

# A Psychological First Aid Program in the COVID-19 Era



**T**hree years ago, Avera Cancer Institute in Sioux Falls, S.D., shared with *Oncology Issues* its experience implementing community-based psychological first aid training for staff. The 2018 article described training in community-based psychological first aid as “a promising intervention that promotes adaptive functioning by instilling individuals with the knowledge and skills necessary to support oneself and others when stressful events occur.” The authors explained that community-based psychological first aid is “a type of ‘grassroots’ psychological care provided within a community’s natural support system, from one community member to the next, to mitigate stress ranging from daily hassles to extreme stressors.” The basic idea is to help “prepare people for stressful events by teaching them about stress and giving them strategies to care for themselves and others in stressful times.” (Read the article in its entirety at: [acc-cancer.org/Psychological-First-Aid-for-Oncology-Professionals](http://acc-cancer.org/Psychological-First-Aid-for-Oncology-Professionals).)

Although community-based psychological first aid training is most often provided to prepare for front-line community-wide emergencies, such as natural disasters, after the two-year COVID-19 global pandemic and the resulting high levels of burnout in the healthcare workforce, Avera Cancer Institute recognized the potential for this training to help foster a culture of resilience and mutual support.

Based on feedback from participant evaluations, the training now focuses on the key pieces that Avera Cancer Institute wants all team members to know as they onboard to the oncology program.

#### Then

Avera Cancer Institute’s community-based psychological first aid started with a week-long “train the trainers” workshop in April 2017. Nine staff members and one provider completed the intensive training program conducted by Gerard A. Jacobs, PhD, past director of the Disaster Mental Health Institute at the University of South Dakota in Vermillion. During this week, the future trainers adapted the course content to the Avera Cancer Institute’s culture. For example, the modules on grief and self-care were expanded, and a chaplain trainer was added to lead a new prayer module that would begin training sessions because Avera Health is a faith-based health ministry.



Christina Early, MSW, CSW, Avera Cancer Institute

In August 2017, the psychological first aid training program launched at the cancer institute. The one-day program was primarily lecture based but included interactive components, such as experiential learning with active role-playing.

To evaluate the program, Avera Cancer Institute implemented three surveys: pre-training, post-training, and one-month post-training follow-up. Initial survey results suggested that employees found the psychological first aid training to be “highly beneficial.” The authors shared that 97 percent ( $n = 63$ ) reported feeling more knowledgeable about community-based psychological first aid (more knowledgeable about traumatic stress and grief) and better able to use the training to identify and cope with stress and get others additional help when needed. Participants (91 percent) found the training to be personally useful; 97 percent felt it would be useful for others in oncology.

## Now

Fast forward to 2022. Is Avera Cancer Institute’s community-based psychological first aid training program still in place? If so, does it look the same? Has the training been helpful during the COVID-19 public health emergency? Christina Early, MSW, CSW, manager of the Navigation Center & Support Staff at Avera Cancer Institute, Prairie Center in Sioux Falls, shared an update with *Oncology Issues*. She confirmed that the training is ongoing but, not surprisingly, there have been some significant changes over the past four years.

Now the program is focused on reaching new employees, she said, and it is a mandatory component of new employee orientation, which typically runs on a quarterly basis. (Note: the training is not mandatory for physicians or advanced practice providers; however, these clinicians are free to sign up for the course.) New employee orientation is one day long (nine hours). The first half of new employee orientation is dedicated to the psychological first aid training with the aim of educating new employees on recognizing symptoms of stress, managing these symptoms, and supporting their colleagues.

“We really focus solely on care for the caregiver, knowing that if you are taking care of yourself as a healthcare provider that trickles down to how you are caring for patients,” said Early. “If you’re not feeling energized, fulfilled, and rested, then it’s hard to provide really good care to patients.”

