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NAADAC
PSYCHOLOGICAL FIRST AID DURING COVID-19
APRIL 29, 2020

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>> The broadcast is now starting. All attendee are in listen-only mode.
>> Hello, everyone, and welcome to today's webinar on psychological first state during COVID-19. Tools for mental health professionals presented by Dr. Federick Dombrowski. I'm Samson, and I'm the director of training and director development for NAADAC. I'll be the organizer for this training experience.

This webinar is a collaborative effort. The American mental health counselor's association is committed to advancing the professional clinical health counseling and improving public health. The association provides professional development, educational publications, continuing education, and training career guidance standards of practice, research, advocacy, a code of ethics and other resources. For more information, you can visit www dot AMHCA.org.
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Everything you need to know about this webinar will be permanently hosted at www dot NAADAC.org slash psychological-1st-aide webinar. You'll see it right there at the top of the screen. Please note for all of our new viewers, continuing education is free for NAADAC members there. Is a small processing fee of $20 for the 1.5 CE force this webinar.
Make sure to pay close -- close attention to the instructions on the slide. We'll mention them again at the end of the web are in a. If you are interested this getting your CEs, number one, make sure you watch and listen to this entire webinar. NAADAC uses a time tracking tool to verify your full attendance to earn the appropriate number of CE hours.
Second, you'll pass the on-line CE quiz that will be posted right on the webpage you see here with that yellow arrow.
Third, if you are not a NAADAC number, you'll submit payment for the CE certificate or you can join NAADAC to receive that CE certificate for free.
And lastly, the CE certificate will be e-mailed to you within 21 days of passing the quiz.
Now, we're using GoToWebinar for today's live event. You'll notice the GoToWebinar control panel that looks like the one you see on my slide here. You can use that orange air are Arizona row any time to minimize or maximize the role panel.
If you have any questions for the presenter, type them, we'll gather the questions and give them to the presenter during a live Q&A.
Any questions we don't get to we'll collect directly from the presenter and post them on our website within at least two weeks.
Lastly, under the questions tab of your GoToWebinar control panel you'll see a tab that says handouts. You can counsel loud the PowerPoint slides from the handout tab and a quick reference guide giving you more detailed instructions on how to get your CEs.
Now, let me introduce you to today's presenter. Dr. Fredrick Dombrowski has worked with cooccurring disorders since 1999, has worked in higher education since 2010. He obtained his doctor of philosophy agree in counselor education and supervision from Capella University in 2016. He has provided psychological first aid training, for first responders and those who have endured trauma.
Dr. Dombrowski has clinical and administrative experience implementing PFA for agencies with workers in high risk situations.
He infuses self care in to higher education, making it a priority for students and future counselors.
NAADAC and the AMHCRA are delighted to provide this webinar presented to you by this accomplished trainer and member of both associations. So Dr. Dombrowski, if you're ready, I'll hand it this over to you.
>> Well, thank you so much, Samson, for the wonderful review and introduction. You do such a smooth job of speaking so, I just sincerely want to thank you, just absolutely, it's amazing to work with you.
I would also like to thank both AMRAC and NAADAC for coming together in such short time to create this program that we can share with you today.
Before we even get started, I just want to start off by saying that I hope everyone is well. I hope everyone that's attending I hope that you're safe, I hope your friends and your

family are safe, and that you're adhering to all of the social distancing guidelines, and that you have the opportunity to enjoy this time as much as you possibly can with the people that you love.
So our goals for today are to be able to identify evidence-based psychological first raid responses, specifically during the COVID-19 crisis. While we are talking about what we are going to provide during psychological first aid, the good news is that these skills can be applied for just about any crisis situation. For example, prior to my teaching full time, I was a director at a forensic hospital and unfortunately, being a director at a forensic hospital, at times, we'd have patients get in fights with each other or patients attack staff. You can actually use the basic steps of psychological first aid during such events. So if there are instances where someone has endured a crisis or a traumatic event, regardless of what the event is, the basics of the psychological first aid that we're going to talk about today can be applied. With that said, we're going to have a specific focus, though, during the COVID-19 crisis.
And although psychological first aid can be applied to anyone who has endured the crisis, we are going to talk about the impact of COVID-19 and how this has a detrimental effect on individuals living with cooccurring disorders.
We will discuss how psychological first aid connects to treatment options during and following COVID-19. And you will also create means to care for yourself while responding to clients in crisis. Self care is extremely important, especially during this time.

I want to thank everyone who sent questions to me beforehand, and I'm hoping I'm going to be able to answer most, if not all of those questions. However, if I do not get to your question, please feel free to respond to me afterwards, and I will be happy to answer any questions you that have.
As we go forward, let me see. Okay. Going forward to the next slide I'm going to turn this over to Samson.
>> Thank you. So everyone, you're going to have your first polling question here, it will launch on your screen in just a moment. The question asks psychological first aid is the same as counseling, true or false. This is going to be one of several opportunities to interact with your presenter. As a reminder, you can continue to send in questions for the presenter in the questions box of the GoToWebinar control panel. We will have a live Q&A towards the end of the webinar and ask your questions in the order in which they've received.
If have you any trouble participating in this poll, consider switching your clue Vue in the webinar control panel from full screen to a different view. You'll see a couple of different views there. For most of you, the poll should appear automatically. In fact, almost 70er of you have responded. Thanks you all much so. I'll give you about five more second to respond to this poll.
Thanks so much. I'm going to share the results and then turn it back over to your presenter.
>> Thank you so much, Samson. And from reviewing this poll, it looks like 92% uh got it correct. That psychological first aid is not the same as counseling. While there may be some overlap in some of the basic skills and how we interact with people, what we are doing is providing a different service and a different type of services available to patients during psychological first aid as opposed to providing actual counseling.

When we are providing psychological first aid -- sorry, let me just go back one. When we are providing psychological first aid, it is an acute response to a person's traumatic experience. Psychological first aid can be conducted by the first responder's or other clinicians. So think about when is someone, are going to be providing psychological first aid.

When we think about a medical emergency oftentimes we will call EMS or 911 and the first responders will come and they will provide medical first response. Think of psychological first aid are very similar. They are similar to what we see with medical first response. People that are within the community, whether they're clergy members, clinicians or some kind of helping professional, people can engage in psychological first aid. Obviously we don't want kids to provide psychological first aid, we don't necessarily want family members, but the purpose is to help an individual cope following a traumatic event.

We use psychological first aid because it can be are reduce the severity and duration of post-traumatic stress disorder. When we provide psychological first aid it does help the individual regain a sense of calm, and also interrupts any panic that gets spread from the individual to the family and then to the community.

The benefit of using psych lodge first aid, though, is that we're able to link the individual up with services as soon as possible. Psychological first aid can also be done on-line and via the telephone. Despite limitation that is we have when we're unable to see the person, we can still provide some of these basic skills.

When individuals experience a traumatic event, reactions to the traumatic event may get better over time, they may stay the same over time, or they may get worse. And what we're seeing especially during times of this experience with COVID is that a lot of people are experiencing despair, doom, feelings of helplessness, being numb or disconnected.

We see a lot as this is happening that people are struggling with their concentration, struggling with decision making, they're feeling confused and almost as if they're lost with their sense of time.

I saw a picture the other day and it said Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. And on the picture, the mon for Monday was crossed off, the Tues for Tuesday was crossed off and it just said day, day, day, day, day.

And as our schedules have been disrupted due to this crisis, it seems like our sense of time has been impacted.

When we see people impacted physically, we see changes in appetite. Some people may copy by eating more or just having no appetite at all.

