

# Therapeutic Psychological First Aid for Front-line Healthcare Staff in a Pandemic

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# Overview

This webinar provides guidance to mental health and social work clinicians who are conducting private sessions with front-line healthcare workers who are caring for COVID-19 patients.

These are general principles and practice tips that are not intended to prescribe specific practices and must be individualized for each unique encounter and the therapeutic approach of each practitioner.

The single most important take home point is that every therapeutic encounter with front-line staff must provide the worker with an authentic affirmation of the value of their dedication and service, and a sense of having learned something of value about themselves and how they can actively find meaning or achieve a goal in the current crisis.

**Doctors and nurses have worked around the clock to save the lives of those who have fallen ill with the coronavirus, like these huddling together to operate on a critical patient in Wuhan.**



# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## WORKPLACE STRESSORS

“I’ve seen more death in 2 weeks than my 3 years as a resident”

- ✓ Risk contracting COVID-19 virus from patients/co-workers
- ✓ Inadequate/unhygienic personal protective equipment (PPE)
- ✓ Insufficient staffing of MDs, nurses, respiratory therapists
- ✓ Inadequate/unavailable ventilators and ICU beds
- ✓ Inadequate/unavailable cleaning/disinfectant supplies
- ✓ Insufficient/unavailable vital drugs, medical or testing supplies



In this photo taken on Wednesday April 1, 2020, aid workers from the Spanish NGO Open Arms carry out coronavirus detection tests on the elderly at a nursing home in Barcelona, Spain. (AP Photo/Santi Palacios) (Copyright 2020 The Associated Press. All rights reserved)

# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

“Nurses are working with tears in their eyes and the taste of death in their mouth”

- ✓ Extreme suffering and desperation of patients
- ✓ Caring for and comforting frail elderly who are isolated
- ✓ Inconsolable family members unable to be with loved ones
- ✓ Deaths of patients after days/weeks of heroic efforts
- ✓ Illness and uncertain recovery, or deaths, of co-workers
- ✓ Never getting to know or communicate with dying patients
- ✓ Separation from and irritability with/from co-workers

# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## WORKPLACE STRESSORS

“I expected families to hate me when I call for a 30-second check-in with them every day with bad news, but all they say is ‘thank you, thank you, thank you!’”

- ✓ Stigma from co-workers/public (“like we’re lepers”)
- ✓ Feeling unprepared for an always imminent surge catastrophe
- ✓ Feeling unprepared for moral dilemmas
  - ✓ Potential having to deny lifesaving treatment due to rationing
  - ✓ Potential choice between self-contamination and caring for patients
- ✓ No break from constant demands, noise, use of PPE
- ✓ Insufficient support from administration/government

Nurses at Jacobi Medical Center in the Bronx gathered to protest a shortage of protective equipment, including N95 masks.





# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## HOME FRONT STRESSORS

“My family locked me out of our home, I feel totally isolated”

- ✓ Fear of contaminating children, spouse/partner, parents
- ✓ Forced separation from children/spouse for weeks at a time
- ✓ Inability to be with children/spouse due to work/exhaustion
- ✓ Disconnection from friends and personal support system
- ✓ Unable to eat well, exercise, sleep, maintain normal routines
- ✓ Unable to share in childcare, and guilt for burdening others



This is the face of a front line health care worker who just spent 9 hours in personal protective equipment moving critically ill Covid19 patients around London.

I feel broken - and we are only at the start. I am begging people, please please do social distancing and self isolation #covid19

# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## Mental Health Impact on Healthcare Responders

✓ Symptoms of depression and anxiety documented in JAMA

However COVID-19 healthcare workers are experiencing acute traumatic stressors and losses and should NOT be labeled with mental illness!

Acute Stress Reactions are expectable adaptations  
NOT a disorder unless intrusions, hypervigilance,  
numbing, or dissociation impair functioning

# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## Mental Health Impact on Healthcare Responders

More than Anxiety, Depression, or Acute Stress Disorder

### 1. Complex Trauma

Traumatic victimization + loss/unavailability of security provided by emotional bonds in primary relationships

(usually associated with child abuse, rape trauma, domestic or intimate partner violence, trafficking, torture, or genocide)

# Stressors Facing Front-line Healthcare Responders Caring for COVID-19 Patients

## Mental Health Impact on Healthcare Responders

More than Anxiety, Depression, or Acute Stress Disorder

## 2. Complex Bereavement

A combination of multiple traumatic separations and losses

**Patients**

**Loved Ones**

**Familiar Way of Life**

**Future**

When meeting with a healthcare or other front-line staff during a crisis view this session as *an entire episode of care*, but also always *offer whatever availability you can feasibly provide for future contact* to provide a sense of continuity and genuine caring.

Begin by introducing yourself and set the frame: “Are you in a place where you have privacy to talk freely, and do you have any time constraints?”

I’m here to listen and provide support in any way that you feel is helpful. How can I help?”

At the first opportunity, without interrupting, add: “Whatever you share with me stays between us except of course if we need to take steps together to prevent a suicide or child or elder abuse. You’re doing crucial work to protect and take care of our patients and colleagues, so this is an opportunity to step back just briefly and take care of yourself as well.”



Follow their spontaneous line of thought and observe for nonverbal signs of emotion and internal or external conflicts:

- In work role(s)—safety concerns (self, colleagues, patients), fear of failure, helplessness, loss, isolation, non-support
- In personal life—safety concerns (children, partner, elders, significant others), separation, helplessness, loss, isolation

Intervene judiciously, repeating 3 seamless steps: **VCR**

**Validate** their perspective + show respect for their dilemmas

**Clarify** long- and short-term goals based on their core values

**Reframe** highlighting strengths and what they already are accomplishing (**which they often cannot see or minimize**)

Threats -> “Every patient is another death waiting to happen, and now I’m bringing the virus home to my family. And if I get sick I’ll be failing my duty and let my co-workers down.”

