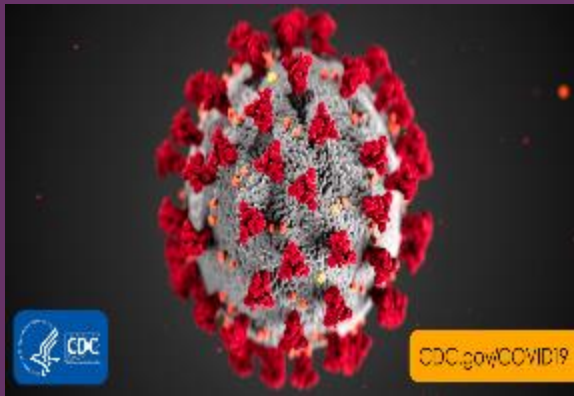




Faculty of Medicine

COVID-19 WELLNESS SERIES

May 6, 2020



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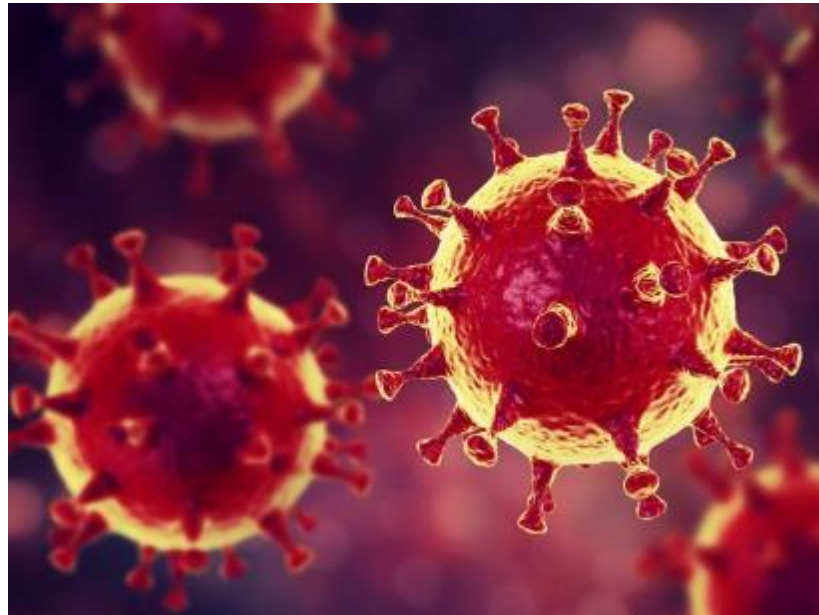
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**Psychological First Aid
& Self-Care -
for Faculty and Health Care
Providers**