We'll also see people having impacted libido, section drive and some times people will feel they're on edge. Some individuals may experience somatic complaints or may experience worsening ongoing chronic pain.

Additionally in our actions some people may have crying spells or may have interpersonal difficulties where you may be more angry or you may be more argumentive.

We also see people not being able to follow through with their obligations and maybe even engaging in some risky behavior. So we see this with people that are going out in public, refusing to wear any kind of masks or refuse fusing to wash their hands.

Also within this as well, the spiritual aspect, some people will have big challenge to their belief system, they may feel rejected by their people that they share their beliefs are with. They also will feel isolated and also question their faith, wondering why everything is happening.
When people are in -- when we're experiencing COVID-19, we're experiencing forced isolation. This is something we have fought experienced before.
One of the questions that was posed to me before we started today was are we living in an alternative reality? Unfortunately, I don't have the answer to that. I just know that we're living in this one, unfortunately. But this is going to have long lasting effects for the next couple of years. That doesn't mean that we're going to be isolated for the next couple of years. But I think that our response to COVID is going to have a impact for years to come. Obviously we're experiencing a disrupted lifestyle. We're having a lack of connection to our supports. Many people are experiencing the financial burden of not being able to work. And because of that, increased isolation, decreased connectedness to services, we're seeing an increase in mental health and substance abuse related symptoms.
Also, due to COVID-19, there's ongoing media coverage. Every where you go, you're seeing information about COVID-19. You turn on the weather channel, you see stuff about COVID-19. You turn on Comedy Central you see stuff about COVID-19. The helping professions, even though whoa we do our absolute best, we were still unprepared, although we had access to on-line therapy we weren't expecting to be hit all at once for this type of service.
For psychological risk factors, people may be at great her risk for post-traumatic stress disorder if they know people who have experienced COVID-19 or if they've experienced COVID-19 themselves. Unfortunately if you know someone who has died from COVID-19, you also have greater risk for post-traumatic stress disorder.
What we will see as we go forward, is we will see people living with survivor's guilt wondering why they were lucky enough to live while other people lost.
And in addition to that, people are disconnected from their providers. So one of the sad things is we are seeing where people were connected regularly to their outpatient treatment programs, this disruption has unfortunately contributed people reconnecting with people, places, and things that are not helpful for their recovery.
We also see people disrupted with medication as they're unable to get medications.
As I was saying, outpatient centers may be closed. Self-help groups are closed. Now, although some of them have moved on-line, some of people may not have access to computers or access to software. We see the lack of connection has contributed to some people resuming substance abuse.
And this is difficult when we consider what an essential service is. So, for example, the AA meetings are closed while the liquor stores still also remain open.
It is important to resume connection -- I'm sorry, we are seeing people resuming connection with unhelpful people, places action and things. That is contributing to people relapsing and returning to their substance use.
Psychological first aid is the first line of support, similar to medical first aid. So it can occur during or immediately following a crisis. So right now while COVID-19 is happening, we can engage in psychological first aid with the people that we service.

Now, psychological first aid is not intrusive. It is very regimented with very specific goals.
Also, when we provide psychological first aid, it is built on the client's strengths, meaning that we have to meet the client where they are at, and understand what they can and can't do. The benefit is that we're able to hear the person's needs and get them linked to the services that they need. However, psychological first aid in itself is not counseling. It is the first step to helping people become linked to services which are going to help improve their experiences. When we're providing psychological first aid, one of the first things we want to do is create a sense of safety. We want to remove the individual from the threat and reflect safety. So, for example, during this epidemic, you may experience a call from a client that you're working with and they may say that they have had a connection with someone who has tested positive for COVID. So from there, we have to identify if that person is currently sharing that space with them, if the individual is in a safe space.
When we then assess and hear the individual more, we want to hear their strengths and what they provide can help them as they go forward. So, for example, does the client have a car. Do they have the ability to get to the hospital for testing.
We also want to foster hope. We want to provide accurate information. Now, while COVID-19 has been deadly for a lot of people, we hope that once an individual gets linked up with care that they're mortality rate and their ability to endure this, I'm sorry, their ability to endure or not die would actually increase.
Prior to you actually meeting up with someone or speaking with someone during psychological first aid, you have to work on calming yourself first. During the second half of this presentation we're going to talk about our own ways that we care for ourselves and our own way that is we help to keep ourselves calm during this.
When we connect with the patient, we want to be sure to create a rapport, and we do that by the good old-fashioned or skills, open-ended questions, affirmations, reflective listening and summarizing.
If you are providing psychological first aid to a child, this can be difficult due to the developmental level of the child. In a perfect scenario when working with children, you definitely want to make sure that you have access to whoever is closest to the child in the family or whatever worker is closest to the child.
Also, we have to make sure that we have flexibility when listening to the child as their ability to explain what's happening may be impacted by their developmental level.
And then also, we still are mandated reporters even during COVID-19. And so if you see anything that gives you any signs of abuse, you still would have to follow-up with a to be call to children's services. Hopefully we don't want to do that, hopefully everything will still be fine.
When applying psychological first aid, we connect to the distressed individual. We want to make sure that that we're showing compassion and empathy. I consider like Karl Rogers, I am not a person centered therapist, I'm huge in to cognitive behavioral therapy, but Karl Rogers taught us all how to talk to people with empathy. So when you are applying psychological first aid, try to channel your inner Karl Rogers. Try to provide empathy that what the person is going through is important to them.
While there have been some changes in the laws, we still have to protect the individual's privacy just a figures we were in any other treatment sent seeing.

We have to be flexible with the individual's need. Does the individual need food, do they need access to health services, do they need access to mental health treatment? When we hear the individual's story we also want to make sure we're flexible with that because the person's story may be nonlinear So, for example, when an individual has endured crisis and they try to tell what you happens, their brain is trying to process it. And therefore they may go back and reflect opt story or change the story or talk about the story differently. And we have to have that patience to beer there to hear them.
When we provide psychological first aid, especially due to technology, we have to identify some of the benefits and limitations of it. So, for example the benefit of on-line psychological first aid and phone over the phone is if the individual does not have access to seeing someone face to face. We are not going to be able to see them face-to-face, however, we can still look at ways for their voice may be incongruent with what they're reporting. We may be able to ask them questions to assess if they're in any kind of shock. And, in addition, we can still get collateral information from the people around them to hear about what they're experiencing.
When you are providing psychological first aid, make sure you're also maintaining distancing, you're wearing your masks, you're washing your hands.
Someone asked if you can provide psychological first aid while wearing a Hazmat suit and the answer is yes. It is all about creating connection and you can create the connection while having a Hazmat suit on.
Prior to engaging in psychological first aid, what I ask you to is come up with a list of services in your area for COVID-19. Now, the list of services could be anything. It could be hospital access. It could be access to food, it could be access to mental health treatment an substance use treatment, as well as any online support groups which are able to he had out.
Now, a lot of mental health clinics, outpatient mental health clinics, are not accepting intakes like walk-ins but some of them are still accepting on-line intakes.
What is kind of difficult is if the patient does not have access to that software, you may actually need to help them get that.
Obviously we want to make sure that we provide people with information regarding food pantries and avoid any potential further damage.
And at the end, we're talking about cultural humility. So when we are preparing for psychological first add, we have to maintain a sense of cultural humility. Cultural humility is different than cultural competence. Cultural competence is more of lurk and doing our best to educate ourselves about ongoing cultures and how that could assist us with our in interactions with people.
But cultural humility is more like a lifestyle. It is an appreciation that people are going to live their lives differently than you do. And it is also a sincere curiosity to learn and want to understand about that. So I'm asking that we all maintain cultural humility within this process when we are providing psychological first aid.
When you present to the individual, make sure you're clear and transparent about your role. So, for example, a lot of people may have expectations of you that you are not going to be able to fix right then and there. So for example, suppose someone has been exposed to COVID-19 while they have also received an eviction notice. The person may then expect you to be able to call their landlord and stop them from being evicted.

