



Northwest (HHS Region 10)

**MHTTC**

Mental Health Technology Transfer Center Network

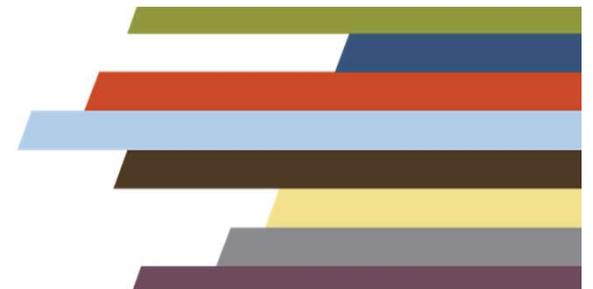
Funded by Substance Abuse and Mental Health Services Administration

***Psychological First Aid for  
Leaders and Managers:  
Building Resiliency During COVID 19***

**May 20, 2020**

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

UW Medicine



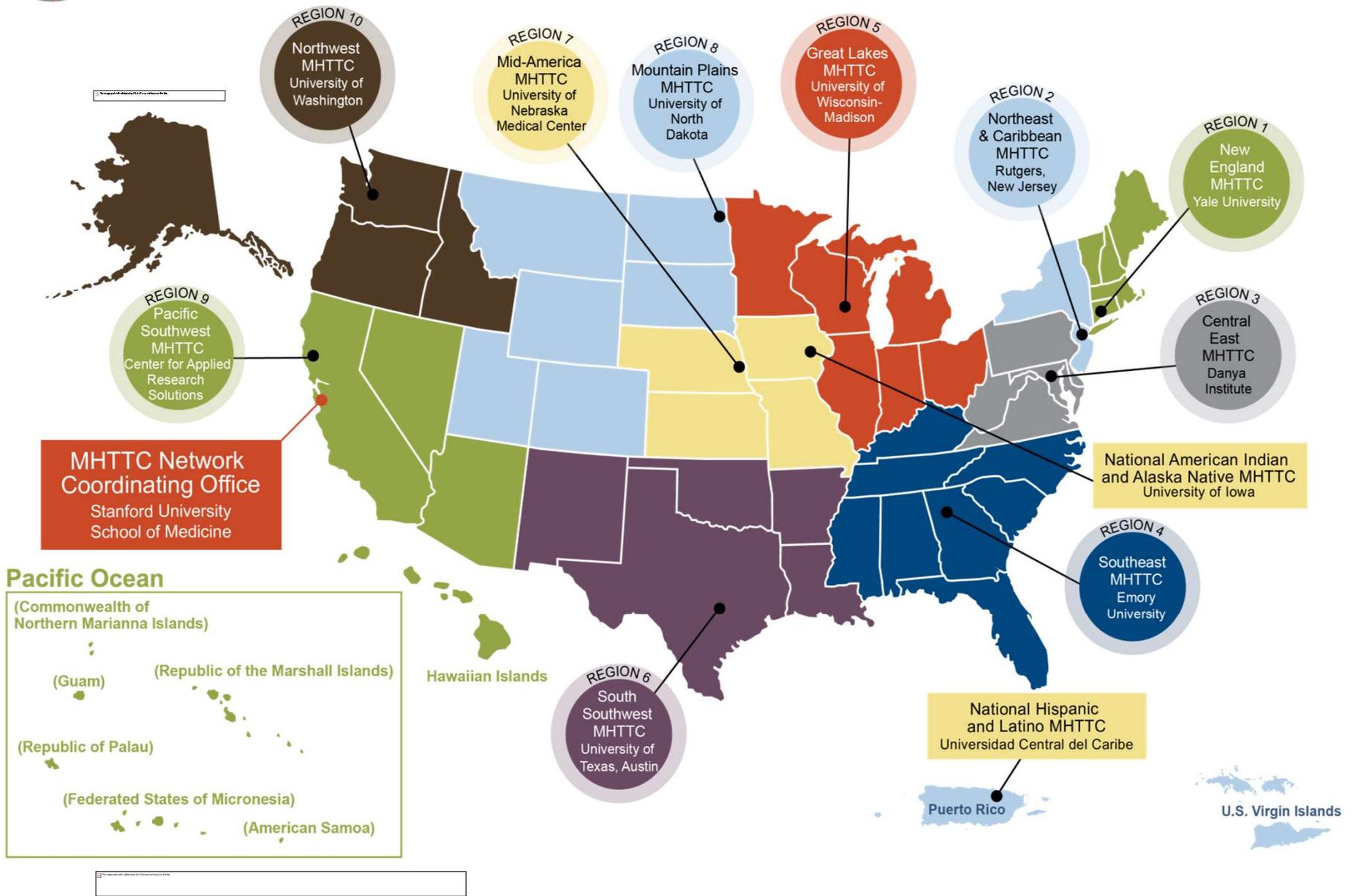


# MHTTC

## Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# MHTTC Network



# Northwest Mental Health Technology Transfer Center

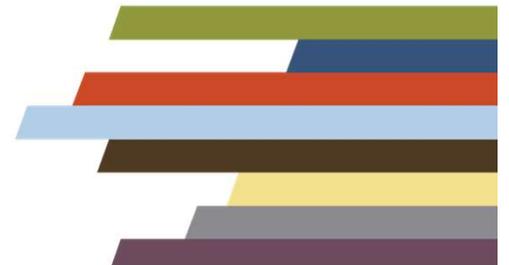
## Our Role:

Provide training and technical assistance (TA) in evidence-based practices (EBP) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

## Our Goals:

- Ensure availability and delivery of free, publicly-available training and TA to Region 10 providers.
- Heighten awareness, knowledge, and skills of the workforce addressing the needs of individuals with mental illness.
- Accelerate adoption and implementation of mental health-related EBPs across Region 10.
- Foster alliances among culturally diverse mental health providers, policy makers, family members, and clients.

[www.mhttcnetwork.org/northwest](http://www.mhttcnetwork.org/northwest)



