

Care Stations & Psychological First Aid

The purpose of a Care Station is to provide an environment for those affected by a crisis to receive Psychological First Aid and to be cared for by trained professionals.

Definitions



Care Station - A Care Station is a location set up in a school setting where trained professionals can triage struggling students and staff, and provide Psychological First Aid in a crisis.



Triage - Triage is the process of sorting victims, as of a battle or disaster, to determine medical priority in order to increase survivors. Conducting triage is a process, not an event.

- Primary triage establishes initial treatment priorities.
- Secondary triage uses data collected during interventions.

• Referral triage is conducted as interventions conclude. Using a Crisis Triage Form can help counselors identify ongoing treatment needs including severe or dangerous reactions, enduring reactions, and mental illness including Post Traumatic Stress Disorder (PTSD).



Psychological First Aid (PFA) - Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of a crisis. The Psychological First Aid Field Action Guide offers more specific insight and instructions to performing PFA.

Psychological First Aid is designed to reduce the initial distress caused by traumatic events, and to foster short-term and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards:

- 1. Consistent with research evidence on risk and resilience following trauma.
- 2. Applicable and practical in field settings,
- 3. Appropriate for developmental levels across the lifespan, and
- 4. Adaptive to a person and delivered in a flexible manner.

Care Stations: How to use them

WHO - Care Stations can be set up for anyone grieving a loss as a safe place to come be with peers. It is best practice that you have separate areas for students and staff. In order to predict the impact of a traumatic event, the Crisis Team should evaluate the predictability,

duration, consequences, and intensity of the event. The lower the predictability, and the higher the duration, consequences and intensity are, the bigger the impact on the school community.



WHAT - Care Stations should have bottled water, tissue, and sometimes light snacks. It is also recommended that Care Stations have coloring pages with markers, crayons and colored pencils; blank paper; fidgets; and other comfort items. Those coming to the Care Station may choose to talk one-on-one with a counselor, talk with their peers,

sit quietly, or use the resources provided.



WHEN - Care Stations should be available after a crisis, especially when announcing a crisis at school. Anytime there has been a crisis affecting multiple students, a care station can be set up. The same is true for faculty and staff. Students should not stay in Care Stations

much longer than about an hour. If the student is still dysregulated, consider calling their parent or guardian and having them go home for the day. Do not send a student home to an empty house.



WHERE - Care Stations should be in a private space. Depending on the size of the crisis, this could be in the library (as long as it is closed to others), in an empty classroom, or in another designated location that offers privacy. It's important to not use a space where others will be during the day, such as a filled classroom or the lunch room. Sometimes a Care Station can be managed in the counselor's office area if the response is small enough. Care Stations should NOT be pushed into a classroom full of students.



WHY - Care Stations should be utilized to triage students and staff and provide Psychological First Aid. Mental Health staff can utilize the **Crisis Triage Form** to list those seen and to whom Psychological First Aid was provided. This sheet allows for notes and descriptions of

levels of triage.

HOW - Care Stations are a great way to provide a basic crisis need by offering social support. Some people impacted by a crisis may benefit from familiar social connections. For younger students, this might mean their parents, guardians, or other trusted adults. For secondary students, this is usually referring to their peers.

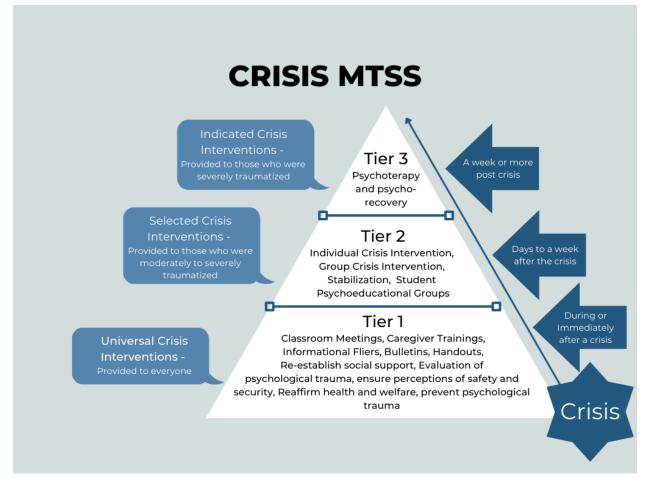
Care Stations are a place where counselors can determine which students might need more services. This could include an intervention, such a psychological education group, grief group, or even a school processing session.

Care Stations also offer the opportunity to perform triage and brief psychological interventions to those impacted by the crisis. Providers are able to help those impacted by facilitating immediate coping techniques and treating psychopathology.

It is important to match the need of the student or staff member to the appropriate intervention. In order to do that, providers can do the following:

- Reaffirm health and welfare.
- Ensure perceptions of safety and security.
- Evaluate psychological trauma.
- Determine initial crisis intervention risk classifications.
- Reevaluate and make more informed crisis intervention treatment decisions.

When talking with students at the Care Station, be direct with your language. Use words such as died. Do not use euphemisms such as passed away or went to sleep because those could be confusing. **Crisis Response as a Multi-Tiered Systems of Support (MTSS)** -School crisis mental health interventions follow the framework of Multi-Tiered System of Supports.



*Graphic courtesy of PREPaRE Workshop 2, 3rd Edition - Mental Health Crisis Intervention: Responding to an Acute Traumatic Stressor in Schools.

Basic Objectives of Psychological First Aid



Establish a human connection in a non-intrusive, compassionate manner.



Enhance immediate and ongoing safety, and provide physical and emotional comfort.



Calm and orient emotionally overwhelmed or distraught survivors Help survivors to tell you specifically what their immediate needs and concerns are, gather additional information as appropriate.



Offer practical assistance and information to help survivors address their immediate needs and concerns.



Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.



Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.



Provide information that may help survivors cope effectively with the psychological impact of disasters.



Be clear about your availability, and (when appropriate, link the survivor to another member of a disaster response team or to a local recovery systems, mental health services, public-sector services, and organizations.

For more information about Psychological First Aid, look at the **Psychological First Aid Field Operations Guide.**

References

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