Reframe: courage, compassion, altruism, skill, caution, dedication, perseverance, determination, honesty

Intervene judiciously, repeating 3 seamless steps: **VCR**

**Validate** their perspective + show respect for their dilemmas

**Clarify** long- and short-term goals based on their core values

**Reframe** highlighting strengths and what they already are accomplishing (**which they often cannot see or minimize**)

*Internal Experience and Emotion*-> “I’m not afraid doing my job, but I can’t relax because I know the time is coming when PPEs will run out and the beds and ventilators will be full and we’ll all go down and lose patients we could have saved.”

**Reframe**: alertness, awareness, being focused and proactive, determination, dedication, courage, protectiveness

Intervene judiciously, repeating 3 seamless steps: **VCR**

**Validate** their perspective + show respect for their dilemmas

**Clarify** long- and short-term goals based on their core values

**Reframe** highlighting strengths and what they already are accomplishing (**which they often cannot see or minimize**)

Coping -> “I never let up or stop doing everything I can for each of my patients and to cover my team members’ backs, but they say I take too many risks and worry about me. I don’t let them see when I fall apart when I’m home alone.”

**Reframe**: dedication, immersion, integrity, self-awareness, titrating the emotion impact, overcoming, being a role model

Close the session by **summarizing the re-frames** to highlight what they have learned about themselves that helps them **make sense of the distress** s/he is experiencing as an understandable reaction to significant adversity and shows how they **are (or intend to be) using personal strengths to make a positive contribution** consistent with their core values

## 5 Goals for Therapeutic PFA

**Create safety** by listening attentively, nonjudgmentally, and with a focus on core values/strengths

## 5 Goals for Therapeutic PFA

**Create Calm:** the psychological space is calming as a respite for **reflection** and **self-awareness**, rather than **reactivity**

## 5 Goals for Therapeutic PFA

**Create self- and collective efficacy:** listen carefully and genuinely validate what they already are doing to care for and protect others and self



## 5 Goals for Therapeutic PFA

**Create Connection:** the key is empathic listening to understand what they are feeling and thinking that provides a path forward

## 5 Goals for Therapeutic PFA

**Create hope** by helping them to focus on small steps/wins that have large meaning based on their core values

*DO confirm their consent to talk via telehealth, how long the session can last, and what follow-up options are possible*

DON'T rush to make a formal disclosure and neglect to start by informally welcoming them to the session by name

*DO explain that you'll listen and help the worker sort out their thoughts and feelings as they feel is most helpful*

DON'T offer generic reassurance or coping tactics, false encouragement, false hope, or promises that you cannot fulfill

*DO carefully assess for current or imminent major stressors, dangers, or other safety risks or sources of impairment*

DON'T use formal standardized testing/questionnaires (except as an informal interview guide) without a relationship

*DO listen with a “third ear” to hear their deeper concerns and hopes as well as the more evident signs of distress*

DON'T just reflect back distress sympathetically (this tends to be experienced as superficial and patronizing)

*DO help her/him make connections  
between specific events that have personal  
meaning and strong feelings/thoughts*

DON'T make assumptions about what has  
happened or why certain events have  
particular meaning for this individual

*DO explore the impact on their personal life and how that affects and is affected by their work life/stressors*

DON'T overlook the importance of personal relationships and activities that may be negatively impacted or key supports



*DO nonjudgmentally acknowledge distress as understandable in the circumstances and relate it to their core values*

DON'T provide simplistic reassurance or advice, or attempt to convince them to feel or think differently

*DO creatively build on their strengths, interests, and talents to brainstorm modified or alternative coping tactics*

DON'T teach generic pre-packaged coping tactics that are not tailored to their personality, culture, and preferences

*DO identify and reinforce ways they give to and receive from work support systems (including supervisors/ees)*

DON'T assume that work relationships are supportive or overlook possible areas of conflict or tension in their work team

*DO identify and reinforce ways they give to and receive from family/personal support systems (including faith-based)*

DON'T assume that their personal relationships are supportive and overlook possible areas of conflict or tension

*DO provide links to on-line resources consistent with their specific goals, culturally sensitive, and evidence-based*

DON'T generically suggest on-line resources that are not directly relevant to them or have no evidence base

*DO identify and reinforce ways they are (or want to) engage in practical self-care, and small steps to doing so*

DON'T suggest simplistic “solutions” or coping tactics that are unrealistic or that are not tailored to the individual

*DO make sure they leave the session with at least one thought or tool that provides a sense of a way forward*

DON'T end the session without an integrative conclusion that highlights their accomplishment(s) in the session

*DO establish a practical way for them to make contact with you again consistent with professional boundaries*

DON'T end the session with a generic message (e.g., “have a good day”) that provides no continuity and is superficial



*DO use your reflective processing skills and supports to handle secondary traumatic stress and countertransference (including both positive and negative reactions to the individual and to what they disclose)*

DON'T work in isolation—without support/consultation for your wellness and to prevent countertransference enactments

# Take Home Point 1.

Each session with healthcare worker(s) who care for COVID-19 patients or is a support staff interacting with COVID-19 patients is an opportunity to help them to recognize and reaffirm their core values, to make sense of their distress and confusion, and to receive an authentic message of respect for making the world a better place in this time of crisis.

# Take Home Point 2.

Beyond each individual session or debriefing, mental health and social work providers can empower nursing, medical, and allied health workers by **teaching them principles of PFA** that they can take back to their work setting:

- Informally enhancing their communication and coordination with their work team colleagues
- Formally as peer co-debriefers to front-line healthcare workers outside their work team