The use of affirming language inspires hope and advances recovery.

---

LANGUAGE MATTERS.

---

**Words have power.**

A graphic consisting of a central dark blue rectangle with the text "PEOPLE FIRST." in white, bold, uppercase letters. On either side of this rectangle are five horizontal white lines of varying lengths, creating a stylized, symmetrical design.

**PEOPLE FIRST.**

The MHTTC uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



Northwest (HHS Region 10)

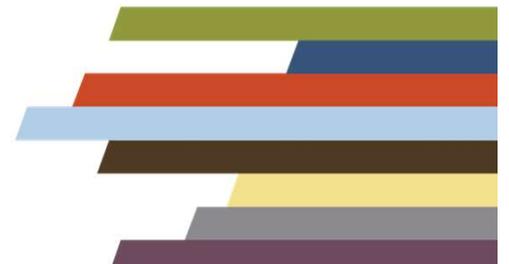
MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

## CHAT Box

- > We'll share info about logistics
- > Let us know if you are having tech issues
- > To you: from our training team
- > From you: only visible to hosts/panelists
- > NOT for content-related questions (see next slide)





Northwest (HHS Region 10)

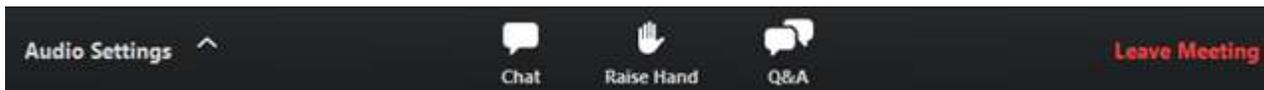
MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

## Questions – 2 options (participants are muted):

1. Type your question into the Q&A box.



# OR

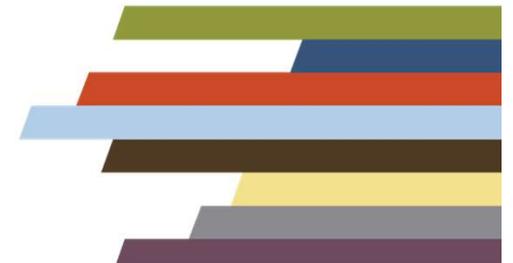
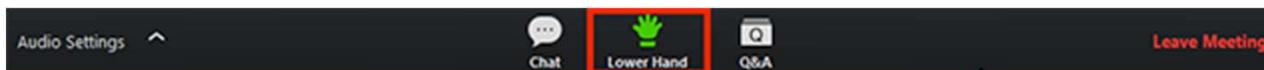
2. Raise hand (*will be called on/unmuted in order*)

Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.