You cannot do that. However, you can talk to them about potential services that maybe can help out with that. Also make sure you give accurate information. When I was talking about trying to foster hope and we talked about the current numbers with COVID, what we don't want to do is we don't want to lie and we don't want to give information what is not accurate. Make sure we respect the client's autonomy.

So in most situations the person is not going to follow-up with help right away. The person usually feels that they're okay and what we want to do is we want them to let them know that they can be linked up with help at any time. So we want to make sure we give the individual that opportunity to choose.

We want to respect when a client does not want to talk. And in these situations, silence is processing. So the individual may not be ready to talk. It is not that the person does not want the help. It is not that they are resistant to help. It is how the individual is processing this traumatic experience. What with may have to do, if an individual is experiencing such panic as a you the are of this experience, we may want to do some mindfulness techniques such as focussing on the ear and now. I like to use pennies or I like to, over the phone, you could have someone, you know, describe something that is in your room that I cannot see, describe it to me as if I have never seen it before. But also the deep breathing techniques and my favorite deep breathing technique is in through the nose for 6 seconds, you hold it for two seconds and you exhale for 6 seconds. And you do that about five times and it helps the person become grounded and they can then refocus.

When we connect with a client, so we is a million things that are going to be happening from our perspective and what we are going to need to provide is all going need to be happening all at once.

However, with that said, we want to make sure that we remain in the moment with the client. So as I've been a director for a few different hospitals, when we had instances of crises, when I provided psychological first aid, when I was meeting with individuals, my phone was off and if people were paging me, they had to wait because I was there with that individual.

We want to identify and react to any safety concerns. And make sure that we validate the individual's safety concerns. When someone is experiencing this crisis, the last thing we want to do is like try to challenge them and that's one of the ways that psychological first aid is different from mental health counseling. I love cognitive behavioral therapy and I think I like it so much because naturally I'm an argumentive person and I like using that so he cat I can questioning. However, that's not necessarily what we want to do during psychological first aid.

We also want to maintain a calm demeanor. And that could be really hard when an individual is experiencing panic. And they don't know what is going to happen. And as I was saying before, none of us really know how COVID-19 is going to have a last being impact on society after. This despite that, we still need to maintain our own calm professional demeanor.

When we hear the experience of the individual, make sure that we ask about what their needs are. Ask them what they think they would feel better with and how we, of the immediate family, the crisis, or traumatic event so they may not have the ability to see the bigger picture. So make sure you utilize the family or any collateral contacts.

We want to make sure we validate the individual's stories and circumstances, and remain open to feedback from the individual and family. What I love about, I was talking about the OARS skills, open ended questions, affirmations, reflective listening, and summarizing, what I love about that is there are times when you summarize and a patient will say no, that's not what I'm saying. There is nothing wrong hearing that. That's really important that we utilize that skill so that we then can hear the person specifically and hear them what they're asking for.

When we are observing the client we want to consider the client safety. And this is something that you can do over the phone and also on-line where you consider the client safety, are they still being exposed to someone? Are they exposing potentially other people? We want to find out what's going on with that scenario. We want to find out what their needs are.

When we think about significant stress or impairment, he with want to see how many Howe the person is like responding via the conversation. Are they able to hold a conversation? Are they able to describe somewhat what they are experiencing? Are they able to identify with some things that are around them to help?

And consider how our observations are going to impact our interactions. So, for example, if the individual is acting this way with us, how are they then acting with their family?

This can be kind of difficult, too, especially if you're working with parents that have been exposed to COVID and they may be panicking about their children and if they're panicking as parents then we have to think about the family system and how that is being disrupted as well. Still, maintaining that calm demeanor and using some of those, like, breathe being techniques can help a person be able to focus.

The key is to providing appropriate psychological first aid is being welcoming, inviting to the individual. With that said, though, we want to maintain boundaries. So one of the questions I, that was posed to me, was when are we allowed to tell the individual about ourselves or when and how should we self disclose. As I'm a licensed clinical mental health counselor and a licensed drug and alcohol counselor, usually I'm trained not to ever self disclose. My self disclosure will be my being honest with the patient in the moment when I'm experiencing.

And so if my idea of self disclosure is my saying I am worried based on what you're describing. That is my idea of self disclosure. I would not ever self disclose to the individual what I've personally been through. However, though, I know some people that are attending they are, they have different roles and if this is appropriate within your role, and make sure you get supervision as to how and when you should self disclose. We still need to maintain those professional boundaries, though. So we still have to adhere to our licenses, our code of ethics in regards to what the professional boundaries. We have to avoid unrealistic goals. This is really tough. A lot of news the helping professions we got in to this because we wanted to help people get better. The bad news is, when you're providing psychological first aid, you're helping to calm the person, you're hearing their needs, and you're linking them up with treatment.

When you leave the individual, things are not better. You've provided them a plan to help things get better, but when you leave the individual, they're not cured. You are not going to cure someone that first time you that meet them. Obviously, like I was saying

before, we want to maintain our ethics. And make sure that you are receiving your own supervision support and feedback.

One of the biggest complaints that we have received, AMMPA and NAADAC is that due to the virus a lot of people are having disruptions in their supervision as their supervisors might be out or their agencies are making adjustments as to how to make -- how to meet the patients' needs. So what I'm asking you to do is please be vigorous in asking for supervision and making sure you're getting that ongoing feedback. And in addition to, that also be sure to give yourself ongoing feedback. Try to assess where you're at. What we experience for one of the barriers for psychological first aid is when a client is unable to speak so if we are trying to talk to the client and they are numb or disconnected or they don't want to talk. We would then do to overcome that barrier is we would provide therapeutic support. We would want to connect with our inner Karl Rogers.

Also respect that an individual does not want to talk. And in cases where the individual will not talk, then we can still do our best to get as much information from the collateral resources and sometimes that is the best that we can go on.

However, as he we let the people know we are still available to help, eventually, hopefully, that person will open up and then connect with us, that will then help us connect them to ongoing additional services as needed.

When we link individuals to resources, as I was saying before, one of the first things you want to do is you want to make sure of what resources are still available to you in your area. So specifically what hospitals are available, what treatment centers are available, what self-help groups are available, and then also having knowledge about the social services system, how can people apply on-line for services.

And what we talked about the person's needs, make sure that we create a plan with them to help be able to get these needs met. Be aware of the expectations of the potential resource engagement. So, for example, what that means is some places may require you to call several times a week or send several e-mails. We have to understand that if the patient doesn't have access to that, we may need to be the one that is are doing that for them.

Part of our job will be to educate the individuals and their families about how to use these services and what these services provide.

As I was saying, make sure you that know those services that are available to you and your agency. Unfortunately you may have to assist client to connecting with resources. I think about my experience as a counselor and how I loved using the community resources that were available.

And when clients followed up with community resources they had drastic improvements in their symptoms and they would come back and say oh, Dr. Dombrowski, working with you was great, you did the best job, it wasn't me, client followed up with all of the resources that were available.

As I was saying, psychological first aid is not treatment. So we pant to make sure we get the individual lurched up with treatment as needed. We need to make sure we have the person linked up with substance abuse treatment and mental health treatment, whatever one is specific to their needs.

