

PSYCHOLOGICAL FIRST AID FOR THE COVID-19 PANDEMIC

Psychological First Aid is a strategy for promoting resilience and well-being in a crisis. This document is intended to serve as a quick reference guide for individuals conducting peer support calls with healthcare workers at UW.



1 SETUP

- Identify a **private** place
- Use the **HIPAA-compliant** version of Zoom, if conducting a video call

2 CONTACT & ENGAGEMENT

- **Introduce** yourself and your organizational affiliation
- Confirm that person is in a **private** setting
- **Orient** to the purpose of the contact (i.e., providing supportive listening and/or practical coping skills and resources, not therapy or a crisis line)
- Set a **time** expectation



- Build **rapport** and communicate **calm, respect, and compassion**

3 GATHER INFORMATION

- Collaboratively **assess needs** and priorities without making assumptions

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ADDRESS SPECIFIC NEEDS

- If the person is overwhelmed by **many different issues**

PROVIDE PRACTICAL ASSISTANCE



Collaboratively prioritize needs and concerns, select an issue to focus on, develop an action plan

- If the person shares **negative emotions or thoughts**

LISTEN AND PROVIDE COMFORT



Use active listening, sit with and validate emotions, ask gentle and curious questions about negative thoughts

- If the person is having a **serious distress reaction** that interferes with duties, risks safety, or prevents coping

PROVIDE STABILIZATION



With permission, teach short-term coping strategies like grounding or deep breathing

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PROVIDE COPING INFORMATION & REFERRALS



- Provide basic **information about common stress reactions** (e.g., intrusive thoughts, avoidance, bodily symptoms, strong negative emotions)



- Work together to identify the person's **existing helpful coping strategies** and provide information about potential **new coping strategies**



- Provide referrals and other appropriate **links to services** if needed (e.g., UW CareLink)
- Encourage brief, ongoing contacts with social supports)

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WRAP UP

- **Summarize** key take-aways and next steps
- **Offer a follow-up** if indicated

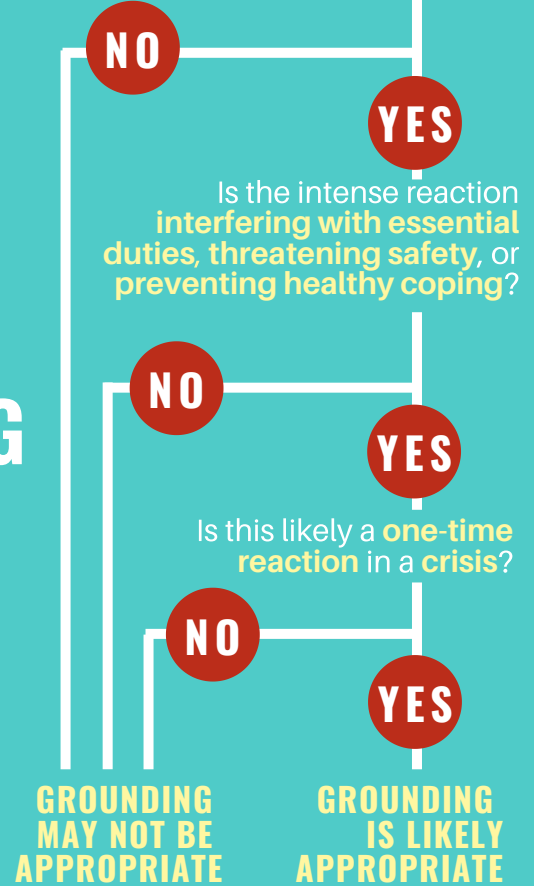
DO • DON'T

- Collaboratively **assess** needs and priorities
- Meet them **where they are**
- Share concrete, simple, **factual information**
- Communicate **calm, compassion, and respect**
- Take the person's **culture** into account
- Acknowledge **strengths**
- Be aware of the **limitations** of your role
- Sit with and **acknowledge** difficult emotions
- **Make assumptions** about their needs or priorities
- **Pressure** them into sharing details of their story
- Make **false promises** or reassurances, use jargon
- **Rush** the person or talk about **your own troubles**
- **Assume** their worldview or way of coping is the same as yours
- **Judge** their reactions, focus only on problems
- Think or act as if you need to **solve all of their problems**
- Try to take their pain away or **cheer them up**

IS GROUNDING APPROPRIATE?



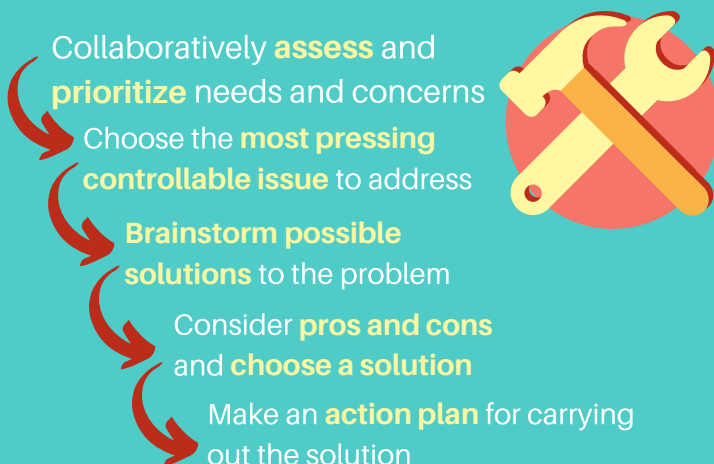
Is the person **unresponsive, panicked, or frantic**? Are they **stuck** in their anxiety?



HOW TO PRACTICE GROUNDING

- ☞ Sit comfortably and **breathe** slowly and deeply
- 1 Name 5 non-distressing things you can **see**.
- ☞ Pause and **breathe**.
- 2 Name 5 non-distressing sounds you can **hear**.
- ☞ Pause and **breathe**.
- 3 Name 5 non-distressing things you can **feel**.
- ☞ Pause and **breathe**.

ENHANCING COPING



HEALTHY COPING IS... RATHER THAN

- **Consistently meeting basic needs** for sleep, nutrition, and health
- **Reaching out** to others and finding ways to connect, even at a distance
- **Expressing feelings** (e.g., journaling, crying, talking to supportive people)
- **Doing daily activities** that give a sense of pleasure or achievement (e.g., exercise)
- **Maintaining a normal schedule** when possible, or creating a new routine
- Using calming and compassionate **self-talk**
- **Focusing on what you can control** and what you can do about those things
- Sleeping, eating, or taking medicine **inconsistently**
- **Withdrawing from family and friends** or waiting for others to reach out
- **Suppressing negative feelings**, including with drugs or alcohol
- **Withdrawing from activities** or focusing on activities that aren't possible
- **Working too many hours or avoiding responsibilities**
- Using **negative self-talk** or treating worries like they're facts
- **Ruminating** about things you can't control or hypothetical situations