Psychological First Aid for UW Medicine Leaders & Managers: Increasing Resiliency of Healthcare Workers During COVID-19

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Trauma Recovery Innovations

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ACKNOWLEDGMENTS

> Adapted from:
  – World Health Organization *Psychological First Aid: Guide for Field Workers and Psychological First Aid Adapted for the Ebola Outbreak*
  – Materials developed by Dr. Debra Kaysen, Stanford University

> Thanks to:
  – Department of Psychiatry and Behavioral Sciences
  – UW COVID-19 Mental Health Working Group
  – Mollie Forrester, Rebecca Sladek, Rosemary Whitright
  – Anne Browning and Patricia Kritek
Objectives: Provide an overview of PFA and highlight key elements to provide support during this crisis
Elements of PFA can serve as a framework for:

1) responding to in-the-moment distress
2) making referrals & promoting engagement in services
TRAINING OVERVIEW: WHY, WHAT, WHEN, WHO, & HOW OF PSYCHOLOGICAL FIRST AID (PFA)

> The PFA Model
  – **WHY:** Resilience and the need for support following a pandemic
  – **WHAT:** The foundations of PFA, what it is and is not
  – **WHEN:** The timing of PFA delivery
  – **WHO:** Those most likely to benefit and who should provide it
  – **HOW:** Overview of PFA

> Adapting it to fit your context and role
  – **HOW:** to provide support and make a referral
PFA: THE WHY
Resilience is the process of adapting well in the face of adversity or significant sources of stress.

- Resilience is ordinary & common, not extraordinary.
- Resilience does not mean the absence of difficulty or distress.
- Resilience is not a trait -- it can be learned and acquired.
- There is no one path of resiliency

[Source](http://www.apa.org/helpcenter/road-resilience.aspx)
HOW MIGHT COVID-19 AFFECT HEALTHCARE WORKERS?

- High workload and increased stress
- Possible loss of coworkers
- Anxiety about their coworkers, patients, and families
- Distress about decisions about safety precautions, prioritizing & allocating care
- Difficulty accessing social support and resources for themselves

Adapted from Kaysen, 2020
WHAT WE DO DURING THE CRISIS MATTERS FOR WHO RECOVERS
PFA: THE WHAT
Psychological First Aid (PFA) is a humane, supportive response to someone suffering

- **Acute intervention** to reduce initial distress caused by traumatic events
- Evidence informed
- Increase sense of safety, connection, calmness, and hope
- Increase access to social, physical and emotional support
- Increase self-efficacy

Kaysen, 2020
PFA differs from traditional treatment

- PFA is **not** therapy
- It **does not** look like a standard therapy setting or structure
- It is **NOT** psychological debriefing
<table>
<thead>
<tr>
<th>General PFA guidelines</th>
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<tbody>
<tr>
<td>Operate within a framework of an <strong>organized response system (part of a team)</strong></td>
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<tr>
<td>Remain within <strong>scope of your expertise, role, and training</strong></td>
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<tr>
<td>Maintain <strong>confidentiality</strong></td>
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<tr>
<td>Respect their <strong>right to make their own well-informed decisions</strong></td>
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<tr>
<td>Be <strong>culturally sensitive</strong> and aware</td>
</tr>
<tr>
<td><strong>Practice self-care</strong> and be aware of your own physical and emotional reactions</td>
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</table>
PFA: THE WHEN
PFA CAN BE DELIVERED

✔ During a mass disaster

✔ In the immediate aftermath
PFA: THE WHO
PFA CAN BE APPLIED BROADLY, IN DIVERSE SETTINGS AND CONTEXTS