Also we want to make sure we have to age specific resources and this can be tough, for many of the kids, the schools are closed, the playgrounds are closed so trying to be

creative in regards to how we can have kids have some kinds of interactions with each other.
And also the part where there is some overlap to counseling is by providing some basic copying strategies. As I was saying before the mindfulness techniques, engaging in ways that help people remain calm. And as a counselor myself, I like to ask people from that strength-based perspective what they have been able to do successfully in the past which has been able to help them manage their symptoms.
Despite psych psychological first aid, we have to do some immediate linkage to a hospital or inpatient treatment center, if the individual has expressed an intent or plan to harm themselves or others, no matter where you are, no matter what your role is, any time an individual has said listen, I'm thinking about hurting myself, I'm thinking about hurting other people, I'm really thinking about, you know, I have to take these steps to hurt myself, that is when describe the person with your role, connecting them with a higher level of care. But we have to immediately.
And if they said we're coughing, I'm struggling with my wreathing, I have a fever, if they're listing and describing symptoms of COVID we want to make sure that we can get them over to an emergency room as soon as possible.
If the individual has reported they've had direct exposure with someone who has COVID-19 we want to get them linked up with any kind of test or even having their temperature taken, getting them linked up with any kind of medical assessment as soon as possible.
The individual is unable to be calmed despite ongoing attempts. So if the person is struggling to be calmed, even though you're trying to calm them, if the person is still hysterical by the end, then they may need a higher level of care, at least to provide assistance with the interim. I hate sending people to a psychiatric emergency room because they are hysteric about an experience.
However, with that, though, what they're experiencing in that moment might be due to an exacerbated underlying illness, and therefore, connecting them to a psychiatric ER, although it's not what I want to do, may actually be the best for them at that time.
Also if the individual is so disconnected that they're experiencing and showing erratic behavior and questionable judgment. So what that might mean is talking to somebody, they've just been exposed, they're trying to make sense out of everything, and they're so frustrated they just want to go to Wal-Mart and cough on everyone. Or if they are having responses which may place themselves or others in danger.
Now, we see this happen. It is not that people are particularly -- it's not that people are particularly bad people. It is that their brain is trying to make sense out of this experience and shock. And also if the person experiences ongoing disorientation. So if we think about from the parental aspect, as parents, even if they are experiencing a traumatic event, even if they have been exposed to COVID, they're still the primary care take I of their children and because of that, we have to make sure that we're hearing what their needs are and potentially links them up with additional services if that's is going to hamper they are ability to provide safety for their children.
>> When we are connecting the individual to ongoing treatment, we have to respect that the person most likely will say no at first. And to pick on myself, and also, well, to pick on myself both as a guy and also as a clinician, we know that there's still a stigma about

mental health treatment and substance use treatment. We also know that men are more traditionally likely to refuse assistance.
And, in addition to that, too, I would say that counselors, we make the worse patients because a lot of times we may think, hey, I know how to handle this, I am a counselor, I don't need any help, but we do need help.
And so respect, though when, an individual refuses to follow-up with ongoing treatment. Obviously, make sure you educate them about the benefits and drawbacks of treatment. So there are potential drawbacks of treatment, meaning you have to make time for it, you have to make sure that you attend it, and that by adhering to the treatment recommendations that's one of the ways of getting better. But treatment is work. Whenever I would work with patients, I would talk to them about what their goals are for treatment and we would talk about what they wanted to get out of treatment and that would reiterate to them if they want to get better then they have to work towards getting better.
Also, though, we have to make sure the client is able to follow-up on their own time. So, for example, as I was saying, many patients will say that they don't want any treatment but still provide your card, provide your information and let them know that they have a window where they can call you to then get linked up with treatment. You may have to assist to link them. You may have to help make calls with them, especially if they're not familiar with the mental health or substance use treatment that is available.
Obviously you want to make sure you get consent, any kind of written consent to speak with agencies. And openly discuss role in connecting with providers. So when we do connect a client to additional services we don't want to leave them cold, we want to do our best to make sure there's a warm hand off. Report to their other providers what we've done, what we've seen and in some cases we may need to also provide, we may need to connect the family or the immediate surrounding people to the individual also with treatment as well.
The traumatic event doesn't only impact the individual. It also impacts the whole system. So there are some treatment options which are currently available during COVID-19. So we have telehealth substance use and mental health counseling. So here in the state of Connecticut I know outpatient service that is are still providing couple and that's a great thing. However, over the phone, it is hard to smell someone. If their drug of choice was alcohol and they came in smelling like alcohol, that would give you an indicator of how it was used one of the things we have to do to further assess is going back to the assessments we would normally do in the session, are they able to maintain the focus on the topic, are they able to respond appropriately, have they reported activities which have been out of the norm. So we still want to make sure that that assessment is still happening. And we can do that over the phone. Although preferably we'd still want to so he people but there are still option that is we can do over the phone.
Now, when I was saying our services were not prepared for COVID-19, I am a certified telemental health provider through the CC, they have amazing training to become a telemental health -- certified mental health provider. I'm really happy with that. However, I know that prior to COVID I was probably in the minority that people that had certification to actually do this.

Since COVID-19 has happened, I've seen dozens of e-mails about ongoing training to provide telemental health to services, so please do what you can. So telepsychiatry, the education as needed. There are some health groups and support groups.
Now, many agencies, they don't even know where to start with providing telemental health. They don't know which services are available. So I am not going to tell you which services, I just listed three here that are helpful for your agency. These three services they have HIPAA client encrypted software so that's Clocktree, Wicked Web, and Ring Central. Please feel free to look in to those.
Now, in regards to treatment, when an individual is connected to treatment, if you are eventually providing long-term mental health counseling, a good evidence based practice is trauma focussed based cognitive behavioral therapy. I love TFCBT and that's based on mindfulness based treatment.
And you can get resources on-line and there's amazing resources out there for kids as well. But as I said, make sure you receive training when providing any of these. And if your supervisor doesn't have training, make sure your supervisor gets training as well.
We have to adjust what we're doing when we see someone face-to-face as opposed to doing telehealth. One of the standards I was taught for my certification was that when you are providing telehealth, you want to make sure that you know what the emergency psychiatric units are available to the individual and what is closest to them. So luckily the vast majority of us work within the same area that we live. So as I was saying, when you prepare to provide psychological first aid, you want to know all about all of the service that is are available to the client. When you are conducting telehealth counseling, now, after the person supposedly got referred to you, now you're providing telehealth counseling, you still want to make sure you have all of those resources available.
I've had people ask me, what do you do if you're conducting a telemental health session and the individual says that they have an intent or plan to harm someone. And within that, you know what services are available to them, you keep them on the line with you, while you call 911 and you have the police go and check on them and check them out and take them to an emergency psychiatric unit while the individual has expressed an intent tore plan to harm themselves. But have you to know what services are available to them.
Also make sure that your internet access has appropriate broadband. It is funny because these are things that we've never thought about until we have actually needed them. So when we're thinking about broadband, sure, many uh out there have children. You were thinking about, you know do, we have enough broadband whenever we want to get online and play their games.
One of the things also we had to be aware is does the patient have access to software? And many of the clients I've worked, with they were of low socioeconomic status and therefore their phones and what they had access to were limited. Some people did not have access to Zoom or even if they were able to get Zoom on their phones, they have never used that technology before and they needed training in regards to that.
When you provide a telehealth counseling session and this is also really important if you're a teacher doing any kind of tell teaching, we want to make sure the telehealth session is as crows to an individual session as possible, what that means is we want to limit the distractions. So you, as a clinician, you cannot be providing a telemental health

