COVID Trauma Response Working Group Clinical Guidance

Psychological First Aid

This guidance provides a summary of how to use Psychological First Aid. This guidance is aimed at providing information for untrained staff on how to operate within Psychological First Aid Framework and may also be helpful to staff already trained in Psychological First Aid. This guidance is not intended to be a formal training manual and we recognise that this guidance is not a replacement for formal training in Psychological First Aid.

During the acute phase of the COVID-19 pandemic we recognise that many people may face very stressful experiences. Some people including, for example, frontline health and social care staff, whilst extremely resilient, may at times feel overwhelmed and distressed. However, there is a need for them to continue to function at a high level. Staff may be unable to take the time they need to fully express their emotions and process their experiences. Rather, they are expected to go back into their demanding and high-pressure roles.

We recommend the provision of Psychological First Aid sessions on request as one potential source of support to people who have experienced very stressful situations.

This guidance has been developed for professionals who have a role in supporting people, including frontline staff, during the COVID-19 pandemic. This guidance will also be relevant to offering immediate psychological support to survivors of COVID-19, people who are distressed because a loved one is unwell with COVID-19 or has died as result of the illness, and for people who are experiencing psychological distress due to other factors related to the COVID-19 pandemic.

Psychological First Aid

The Psychological First Aid (PFA) model[1] is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Psychological First Aid is intended to assist people to cope in the acute phase of a major incident, rather than necessarily preventing or treating subsequent mental health issues, mental disorder or illness. Psychological First Aid does not assume that all survivors of a trauma will develop mental health problems or long-term difficulties. Instead, it is based on an understanding that people may experience psychological, behavioural, and/or spiritual reactions to an acute crisis; that some of these reactions will cause enough distress to interfere with adaptive coping and that subsequent recovery may be helped by compassionate and caring Psychological First Aid responders Psychological First Aiders. (psychological first aiders). Psychological First Aid aims to provide practical care

[1] Brymer et al, 2011. Psychological First Aid: Medical Reserve Corps Field Operations Guide;
WHO, 2011. Guide for Field Workers

and support based on the needs of each individual. Psychological First Aid is based on key principles including: instilling feelings of safety, calmness, self and community efficacy, connectedness and hope. As such, Psychological First Aid aims to provide a calming, comfortable space for the individual to decompress and to feel heard. It is not intrusive, and any discussion of a traumatic event is respondent led. **Contrary to post-incident Psychological Debriefing models, Psychological First Aid does not involve a detailed discussion of what has been happening, asking someone to analyse what happened, nor putting events into chronological order. Crucially, Psychological First Aid does not promote a review of the emotional aspects of the traumatic event.**

Psychological First Aid involves listening to the individual, but not pressuring or encouraging them to share their feelings and reactions to an event. **Psychological First Aid is about supporting people to feel safe right now, feel connected to their loved ones and colleagues, and reconnecting people to their internal and external resources and strengths.** Psychological First Aid includes basic information-gathering techniques to help providers make rapid assessments of workers' immediate concerns and needs, and to implement supportive activities in a flexible manner. This can include provision of information and resources for self-care, which people can use to support their coping and resilience during the acute phase of this crisis, as well as over the course of recovery. **Psychological First Aid is recognised as being potentially useful to build and maintain resilience in situations of ongoing acute trauma.** Psychological First Aid emphasises culturally appropriate, gender sensitive interventions in line with for, example, organisational culture and people's own individual belief systems.

Psychological First Aid should not be *forced* upon people who do not want it, but instead should be accessible for people who would like it. Traditional Psychological First Aid models propose that first aiders are people that the people needing Psychological First Aid can relate to, i.e. peers/people in shared organisational culture. However, Psychological First Aid can be offered by a mental health professional embedded in the staff team who has received training in this specific intervention. The Psychological First Aider notes the needs and concerns of the individual, offers the opportunity for follow-up and, where necessary and requested, signposts the person to appropriate mental health services for evidenced-based treatment. Psychological First Aid highlights the need for the first aider to pay attention to his/her own emotional and physical reactions, and practice self-care.

