Welcome, your facilitator will be:
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This webinar is provided as a collaborative effort between the AMHCA and NAADAC
The American Mental Health Counselors Association (AMHCA)

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Psychological First Aid During COVID-19

Presented by: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

Using GoToWebinar (Live Participants Only)
- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions

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NAADAC Webinar Presenter

Webinar Learning Objectives
- Participants will be able to identify evidence-based Psychological First Aid (PFA) responses for people enduring the COVID-19 crisis.
- Participants will identify how PFA connects to treatment options to during and following the COVID-19 crisis.
- Participants will create plans to care for themselves while responding to clients in crisis.
Polling Question 1

True/False: Psychological First Aid is the Same as Counseling.

A. True
B. False

Psychological First Aid (PFA)
• Acute response to potential traumatic experience.
• Conducted by first responders and other clinicians.
• May be used by clergy or community members.
• Help people cope during and following event.

Why use of PFA?
• Can reduce the severity and duration of PTSD.
• Helps clients regain a level of calm.
• Interrupts panic in immediate family and community.
• Assist those with receiving treatment ASAP.
Reactions to traumatic event

Reactions may improve, stay the same, or get worse over time.

- Feelings: Despair, doom, fear, helpless, numb, or disconnected.
- Cognition: Concentration, decision making, confusion, timeless.
- Physical: Appetite, libido, tired, on edge, somatic complaints.
- Actions: Crying, interpersonal, risk taking, obligations.
- Spiritual: Belief system, rejection, isolation, losing faith

Disaster attributes of COVID-19

- Forced isolation
- Lasting for months
- Disrupted lifestyle
- Disrupted supports
- Financial
- Lethality
- Ongoing media coverage
- Helping profession unprepared

Psychological Risk Factors during COVID-19

- Know people who have experienced COVID-19.
- Know people who have died from COVID-19.
- Have experienced COVID-19 personally.
- Experiencing survivors guilt.
-Disconnected from providers.
COVID-19 and Co-Occurring Disorders

- Outpatient treatment centers may be closed.
- Self help groups may be closed.
- Disruptions in treatment.
- Difficulties in online groups.
- Lack of connection contributes to resumed substance use.
- Disruption in medication adherence.
- Resuming connection with unhelpful people, places, and things.

What is PFA

- First line of support similar to medical first aid.
- Occurs during or immediately following a crisis.
- Non-Intrusive.
- Providing care that aligns with the individual.
- Listening while respecting silence.
- Plans to protect from further damage.
- Provides comfort and restoring calm.
- Not professional counseling.
- Connects to needed services.

Aspects of PFA

- Create safety: remove individual from threat and reflect safety.
- Efficacy: Strengths based involving client in decision making.
- Fostering hope: accurate and positive information.
- Establishing calm: Calm yourself then focus on what can be done.
- Rapport: On site connection with patient, family, and services.
### Applying PFA
- Connecting to a distressed individual.
- Compassion and empathy are key.
- Protection of privacy.
- Flexible with needs.
- Story may be non-linear.
- Technology: Online synchronous or phone synchronous.
- Emergency response recommendations (distancing, masks, hand washing, etc.).

### Prepping for COVID-19 PFA
- Be aware of local medical services.
- Identify local mental health services with remote access.
- Familiar with emergency benefits process.
- Information for food pantries.
- Consider client restrictions (technology).
- Identify supports available to individual.
- Avoid potential further damage.
- Cultural humility.

### Enacting PFA During COVID-19
- Be clear and transparent about your role.
- Give accurate information.
- Respect client autonomy.
- Avoid time restrictions for help.
- Communicate at client level.
- Enhance discussion with OARS.
- Respect when a client doesn’t want to talk.
Connecting with the client

• Remain in the moment with the client.
• Identify and react to any safety concerns.
• Maintain calm demeanor.
• Ask about the needs of individual and immediate family.
• Listen to individual stories and circumstances.
• Validate concerns.
• Remain open to feedback from individual and family.

Observing the client

• Consider client safety.
• Consider client necessities (food, clothing, and shelter).
• Observe for signs of significant stress or impairment.
• Linking to higher level of care immediately if needed.
• Observe for shock.
• Consider how observations impact interactions.

Keys to PFA

• Welcoming and inviting to the individual.
• Maintain boundaries.
• Avoid unrealistic goals.
• Maintain ethics.
• Receive supervision, support, and feedback.
• Ongoing self evaluation.
Linking to resources

- Identify any family, extended family, or supportive resources.
- Have social services resources readily available.
- Create plan to engage with such resources.
- Educate individual on technology to engage with others.
- Be aware of the expectations of potential resource engagement.

Linking with Resources

- May have to assist client with connecting to resources.
- Psychological first aid is NOT treatment.
- Continues with mental health and substance use tx after PFA.
- Make connections at local agencies for assistance.
- Age specific resources.
- Provide information about basic coping strategies.

Immediate link client if...

- They express intent or plan to harm self or others.
- Describe physical health conditions associated with COVID-19.
- Report exposure to others who have COVID-19.
- Individual is unable to be calmed despite ongoing attempts.
- Erratic behavior and questionable judgment.
- Experiences ongoing confusion or disorientation.
Transitions to Ongoing Treatment

- Respect individual refusal to follow up with ongoing treatment.
- Educate individual on benefits and drawbacks of treatment.
- Client is able to follow up on their own time.
- Offer to assist with linkage and referral as able.
- If possible, connect family/ supports with ongoing treatment info.
- Obtain consent to speak with agency who will engage in tx.
- Openly discuss your role in connecting with other providers.