counseling session while you're driving or while you're washing the dishes or while you're doing a paper like whatever, you have to be as focussed and on that person as when you're providing individual therapy.
And, in addition to that, the client has to be as focussed on us as when they are attending individual therapy.
With that said, we have to have some flexibility because with no school in session, we have to be aware that a lot of clients are going to be doing a lot of stuff with their children, they may be pulled in different situations, and we might just have to give them time during the session and then go attend to a child's needs and then come back.
Also, within that, although it is difficult for the patient to do that, if we were to not provide them that service, that person might feel even more isolated and they may be more triggered because they don't have any contact with people from the outside. So conducting telehealth, we want to make sure that we -- we want to make sure that the service is just as good and just as intimate as an individual session would be.
And I'm sure a lot of people out there would have the question, have I ever done it, I have provided it, and is it as effective as individual counseling?
From my own subjective experience, the vast majority of people I've worked with, they have to have a certain amount of health, I wasn't successful -- I wouldn't do this with someone who was experiencing chronic schizophrenia or actively hearing voices.
However, the vast majority of people that were appropriate for telemental health reported finding it just as helpful as seeing someone individually.
And when you have a good rapport with someone, that good rapport connects on-line.
So you still can conduct telehealth, you can still have good sessions.
You absolutely have to maintain your professionalism. You have to maintain your supervision and your paperwork.
And when I talk about the professionalism, I think all of us, well, I'll pick on myself. I can't speak for everyone else. But I foe nor sure during this cries that I have had days where I'm like yeah, I'm just going to wear a hoodie all key or I'm going to wear sweatpants all day and that's totally fine. That happens.
However, though, when you are on-line with a patient, you still want to present professional. You want to be yourself. You want to be well-kept. Obviously you don't have to get as dressed up, but you still want to be professional.
And info regarding hospitals, psychiatric ERs, crisis services, and emergency services, has to be known that are in the proximity of the client. So make sure that, you know, like a let's say you have a client that's living in a certain town, make sure you know what services are available to them.
Also, another thing I didn't mention when I -- within this, but this is for free, when you are starting this session with the individual, ask if they can hear you, if they can see you, and if there are any problems. Sometimes what I've had to do is because of telemental health, the picture and the voice might not be lined up. And so what we would do is we would still have the on-line session but we would talk over the phone, over the speakerphone, so therefore, it would just be easier to do, where you could still see the person but it wouldn't be as impacted due to the broadband potential problems. For this next --
>> Thank you so much, Fred. Yes, everyone, you will see this polling question pop up on your screen in just a moment. The question is asking true or false, I'm feeling

emotionally exhausted due to it this pandemic. Yep. You'll see two answer options there. As a remind minder, you can continue to send in questions for our presenter. In the questions box in the GoToWebinar control panel. We already have a lot of great questions. Thank you to all of them who have sent them in. We will have a live Q&A towards the end of the webinar and ask your questions in the order in which they are received.
You'll see the questions box in the GoToWebinar control panel, there's a little orange arrow that kind of toggles how you open that panel and that way you can see the questions box.
As another reminder, there's also a hands out box with a quick reference guide on how to get your CE, continuing education, hour. And another tab for handouts.
Lastly, as we have maxed out attendance in this webinar we've hit our mark of max attendance, you'll notice a couple of audio hick cups on your end. If you do notice that, don't worry, you can go into the chat box and click the link to StreamText. We do have a live closed captioner, certified closed captioner, from Caption Access and they are providing live captions right now. So if you're having trouble hearing, you may be able to see the captions and that would most likely help.
I'm going to go ahead and close the poll now. Thank you for the participation in that poll. And I will share the results and turn that back over to Dr. Dombrowski.
>> Thank you, Samson. I absolutely appreciate it. And it looks, so this -- these are -- these results are very important. So I am feeling emotionally exhausted due to this pandemic. I really appreciate everyone's response.
And also, I appreciate everyone's honest response it. Seems like the majority of us, six out of ten of us, do feel emotionally exhausted due to this, where four out of ten of us are not experiencing there a.
I, like I was saying, I appreciate everyone's honesty about that, because, to be honest, with he hear about it every day. It is on you a minds all the time.
Let's think about something that you like. I mean, I love football, I'm from Buffalo, I'm a huge Buffalo Bills fan. If I were to think about the Buffalo Bills as much as I've heard about COVID-19 in like the last sick weeks, I would never want to watch football ever again. And so it completely makes sense that people are emotionally exhausted during this pandemic.
Now, for the people that aren't, I think that's great. I think that's absolutely great to hear. And I'm happy that there are people that are managing during this time.
So this next part of our presentation is going to be applicable for both, both groups, the people that are feeling exhausted and for the people that are not feeling exhausted. And this could be used for you to you work on yourself and also you can give some of these strategies to some of your coworkers or you're a supervisor, you can also discuss this with some of the people that you are working with as well.
So what we're seeing for counselors is we're seeing some good old-fashioned burnout. A lot of work exhaustion, we're having a loss of interest in what we're doing, we might feel alone or isolated and, in these symptoms, we might feel -- or I'm sorry, in these instances we may feel that we're not making any improvement. As treatment has been disrupted, we're having clients that have experienced increases in symptoms and maybe some clients that may have resumed their illicit substance use. And within that, we may feel that all the work that we've done has been destroyed. I'm here to tell you

that the work that you've done has not definite been destroyed. A seed that is planted sometimes takes a lot of water before it gross. And if the seed -- if the tree is growing and even if there's a drought, it can still come out after that.
A lot of us may experience secondary trauma during this time, and that's where we hear the traumatic stories of the individual, and as we heart traumatic stories of the industry, we may then experience post-traumatic stress disorder ourselves. We may have instances where we are reliving that person's traumatic experience in our own heads and we may be thinking about it while we're not working, and we may become hyper vigilant, we may have instances where we can't sleep.
And at least, if nothing else, we may experience compassion fatigue. And that's a loss of empathy towards our clients. I think for me what helps me out is when I refocus on the people that I'm serving and refocussing in how they're suffering, that doesn't mean that the individual is only their diagnosis, that doesn't negate the slid's strengths, but what that means is right now, this is a very difficult time and especially with the crisis, it is especially difficult for some of the people that we are working with.
So I kind of challenge my compassion fatigue with that.
I'm asking that you please be aware of your own secondary trauma. As I was saying, that's ongoing images of events. So I think about my training I've received in trauma and how when I first started hearing about some of the traumatic experiences of individuals, at first it didn't bother me. But then as you continue to hear about it over and over and over and over again, it can stick to you. And what you'll then find is after you're done with work, you'll find yourself thinking about that traumatic experience.
Now, what's really hard during COVID-19 is that our lines between where work starts and our home life ends is blurred because many of us are working from home.
Our hours of brags have been disregulated. So therefore he with find we are thinking about our client experiences while we were automatically at home. One of the benefits of being able to go to work is that by us physically going to work we have that instance where we're able to decompress driving home or in transition from work back to our environments.
Now that we are working from home, that's not happening. And you're going to find yourself, you're going to find your home life is then bleeding in to your work life.
You may experience your own nightmares or flashbacks because of this. You may have instances where you may hear about a story where a patient had been abused and they will describe an abuser and then you'll see yourself out in public and you'll see someone that will look like that individual and have' response.
You may also experience a sense of worry and dread about the future. When we think about what is going on with COVID, as this is really unclear, I'm thinking that a lot of us are experiencing a sense of worry and dread about the future. A lot of us are worried about the economy. We're worried about what is going to happen with our jobs and we're worried about our children, we're worried about what life is going to be like for them.
Within this we may experience hyper vigilance and we'll have interpersonal disruptions. When I think about -- when I think about what trauma does to people and how it makes people respond I think about the toilet paper, the lack of toilet papers in the store, how people then decided to hoard all of the toilet paper. What we experienced was we experienced like a macro observation as to how people are responding to a trauma you