<table>
<thead>
<tr>
<th>Providers</th>
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<tbody>
<tr>
<td><strong>Do not</strong> need to have a mental health background</td>
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<tr>
<td><strong>Do</strong> need to be trained in PFA</td>
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<tr>
<td><strong>Do</strong> need to have met their own needs first</td>
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<table>
<thead>
<tr>
<th>Recipients</th>
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<tr>
<td><strong>Do</strong> need to express interest in support and/or stabilization</td>
</tr>
<tr>
<td><strong>Are</strong> often those at higher risk for developing negative outcomes due to proximity to crisis and/or other risk factors</td>
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<tr>
<td><strong>Can</strong> include <em>healthcare workers</em>, patients &amp; their families, &amp; community members</td>
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PFA: THE HOW
PFA is comprised of 8 core actions that are:

- Not necessarily sequential
- Flexible
- Based on the person’s specific needs and concerns
PFA has 8 core actions:

1. Contact and engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Practical assistance
6. Links to social supports
7. Information on coping
8. Links to services
PFA CORE ACTIONS:
1. CONTACT & ENGAGEMENT
2. SUPPORT SAFETY AND COMFORT

GOALS:
- Build rapport
- Support and enhance emotional and physical safety
- COVID-19 context
  - Concerns about safety and wellbeing of self, loved ones, patients, & coworkers
**Goal:**
**To calm and orient emotionally overwhelmed/disoriented survivors**

- Not all individuals will need stabilization
- Pay attention to individuals whose reactions are so **intense and persistent** that it is impacting their ability to function
PFA CORE ACTIONS:
4. Information Gathering
5. Practical Assistance

Goals:
1) Identify immediate needs & concerns, gather information, & prioritize
2) Clarify needs & develop action plan

PRO-TIPS
• PFA is not one-size fits all
• Use active listening skills
• Prioritization should be collaborative
• Know what resources are available and/or know how to find out
Goal:
Links to Social Supports

- Help establish brief or ongoing contacts with primary support persons and other sources of support
  - family
  - friends
  - community
SOCIAL SUPPORT HAS MANY FORMS

Support for needs
Emotional support
Social connection

Feeling needed
Reassurance of self-worth
Reliable support

Advice and information
Physical assistance
Material assistance
Goals:

Provide information about

- stress reactions
- practical ways to cope, reduce stress, and promote adaptive functioning

REMEMBER: Information that is provided and skills that are taught will be in response to the individual’s unique concerns and priorities

Adapted from Kaysen, 2020
## Encouraging Self-Care

<table>
<thead>
<tr>
<th></th>
<th>Sleep</th>
<th>Substance use</th>
<th>Physical Health</th>
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<tbody>
<tr>
<td></td>
<td>• Regular schedule</td>
<td>• Less helpful as a coping strategy</td>
<td>• Exercise, eat healthy</td>
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<tr>
<td></td>
<td>• Avoid caffeine, alcohol</td>
<td>• Monitor and reduce</td>
<td>• Relaxation</td>
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</table>
Identify existing coping strategies and potential new coping strategies

<table>
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<tr>
<th>Talking to others</th>
<th>Positive distracting activities</th>
<th>Resting and eating healthy meals</th>
<th>Keeping a normal schedule</th>
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</thead>
<tbody>
<tr>
<td>Taking regular breaks</td>
<td>Using humor</td>
<td>Scheduling pleasant activities</td>
<td>Focusing on something practical you can do right now</td>
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<tr>
<td>Using relaxation methods</td>
<td>Engaging in support groups/counseling</td>
<td>Exercising</td>
<td>Journaling</td>
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Kaysen, 2020
Addressing Unhelpful Thoughts

Gentle, curious questions can help address unhelpful thoughts and the strong emotions linked to them:

- What would your kindest self say about this?
- What are other ways to look at this situation?