Northwest (HHS Region 10)

MHTTC

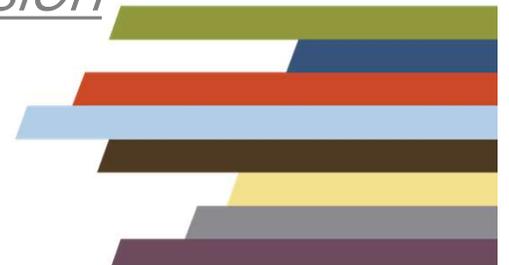
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

## After today's session

Please complete the evaluation survey (LINK):

- > Will be shared in the chat box near the end & also emailed out
- > Helps the presenters plan future sessions
  - *There will NOT be certificates or CEUs for this series.*
  - *Slides & resources WILL be posted after the session*





Northwest (HHS Region 10)

**MHTTC**

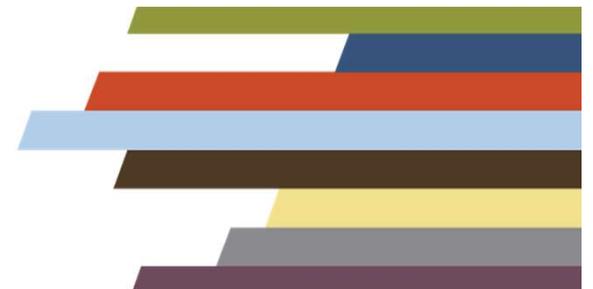
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Psychological First Aid: Increasing Resiliency During COVID-19

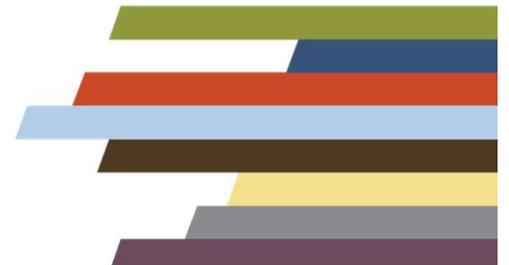
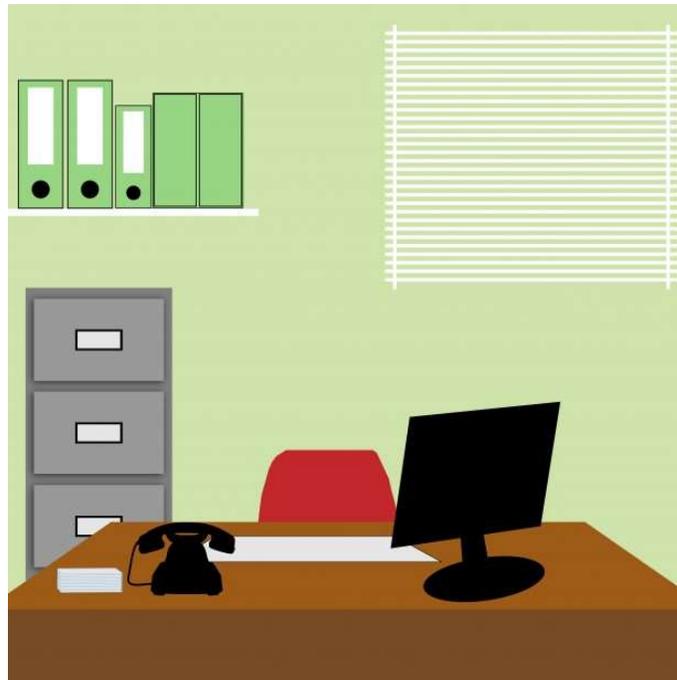
May 19, 2020

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration



# POLL #2:

*Tell us about your (usual)  
work setting*



# Today's Presenters

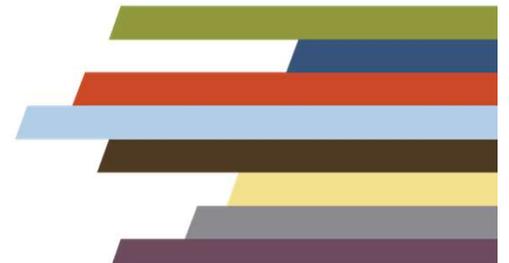
- **Michele Bedard-Gilligan, PhD**

Associate Professor, University of Washington  
Department of Psychiatry and Behavioral Sciences



- **Emily Dworkin, PhD**

Acting Assistant Professor, University of Washington  
Department of Psychiatry and Behavioral Sciences





# **Psychological First Aid for Leaders & Managers: Increasing Resiliency of Healthcare Workers During COVID-19**

**May 20, 2020**

**Michele Bedard-Gilligan, Emily Dworkin, & Kristen Lindgren**

UW Department of Psychiatry & Behavioral Sciences

Trauma Recovery Innovations

**UNIVERSITY *of* WASHINGTON**

# ACKNOWLEDGMENTS

## > Adapted from:

- World Health Organization *Psychological First Aid: Guide for Field Workers* and *Psychological First Aid Adapted for the Ebola Outbreak*
- National Child Traumatic Stress Network *PFA Manual, 2nd edition*
- Materials developed by Dr. Debra Kaysen, Stanford University