+ Disclosures

- None to report



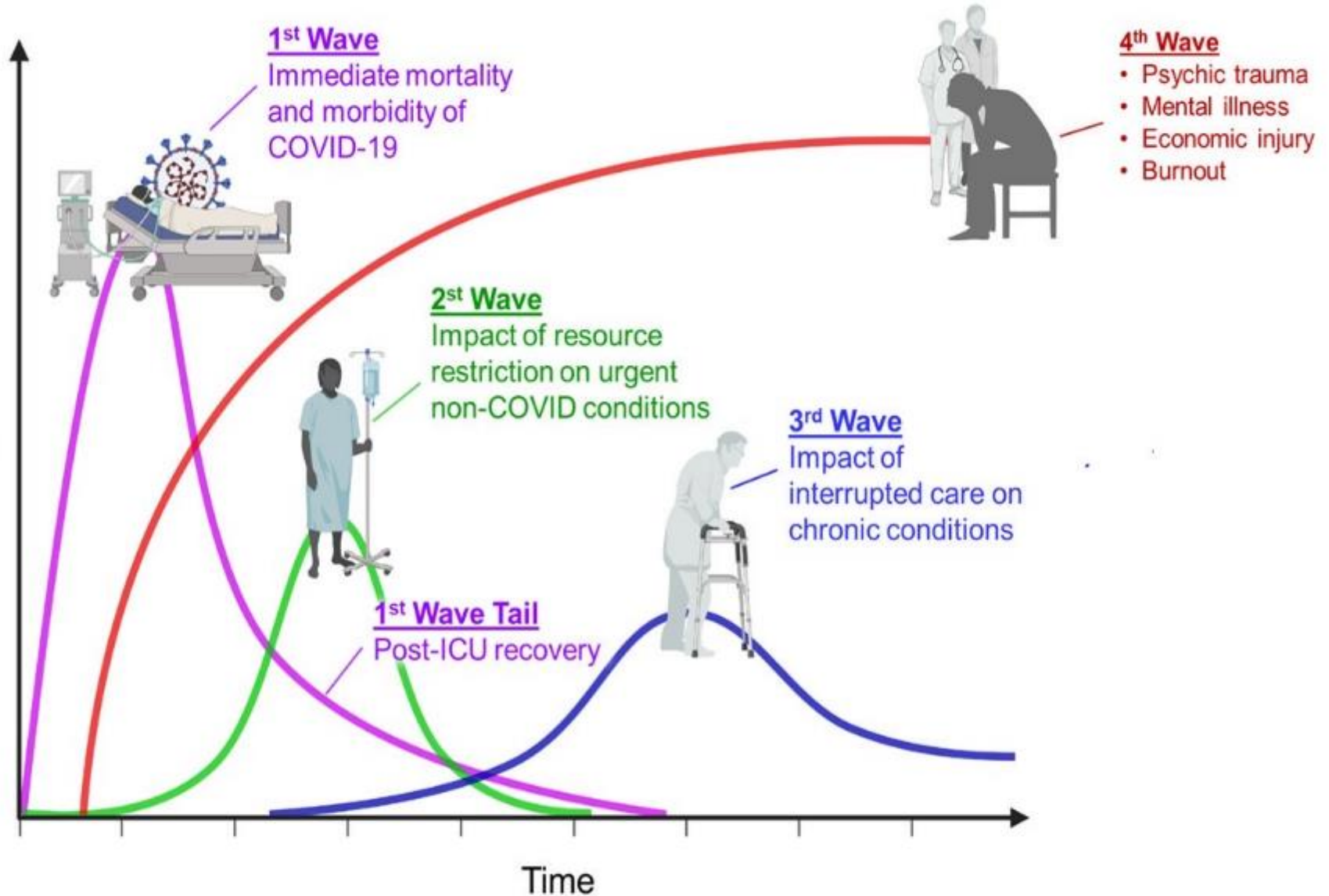
+ Learning Objectives



At the end of this presentation, participants should be able to:

1. Describe the actions of Psychological First Aid [PFA]
2. Appreciate the risks inherent in providing PFA
3. Determine an approach to managing self-care

Health Footprint of Pandemic



+ Outline

- Definition of PFA
 - What it is
 - What it is not
- PFA: who, when and where?
- Key components
- Risks of providing PFA
- Self-care
- Resources





Definition of PFA



- Evidence informed intervention designed to help those in the immediate aftermath of disaster and terrorism
- Reduce initial distress
- Foster short and long-term adaptive functioning and coping
- Consistent with evidence on risk and resilience following trauma
- Applicable and practical in field settings
- Appropriate developmentally across the life span
- Culturally informed and flexible in its delivery

(Brymer et al, Psychological First Aid: Field operations guide 2nd ed., 2006)



Definition PFA



- “not a single intervention or treatment but an approach that is designed to respond to people’s psychosocial needs after major incidents or disasters which comprises of a number of elements”
 - NATO guidelines 2009

- “basic, non-intrusive pragmatic care with a focus on: listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm.”
 - Sphere Handbook 2004



Origin PFA



- Driven by the work of the National Centre for PTSD in the US
- Has been developed into a specific intervention
- Cautions against individual psychological debriefing
- No convincing evidence for any psychosocial intervention directed at everyone after a traumatic event to reduce mental health symptoms
- Option of doing nothing risks promoting lack of social support in those affected, increasing risk PTSD

(Bisson & Lewis, Systematic Review of Psychological First Aid, 2009)



PFA- what it is not



- **Not counselling**
- **Not debriefing**- not necessarily involve a detailed discussion of the event that caused the distress
- **Not Mental Health First Aid [MHFA]**
 - The help provided by members of the public
 - Towards individuals experiencing MH problems or in crisis



Yonge St. van attack 23/4/18



COVID-19 2020



PFA: who, when and where?



WHO:

Providers:

- Mental health/disaster response workers
- 1st response teams
- Primary and Emergency health care
- School crisis response
- Faith-based organizations
- Community emergency response teams
- Medical reserve corps
- Disaster relief organizations

Recipients:

- Children
- Adolescents
- Parents/caretakers
- Families
- 1st responders
- Disaster relief workers
- **Health Care Workers**



PFA: who, when and where?