can experience it. May not make sense to me to hoard toilet behavior. However, for a lot of people, that hoarding toilet paper gave them some semblance of a control in a situation where they don't feel like they have any control.
Also, be aware of your own interpersonal disruptions. Are you arguing with your significant other more? Are you finding yourself snapping at your kids more? Are you isolating more? When we experience secondary trauma we feel disconnected from our supports. We feel that they will not understand.
And then, in addition which don't even want to tell what we're thinking or experiencing. So because of that, we will find that we are continuing isolating as well.
For psychological first aid and counselor trauma, when you are engaging in psychological first aid, you will be exposed to the traumatic stories of the client. So one of the hazards of our job is just that we are going to hear about the traumatic experiences.
And therefore, we may dwell on the experiences of others. I think about how, when I first started working as a counselor, I really had the expectation that I was going to cure everyone the first time I see them. And after I had ongoing training in cognitive behavioral therapy it made me kind of view the long-term -- the long-term treatment process.
Many of us providing psychological first aid are going to feel unsatisfied when we leave the client because we know they are still struggling.
However, when we provide psychological first aid we're providing them linkage with ongoing services and we're providing them support to become linked with that. Because of that, that is what our goal is but that still may not be good enough for us when we know the person is suffering.
And because of that, we might find ourselves just thinking about that person suffering when we're at home. Also, what we're experiencing now is because there are limited treatment options, if you are providing treatment, you may find that you might have high client numbers. You may have high client numbers to begin with but now your own caseload is exploding. And because of that, there's only so many hours of the day that you can work and we're seeing lot of people that are working above and beyond their required hours.
And because of that, they may miss supervision. So when I'm asking is I'm asking everyone here that is a provider that is currently working with clients, please be vigilant about demanding your supervision and I'm asking all of the supervisor here to please be vigilant and make the time to meet with all of your supervisee. I know it is extremely hard, especially this time, but with this, though, that's one of the way that is we maintain ongoing appropriate can I for our supervisee and client care.
Also, as I was saying, with we may feel we have not made a difference. And like I said, the goal is to help the client with psychological first aid, the goal is to make sure the person is safe, hear their needs, and then get them linked up with ongoing treatment, but that still may not necessarily feel like you made a difference.
So for this slide someone actually put in the questions they asked me how I am doing and what I'm doing to copy and I really appreciate that. Thank you guys very much. Like, for me, what I'm doing to cope, I'm very lucky that I'm still working. I still enjoy working.

Also I'm very lucky that even though everything is closed I love running so with the gyms being closed, yeah, I went to the gyms but I myself, I'm more of a runner and I think like so I've ran thus far my goal for the month is to hit 150 miles. So I've ran 140 miles tomorrow for this month. Tomorrow I'm going to do ten more miles. That's my goal for the month. So that's one the things that I do. I make sure that I find time for self care.

When we talk about protective factors we as clinicians we have to have a sense of optimism. And I know it is hard and I think sometimes when people are optimistic, it can almost seem frustrating for people that are pessimistic.

So, for example, when someone is pessimistic, it is hard to seat benefits or the bright sides of a bad situation. You may actually be offended when someone is overly optimistic and I could totally respect that. That's fine. Within that, though, I'm always the type of person that I tend to see the bright side of things. I do have a spiritual and religious faith that I adhere to.

I make sure I have access to my own supports so I make sure I'm in contact with my family, make sure I'm in contact with my friends. For me, I make sure that I use like Zoom meetings and there are a couple of other like on-line platforms or apps out there where you can connect with your friends, you can connect with your loved ones. So it stinks that we're not be able to be directly with each other but I make sure I have time to have that access and that I connect.

Also, connection to the cultural and racial identity. So for this, if you do have that connection to your cultural and racial identity, I'm as you noticed my last name is Dombrowski, I'm Polish, and we would special Easter Monday, it was canceled, however, being able to connect with other people that enjoyed Dingus day and talking about how we wish it was happening is still a protective factor. So what I'm asking is make sure have you social supports to for you can make sure you have a connection to a spiritual belief system. That doesn't mean you have to have a religious belief system. You can be a atheist and have a sense of spirituality. You can have a connectedness to what you believe is right and wrong. And make sure you adhere it that. It is easy during times when we're isolated and we don't have eyes on us to have am so of our spirituality slip up and it is totally fine and normal but make sure you have connections with people that share that with you.

So I do appreciate someone asking me like how I'm copying. This is how I'm coping. I'm hoping that some of this can be applicable for you. When you're doing this, you can experience irritation and interpersonal difficulties when you are -- when you're providing psychological first aid, you can find yourself having a disconnection from others.

And a lot of times, like, we kind of treat section as if it is a bad about thing that we're not supposed to talk about. Even the most like section positive counselors may still find ourselves avoiding section. However, be aware of your own sexual libido. Has it changed during this time? What does it that mean? And it's okay if it has changed during this time. It makes sense that people are not having an urge to have section while they're worried about safety of others. But that can also be a sign that you are being impacted as well.

Make sure you keep an eye out on your own diet, sleep, and exercise. And for me I had to make sure that I don't eat all of my quarantine snacks all at once. So I have to make

sure that bag of Doritos lasts me about a week even though they taste really good and I want to eat them all at once.
Also, make sure you're assessing your own thoughts. Are you continuing to think about the things that you're being exposed to? Are you continuing to spend time on that, are you dreaming about that? So make sure have you that ongoing thought about that. And supervisors, make sure you're asking about your supervises about that.
Now, supervisors, we don't want to be counselors to our supervisees. However, though, we have to be aware of what our supervises are experiencing, especially during this time, because that ultimately impacts client care. And if you are a supervisor and have you a supervisee who is experiencing these, we could potentially discuss with them benefits of leading up with their own counseling. I know a lot of agencies have counseling service that is are readily available to people, so please just make sure what you -- you know what those services are. And if you are a counselor experiencing this, I'm begging you, please, please, please get the help so you are doing amazing work we want to make sure you can continue to do that work as well.
Also, we can experience resentment towards job, colleagues, and professionals. So this can happen, people that have a huge caseload and people become resentful towards their job. It does happen.
However, though, with this, during this time, you could have resentment while you're feeling isolated, you're having that lack of interaction with some of your other coworkers. Sometimes also be aware if you're having anger or disgust towards your clients and within that, some people might actually be frustrated with themselves.

Another sign to look out for is if you are missing your deadlines. I was very luckily that I was trained when I was very young to make sure all of my notes were due the same day when I see someone. And I've also been extremely lucky that I've been able to work at places that I've been able to get my notes done that same day. However, though, if you're finding yourself struggling with paperwork, struggling with treatment plans, struggling to get stuff done, that is the way Time to reach out to your supervisor. And also if you have anxiety about going to work, if are you supposed to start at the job at 8 a.m. and at 7:45, you're experiencing anxiety, that is a sign. Please be sure to reach out to your supervisors to talk about this as well.
We could experience hypervigilance to health reactions. So, for example, if we are out in public, so as I was saying, I love going for a run but that doesn't mean there around times where I'm like running by people that are also on the street. If you hear someone sneeze or cough or have a regular allergy, we have a total different response now during COVID-19 than we did four months ago. We may assume that everyone is sick.

