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The American Mental Health Counselors Association (AMHCA)



The American Mental Health Counselors Association (AMHCA)—is committed to advancing the profession of clinical mental health counseling and improving public health. The association provides professional development, educational publications, continuing education and training career guidance, standards of practice, research, advocacy, a code of ethics, and other resources. For more information, visit www.amhca.org.

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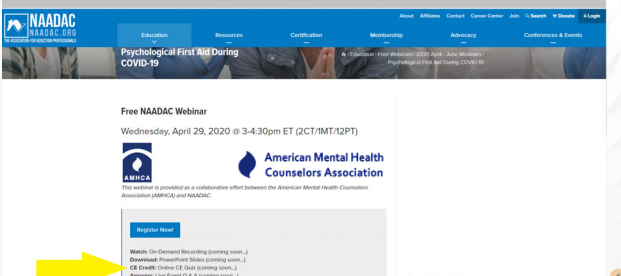


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www.naadac.org/psychological-first-aid-webinar



Free NAADAC Webinar
 Wednesday, April 29, 2020 @ 3-4:30pm ET (2CT/1MT/12PT)

American Mental Health Counselors Association
 This webinar is provided as a collaborative effort between the American Mental Health Counselors Association (AMHCA) and NAADAC.

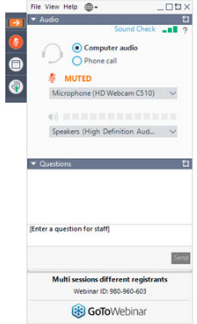
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Using GoToWebinar
(Live Participants Only)

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions



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NAADAC Webinar Presenter




**Fredrick Dombrowski, PhD,
LMHC, MAC, CASAC**

- Professor
- University of Bridgeport, CT
- Additional Credentials: LPC, LADC, NCC, CCMHC, ACS, BC-TMH, HS-BCP, ICADC, DCMHS
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Webinar Learning Objectives



- ✓ Participants will be able to identify evidence-based Psychological First Aid (PFA) responses for people enduring the COVID-19 crisis.
- ✓ Participants will identify how PFA connects to treatment options to during and following the COVID-19 crisis.
- ✓ Participants will create plans to care for themselves while responding to clients in crisis





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Polling Question 1

True/False: Psychological First Aid is the Same as Counseling.



A. True
B. False

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Psychological First Aid (PFA)



- Acute response to potential traumatic experience.
- Conducted by first responders and other clinicians.
- May be used by clergy or community members.
- Help people cope during and following event.

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Why use of PFA?

- Can reduce the severity and duration of PTSD.
- Helps clients regain a level of calm.
- Interrupts panic in immediate family and community.
- Assist those with receiving treatment ASAP.
- Can be conducted online.






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Reactions to traumatic event

Reactions may improve, stay the same, or get worse over time.



- Feelings: Despair, doom, fear, helpless, numb, or disconnected.
- Cognition: Concentration, decision making, confusion, timeless.
- Physical: Appetite, libido, tired, on edge, somatic complaints.
- Actions: Crying, interpersonal, risk taking, obligations.
- Spiritual: Belief system, rejection, isolation, losing faith

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Disaster attributes of COVID-19



- Forced isolation
- May take years to understand lasting effects.
- Disrupted lifestyle
- Disrupted supports
- Financial
- Lethality
- Ongoing media coverage
- Helping profession unprepared

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Psychological Risk Factors during COVID-19



- Know people who have experienced COVID-19.
- Know people who have died from COVID-19.
- Have experienced COVID-19 personally.
- Experiencing survivors guilt.
- Disconnected from providers.

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COVID-19 and Co-Occurring Disorders



- Outpatient treatment centers may be closed.
- Self help groups may be closed.
- Disruptions in treatment.
- Difficulties in online groups.
- Lack of connection contributes to resumed substance use.
- Disruption in medication adherence.
- Resuming connection with unhelpful people, places, and things.

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What is PFA



- First line of support similar to medical first aid.
- Occurs during or immediately following a crisis.
- Non-Intrusive.
- Providing care that aligns with the individual.
- Listening while respecting silence.
- Plans to protect from further damage.
- Provides comfort and restoring calm.
- Not professional counseling.
- Connects to needed services.

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Aspects of PFA



- Create safety: remove individual from threat and reflect safety.
- Efficacy: Strengths based involving client in decision making.
- Fostering hope: accurate and positive information.
- Establishing calm: Calm yourself then focus on what can be done.
- Rapport: On site connection with patient, family, and services.
- Children: Best support, listening, flexibility, maintain mandated reporter status.