WHEN:

- Recent impact by crisis- natural or man-made disaster, terrorism
- Can be employed days-weeks after
- When determined safe to do so

WHERE:

- Shelters- general pop'n, special needs
- Service centres
- Community outreach teams
- Acute care settings- ED's, field hospitals, **any hospital setting**
- Homes/businesses
- Crisis hotlines, phone banks



+ Key components



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





Consensus guidelines on psychosocial care after disaster



Interventions should promote:

- Sense of safety
- Self and community efficacy/empowerment
- Connectedness
- Calm
- Hope
- Many ways to operationalize these principles of enhancing social connectedness post-trauma
- Attention to cultural, spiritual and religious healing practices
- Caution re manualized approach

(Hobfell et al, 2007; Bisson et al TENTS guidelines, 2008)

CONSIDER THE FOLLOWING QUESTIONS AS YOU PREPARE TO OFFER PFA IN DIFFERENT CULTURES:

Dress

- » Do I need to dress a certain way to be respectful?
- » Will impacted people be in need of certain clothing items to keep their dignity and customs?

Language

- » What is the customary way of greeting people in this culture?
- » What language do they speak?

Gender, Age and Power

- » Should affected women only be approached by women helpers?
- » Who may I approach? (In other words, the head of the family or community?)

Touching and Behaviour

- » What are the usual customs around touching people?
- » Is it all right to hold someone's hand or touch their shoulder?
- » Are there special things to consider in terms of behaviour around the elderly, children, women or others?

Beliefs and Religion

- » Who are the different ethnic and religious groups among the affected people?
- » What beliefs or practices are important to the people affected?
- » How might they understand or explain what has happened?





PFA for Groups



- Provide current information about the event
- Attempt to dispel rumours and clarify misunderstandings
- Discuss steps being taken to recover from situation
- Address safety concerns and safety procedures being implemented [PPE]
- Identify the group's shared needs and concerns
- Problem solve strategies to address immediate needs and concerns, **do not let discussion lapse into complaints**
- Discuss ways the group members can help each other
- Describe coping strategies that others have found effective [buddy system]
- Identify where individualized services are being offered



How might being a psychiatrist or MH clinician help?



- Recognition of affective states
- Confidentiality
- Cultural sensitivity
- Shock and dissociation
- De-escalation
- Grounding techniques
- Interview skills: active listening, eye level, empathy, use of language
- Calming techniques- breathing, distraction
- Knowing when to refer-
 - risk, psychosis, unresponsiveness, loss of control, substance excess, abuse

+ Risks in providing PFA

- Pathologizing acute trauma reactions, grief- do not use the terms: 'symptoms' 'diagnoses' 'conditions' 'disorders'
- Forcing help on others
- Pressure to talk
- Making false promises or giving inaccurate information
- Assume all exposed to disaster [COVID-19] will be traumatized

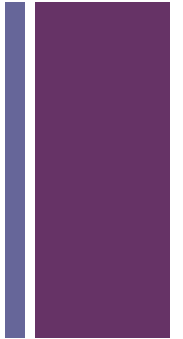


+ Self-care

- Personal and family disaster plans incl pet care
- Develop Personal Resiliency Plan or Self-Care plan
 - Identify red flags, coping strategies
 - Practice
- Boundaries- # hrs work, exposure
- Take breaks
- Basic needs: sleep/eat/water/exercise “HALT”
- Avoid substances
- Buddy system with co-responder
- Talk to those close who care
- Flexible, patient, tolerant



+ Self-care



- Know yourself and your motivations
- Non-traditional settings, being asked to do tasks not initially seen as mental health related
- Response to management- non vs excess
- Working in midst of uncertainty re safety/harm
- Working with those not receptive to MH care
- Timing:
 - personal – health, stressors, family
 - work- able to leave quickly, supportive?

PSYCHOLOGICAL FIRST AID

Field Operations Guide
2nd Edition



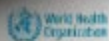
The European Network for Traumatic Stress

www.tentsproject.eu

THE TENTS GUIDELINES

FOR PSYCHOSOCIAL CARE
FOLLOWING DISASTERS AND MAJOR INCIDENTS

Psychological first aid: Guide for field workers



WARTS
FORUM
FORUM



ional Child Traumatic Stress Network
National Center for PTSD

TSN

The National Child
Traumatic Stress Network





PFA Mobile



PFA Tutorial

APPS

About

Home

Help



**Learn About
PFA**



**Core
Actions**



**Survivor Stress
Reactions**



**Survivor
Needs Form**



**Provider
Self-Care**



Resources



UNIVERSITY OF MINNESOTA

Psychological First Aid Tutorial

PFA Key Actions:
Promote Safety
Calm and Comfort
Connectedness
Self Empowerment

Choose from the options below:

Refresher

Practice

About

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QUESTIONS?