## > Thanks to:

- UW Department of Psychiatry and Behavioral Sciences
- UW COVID-19 Mental Health Working Group
- Faculty and staff at Northwest MHTTC
- SAMHSA

**Objectives:** Provide an overview of PFA and highlight key elements to provide support during this crisis



# Behavioral health managers and leaders

## Elements of PFA can serve as a framework for:

- 1) responding to in-the-moment distress
- 2) making referrals & promoting engagement in services

# TRAINING OVERVIEW: WHY, WHAT, WHEN, WHO, & HOW OF PSYCHOLOGICAL FIRST AID (PFA)

## > The PFA Model

- WHY: Resilience and the need for support following a pandemic
- WHAT: The foundations of PFA, what it is and is not
- WHEN: The timing of PFA delivery
- WHO: Those most likely to benefit and who should provide it
- HOW: Overview of PFA

## > Adapting it to fit a manager's context and role

- HOW: to provide support and make a referral

# PFA: THE WHY

UNIVERSITY *of* WASHINGTON

# Resilience is the process of adapting well in the face of adversity or significant sources of stress



- Resilience is ordinary & common, not extraordinary.
- Resilience does not mean the absence of difficulty or distress.
- Resilience is not a trait -- it can be learned and acquired.
- There is no one path of resiliency

# COMMON NEGATIVE REACTIONS TO STRESS



## Emotions

- Fear & Anxiety
- Anger
- Guilt
- Sadness & Grief



## Thoughts

- Worry
- Self-blame
- Rumination



## Behaviors

- Avoidance
- Reassurance seeking/checking



## HOW MIGHT COVID-19 AFFECT HEALTHCARE WORKERS?

- High workload and increased stress
- Possible loss of coworkers
- Anxiety about their coworkers, patients, and families
- Distress about decisions about safety precautions, prioritizing & allocating care
- Difficulty accessing social support and resources for themselves

# WHAT WE DO DURING THE CRISIS MATTERS FOR WHO RECOVERS



UNIVERSITY *of* WASHINGTON

# PFA: THE WHAT

UNIVERSITY *of* WASHINGTON

# Psychological First Aid (PFA) is a humane, supportive response to someone suffering



**Acute intervention** to reduce initial distress caused by traumatic events



Evidence informed



Increase sense of safety, connection, calmness, and hope



Increase access to social, physical and emotional support



Increase self-efficacy

# PFA differs from traditional treatment

- PFA is not therapy
- It does not look like a standard therapy setting or structure
- It is NOT psychological debriefing

# General PFA guidelines



Operate within a framework of an **organized response system (part of a team)**



Remain within **scope of your expertise, role, and training**



Maintain **confidentiality**



Respect their **right to make their own well-informed decisions**



Be **culturally sensitive** and aware



**Practice self-care** and be aware of your own physical and emotional reactions

# PFA: THE WHEN

UNIVERSITY *of* WASHINGTON

# PFA CAN BE DELIVERED

- ✓ **During** a mass disaster
- ✓ In the **immediate aftermath**

# PFA: THE WHO

UNIVERSITY *of* WASHINGTON

# PFA CAN BE APPLIED BROADLY, IN DIVERSE SETTINGS AND CONTEXTS

## Providers

Do not need to have a mental health background

Do need to be trained in PFA

Do need to have met their own needs first

## Recipients

Do need to express interest in support and/or stabilization

Are often those at higher risk for developing negative outcomes due to proximity to crisis and/or other risk factors

Can include **healthcare workers**, patients & their families, & community members

# PFA: THE HOW

UNIVERSITY *of* WASHINGTON

# PFA is comprised of 8 core actions that are:



Not necessarily sequential



Flexible



Based on the person's specific needs and concerns

# PFA has 8 core actions:



1. Contact and engagement



2. Safety and comfort



3. Stabilization



4. Information gathering



5. Practical assistance



6. Links to social supports



7. Information on coping



8. Links to services

# **PFA CORE ACTIONS:**

## **1. CONTACT & ENGAGEMENT**

## **2. SUPPORT SAFETY AND COMFORT**

### **GOALS:**

- Build rapport
- Support and enhance emotional and physical safety
- COVID-19 context
  - Concerns about safety and wellbeing of self, loved ones, patients, & coworkers

# PFA CORE ACTION

## 3. Stabilization

### Goal:

To calm and orient emotionally overwhelmed/ disoriented survivors

- Not all individuals will need stabilization
- Pay attention to individuals whose reactions are so **intense and persistent** that it is impacting their **ability to function**