Adapted from Kaysen, 2020
**PFA CORE ACTION**
8. Link with other services

**Key Action:**

- **Connect**
  - to additional resources or services to address current needs **as needed**

- **Know**
  - what is available
  - how to connect them to services (or who to ask)

- **Collaborate**
  - to identify what they need

- **Offer**
  - to follow up and check-in

Adapted from Kaysen, 2020
PRO-TIPS for UW Medicine Managers and Leaders: How this applies in your role at UW

PFA

Best practices for support from leaders
UW Medicine managers and leaders can use PFA components

<table>
<thead>
<tr>
<th>Provide good support</th>
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<tr>
<td><strong>Communicate</strong> calm, compassion, and respect</td>
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<tr>
<td><strong>Listen</strong> to concerns, and <strong>maintain</strong> professional boundaries</td>
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<tr>
<td><strong>Share</strong> information openly and honestly</td>
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<td><strong>Help</strong> troubleshoot challenges</td>
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<tr>
<th>Facilitate referrals</th>
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<tr>
<td><strong>Normalize</strong> the need for support</td>
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<tr>
<td><strong>Know</strong> the referrals and resources that are out there or who to ask when you need more information</td>
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Common Stress Reactions

- **Intrusive Reactions**
  - ways the event comes back to mind

- **Avoidance**
  - attempts to remove themselves from or protect themselves from distress

- **Physical Arousal**
  - The body reacts as if danger is still present

- **Grief**
  - Response to death of loved ones

- **Depressive Symptoms**
  - Sleep problems, fatigue, worthlessness/guilt, suicidality

- **Physical Reactions**
  - Headaches, dizziness, muscle aches, rapid heartbeat, hyperventilation
Normalize Common Stress Reactions

- These reactions are **natural, expected, and common**
- **Avoid** statements that could be perceived as judgmental or minimizing

It may be time to suggest more help if they:

- continue more than 2 months
- worsen and impair functioning
There may be situations when someone needs more advanced support.

- Know your limits

- Know when and where to refer
PFA provides guidance about responding to distress from individuals in your teams

> Supervisors are often the first point of contact for those in distress

> **Opportunity** to put people on the right path toward recovery and adaptive functioning
# RESPONDING TO DISTRESS

## Listening & Communication Tools

- **Communicate calm, compassion, and respect** through WHAT you say and do and HOW you say and do it.
- **Listen to concerns and maintain professional boundaries** by not pressuring them to share or asking personal questions.
- **Let them tell you** what they feel and need.
- **Express empathy** and concern as professionally appropriate.
- **Expect widely varying reactions** to a crisis and do not judge.
- **Remain calm, control your own emotions, and don’t rush thing**.
- **Remember** that you can’t take away their pain and you don’t need to.
STABILIZATION: WHEN TO USE GROUNDING

Is the person unresponsive, panicked, or frantic? Are they stuck in their anxiety?

NO

Is the intense reaction interfering with essential duties, threatening safety, or preventing healthy coping?

NO

NO

GROUNDING MAY NOT BE APPROPRIATE

YES

Is this likely a one-time reaction in a crisis situation?

NO

GROUNDING IS LIKELY APPROPRIATE

YES

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STABILIZATION:
HOW TO USE GROUNDING

1. Sit comfortably and **breathe** slowly and deeply.
2. Name 5 non-distressing things you can **see**.
   Pause and **breathe**.
3. Name 5 non-distressing sounds you can **hear**.
   Pause and **breathe**.
4. Name 5 non-distressing things you can **feel**.
   Pause and **breathe**.
PFA provides guidance about what information to gather and how to address individuals’ concerns

> Supervisors are uniquely positioned to understand challenges and brainstorm solutions

> Maintain professional boundaries
  - Balance of helping to problem solve what is in your wheelhouse and refer for what is not
PROBLEM SOLVING

Collaboratively assess and prioritize needs and concerns. Choose the most pressing controllable issue to address. Brainstorm possible solutions to the problem. Consider pros and cons and choose a solution. Make an action plan for carrying out the solution.
LINK WITH OTHER SERVICES

Normalize reactions and need for help

Provide information and encourage engagement

Ask about helpful next steps
PFA is a Framework for Building Resilience: Apply as Self-Care
Referrals & Resources