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Applying PFA



- Connecting to a distressed individual.
- Compassion and empathy are key.
- Protection of privacy.
- Flexible with needs.
- Story may be non-linear.
- Technology: Online synchronous or phone synchronous.
- Emergency response recommendations (distancing, masks, hand washing, etc.).

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Prepping for COVID-19 PFA



- Be aware of local medical services.
- Identify local mental health services with remote access.
- Familiar with emergency benefits process.
- Information for food pantries.
- Consider client restrictions (technology).
- Identify supports available to individual.
- Avoid potential further damage.
- Cultural humility.

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Enacting PFA During COVID-19



- Be clear and transparent about your role.
- Give accurate information.
- Respect client autonomy.
- Avoid time restrictions for help.
- Communicate at client level.
- Enhance discussion with OARS.
- Respect when a client doesn't want to talk.
- Phone or internet: Brief mindfulness techniques, deep breathing.

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Connecting with the client



- Remain in the moment with the client.
- Identify and react to any safety concerns.
- Maintain calm demeanor.
- Ask about the needs of individual and immediate family.
- Listen to individual stories and circumstances.
- Validate concerns.
- Remain open to feedback from individual and family.

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Observing the client



- Consider client safety.
- Consider client necessities (food, clothing, and shelter).
- Observe for signs of significant stress or impairment.
- Linking to higher level of care immediately if needed.
- Observe for shock.
- Consider how observations impact interactions.

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Keys to PFA



- Welcoming and inviting to the individual.
- Maintain boundaries.
- Avoid unrealistic goals.
- Maintain ethics.
- Receive supervision, support, and feedback.
- Ongoing self evaluation.
- Barrier: client unable to speak due to event.
- Overcome barrier with therapeutic rapport, respect, resources.

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Linking to resources



- Identify any family, extended family, or supportive resources.
- Have social services resources readily available.
- Create plan to engage with such resources.
- Educate individual on technology to engage with others.
- Be aware of the expectations of potential resource engagement.

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Linking with Resources



- May have to assist client with connecting to resources.
- Psychological first aid is NOT treatment.
- Continues with mental health and substance use tx after PFA.
- Make connections at local agencies for assistance.
- Age specific resources.
- Provide information about basic coping strategies.

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Immediate link client if...



- They express intent or plan to harm self or others.
- Describe physical health conditions associated with COVID-19.
- Report exposure to others who have COVID-19.
- Individual is unable to be calmed despite ongoing attempts.
- Erratic behavior and questionable judgment.
- Experiences ongoing confusion or disorientation.

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Transitions to Ongoing Treatment



- Respect individual refusal to follow up with ongoing treatment.
- Educate individual on benefits and drawbacks of treatment.
- Client is able to follow up on their own time.
- Offer to assist with linkage and referral as able.
- If possible, connect family/ supports with ongoing treatment info.
- Obtain consent to speak with agency who will engage in tx.
- Openly discuss your role in connecting with other providers.

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Treatment Options During COVID-19



- Telehealth substance use and mental health counseling.
- Counseling over the phone.
- Counselors must receive training and support for the above.
- Telepsychiatry.
- Adjunct self help support groups online.
- Software agency tools: Clocktree, liquidweb, ringcentral
- TF-CBT, mindfulness based treatment for limited sessions.

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Conducting telehealth

- Maintain agency recommendations and standards.
- Have internet access and appropriate broadband.
- Client must have access to software.
- Ask client to treat session just like a face to face session.
- Counselor must treat session like face to face session.
- Must maintain professionalism, supervision, and paperwork.
- Info regarding hospitals, psych ERs, crisis services, and emergency services in proximity to client.






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Polling Question 2

True/False: I am feeling emotionally exhausted due to this pandemic.



A. True
B. False

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Impact on counselors



- Burnout: work exhaustion with loss of interest.
- Secondary Trauma: symptoms of PTSD experienced by counselor.
- Compassion fatigue: loss of empathy towards clients.

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Secondary Trauma



- Ongoing images of events.
- Nightmares or flashbacks to events.
- Disruption in functioning.
- Sense of worry and dread about the future.
- Hypervigilance.
- Interpersonal disruptions.

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PFA and Counselor Trauma



- Can be exposed to traumatic stories during PFA.
- We may dwell on experiences of others.
- High client numbers prevent processing.
- Limited supervision.
- Long hours of work.
- Feel we have not made a difference.