Treatment Options During COVID-19

- Telehealth substance use and mental health counseling.
- Counseling over the phone.
- Counselors must receive training and support for the above.
- Telepsychiatry.
- Talkspace.
- Adjunct self help support groups online.
- Software agency tools: Clocktree, liquidweb, ringcentral

Conducting telehealth

- Maintain agency recommendations and standards.
- Have internet access and appropriate broadband.
- Client must have access to software.
- Ask client to treat session just like a face to face session.
- Counselor must treat session like face to face session.
- Must maintain professionalism, supervision, and paperwork.
- Info regarding hospitals, psych ERs, crisis services, and emergency services in proximity to client.
Polling Question 2

True/False: Counselors are not affected by COVID-19.

A. True
B. False

Impact on counselors

• Burnout: work exhaustion with loss of interest.
• Secondary Trauma: symptoms of PTSD experienced by counselor.
• Compassion fatigue: loss of empathy towards clients.

Secondary Trauma

• Ongoing images of events.
• Nightmares or flashbacks to events.
• Disruption in functioning.
• Sense of worry and dread about the future.
• Hypervigilance.
• Interpersonal disruptions.
PFA and Counselor Trauma

- Can be exposed to traumatic stories during PFA.
- We may dwell on experiences of others.
- High client numbers prevent processing.
- Limited supervision.
- Long hours of work.
- Feel we have not made a difference.

Protective Factors

- Sense of optimism
- Appropriate coping mechanisms
- Social support
- Access to necessary resources
- Spiritual belief system
- Connection to cultural/racial identity

What Counselors Can Experience

- Irritation and interpersonal difficulties.
- Disconnection from others.
- Impacted libido.
- Changes in diet, sleep, exercise.
- Ongoing thoughts of incident.
- Dreams of incident.
- Consumed by incidents during personal time.
Counselor Experience

- Resentment towards job, colleagues, profession.
- Anger and disgust towards clients.
- Self disappointment.
- Late for work attendance or deadlines.
- Avoiding patient contact.
- Anxiety about engaging in work.

Counselor experience during COVID-19

- Hypervigilance to health reactions (coughing, sneezing, allergies).
- Assume that everyone is sick.
- Avoidance of health concerns.
- Minimizing experience during pandemic.
- Exacerbating experience during pandemic.
- Place self at risk.
- Hand washing, mask wearing, etc. (beyond recommendations).
- Increased substance use.

Counselor Self-Care

- Acts to disconnect from experiences and connect to yourself.
- Is unique to each individual.
- Must be creative during quarantine.
- Maintain relationships.
- Limit time on the news.
- Opportunity for physical health.
- Connect to hobbies.
- Leave work at work.
Protecting Against Secondary Trauma

• Being aware of yourself and making time for self assessment.
• Maintaining contact with supervisor and other work supports.
• As prepared as possible when engaging in PFA or crisis counseling.
• Ask for help.
• Respect symptoms.

Actual self care acts

• Limiting time watching the news
• Maintaining contact with coworkers
• Contact with friends and family
• Spiritual connection (people, prayer, and meditation)
• Exercise
• Having a set work time and place
• Hobbies
• Continuing education

Creating a self care plan

• Observable, measurable, and objective.
• Person centered tailored to your own strengths.
• Activities you can do and have access to.
• Must be creative during COVID-19.
• Connect with supports to help complete plan.
• Varying activities throughout the week.
• Flexibility to adjust and receive feedback.
Polling Question 3
Which of the following are effective self-care skills?
A. Using Alcohol
B. Sleeping in late and avoiding people
C. Engaging in meaningful activities
D. Eating all of your quarantine snacks at once

Conclusion
• PFA is strength based approach conducted through rapport, safety, fostering hope, and establishing calm.
• Multiple options exist to prevent worsening PTSD symptoms including higher levels of care, telehealth outpatient substance use and mental health services. Adjunctive peer support groups are available online.
• Counselors are at risk for secondary trauma. Engage in ongoing self assessment to address our own risks. List activities which are unique to us for self care. Create a plan to adhere to these activities.
• Hang in there: WE WILL GET THROUGH THIS TOGETHER!!!

PFA Resources
• PFA Mobil App: http://www.sph.umn.edu/ce/perl/mobile/pfatutorial/
• The Psychological First Aid (PFA) Field Operations Guide: http://www.nctsn.org/content/psychological-first-aid

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Thank You!

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ANY QUESTIONS?

www.naadac.org/psychological-first-aid-webinar

UPCOMING WEBINARS

May 1st, 2020
Advocacy Series, Session I: Shaping Policy and Practice Through Advocacy
By: Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Tim Casey, Policy Advisor

May 13th, 2020
Energy Psychology Techniques for Reducing Trauma & Addiction
By: Tricia Chandler, PhD, MA, LPC, MAC

May 15th, 2020
Peer Recovery Support Series, Section IV: A Deeper Dive Into Coaching Recovery
By: Phil Valentine, RCP

May 27th, 2020
The American with Disabilities Act: SUD and Eliminating Discriminatory Barriers to Treatment and Recovery
By: Oce Harrison, EdD and Charlotte Lanvers, JD

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