Questions about PFA
Contact Michele and Kristen
triheal@uw.edu

Referrals for PFA and support
COVID Support Program
https://psychiatry.uw.edu/clinical-care-consultation/covid-19-
resources-for-mental-well-being/

Peer to Peer Program:
https://faculty.uwmedicine.org/p2p/

UW Care Link (EAP):
https://hr.uw.edu/benefits/uw-carelink/

Today’s materials
Slides and handouts
https://psychiatry.uw.edu/clinical-care-consultation/covid-19-
resources-for-mental-well-being/

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PSYCHOLOGICAL FIRST AID
FOR STAFF AFFECTED BY THE COVID-19 PANDEMIC

It's normal for people affected by a pandemic to have a wide range of reactions, but not all will develop long-term problems. Managers should not be in a counseling role with their staff. However, when staff face personal or work challenges related to COVID-19, managers are encouraged to react in ways that promote resilience and emotional healing.

COMMUNICATE CALM, COMPASSION, AND RESPECT
through what you do, what you say, and how you say it. Don't rush; meet them where they are.

LISTEN TO CONCERNS, BUT MAINTAIN PROFESSIONAL BOUNDARIES
by not pressuring them to share or asking personal questions. Express empathy and concern as professionally appropriate.

SHARE INFORMATION OPENLY AND HONESTLY
without giving false promises or reassurances, like “it will be OK” or “at least things aren’t worse.”

HELP THEM TROUBLESHOOT NOVEL CHALLENGES
by seeking their input, helping them prioritize and focus on what’s in their control, and using their skills.

REFER TO SERVICES & SUPPORTS AS APPROPRIATE
that are tailored to what they say that they need. As much as possible, not mandate that they seek services.

OFFER SHORT-TERM WAYS TO MANAGE STRONG EMOTIONS
like grounding or deep breathing, if emotions interfere with patient care.

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**Grounding**
A short-term coping skill for intense reactions

**Is grounding appropriate?**
Is the person unresponsive, panicked, or frantic? Are they stuck in their anxiety?

1. **No**
   - Is the intense reaction interfering with essential duties, threatening safety, or preventing healthy coping?
     - **No**
       - **Grounding may not be appropriate**
     - **Yes**
       - **Grounding is likely appropriate**

2. **Yes**
   - Sit comfortably and **breathe** slowly and deeply into your belly.
   - Name 5 non-distressing things you can **see** around you.
   - Pause and **breathe**.
   - Name 5 non-distressing sounds you can **hear** around you.
   - Pause and **breathe**.
   - Name 5 non-distressing things you can **feel** against your skin.
   - Pause and **breathe**.

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HELPING PEOPLE COPE IN HEALTHY WAYS

Use a problem-solving approach to define the problem and make a coping plan.

1. Collaboratively assess and prioritize needs and concerns
2. Choose the most pressing controllable issue to address
3. Brainstorm possible solutions to the problem
4. Consider pros and cons and choose a solution
5. Make an action plan for carrying out the solution

HEALTHY COPING IS...
- Consistently meeting basic needs for sleep, nutrition, and health
- Reaching out to others and finding ways to connect, even at a distance
- Expressing your feelings (e.g., journaling, crying, talking to supportive people)
- Doing daily activities that give a sense of pleasure or achievement (e.g., exercise)
- Trying to maintain a normal schedule as much as possible, or creating a new routine
- Using calming and compassionate self-talk
- Focusing on things you can control and what you can do about those things

...RATHER THAN
- Sleeping, eating, or taking medicine inconsistently or on an irregular schedule
- Withdrawing from family and friends or waiting for others to reach out to you
- Suppressing negative feelings, including with drugs or alcohol
- Withdrawing from activities or focusing only on activities that aren’t possible at the moment
- Working too many hours or avoiding responsibilities
- Using negative self-talk or treating worries like they're facts
- Ruminating about things you can’t control or hypothetical situations

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