primary & Secondary)
- Religious Professionals
Using your mouse, identify individual survivors or groups of survivors who appear to need your help to make them feel safe.

Click the NEXT button to Continue.
**PFA Mobile Overview**

*PFA Mobile*, is a fully 508 compliant smartphone application for mobile Apple products. The app is designed to assist responders who provide Psychological First Aid (PFA) to adults, families, and children as part of an organized response effort.

*PFA Mobile* includes:

- 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
- A survivors' needs form for simplified data collection and easy referral
Stress First Aid Online Training
Curbside Manner Online Training

The Five Core Principles

Curbside Manner helps reduce the stress of emergency encounters by:

- Enabling you to recognize individuals who are reacting to potentially difficult life events and may need additional support to promote healing.
- Supplying you with a range of basic actions that help ensure safety, calm those you serve, and promote connectedness, self-efficacy and hope.
Resources

National Center for PTSD:
www.ptsd.va.gov

patricia.j.watson@dartmouth.edu
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

PTSDconsult@va.gov
(866) 948-7880
www.ptsd.va.gov/consult