# **PFA CORE ACTIONS:**

**4. Information Gathering**

**5. Practical Assistance**

## **Goals:**

**1) Identify immediate needs & concerns, gather information, & prioritize**

**2) Clarify needs & develop action plan**

## **PRO-TIPS**

- PFA **is not** one-size fits all
- Use active listening skills
- Prioritization should be collaborative
- Know what resources are available and/or know how to find out

# PFA CORE ACTION:

## 6. Connection with Social Supports

### Goal:

Links to Social  
Supports

- Help establish brief or ongoing contacts with primary support persons and other sources of support
  - *family*
  - *friends*
  - *community*

# SOCIAL SUPPORT HAS MANY FORMS

Support for  
needs

Emotional  
support

Social  
connection

Feeling  
needed

Reassurance  
of self-worth

Reliable  
support

Advice and  
information

Physical  
assistance

Material  
assistance

# **PFA CORE ACTION**

## **7. Coping**

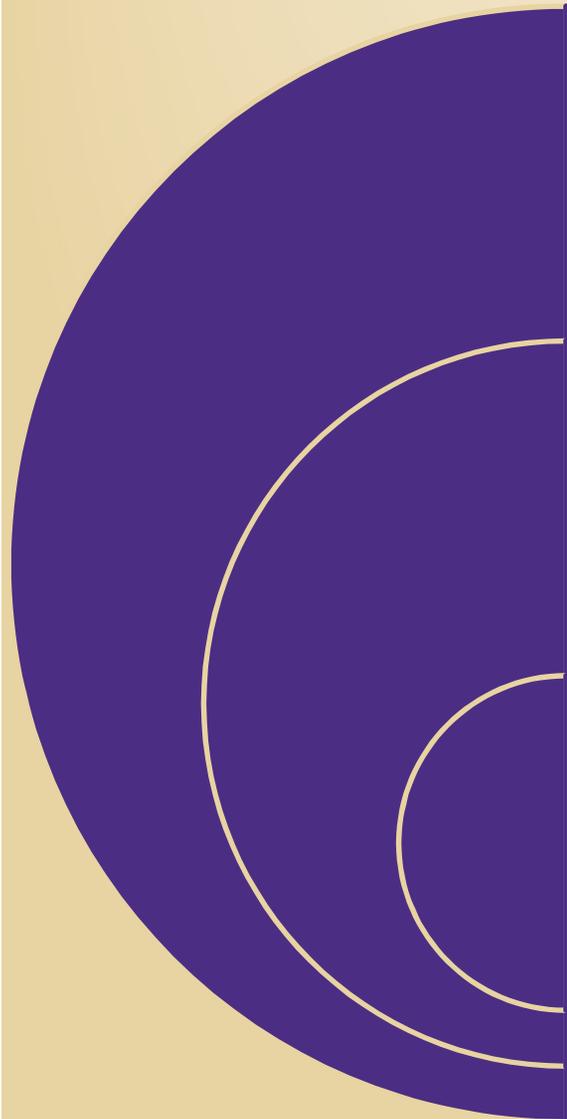
### **Goals:**

#### **Provide information about**

- stress reactions
- practical ways to cope, reduce stress, and promote adaptive functioning

**REMEMBER: Information that is provided and skills that are taught will be in response to the individual's unique concerns and priorities**

# Encouraging Self-Care



<b>Sleep</b>	<ul style="list-style-type: none"><li>• Regular schedule</li><li>• Avoid caffeine, alcohol</li></ul>
<b>Substance use</b>	<ul style="list-style-type: none"><li>• Less helpful as a coping strategy</li><li>• Monitor and reduce</li></ul>
<b>Physical Health</b>	<ul style="list-style-type: none"><li>• Exercise, eat healthy</li><li>• Relaxation</li></ul>

# Identify existing coping strategies and potential new coping strategies

Talking to others

Positive  
distracting  
activities

Resting and  
eating healthy  
meals

Keeping a normal  
schedule

Taking regular  
breaks

Using humor

Scheduling  
pleasant activities

Focusing on  
something  
practical you can  
do right now

Using relaxation  
methods

Engaging in  
support  
groups/counseling

Exercising

Journaling

# Addressing Unhelpful Thoughts



**Gentle, curious questions can help address unhelpful thoughts and the strong emotions linked to them:**

- What would your kindest self say about this?
- What are other ways to look at this situation?