She explained that the initial training developed by Dr. Jacobs was intended more specifically for front-line responders to disasters, such as natural disasters affecting the community (e.g., tornados, severe storms, flooding, etc.). In revising the program, there was consideration of “how do we take pieces of psychological first aid and the overall skills that he [Dr. Jacobs] is presenting and make them more applicable to the chronic type of psychological distress and stress of working in oncology day after day?” Though the initial impetus for the training grew out of the model developed by Dr. Jacobs, over time, “we continued to mold the training to the needs of staff.” An important focus of change was making it clear that “we’re doing this training because we care about them [staff],” Early said. “To continue calling it community-based psychological first aid is probably not the best title because we’re no longer following Dr. Jacob’s program as it was originally written.”

## Tailoring Psychological First Aid for Oncology

Based on feedback from participant evaluations, the training now focuses on the key pieces that Avera Cancer Institute wants all team members to know as they onboard to the oncology program, explains Early. This includes “how they can manage stress, how they can support their co-workers, and how does stress manifest differently in different individuals? The program also looks at adjusting to change because healthcare is constantly changing.”

Today, the training is shorter: three-and-a-half hours (half day) compared to the initial nine-hour (full-day) format. To accomplish this, some of the information with less relevance to the cancer program has been omitted. Table 1, at right, is an example of the current course agenda. “The content itself hasn’t substantially changed,” said Early. Modifications to the curriculum were also made based on experiences of the facilitators who had conducted the training for several years.

The training covers information that attendees may integrate into their personal lives, as well as on the job. “A lot of examples we speak to are work related but might also pertain to relationships that they have outside of work and how they use these skills to navigate those [relationships],” explained Early. Although the training is scheduled as part of new employee orientation, cancer institute leadership will attend sessions and current staff are also

**Table 1. Course Agenda: Psychological First Aid**

8:15 am	<b>Prayer and Introductions</b> Brenda Ling, MSW, CSW-PIP, OSW-C Virginia Strubbe, MSW, CSW
8:30 am	<b>Stress</b> Brenda Ling, MSW, CSW-PIP, OSW-C Virginia Strubbe, MSW, CSW
9:00 am	<b>Helping Oneself</b> Jordan Jenkins, MSW, CSW, OSW-C Lacey Ballew, MSW, CSW-PIP, OSW-C
10:00 am	<b>Break</b>
10:10 am	<b>Change</b> Christina Early, MSW, CSW, OSW-C Stacey Graber, CRT-BD-R
10:25 am	<b>Helping Others</b> Christina Early, MSW, CSW, OSW-C Stacey Graber, CRT-BD-R
11:30 am	<b>Adjourn for lunch</b>

The training makes clear that staff have options, including the clinical social workers within the cancer institute, as well as an employee assistance program that is free for staff and their family members and completely confidential.

“Being in the Midwest, we have a lot of people who hug or shake hands; physical touch is such a big part of showing support, particularly in this setting in healthcare.” This is just one example of the ways people working in healthcare are asked to adapt and adjust. “Obviously COVID-19 brought change,” said Early. “[In the training] just discussing how everyone adjusts differently to the situation and that there is really no timeline [in the midst of a pandemic] and how there is a lot of grief that goes with that.”

In the final session of the half-day training, the focus is on active listening and problem-solving skills, as well as recognizing when it is appropriate to refer someone for help. “If you’re supporting a colleague and it’s become bigger than you, to where you’re having traumatic stress because of what your colleague is going through, what are your resources?” Early said. The training makes clear that staff have options, including the clinical social workers within the cancer institute, as well as an employee assistance program that is free for staff and their family members and completely confidential.

“That’s one of the reasons we are doing this training. We want everyone to be aware of their resources, but also have baseline skills to support themselves and their colleagues regardless of what their role is within our program. They definitely leave the training with tangible resources.”

