

Questions Asked During Live Webinar Broadcast on 4/29/2020



Psychological First Aid During COVID-19

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Are there evidence based methods of providing psychological first aid to youth of different backgrounds who live in underprivileged communities and impacted by Covid-19 as well as the hardship of their communities?

A: There has been research conducted which focused on traumatic events such as hurricanes, tsunami's, and typhoon's. When the research has been conducted using psychological first aid in these events, the population researched were mainly non-caucasian individuals who were living in underprivileged communities. While the research supports the effectiveness of PFA with these communities, I haven't found research regarding modification of the application based on the community. However, I always highly suggest cultural competence and cultural humility when applying PFA.

Are there any particular responses, you would suggest when providing PFA to someone who is not working due to the circumstances, but their partner is essential and working and going into the community then coming back to the house every day related to fears of partner becoming ill, bringing virus back to the home, etc.?

A: This is a tough situation that many people are going through. For PFA, we want to help the individual be safe, hear their concerns, and link with support as needed. For the individual who is not working, I would connect them to unemployment benefits within their state, food resources, and potential monetary support if it exists in their area. As their family member is an essential worker, I would encourage them to be linked with a counselor even on line to discuss their experiences. I would also encourage regular check ups for the individual who is essential. Many places with essential workers will have ongoing temperature checks to lookout for symptoms of COVID-19.

Are there any new rules about mandated reporting as it related to COVID-19? For example if a client discloses they have tested positive but continue to break social distancing protocol and not use protective equipment while in public? Law enforcement has been treating it as assault and in one case (via the media as a source) a person was charged with terroristic threats. PART II: Can you please speak to the ethical considerations around disclosing versus not disclosing?

A: This is a great question. Yes we are mandated to report when an individual has expressed intent or plan to harm themselves or others. Each state has approached "whistle blower" expectations a little differently. As each state is a little different, I would encourage you to contact your credentialing agency in your state and ask them for clarification about this. Whenever I have experienced concerns such as this, I contacted the credentialing board and explained the situation. They provided me with an answer (and I also documented the names of the people I spoke to).

How do you recommend we deal with people who are shaming you or client for social distancing or wearing a mask?

A: It is extremely difficult to protect yourself when people around you may not be doing so. From this perspective, I usually maintain a dialectic approach that validates the thoughts of those who may be shaming an individual by saying something like "I know this may seem silly.." while also validating yourself by continuing "and I just feel it's better to be safe than sorry. I can't force you to do anything and I respect your decision. I am going to stick with mine." For the most part, I have found that people struggle to shame others when the person provides them with an empathic response.

How can get certified in Psychological First aid?

A:
This is a great option for continuing education in PFA. You will need to create an account:

I am also thinking about the supervisor...what are his/her supports and resources as a supervisor?

A: I understand that agencies are different and have varying expectations of supervisors. I encourage all supervisors and directors to have access to PFA information. As a director myself, I always placed self care, ethics, and supervisory support at the front of my role expectations. I encourage all supervisors to ask for supervision themselves from their directors as well as to know and have a clear company policy about how to respond during COVID-19. I also encourage supervisors to engage in ongoing continuing education and a big part of that is self care.

What do you incorporate interpreters into this process (when needed), assuring that the techniques and goals of PFA are not lost in the interpretation?

A: This is a great question. I was very lucky to have had a good relationship with our interpreters at previous agencies. I would meet with the interpreters beforehand to discuss what we are trying to accomplish, what I am looking for, and plan for any potential barriers to interpretation. This always helped me when I had an interpreter tell me that how I was asking a question made it difficult for a patient to understand. We then worked together to restate the question that was applicable for the individual.

In India, what we are facing, is that people are in a never ending lockdown. Which is increasing every time when it's supposed to end, so there's a sense of hopelessness. How should that be tackled when they question us?

A: I can imagine that this is extremely difficult for all involved as I am sure most people want to be out of lock down and most others don't want to have to tell people that they need to be locked down. I often validate the feelings of the patients I work with when I have to tell them news they don't want to hear. I don't argue. If they disagree, I respect their right to disagree but then move to discuss ways that the individual can continued to take care of themselves during lock down. I explore the needs of the individual (are they missing their families, supports, etc?) and then try to identify ways they can connect to these supports during lockdown.