# PFA CORE ACTION

## 8. Link with other services

### Key Action:

Connect

- to additional resources or services to address current needs **as needed**

Know

- what is available
- how to connect them to services (or who to ask)

Collaborate

- to identify what they need

Offer

- to follow up and check-in

# PRO-TIPS for clinical managers and leaders: How this applies in your role managing healthcare workers



PFA

Best  
practices  
for support  
from  
leaders

# Clinical managers and leaders can use PFA components

## Provide good support

Communicate calm, compassion, and respect

Listen to concerns, and maintain professional boundaries

Share information openly and honestly

Help troubleshoot challenges

## Facilitate referrals

Normalize the need for support

Know the referrals and resources that are out there or who to ask when you need more information

# RESPONDING TO DISTRESS

## Listening & Communication Tools

**Communicate calm, compassion, and respect** through **WHAT** you say and do and **HOW** you say and do it

**Listen to concerns and maintain professional boundaries** by not pressuring them to share or asking personal questions

**Let them tell you** what they feel and need

**Express empathy** and concern as professionally appropriate

**Expect widely varying reactions** to a crisis and do not judge

**Remain calm**, control your own emotions, and don't rush things

**Remember** that you can't take away their pain and you don't need to

# PFA provides guidance about responding to distress from individuals in your teams

- > Supervisors are often the first point of contact for those in distress
- > Opportunity to put people on the right path toward recovery and adaptive functioning

# Normalize Common Stress Reactions

## Intrusive Reactions

- Ways the event comes back to mind

## Avoidance

- Attempts to remove themselves from or protect themselves from distress

## Physical arousal & reactions

- The body reacts as if danger is still present
- Rapid heartbeat, hyperventilation, headaches, dizziness, muscle aches,

## Grief

- Response to death of loved ones

## Depressive Symptoms

- Sleep problems, fatigue, worthlessness/guilt, suicidality

# Normalize Common Stress Reactions

- These reactions are **natural, expected, and common**
- **Avoid** statements that could be perceived as **judgmental or minimizing**

It may be time to suggest more help if they:



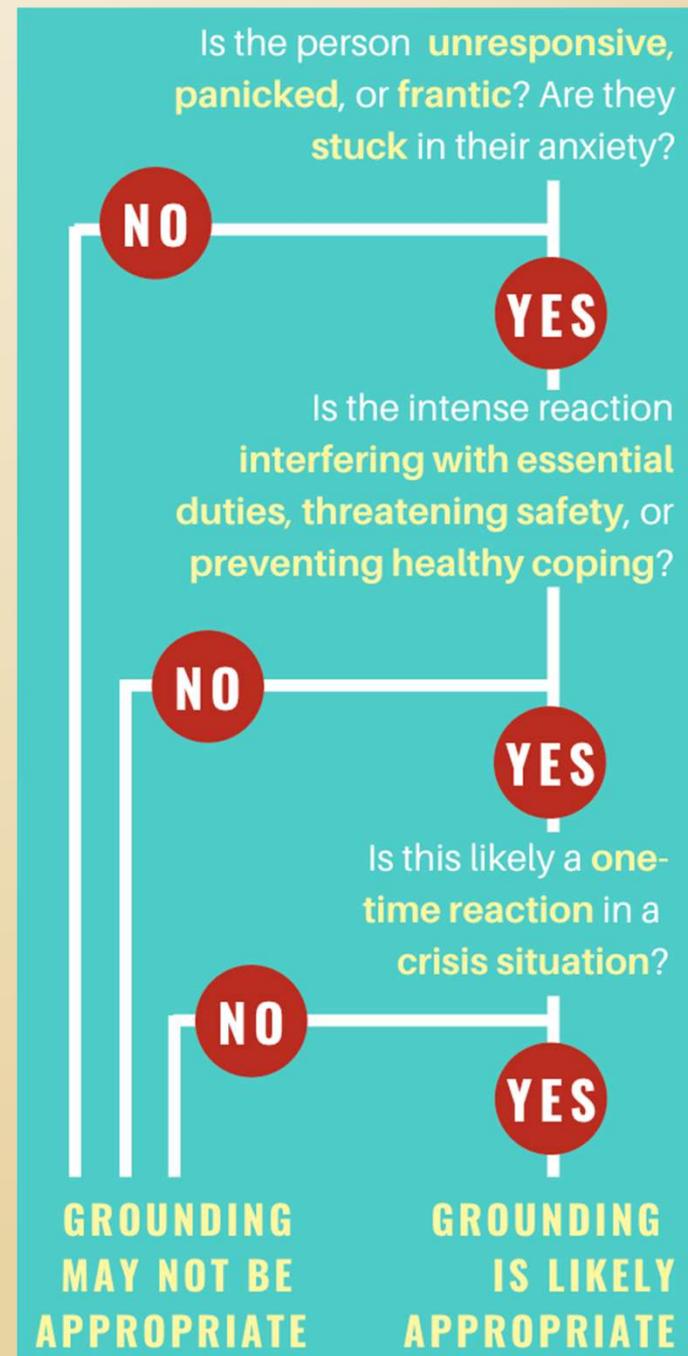
continue  
more than 2  
months

worsen and  
impair  
functioning

# STABILIZATION: WHEN TO USE GROUNDING



UNIVERSITY *of* WASHINGTON



# STABILIZATION: HOW TO USE 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**.

# PFA provides guidance about what information to gather and how to address individuals' concerns

- > Supervisors are uniquely positioned to understand challenges and brainstorm solutions
- > Maintain professional boundaries
  - Balance of helping to problem solve what is in your wheelhouse and refer for what is not

