Psychological First Aid for Leaders

Q&A from Webinar, May 20, 2020

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Q: Can PFA be delivered in groups, not just to individuals?

Typically PFA is delivered individually. However, we have at least one colleague who is currently delivering PFA in groups. It does fit within a group modality of delivery as long as a group leader is able to attend to individual's needs (since most won't need all core actions of PFA) and can be sure to minimize disclosure of trauma memory details in group setting. Individual follow-up or interactions may be needed as an adjunct to group in some cases. We do not know of any specific resources or studies on group PFA, unfortunately.

Q: What are your thoughts about utilizing PFA for culturally and linguistically diverse staff? What are some key considerations?

PFA strongly emphasizes not making assumptions based on one's own culture and instead fully exploring each individual's needs. This exploration could include how culture might impact response to a stressor like COVID, how COVID might interact with pre-existing sources of marginalization, or what the individual can do to re-establish cultural practices that have been disrupted due to COVID. It is also important to be aware of one's own values and prejudices. The WHO website has the PFA manual translated into 4 different languages, and the NCTSN manual includes many cultural considerations specific to each skill.

Q: Can PFA people give advice?

Typically in PFA the emphasis would be on helping the person figure out the best solutions for themselves and helping them learn skills and get practice solving their own problems to build self-efficacy. There might be times where you offer some potential options or feedback as part of the process of identifying potential solutions and considering pros and cons, but the PFA provider's opinion would not be the main focus.

Q: How does PFA for managers differ from using PFA for patients, clients, etc. How far can/should a manager go with PFA?

Mangers who are using PFA strategies with those who work on their teams should emphasize the core actions of stabilization (for an in-the-moment response to staff who are too emotionally overwhelmed to perform an essential job duty) and connecting with services (for staff who need more ongoing resources or supports). The skills around validation and good supportive listening are also applicable as it can help promote individuals engaging in additional services and support. Managers can also try to provide open, factual information to promote transparency. They need to be careful to maintain boundaries that are appropriate for a work setting

so should be careful around encouraging or handling disclosures, doing assessment, or suggesting coping skills other than those that are quite general and likely to be applicable to many people.

Q: How do you balance accountability with PFA?

Normalizing reactions and distress can be done while also highlighting the areas of impairment. For example, if a reaction is interfering with the person's ability to perform their job duties, a manager can provide feedback that the reaction is understandable while also taking appropriate action to ensure that clients are protected. The places where reactions are interfering with ability to perform their job can be highlighted to increase motivation to use strategies and seek additional supports.

Q: Do we need to have a mental health component to our practice to utilize PFA for clients?

Not necessarily. PFA is designed to be delivered by non-specialists. If you are in healthcare and have basic skills in providing support then you can likely use PFA after receiving some PFA specific training.

Q: Are there special considerations when using PFA with individuals coming from historically marginalized backgrounds? And those where there is a stigma around mental illness?

In addition to the responses to the question about cultural and linguistic competence, it is important to consider realistic access to resources and support, which varies based on background. Try not to make assumptions around solutions to problems as it may be more difficult for them to access needed supports and resources. There is no need to frame reactions in terms of mental illness; indeed, we consider most distress reactions to COVID-19 to be normal and non-pathological. It is also appropriate to consider a wide range of referral options beyond mental health services specifically.

Q: What are the requirements for being a "trained PFA provider?"

The online training through the NCPTSD and NCTSN is free and publicly available. It is ~6 hours and is accessed at: https://www.ptsd.va.gov/professional/continuing_ed/psych_firstaid_training.asp. We also heard from one of the attendees at this webinar of other PFA trainings being offered through Bolante.NET. Their website has additional details. To our knowledge, there are no formal requirements for being trained in PFA as it is an open access, publicly accessible program built on strategies inherent in many other existing approaches (e.g., CBT).

Q: Is the PFA used on adults the same with children?

There are some alterations with children and additional suggestions and skills for helping parents interact with their children. The online training addresses these as does the published manuals by WHO, NCTSN and others. The online training is accessed at: https://www.ptsd.va.gov/professional/continuing_ed/psych_firstaid_training.asp.

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For more information, please see:

Trauma Recovery Innovations

The Program for Trauma Recovery Innovations (TRI) develops and tests accessible treatments for mental health concerns resulting from trauma exposure.
Although trauma exposure is common and associated with tremendous societal and personal costs, existing effective treatments do not reach patients where they show up for healthcare, take too long for many patients to complete and are complicated to learn and deliver.

https://psychiatry.uw.edu/research/trauma-recovery-innovations/

Northwest (HHS Region 10)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

https://mhttcnetwork.org/centers/northwest-mhttc/home