I work with first responders and may be required to wear PPE in the field or in office. What are some specific suggestions for connecting more easily wearing extensive PPE?

A: I encourage eye contact and as empathic speech as possible. Also using the OARS skills (Open ended questions, Affirmations, Reflections, and Summarizing) as these communicate to the individual that you are hearing them and you are committed to helping them.

What about PFA for frontline workers and children, is there any specific thing pertaining to them? Is it suitable for women and men?

A: Yes, and PFA may need to be completed on the first responders themselves as they may be exposed to traumatic experiences as they attempt to help. When this happens, we do basic PFA to the people who are front line workers. We do our best to create a scene of safety, validate their experiences, hear their concerns, and then link them with services as needed. This would be the same for both men and women although some men may prefer that you tell them what to do and that they may also avoid seeking treatment themselves. For children, create a sense of safety using parental support (or the support of the adult that the child has the best relationship with). Allow the child an opportunity to talk or be silent. Finally, attempt to hear their needs and coordinate with caretakers how the child can be linked with support.

Nature communion & EcoTherapy are helpful to caregivers as well as to those being stressed by the pandemic. What is your input/experiences with this?

A: My thought is that this is perfect for this pandemic. We have to avoid close contact with each other and therefore hiking, going on trail walks, and connecting with nature is a very good option to help people cope. I worry that the

closure of some parks may then force everyone into smaller natural spots thus impacting an individual's ability to connect with nature. As a result, I would work to identify several options to assist the individual.

For those new in recovery, how do you deal with the forced isolation when you were told not to isolate before all this happened?

A: Excellent question. Although we are socially distant, we still have to find some form of connection to others. Those in early recovery may feel disconnected from their friends, families, and other supports so therefore they may not be able to call these individuals. I encourage them to connect to online AA and NA meetings and then connect with a sponsor through such meetings. They will then at least have an opportunity to call others and receive support.

Are there online support groups that you recommend?

A: I really like this resource:

<https://aa-intergroup.org/oiaa/meetings/>

In slide 11, it states that clergy may use PFA. Many clergy are first connectors and yet have little to no training...how would you go about and encourage, educate and coach clergy to use PFA?

A: I have worked with spiritual leaders in my community. I worked with them on the three basic aspects of PFA: 1 Creating Safety, 2 Hearing the needs, and 3 linkage and referral. I worked with them to try to avoid fixing everything all at once. I also use an analogy such as "If you were to see someone with a bloody nose, what would you do?" They often reply by saying "Stop the bleeding." I respond by saying "Our job is to hear about what caused the bloody nose, make sure the individual has been removed what caused the bloody nose, and then link them up to services to help their bloody nose." Many religious leaders are very involved and are a great asset to their communities. I often discuss the importance of boundaries as there is only so much one individual can do.

I'm interested in any links you can provide to TF-CBT and Mindfulness online resources as well as telehealth certifications?

A: Here is a certification program in telemental health: <https://www.cce-global.org/credentialing/bctmh>

There are many mindfulness activities which can be accessed via YouTube.

Here is information about how to be certified in TF-CBT: <https://tfcbt.org/tf-cbt-certification-criteria/>

Here are some free resources for TF-CBT on therapistaid.com. This website also has mindfulness activities:

<https://www.therapistaid.com/therapy-guide/trauma-narratives>

What if your clinical supervisor is not helpful, by not wearing a mask and not listening?

A: This is a very tough position to be in. When this occurs, I would then usually connect with the supervisors supervisor (or director) and document your concerns. We don't want to get anyone in trouble but if they are not wearing a mask, they may be breaking company policy which can then hurt them in the long run. In regards to the supervisor not being helpful, I have often needed to directly tell supervisors how I need help and how I would like them to help me. I also discussed my flexibility to respond to their requests.

Do you recommend setting up a "work zone" to minimize home life bleed to work any ideas on how to do that in small spaces?

A: In some instances, the bedroom may be converted to an office while you are scheduled to be at work. I encourage people to start and stop work on time. I encourage people to avoid common areas of the home as being work places such as living rooms or kitchens.

Any tips for warm hand off to other service providers or ways to end time with a Client wanting more time when a Clinician MUST move to the next Client?