# PROBLEM SOLVING



**There may be situations when someone needs more advanced support**



**Know your limits**



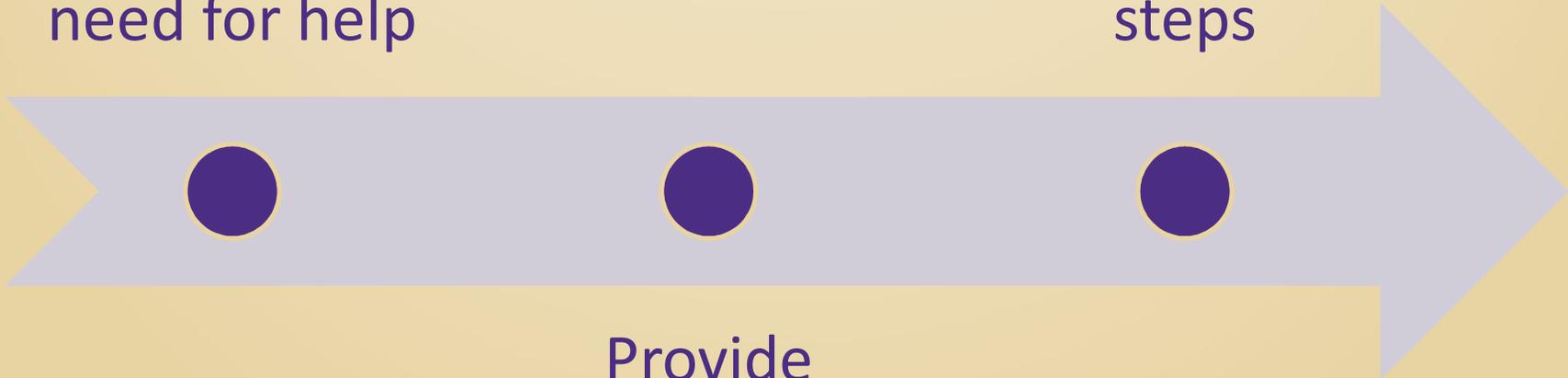
**Know when and where to refer**

# LINK WITH OTHER SERVICES

Normalize  
reactions and  
need for help

Ask about  
helpful next  
steps

Provide  
information  
and  
encourage  
engagement



# PFA is a Framework for Building Resilience: Apply as Self-Care



UNIVERSITY *of* WASHINGTON

# Referrals & Resources

## Questions about PFA

*Contact Michele and Emily*

triheal@uw.edu

## Today's materials

*Slides and handouts*

# PSYCHOLOGICAL FIRST AID

## FOR STAFF AFFECTED BY THE COVID-19 PANDEMIC

It's normal for people affected by a pandemic to have a wide range of reactions, but not all will develop long-term problems. Managers should not be in a counseling role with their staff. However, when staff face personal or work challenges related to COVID-19, managers are encouraged to react in ways that promote resilience and emotional healing.



### COMMUNICATE CALM, COMPASSION, AND RESPECT

through what you do, what you say, and how you say it. Don't rush; meet them where they are.



### LISTEN TO CONCERNS, BUT MAINTAIN PROFESSIONAL BOUNDARIES

by not pressuring them to share or asking personal questions. Express empathy and concern as professionally appropriate.



### SHARE INFORMATION OPENLY AND HONESTLY

without giving false promises or reassurances, like "it will be OK" or "at least things aren't worse."



### HELP THEM TROUBLESHOOT NOVEL CHALLENGES

by seeking their input, helping them prioritize and focus on what's in their control, and using their skills.



### REFER TO SERVICES & SUPPORTS AS APPROPRIATE

that are tailored to what they say that they need. As much as possible, not mandate that they seek services.

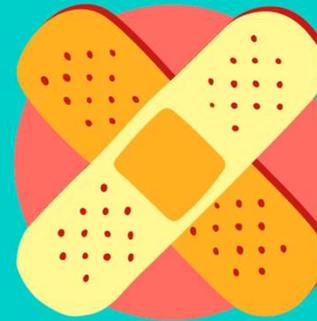


### OFFER SHORT-TERM WAYS TO MANAGE STRONG EMOTIONS

like grounding or deep breathing, if emotions interfere with patient care.

