

## Guidelines for Licensed Mental/Behavioral Health Professionals

Thank you for volunteering to provide support for healthcare workers who are stressed by their work on the front lines of the coronavirus crisis. We realize that, as a mental health provider, your life rhythm may have not necessarily slowed down in the midst of the current state of affairs. Your willingness to provide pro-bono services is generous and heartwarming. You are offering a great service for North Carolinians and the larger community. Because you are supporting our helpers and hospital staff, they are able to continue their important work.

Intervention: The goal of Hope4Healers is to provide support for healthcare professionals and their families who are under severe stress as a result of their work in the coronavirus crisis. The model of intervention is taken from disaster mental health, which is somewhat similar to short-term supportive therapy. In fact, DMH is often contrasted with therapy because it is brief, assumes clients are mentally healthy, and expects them to return to normal functioning when the disaster is over. Most of the callers will benefit from an approach that emphasizes active listening and is focused on validation, emotional support, and encouragement to mobilize their own resilience. They will benefit from additional tools such as brief mindfulness reminders to care for their physical health and to maintain social connections. Most clients will return to be able to function well following one to three contacts of 15-30 minutes each.

For those of you who have not been trained in Disaster Mental Health (DMH) approaches, it is likely to be helpful to engage in some training to orient you to this approach. The primary evidence-informed intervention for survivors of disaster is Psychological First Aid (PFA) or enhanced PFA. Steps of PFA are listed in Addendum A. PFAMobile is a mobile app that outlines the steps of PFA and guidance in executing them. A PFA manual and a link to download the PFAMobile app can be found on the [National PTSD Center website](#). A version of [PFA specifically for Covid-19 is available here](#).

Please note: Research consistently suggests that encouraging clients to describe or discuss traumatic experiences before they are ready may cause exacerbation of symptoms through re-traumatization. Also note that interventions appropriate in longer-term therapy may be harmful when intervention is brief. Use your clinical judgment along with the information provided in these Guidelines to determine what is best in any given situation.

Telehealth: You will be communicating with clients remotely. See Addendum B for guidance.

Self-care for therapists: We recommend that you arrange with professional colleagues to provide a sounding board to talk through some of the difficult situations you may encounter. Healthcare professionals and their families are likely to experience trauma as the coronavirus spreads in NC. You yourself may experience vicarious trauma as a result of your calls. Some of the issues you will be helping with may feel close to home. Thus, you may find that you need to limit the number of clients you see, or take a break from the program. Feel free to pull back when you need to! Additionally, support from colleagues or supervisors, early and often, can help you manage this trauma. If you need help finding support, email us at [info@ncpa.com](mailto:info@ncpa.com).

If you encounter a client who is showing extreme distress, such as suicidal ideation, refer them to an appropriate hotline or nearest emergency service for treatment. See hotline resources below.

Ethics: This is an opportunity for the mental/behavioral health community to make a huge contribution by supporting front line health care workers. Although most of your contacts will be brief, please invest them with the full attention and skill that you give all of your clients. If a client needs follow-up treatment beyond the current crisis, please offer two or three options for treatment, even if you offer your own services.

Assigning Clients: You will be assigned one client at a time. A staff member from Hope4Healers will call you with the client's name and phone number. We will assume your voicemail is confidential.

Making contact: Please call the client within 24 hours if possible; 48 hours at the latest. We encourage you make at least two attempts to contact the client if you do not reach them the first time or get a call back. When leaving a voicemail for the client, it may be helpful for you to offer a few windows of time they could call you back, perhaps with both daytime and evening options.

Feedback to Hope4Healers: Please email us at [info@ncpa.com](mailto:info@ncpa.com) within 72 hours to let us know whether or not you have been able to connect with the client. Hope4Healers will contact you by email to get feedback about your experience and the effectiveness of the program.

Liability: You will be subject to the Immunity and Liability provisions outlined in 166A-19.60. This means that, with the exception of 'cases of willful misconduct, gross negligence, or bad faith,' and as long as you follow professional standards of practice, you will not be liable 'for the death of or injury to persons' as a result of your work with Hope4Healers.

Thanks!! Thank you for supporting North Carolina's healthcare workers at this difficult time. You are providing a great service to the entire state. Please know that you are deeply appreciated for your willingness to help, irrespective of whether or not you end up connecting with a client.

#### Important contact info

Hope4Healers Line – 919-226-2002

Contact for MH/BH professionals – [info@ncpa.com](mailto:info@ncpa.com) (email is preferred)  
919-226-2002

National Suicide Prevention Hotline – 1-800-273-TALK (8255)

National Domestic Violence Hotline – 1-800 799 SAFE (7233)

## Addendum A: Steps of Enhanced Psychological First Aid (PFA)

(Adapted from the American Red Cross) (Note: PFA is not the same as Mental Health First Aid)

1. *Make a connection* – Connect in non-intrusive, validating and supportive manner. Express appreciation for their noble work; also for family members.
2. *Safety and Comfort* – Address immediate safety needs and emotional comfort
3. *Stabilization* – Be kind, calm and compassionate. Explain that the caller is experiencing a normal reaction to an abnormal situation.
4. *Listen* – Attend carefully to caller’s description of own practical and emotional needs. Assume the caller is competent.
5. *Give realistic assurance* – Avoid general reassurance like “Don’t worry, everything will be ok.” Give specific realistic assurance. “Your family is well taken care of.” “Most of us will make it through this.”
6. *Practical Assistance* - Create an environment for meeting basic needs (sleep, nutrition, exercise) and practical problem solving
7. *Encourage good coping* – Refocus caller of strategies that have worked for them in the past to manage stress. Mobilize strengths.
6. *Connection with Social Supports* – Encourage callers to connect with their primary social support systems (family, friends, colleagues, religious institution)
7. *Give accurate and timely information* – Offer only information of which you are certain.
9. *Coping Information* - Offer verbal and written information on coping skills and the concept of resilience in the face of disaster.
10. *Link with Collaborative Services* – Inform callers of services that are available to them.
11. *End the conversation* - Help the client to end the conversation feeling hopeful and with a plan in mind. Show appreciation for their work (or for their support of their loved one.)
12. *Take care of yourself* - Self-care is crucial for avoiding compassion fatigue, secondary trauma and burnout. Be quick to consult a colleague.

## Addendum B: Telehealth

Guidelines pertaining to HIPAA regulations have been relaxed in order to facilitate access to services. You may use the following options:

1. A HIPAA-complaint service that allows for simultaneous video and audio, such as Doxy or Zoom (there are free versions for both of these);
2. An alternate, non-HIPAA compliant option, such as Facetime, Skype, Google Hangout;
3. Use traditional telephone calls.

Discuss parameters with your client:

1. If you get disconnected; how you will re-connect (if video chat, share phone numbers)
2. Encourage them to be in a place where they are comfortable and near a router if using wifi.
3. Refrain from driving while on the call with you.
4. Be flexible in setting times to talk with clients; many will be very busy.
5. Please observe your personal limits while balancing this flexibility.

Here are two options for information about conducting therapy using telehealth:

1. [A free training offered by the UNC School of Social Work](#)
2. [Training \(fee-based\) by Person-Centered Tech](#), which also offers many free materials