Limitations of Psychological First Aid

Current research evidence for Psychological First Aid is mixed. A recent review and meta-analysis (Morgan et al., 2018) showed that Psychological First Aid training has a moderately beneficial impact on those receiving the training in terms of reducing stigma, improving knowledge about mental health and increasing preparedness to speak to people about mental health issues. However, current research has not yet been able to demonstrate a knock-on effect of Psychological First Aid training on those with mental health problems

at work. So, whilst psychological understanding, support and compassionate communication between peers is necessary, it is unlikely to be sufficient, to tackle mental health issues in the workplace. Psychological First Aid needs to be considered as part of a broader system of support and intervention around mental health in the workplace.

Brief training in Psychological First Aid does not confer expertise in mental health, so Psychological First Aiders should be aware of their limitations and receive appropriate support and supervision.

Those who volunteer to be Psychological First Aiders may have their own personal experience of mental health issues. Whilst lived experience and peer support can be helpful in responding to potentially psychologically traumatic experiences, Psychological Frst Aiders will need to be mindful of not giving inappropriate or biased advice based on their own experiences. It is important that the experience of being a Psychological First Aider does not unhelpfully impact on people who may have their own vulnerabilities.

Organisations have a duty of care to prevent psychological injury to their staff, so it is not sufficient to rely solely on Psychological First Aid as a strategy to manage psychological distress in the workplace. Psychological First Aid needs to be embedded in a broader system of primary, secondary and tertiary prevention, with mental health support at peer, manager and organisational levels.

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance an immediate sense of safety and do what may be needed to make the person comfortable. Calm, ground and orient emotionally overwhelmed or distraught workers.
- Help people to share their immediate needs and concerns and gather additional information as appropriate.
- Offer practical assistance and information to help workers address their immediate needs and concerns.
- Connect people, if necessary, as soon as possible to formal social support networks offered through their organisation/charities/professional body, as well as encouraging ongoing contact with pre-existing social support, including through phone and video calls or through social media or whatever means is practical within a social distancing context.
- Provide information that may help people cope effectively with the psychological impact of the crisis, such as through written or audio material on managing reactions such as nightmares, poor sleep and anxiety.

- Manage expectations and be clear about what you can and cannot offer, and (when appropriate) link the worker to another member of a team or organisation.

The Dos and Don’ts of Delivering Psychological First Aid

Professional Behaviour

- Operate only within the agreed Psychological First Aid frameworks.
- Model healthy responses; be calm, polite, organised, helpful and responsive.
- Be visible and available.
- Maintain confidentiality.
- Remain within the scope of your expertise and your designated role.
- Signpost to appropriate professional support services when additional expertise is needed or requested by the worker.
- Be knowledgeable and sensitive to issues of gender, culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

Guidelines for Delivering Psychological First Aid

- Politely observe first; don’t intrude. Ask permission to speak with the person; , then ask simple respectful questions to determine how you may help.
- Often the best way to make initial contact is to provide practical assistance (food and drink).
- Initiate contact only after you have observed the situation and the person and have established that contact is not likely to be intrusive or disruptive.
- Introduce yourself and explain where you work, and the context in which you have initiated contact, and ask for permission to speak with them.
- Be prepared that people may choose to avoid you, or may flood you with emotions if they are feeling very overwhelmed.
- Be patient, responsive, and sensitive.
- Speak calmly and slowly in simple concrete terms; don’t use acronyms or jargon.

- Be prepared to listen and, when listening, focus on hearing what the person wants to tell you, and how you can be of help.
- Acknowledge the positive aspects of what workers have done and are doing to cope with the crisis.
- Give information that directly addresses the worker's immediate goals and clarify answers repeatedly as needed.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, NOT to elicit details of traumatic experiences and losses.
- Psychological First Aiders should make sure that they are safe and protected. They should have access to PPE if they are coming into contact with people who are likely to have been exposed to COVID-19. They should follow the guidelines on keeping themselves safe during this crisis.