# GROUNDING

## A SHORT-TERM COPING SKILL FOR INTENSE REACTIONS



### IS GROUNDING APPROPRIATE?

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

NO

YES

Is the intense reaction interfering with essential duties, threatening safety, or preventing healthy coping?

NO

YES

Is this likely a one-time reaction in a crisis situation?

NO

YES

GROUNDING MAY NOT BE APPROPRIATE

GROUNDING IS LIKELY APPROPRIATE

### HOW TO PRACTICE GROUNDING



Sit comfortably and **breathe** slowly and deeply into your belly.

1

Name 5 non-distressing things you can **see** around you.



Pause and **breathe**.

2

Name 5 non-distressing sounds you can **hear** around you.



Pause and **breathe**.

3

Name 5 non-distressing things you can **feel** against your skin.

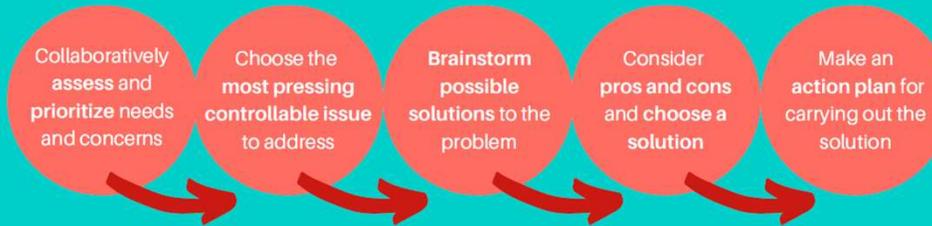


Pause and **breathe**.

# HELPING PEOPLE COPE IN HEALTHY WAYS



Use a problem-solving approach to define the problem and make a coping plan.



## HEALTHY COPING IS...

Consistently meeting basic needs for sleep, nutrition, and health

Reaching out to others and finding ways to connect, even at a distance

Expressing your feelings (e.g., journaling, crying, talking to supportive people)

Doing daily activities that give a sense of pleasure or achievement (e.g., exercise)

Trying to maintain a normal schedule as much as possible, or creating a new routine

Using calming and compassionate self-talk

Focusing on things you can control and what you can do about those things

## ...RATHER THAN

Sleeping, eating, or taking medicine inconsistently or on an irregular schedule

Withdrawing from family and friends or waiting for others to reach out to you

Suppressing negative feelings, including with drugs or alcohol

Withdrawing from activities or focusing only on activities that aren't possible at the moment

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



# QUESTIONS & DISCUSSION

# Your Feedback is Important:

Post-event surveys are *critical* to our work!

- Please complete the anonymous evaluation by following the link in the chat box & you'll get a reminder email also.
- Evaluation data is necessary for continued funding to offer programs

Please complete the survey below.

Thank you!

Participants - Please Write Your Unique Personal Code Here as Follows:

1) First Letter of Mother's First Name  
2) First Digit of Mother's Maiden Name  
3) First Digit of Social Security Number  
4) Last Digit of Social Security Number

\* must provide value

Please select the date of the meeting you attended.

\* must provide value

What U.S. state or territory do you live in?

\* must provide value

Burden Statement: This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of the Technology Transfer Centers (TTC) Network Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the TTC Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0383. Public reporting burden for this collection of information is estimated to average less than 10 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15 637B, Rockville, MD 20857.

What is your gender?

Female  
 Male  
 Transgender  
 None of these

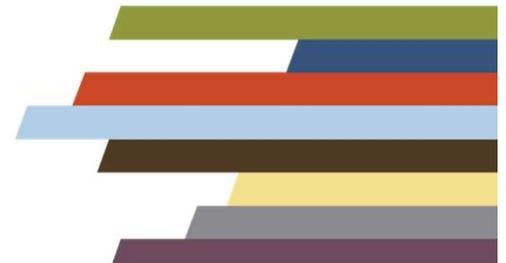
reset

What is your race? (Select one or more):

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White

Your feedback helps us to improve and develop future programming.

We greatly appreciate your feedback!



# *Get in Touch*



**Visit us online:**

[www.mhttcnetwork.org/northwest](http://www.mhttcnetwork.org/northwest)



**Follow us on social media:**

[@NorthwestMHTTC](https://twitter.com/NorthwestMHTTC)



**Email us:**

[northwest@mhttcnetwork.org](mailto:northwest@mhttcnetwork.org)

## **Find out about:**

- Upcoming trainings
- New online trainings
- Resources and Research Updates