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Protective Factors



- Sense of optimism
- Appropriate coping mechanisms
- Social support
- Access to necessary resources
- Spiritual belief system
- Connection to cultural/racial identity

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What Counselors Can Experience



- Irritation and interpersonal difficulties.
- Disconnection from others.
- Impacted libido.
- Changes in diet, sleep, exercise.
- Ongoing thoughts of incident.
- Dreams of incident.
- Consumed by incidents during personal time.

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Counselor Experience



- Resentment towards job, colleagues, profession.
- Anger and disgust towards clients.
- Self disappointment.
- Late for work attendance or deadlines.
- Avoiding patient contact.
- Anxiety about engaging in work.

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Counselor experience during COVID-19



- Hypervigilance to health reactions (coughing, sneezing, allergies).
- Assume that everyone is sick.
- Avoidance of health concerns.
- Minimizing experience during pandemic.
- Exacerbating experience during pandemic.
- Place self at risk.
- Hand washing, mask wearing, etc. (beyond recommendations).
- Increased substance use.

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Counselor Self-Care



- Acts to disconnect from experiences and connect to yourself.
- Is unique to each individual.
- Must be creative during quarantine.
- Maintain relationships.
- Limit time on the news.
- Opportunity for physical health.
- Connect to hobbies.
- Leave work at work.

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Protecting Against Secondary Trauma



- Being aware of yourself and making time for self assessment.
- Maintaining contact with supervisor and other work supports.
- As prepared as possible when engaging in PFA or crisis counseling.
- Ask for help.
- Respect symptoms.

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Actual self care acts



- Limiting time watching the news
- Maintaining contact with coworkers
- Contact with friends and family
- Spiritual connection (people, prayer, and meditation)
- Exercise
- Having a set work time and place
- Hobbies
- Continuing education

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Creating a self care plan

- Observable, measurable, and objective.
- Person centered tailored to your own strengths.
- Activities you can do and have access to.
- Must be creative during COVID-19.
- Connect with supports to help complete plan.
- Varying activities throughout the week.
- Flexibility to adjust and receive feedback.






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Polling Question 3

Which of the following are effective self-care skills?



- A. Using Alcohol
- B. Sleeping in late and avoiding people
- C. Engaging in meaningful activities
- D. Eating all of your quarantine snacks at once

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Conclusion

- PFA is strength based approach conducted through rapport, safety, fostering hope, and establishing calm.
- Multiple options exist to prevent worsening PTSD symptoms including higher levels of care, telehealth outpatient substance use and mental health services. Adjunctive peer support groups are available online.
- Counselors are at risk for secondary trauma. Engage in ongoing self assessment to address our own risks. List activities which are unique to us for self care. Create a plan to adhere to these activities.
- Hang in there: WE WILL GET THROUGH THIS TOGETHER!!!

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PFA Resources

- PFA Mobil App: <http://www.sph.umn.edu/ce/per/mobile/pfatutorial/>
- The Psychological First Aid (PFA) Field Operations Guide: <http://www.nctsn.org/content/psychological-first-aid>
- World Health Organization: http://www.who.int/mental_health/publications/guide_field_workers/en/
- <https://www.mentalhealthacademy.com.au/crisis-resources>
- <http://211.org/>
- <https://www.chn.org/articles/covid-19/>
- <https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf>

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ANY QUESTIONS?

Thank You!

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- May 1st, 2020: Advocacy Series. Session I: Shaping Policy and Practice Through Advocacy. By: Cynthia Moreno Tushy, BSW, NCAC II, CDC III, SAP and Tim Casey, Policy Advisor.
- May 13th, 2020: Energy Psychology Techniques for Reducing Trauma & Addiction. By: Tricia Chandler, PhD, MA, LPC, MAC.
- May 15th, 2020: Peer Recovery Support Series. Section VI: A Deeper Dive Into Coaching Recovery. By: Phil Valentine, RCP.
- May 27th, 2020: The American with Disabilities Act: SUD and Eliminating Discriminatory Barriers to Treatment and Recovery. By: Oce Harrison, EdD and Charlotte Lanvers, JD.

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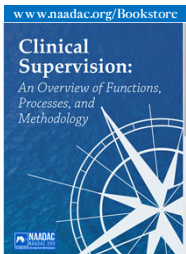
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By: Thomas Durham, PhD.

Part Four: Stages of Clinical Supervision
By: Thomas Durham, PhD.

Part Five: How to Structure Clinical Supervision
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Thank you for joining!

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