Some Behaviours to Avoid

- Do not assume that everyone exposed to this crisis will be traumatised – people are resilient.
- Do not make assumptions about what workers are experiencing or what they have been through.
- Do not pathologise (i.e. do not rush to label reactions as being signs of a mental illness or disorder). Most acute reactions to stress and/or trauma are understandable and to be expected given what people have experienced during this ongoing crisis. Do not label reactions as "symptoms," nor speak in terms of "diagnoses," "conditions," "pathologies," or "disorders" etc.
- Do not talk down to or patronise the person or focus on his/her helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done and is doing to cope in themselves, care for their patients, support other staff and how they are contributing to helping others in need.
- Do not ask for detailed information about distressing events and do not attempt to elicit emotional responses to what has happened. Instead focus on offering practical support to help the person feel as secure, calm and grounded as possible in the "here and now".
- Do not assume that all workers want to talk or need to talk to you. Often, just being physically present in a supportive and calm way helps affected people feel safer and more able to cope.
- Do not speculate or offer possibly inaccurate information regarding what support may be available or someone's particular psychological response. If you cannot answer a question, acknowledge this and do your best to seek clarification or ask for guidance. For example, if you are unsure whether or when you will be able to see this person again in the future, be clear about this; if you don't know when someone will be able to access one-to-one support from a mental health professional, say so.

If asked about whether distressing experiences such as nightmares will resolve without treatment don't be pulled into speculation or giving definitive answers.

- Psychological first aiders should not try to administer psychological therapy to the recipient of Psychological First Aid even if they are trained to do so, unless the recipient is already being seen as a patient/client within an existing psychological therapies service. If the recipient needs additional support, Psychological First Aiders should know how to signpost or refer to the appropriate service.

Steps of Psychological First Aid

1. Engagement
   Aim: To respond to contacts initiated by workers and to initiate contacts in a non-intrusive, compassionate, and helpful manner.
2. Safety and Comfort
   Aim: To enhance immediate and ongoing safety where possible, help people think about and use safety measures that are already in place, and provide physical and emotional comfort.
3. Emotional Stabilisation (if needed)
   Aim: To calm and soothe people who are in emotional distress. This can include grounding and orienting emotionally overwhelmed or disoriented workers.
4. Information Gathering: re current needs and concerns
   Aim: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions accordingly.
5. Practical Assistance.
   Aim: To offer practical help to workers in addressing immediate needs and concerns.
6. Connection with Social Supports
   Aim: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends and other appropriate community or organisational resources where possible.
7. Information on Coping
   Aim: To provide information about acute stress reactions and coping to reduce distress and promote resilience and adaptive functioning.
8. Linking in with other collaborating services
   Aim: To link workers with available services needed at the time or in the future.

The COVID trauma response working group

The COVID trauma response working group has been set up to collate, disseminate and produce immediately accessible, evidence-based and trauma-informed guidance on the psychological response to COVID 19. We are made up of specialist trauma researchers and clinicians from across UK universities and National Health Services. The working group is coordinated by staff in the Institute of Mental Health at University College London and the Traumatic Stress Clinic in Camden & Islington NHS Trust. All of our resources are freely available at www.trauma.group.org.

Authors

Dr Jocelyn Blumberg, Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Kim Ehntholt, Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Chloe Gerskowitch Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Livia Ottisova Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Julia Gillard, Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Mary Robertson, Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust

Dr Nick Grey Sussex Partnership NHS Foundation Trust and University of Sussex

Dr Jo Billings, Division of Psychiatry, University College London

Dr Talya Greene, Division of Psychiatry, University College London and Community Mental Health, University of Haifa

Dr Michael Bloomfield, University College London, Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust and University College London Hospitals NHS Foundation Trust.

Key References

Bisson, J. I., & Lewis, C. (2009). Systematic review of psychological first aid. Commissioned by the World Health Organization (available upon request), 2.

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., ... & Watson, P. (2011). Psychological first aid field operations guide, 2nd edn. National Child Traumatic Stress Network.

Morgan, A., Ross, A & Reavley, N.J. (2018). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma and helping behaviour. PlosOne.

World Health Organization, War Trauma Foundation, & World Vision International. (2011). Psychological first aid: Guide for field workers.