*Amanda Patton, MA, is a freelance healthcare writer. She worked as a senior writer and editor for the Association of Community Cancer Centers for more than 15 years.*

### Our Cancer Program At-a-Glance

The Avera Cancer Institute is the outpatient community cancer center of McKennan Hospital & University Health Center in Sioux Falls, S.D. Each year, the cancer center treats approximately 2,100 new patients with cancer. Most patients are white (96 percent), female (54 percent), rural (i.e., 64 percent drive 50+ miles for treatment), and Medicare recipients (52 percent). The Avera Cancer Institute has a large geographic reach across the Northern Plains and into Minnesota and Iowa. These services are provided via a combination of in-person and telehealth care.

welcome to attend. “Sessions are open to anyone to attend. We don’t close it off. It’s just that our target audience is new employees,” she said.

Another change is that facilitation responsibilities are now handled by the clinical social work team at Avera Cancer Institute. Early manages a cohort of six facilitators. “There are different facilitators for each session. We have the facilitators work in pairs of two, which I think also helps with the engagement.”

One piece of the training curriculum is the opportunity for facilitators to share their own experiences. “I’m one of the facilitators, but I am also an oncology social worker and leader in the cancer institute. So, I can share my experiences as a gynecologic oncology social worker,” said Early. “But I may also share about personal and leadership experiences. Again, going back to the idea that the training is for the workplace, but it’s also relevant in our personal lives. So we talk about recognizing our stress reactions and how to take care of ourselves both within the walls of the cancer institute and our homes.”

The COVID-19 pandemic has not significantly disrupted this training program, which is conducted in person. However, the facilitators found themselves talking more about coping with the change to their lives due to COVID-19 and how to provide support to those around them. For example, what are ways to show support, care, and compassion without physical touch?

## ACCC Provider Resources for the COVID-19 Era

In March 2021, newly elected ACCC President Krista Nelson, MSW, LCSW, OSW-C, FAOSW, announced “Real-World Lessons from COVID-19: Driving Oncology Care Forward” as her 2021-2022 President’s Theme. To illustrate these lessons, for the next 12 months, ACCC focused in on three key issues: 1) health equity and social justice, 2) the escalating need for high reach, high impact psychosocial and supportive care services, and 3) professional well-being and resilience. Below are just a few of the tools and resources developed in these key areas.

### Health Equity

- *Oncology Issues*: The “Center for Indigenous Cancer Research at Roswell Park Comprehensive Cancer Center.” As part of its mission to reduce the impact of cancer on Indigenous communities regionally, nationally, and internationally, this Center participated in research to identify disparities, shared research findings with affected communities, and engaged community members on how best to close the gaps.
- *Oncology Issues*: “A Spotlight on the Sutter Health Institute for Advancing Health Equity.”
- On-demand webcast: *Practical Solutions to Better Engage Cancer Professionals with Communities of Color*. An expert panel reviews currently available data on cancer care disparities, discusses the needs of disadvantaged populations, and shares practical solutions and methods for implementing bias training.
- On-demand webcast: *Integrating the Community Voice to Advance Cancer Research*. Optimal care delivery changes from place to place—what works best for one location and patient population may not be ideal for another. The same applies to cancer research. Understanding the needs of your patient population is critical to trial design and implementation. Tips to proactively involve your community in cancer research activities.
- CANCER BUZZ MINI-PODCAST, Ep 52: *End-of-Life Health Disparities*. Learn cultural and logistical barriers to end-of-life health equity and how to address palliative care earlier in the care continuum and reduce health disparities.
- CANCER BUZZ MINI-PODCAST, Ep 51: *Cultural Humility & Sensitivity*. A conversation about how the legacy of racism in American healthcare continues to affect today’s research, including strategies to effectively communicate with underrepresented and marginalized populations.
- CANCER BUZZ MINI-PODCAST, Ep 49: *Building Trust with Marginalized Groups*. Discover what steps to take to build trust with patients from marginalized and underrepresented groups and ensure a more equitable and accessible healthcare environment.

These and more health equity resources are available at online: [acc-cancer.org/health-equity](https://acc-cancer.org/health-equity).