So and that's, I don't think it is wrong to like -- I don't want to say I don't think it is wrong to protect ourselves from other people and it is not wrong to protect other people from us. So I think it is appropriate to follow the guidelines of making sure we wash our hands, making sure we have facial protection.
We may see people minimize the experience during the health pandemic. So what I -- what you hear all the time is some people saying oh, it's just like the flu, this is being overblown and that might be their own way of managing it. While I respect how that individual is trying to make sense out of it, still, though, if you are finding yourself minimizing it, that might be something you might want to look out for because that might place yourself at risk.

Additionally, you may exacerbate the experience during the pandemic. So a lot of people that are living with obsessive compulsive disorder who struggle with hand washing to begin with are now washing their hands even more.
You may find yourself placing yourself at risk, that might mean you're so sick of hearing about COVID-19 that you just decide you're going to the store and if you don't have your face mask or face protection, oh, well.
Some people may keep their hand -- keep their face mask on even when they're in their house.
And this is a huge, huge one as well. I was saying before that I think counselors sometimes, we make the worst patients and we are also at risk for increased substance use. As I was saying, the liquor stores are still open.
If are used to going to your job from 9 to 5 and then going to see your boss but now you can do your job from home and nobody can smell you and nobody can tell, you may be at risk for increased substance use. We see a lot of counselors experience this and they may turn to drugs or alcohol to copy with what they are seeing as they are feeling overwhelmed.
So for acts for self care, acts for self care that acts that dis connect area -- yes, and make sure to connect to experiences beyond yourself. So prior to this -- prior to COVID-19, when I was in graduate school, I was working a full time clinical job and I also had part time clinical internship and I was doing so much clinical work but hi a third job and my third job I was a projectionist at a movie theatre. And that third job was self care for me. I got paid minimum wage but I got to watch movies for free. That was the greatest job ever. But what I'm asking is make sure have you that opportunity to disconnect yourself from work, whatever that it is. It is unique to you. It could be playing games. It could be watching videos. It could be YouTube. And during quarantine we have to be creative because we don't have access to the same things that we used to do.
Also, I recommend that limit your time on the news. So I with have ongoing news 24/7 about this. So what I would encourage you to do is just say, that's it, I'm going to watch the news between five and 6 o'clock, not that much is going to change within the 24 hours or the time you that missed.
Make sure you also keep a schedule. So if you are working from home but are you supposed to work 9 to 5, at 5:01, make sure that you are no longer doing any work.
Protect against secondary trauma, just being aware of yourself and also making sure that you're asking for help.
What also helps you prepare for secondary trauma is when you walk in to a crisis situation and you have all of the services available. So when you go in unprepared, that helps you to protect against secondary trauma.
Maintain continued contact with your supervisor as well as your other work supports.
So when I think about actual self care acts, I mean, as I was saying, limited time watching the news. Make sure you maintain contact with your workers -- sews, your worker, your social supports, your friends, your family, and make sure, like I was saying, make sure work is from 905, but for me, I make sure I keep work in my own like work office. And I don't hang out in here when I'm not working.
And this is a great time to do continued education. So I love NAADAC. NAADAC has a ton of certifications out there for us and even if you're already a certified master's

addiction counselor or if you feel comfortable with your certification, there's so many good resources available to NAADAC and also on the American mental health counseling association website. So this is the best time to do continuing education and that's one of the best ways I do self care as well.
Now, when you create a self air plan, it is almost like creating your own treatment plan, it has to be observable, applicable, and centered on your own strengths, what can you do and what can't you do?
But make sure that you vary your activities throughout the work. So it's not like you're going to go running every day, even though I have run a ton of miles, this month, I'm not able to run every day. If I did that, I would hurt myself.
And make sure you have flexibility and flexibility and ability to give yourself feedback if something isn't working. Make sure you connect with your -- with people that you're living with to get that feedback as well.
So I'm going to turn this over to Samson. We just have a few more slides left after this.
>> Thank you so much, Dr. Dombrowski. Yes, you will see the last poll pop up on your screen in just a moment. This should have the four answer options. The question asks which of the following are effective, self care skills? Which of the following are effective self care skills?

Great questions that came into the questions box. As a final reminder, you can ton send in those questions for our presenter in to the questions box of the GoToWebinar control panel. We will have a live Q&A towards the end of the webinar and ask your questions in the order in which they are received. That was awesome almost 70% of you have already voted. I'll give you just a few more seconds here. Great. Thank you so much, everybody. I'll go ahead and close roll poll and share the results. And I'll go ahead and turn it back over to your presenter.
>> Great. Thank you guys so much. So I appreciate it seemed like we had had 1% sleeping in late and also eating all of the quarantine snacks at once. But I appreciate 98% of you said engaging in meaningful activities. What I'm asking you to do is make sure you list meaningful activities that are meaningful to you. What is meaningful to you? What helps you be connected? You may lost contact to that because of what is happening. So what I'm asking you to do is be sure that you reconnect with those meaningful activities.
As we are concluding there are basically three steps to providing psychological first aid. Number one is making sure you establish safety. Number two hearing the person's needs. And number three, linking them up.
In conclusion, psychological first aid is a strength-based approach conducted through rapport, safety, fostering hope, and establishing trauma.
Multiple options exist to prevent worsening PTSD symptoms, and objective peer support groups are available on-line.
Counselors are at risk for secondary trauma. So make sure we engage in our own ongoing self care and our own ongoing assessments to make sure that we're okay. Make sure you reach out for supervision. And create a plan that works for you.
We will get through this together. I know it sounds cliché. But please hang in there.
On the following slide we have a list of resources and reference that is are available to you for additional training for psychological first aid, as well as some amazing resources.

You'll notice that the PFA mobile app on top is different from what we had sent out I think it was a couple of days earlier so this has been updated.
And also the last resource on the bottom, that's really good information from SAMHSA specifically about concerns about social distancing and domestic violence and child abuse.
So with that said, thank you very much. We're going to have a live Q&A but before that we're going to turn it back over to Samson.
>> Thank you so much, Dr. Dombrowski. Everyone, you see the resources slide here. One other thing to point out, you'll see the resource from WHO, the World Health Organization, if you go to that link, I know we have a lot of people here connected inter nationally we have people from Chile, Indonesia, Australia, we have people from I think about 22 different languages. If you go to the World Health Organization website, this field guide, you can actually print it out in different languages. I think there's about 40 languages there. So just make sure to save that link. You'll see it also in the handouts tab of the GoToWebinar control panel.
Let's just go right into our live Q & A. Please feel free to keep sending in your questions in to the live -- into the questions box.
Also, if you're curious about how to get your CE, just hang on a moment longer, if you didn't hear the instructions earlier, we'll give them to you again.
The first question Dr. Dombrowski comes from Max from Connecticut. Max asks, are there evidence-based methods of providing PFA to youth of different backgrounds who live in underprivileged communities and have been impacted by COVID-19, as well as how to address the hardship in their communities?
>> So that is a great, great question. So I don't know about the specific literature and the research about providing psychological first aid to specific subgroups but what we do know is when you are providing you have to make sure you maintain cultural humility as well as cultural competence and part of that is making sure that we hear what is important to the family and what that -- what they value. So, for example, we can't link someone with a service that may not be valued by the family.
In addition, we also have to validate their concerns. So, for example, if a person comes from a culture where mental health may be stigmatized, substance abuse may be stigmatized we have to validate that concern, as well as be aware of any attempts or any providers that are there to be able to meet their needs.
So in Connecticut I do know that there are multiple providers from different backgrounds that may specialize with treatment of different individuals. So I think that that's a great question. Unfortunately, I don't know all of the answers to that. But when we provide psychological first aid, we just have to make sure that you can tailor it the best you possibly can. And then try to know what services are available. As far as the research goes, unfortunately and the research about COVID-19, we don't have that yet.
>> Thank you so much. And thanks, Max, for the question. The next question comes from Malaysia, how affective is PFA being delivered through phone or on-line in come spare son it to in person? How long also will it take to deliver PFA through phone or on-line?
>> That's a great question too. So I think as we're enduring this crisis we're going to have more of those answers in regards to how effective is on-line versus in person. Because the research right now is somewhat limited. So within that we see that there