A: Yes, I always like to be transparent with the individual about my own limitations to help them. I then discuss with them how the additional service can be helpful. I will be sure to have phone contact with the services and in some instances have a three way call to facilitate greetings and discussing goals.

How often would you recommend for established clinicians to have supervision?

A: Although I have a license and a PhD, I asked for weekly supervision. When this is not possible, I ask for biweekly supervision. However, I had good relationships with my supervisors which allowed for impromptu supervision throughout the week. Even established clinicians benefit from having third party feedback, support, and another set of eyes to look at their clients.

In regards to optimism, should we refrain from having an optimistic demeanor so that we don't offend clients? Is there a better way to approach positivity without it being an issue or coming off wrong?

A: I think this depends on the client. Being overly optimistic may come off as invalidating. I think it is important to validate their experience and also maintain the facts (even if this may seem optimistic). When I worked with individuals with ongoing chronic pain, it would seem invalidating if I talked about how the pain severity adjusts. Rather, I validated their report and maintained my position that I am dedicated to helping them even if the help is slow, takes time, and things may be frustrating in the meantime.

Is it possible to have this information in Spanish?

A: Here you go: https://apps.who.int/iris/bitstream/handle/10665/44837/9789243548203_spa.pdf?sequence=1

Can you give some examples of how Supervisors need to reach out to their workers?

A: I will email, call, and schedule Zoom meetings. I understand that my supervisees are busy. I also prioritize supervision and I make it a mandatory expectation for all of my supervisees. Even with the people I worked with who were really busy, they never reported taking my expectations for supervision as punitive but rather that I am wholly invested in their success and I want to provide support in any way.

Is there a maximum of PFA sessions? Do you recommend a number of sessions?

A: It may take some time to link people up with services and it may take a few instances where they may open up. When I find the individual is using the PFA service like a counseling session, I discuss with them the need to transition the service to a long term solution.

What is a good website to access Mindfulness info and resources?

A: Therapist aid has a lot of good resources: <https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises>

How effective of PFA can deliver through phone or online? How long usually it will take to deliver PFA through phone or online?

A: PFA for phone and online may be the only way people receive this in some instances and it is better than nothing. We still do the same things; Obtain and maintain safety, hear the patient's needs, and provide linkage. From my experience, there were some instances when this lasted several hours. When I worked with some major catastrophies, I had to meet with dozens of people who were exposed to the same problem. I was able to meet with some people individually and others in small groups. The time was usually limited to one hour but you may need to see the individual after.

I provide support to MDs and nurses in the hospital dealing with death and COVID all day-- with fear of infection, can't feel safe...any advice?

A: What you are experiencing is entirely normal in this environment. I encourage people to focus on what they can control; washing your hands, maintaining distancing, and wearing masks. Also, as you are in a hospital setting, I encourage you to seek help at the first sign of any symptom even if this may seem akin to other problems. With that said, when you find yourself focusing on your concerns, ask yourself what you would say to the people you work with. Then, say that to yourself.

What if the client says that they may have been exposed but does not want or refuses the suggestion to be tested?

A: We have to respect their sovereignty and ability to make decisions for themselves. We review the benefits and drawbacks of making this decision. We also let them know that we are here to assist them if they change their mind.

What's some advice when life gets back to "normal" if we want to give someone a hug? How should leadership address certain behaviors for staff?

A: This is tough as this is totally normal. As a director, I never liked when workers gave each other hugs in front of patients. I think for this instance, we may see many workers give each other hugs. I am always worried if an individual would feel harassed due to a hug. But with this, I tell my staff to not hug each other around patient's and to maintain work related boundaries. I always try to be flexible and it makes sense that in this circumstance flexibility is needed.

Please share the meaning of cultural humility and competence?

A: Cultural competence is an ongoing practice of education, supervision, and consultation learning about new cultures. It is impossible for us to be experts at every culture but we seek supervision, education, and consultation when working with an individual from a culture that we don't know too much about. Cultural humility is almost like a lifestyle and a world view which appreciates that others do things differently. This approaches all cultures with a sense of curiosity, respect, and genuine desire to learn and appreciate how things are different for the individual.

Can I apply PFA to military leaders?

A: Yes, especially as they are exposed to traumatic experiences. People are people even if we are supervisors, directors, police officers, soldiers, leaders, and CEO's. Anyone exposed to a traumatic event would benefit from PFA.