### Oncology Team Resiliency and Self-Care

- ACCC Mindfulness Meditation Series. Through meditation, we cultivate an awareness of the present moment and train the mind to better understand how and why we think and feel the way we do. This online meditation series can help you manage stress levels and improve your social, emotional, physical, and mental health.
- *Oncology Issues*: “What Does Leading with Mindfulness and Compassion Look Like?” Learn why compassion is critical in all levels of healthcare—from the clinic to the boardroom—as well as compassion’s role in improving resiliency and building a more equitable and diverse workforce.
- *Oncology Issues*: “Caring for the Caregiver.” A holistic self-care and resiliency program for oncology professionals helped decrease oncology staff burnout rates. Key components include patient remembrance ceremonies, staff support groups, educational opportunities, and social events.
- CANCER BUZZ MINI-PODCAST, Episode 67: *Coping with Pandemic Grief*. Oncology social worker and ACCC President Krista Nelson, MSW, LCSW, OSW-C, FAOSW, talks about the overwhelming grief of the pandemic and its toll on cancer care professionals.
- CANCER BUZZ MINI-PODCAST, Ep 68: *Supportive Care in Radiation Oncology*. Early in the pandemic, members of the Stanford Health Care Radiation Oncology Department created an internal podcast for their department to creatively address the need for connections among on-site and remote staff, acknowledge the emotional and psychological toll of caring for patients during this challenging time, and support the well-being and mental health of oncology staff.

These and more oncology team resiliency and self-care resources are available at: [acc-cancer.org/oncology-team-well-being](https://acc-cancer.org/oncology-team-well-being).



## Telehealth

- *Oncology Issues*: “Rapid Practice Change During COVID-19 Leads to Enduring Innovations and Expansion of Integrative Oncology Services.”
- *Oncology Issues*: “Cancer Care in the Comfort of Your Car.” Learn how Moffitt Cancer Center’s curbside clinic gives patients another option for accessing care.
- *Oncology Issues*: “Telehealth After the Public Health Emergency.”
- CANCER BUZZ PODCAST, Episode 53: *Telehealth & Genetics During COVID-19*. Learn how genetic healthcare services have adapted to virtual care delivery, and what challenges face its widespread use after the COVID-19 pandemic is over.

These and more telehealth resources are available online at: [acc-cancer.org/telehealth](https://acc-cancer.org/telehealth).



## Chronic Lymphocytic Leukemia

Given that chronic lymphocytic leukemia (CLL) can spread very slowly, asymptomatic patients diagnosed with CLL are often monitored over time (also called “watchful waiting”). The long duration of the pandemic has led many patients to continually postpone regular office appointments, potentially contributing to unmonitored disease. And given that CLL mostly affects older people, these patients may be even less likely to keep office appointments during a pandemic. Learn tips and strategies to better meet the needs of your patients with CLL:

- CANCER BUZZ PODCAST, Episode 66: *CLL, COVID-19, and Why Patient Registries Matter*. Hear how patients with blood cancer are joining the The Leukemia & Lymphoma Society (LLS) National Patient Registry to increase scientific knowledge about COVID-19 vaccination and booster shot efficacy.
- CANCER BUZZ PODCAST, Episode 61: *CLL Patient Education in Transitional Times*. As the COVID-19 pandemic recedes and restrictions loosens, learn how patient education has become even more critical during this transition.
- CANCER BUZZ PODCAST, Episode 57: *COVID-19 Challenges: Managing Patients with CLL*. A physician assistant shares the challenges related to COVID-19, vaccines, and how his program is adapting to keep diagnosed patients with CLL safe.
- On-demand webcast: *Learning from COVID-19: Coping Strategies for CLL Providers & Patients*.
- On-demand webcast: *CLL Treatment Considerations: COVID-19 and Beyond*. Treatment timing, changes to traditional regimens, and how to prepare for the future.
- On-demand webcast: *The COVID-19 Vaccine for Patients with CLL and Other Cancers*.

These and more CLL resources are available online at: [acc-cancer.org/post-covid-cll](https://acc-cancer.org/post-covid-cll).