are similarities with the effectiveness. And that it is not the exact same but it is still quite effective so providing psychological first aid face to face obviously has a higher effective rate than doing it on-line or over the open but it is still very high on the phone and on-line. So if regards to how long it would take, usually sessions could be between an hour and three hours to make sure we still get that time. So if you are willing to spend that much time with an individual it might take -- it might take more time than others based on specifically what the person is going through, what they've been through, and then how to establish that rapport and then maybe also to look for needs. So when you are providing psychological first aid, that is primarily what you're doing. It not a counseling session. So when we're doing counseling, we're very rigid to like a 45-or 50-minute session. But with psychological first aid we may have the opportunity to go first based on what the person's needs are.

>> Excellent. Thank you so much. And the question comes from Brian from Florida. Brian asks, I provide support to MDs and nurses in hospital dealing with death around COVID-19 all day. Regarding specific fear of infection and inability to feel safe, is there any advice for that audience?

>> Well, I sincerely want to thank you for what you're doing, and I think I speak for everyone when we absolutely appreciate the people who are still essential workers and what people are doing to help out within this.

What kind of stinks is with the individuals that are currently the front line workers and currently essential workers that are being exposed to people that have COVID, there is the good old-fashioned basics. Now, we all know this, make sure we wash our hands, make sure we maintain social distancing, and also like making sure we cover our faces, all of those other things.

We have to reiterate those things and with that, though, when we're hearing the experiences of people we want to, especially from a supervisory perspective, he we want to validate their concerns while also doing our business to try to resteer that.

So, for example, some instances where people are worried can create a toxic environment, where people become more vigilant, they become more angry and frustrated about working and when that happens they may be so frustrated that they may forget to wash their hands or they may with so focussed on their frustration that they might be limited in some other way. So doing your best to maintain open communication, being supportive while also adhering to the guidelines. And when things that I can Lao I can that had a that are happening, provide people to get an opportunity to get together and talk but then also part of the supervisor's job is to get them refocussed what the individual knows.

I've had instances where I needed to supervise MDs in the past, and especially with their exposure, people are very stressed out. And when we give them those guidelines and ask them, okay, lets pretend, one of my favorite questions to ask is let's pretend you are supervising you, what would you tell you? That was one of my favorite things. And somebody would say, I would tell me to get out of here. What would you say that if that wasn't an option, what would be another thing and you'll eventually get there and then you'll see eventually they'll be able to get there. But that's a great question. Thank you so much for what you're doing.

>> I wish I could succeed in more. I'm going to try to get one more in and we'll see where we're at. So this one comes from Kevin. Kevin asks for those patients and

professionals who are new in recovery, how do you deal with the forced isolation when we were just telling them not to isolate before all of this happened?
>> Absolutely, of course. So within the early recovery is always like the most dangerous time and have like higher instances of people resuming use during that time. And so what we do is we find other ways to people -- this sounds -- this sounds did I let I can because it is contradictory. But we find ways people can still interact with others while still being isolated. So we want to avoid isolation. Calling a sponsor is one of the ways to avoid isolation. Although, yes, you're physically isolated but you'd still be connected and present. And having people still join on-line groups and settings and when they have those groups, what I like about AA is when you show up, people are generally happy to see you. So when you show up on-line, it's still the same.

So I would encourage, especially people in the early recovery, to still have that connection, and I would also ask them, hey, tell me about any of the people in your on-line group you that think you would have a connection with, how can we reach out to them just to start a chat? And I would do my best to create some kind of connection despite being socially isolated.
>> Thank you so much, doctor. Thank you so much for your questions. We're going to have to move on. I really wish we can get to these. What we're going to do is type up all of your questions in document, we'll send them to the presenter and we'll try to get those on our website within two weeks or so in a Q & A document, that way you have them all written out for you.
So if you are wondering about your CE quiz for this webinar or how to access the recording after the live event, every NAADAC webinar has its own webpage that housings everything you need to know about that particular webinar. So immediately following every live event, including this one, you will find on-line CE quiz link on the exact same website you used to register to this webinar. That means for this webinar, everything you need to know will be permanently hosted at www dot NAADAC.org slash psychological-first-aid-webinar.

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Here is the schedule for our upcoming webinars. Please tune in if you can as there's some really interesting topics with great presenters.

Also many of you have taken the current peer recovery support series in order and some are just joining us. The peer recovery support series has a lot of information but mainly the six webinars that were provided are archived, on demand and free to view. If you go to www dot NAADAC.org/peer-support-webinars you'll learn everything you need about the series if you haven't already taken some of.
The next webinar is a deeper dive in to coaching and recovery on May 15th.
Also currently NAADAC is offering two specially on-line training series. This series is very different. It is registration fee of $25 per training within that series. You can visit www dot NAADAC.org slash clinical slash supervision-on-line-training-series for more information on this exclusive content.
As most of you already know, even the most experienced clinical supervisors in our field admit that clinical supervision in the addition profession is much more complex than

general supervision. There's that wide array of variables to consider that really differentiates this field.
So you could attend the series and it provides the most update to date research as a compliment to our newest workbook which is now available in our NAADAC bookstore. You'll see the website right above the textbook at the top it says www dot NAADAC.org slash bookstore.
All of the series is led and facilitated by Dr. Thomas, protégé of the late Dr. David Powell.
The second series you can take from the cover the of your home or home office is addiction treatment in mill marry and veteran culture. And you know, right now, some of our most respect ed are also the most have you vulnerable. And when the nation tries to stay in crisis, those are here of substance use and trauma, they are experiencing worst fears, trying to manage triggers in an ever changing environment. This series is presented by Dwayne France, a licensed counselor, addiction treatment specialist and retired combat vet. You can learn more about this training on the website you see on the bottom of the slide, www dot NAADAC.org, slash military-vet-on-line-training-series.
If you have not joined NAADAC yet, just a lot of benefits. This slide here just shows you a really small percentage of the benefits. You know, including this webinar, we do have a biweekly NAADAC webinar series where the CEs are free to NAADAC members. That is just one of many advantages. Of course, the advances in addiction and recovery magazine, face-to-face seminars, local and national conferences and so much more. At the end of the this webinar, a short survey will pop-up. Please take some time to share some feedback, any notes for us or the presenter and, of course, tell us how we can improve.
Your feedback is super important to us as we continue to sharpen this learning experience that we have in distance learning.
Thank you guys, so much for participating in this webinar. Everyone, thank you for the excellent questions you sent in. And, of course, Dr. Fredrick Dombrowski for your invaluable expertise. I encourage you all to take some time 20 browse other website and learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook and Twitter. Have a great day, everyone.