

Covid-19 Resiliency Clinics and Associated Resources for the MUSC Health Care Community

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Introduction

Responding to the COVID-19 pandemic has had a significant impact on stress and mental health well-being of our healthcare providers for the past several months and may continue for the next several weeks to months. These effects will continue far after vaccines and treatments are in place. Many healthcare providers have described increased anxiety, insomnia, worry about supply shortages, and impending potential difficult patient care decisions, as well as concerns about their own health and family health. Recent research of providers responding to COVID-19 in China (Lai J et al. 2019) noted an increase in reports of anxiety, depression, and trauma symptoms among physicians, nurses, and other medical providers.

The [Department of Psychiatry and Behavioral Sciences](#) at the Medical University of South Carolina (MUSC) identified early within the pandemic the importance of formalizing a response to support MUSC healthcare providers within our institution to foster resilience and coping through all three phases (pre-trauma stress, peak-trauma stress, post-trauma stress) of the pandemic response.

Supporting Model

Early intervention aims to reduce immediate distress and mitigate risk factors for chronic psychological problems. After 9/11 experts within the trauma field convened to identify best practice in early intervention response after trauma and disaster. Researchers and practitioners at the National Child Traumatic Stress Network (NCTSN) and at the National Center for PTSD (NCPTSD) along with invited leading experts developed two early intervention models, Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) designed for use by paraprofessionals with individuals exposed to natural disasters and other catastrophic events (NCTSN & NCPTSD, 2006).

PFA is an evidence-informed approach for assisting in the immediate aftermath of traumas and to foster short and long-term adaptive functioning. The process is typically delivered in the early phases of a crisis or disaster event, typically as a “postvention”, but can at times be provided while an event is still in progress (floods, hurricanes, shelter care, epidemics, etc.). Objectives of PFA are to identify individual needs and facilitate immediate practical, social, and emotional support at a time of destabilization. The primary components of PFA include: Contact and Engagement, Safety and Comfort, Stabilization, Information Gathering, Practice Assistance, Connection with Social Support, Information on Coping, and Linkage with Collaborative Services. Several organizations such as the Center for Disease Control, American Red Cross, and the World Health Organization have endorsed PFA as best practice early intervention approach after large scale events. Manuals and training materials and online courses are available free through the (NCPTSD) or the (NCTSN) available here ([PFA Field Operations Guide \(2nd edition\)](#)).

[Skills for Psychological Recovery \(SPR\)](#) was developed several years following PFA, as a “next step” early intervention strategy. SPR (Berkowitz et al., 2010) is an evidence-informed, skills-focused, community-based intervention designed to bolster resiliency and increase self-efficacy within the first several weeks

to months after a large-scale disaster or trauma. SPR is based on research indicating that assistance with practical needs and teaching coping skills in the aftermath of a traumatic event can help reduce symptoms of distress and buffer against the development of longer-term mental health problems (Norris et al., 2002; Vernberg et al., 2008). SPR is a brief intervention that can be delivered in one to five sessions, using a modular approach so that providers can tailor the skills to the unique needs of individuals. The primary components of SPR (information gathering, building problem-solving skills, promoting positive activities, managing reactions, promoting helpful thinking, and rebuilding health social connections) have direct relevance for addressing the needs and concerns experienced by healthcare providers during the COVID-19 pandemic.

PFA and SPR are not considered mental health “treatment.” Instead, PFA and SPR teaches skills that emphasize helping individuals regain a sense of control and competence. PFA is intended to provide support to exposed individuals in the first few days after an event, while SPR is intended to help individuals rebuild during the recovery phase – after safety, security, and immediate needs have been met. However, what about an ongoing pandemic? COVID-19 is not a discrete event with a beginning and end as a fire, hurricane, or mass violence event. There is no standard existing evidence-based intervention targeting the characteristics of COVID-19 response. As such, a modified version of PFA and SPR combining essential components of both that suited the current situation is being utilized as the targeted intervention to hopefully reduce long term mental health difficulties. Below are the revised modules of PFA/SPR that we adapted for healthcare professionals actively working within the MUSC healthcare system.

Table 1: PFA/SPR Module Adaptation for COVID-19

Module 1	Contact and Engagement
Module 2	Stabilization
Module 3	Information Gathering
Module 4	Information on Coping/Managing Reactions
Module 5	Positive Activity Scheduling
Module 6	Healthy Connections
Module 7	Helpful Thinking
Module 8	Linkage with Collaborative Services

Training for PFA/SPR

At the outset of this project, we requested assistance of faculty and trainees with the Department of Psychiatry and Behavioral Sciences to volunteer hours towards providing services. We received an overwhelming response of 45 volunteers composed of clinical psychologists, psychiatrists, residents, and psychology interns. We offered virtual training for our volunteer mental health professionals who signed up to provide early intervention for MUSC healthcare providers through a one-hour tape-recorded

webinar training specific to the adaptations of PFA/SPR for COVID-19, logistics of clinic procedures, along with resources of the original PFA and SPR manuals and links to their online training courses. All psychiatry residents receive standard PFA training at the start of residency as a component of orientation.

As all these providers are mental health clinicians, the education about the PFA-SPR approach to participants, emphasized the differences between supportive interventions in crisis and disaster situations and those of clinical treatment for specific mental disorders in usual care situations. These included 1) PFA/SPR is not intended to be therapy, 2) PFA/SPR sessions will not look like a standard therapy setting or structure, 3) PFA/SPR sessions are not the time to offer significant interpretations, perform exposure treatment, or delve into past learning experiences, and 4) PFA/SPR does not include psychological debriefing, as research indicates that some components of the process may be harmful to some individuals. In 2008 a special edition of the PFA Field Operations Guide was developed for volunteer medical professionals working with the [Civilian Medical Reserve Corps](#) of the Office of the Surgeon General, which addresses the concerns of utilizing psychological debriefing. The findings of the work group are included in Appendix F of the [PFA Medical Reserve Corps Field Operations Guide](#).



COVID-19 Resiliency Clinic Sleep and Anxiety Treatment and Research Program Department of Psychiatry and Behavioral Sciences Medical University of South Carolina

Responding to the COVID-19 pandemic in our community can have a significant impact on MUSC healthcare providers. Stress management and fostering resilience is essential to our well-being, and to our ability to provide ongoing care. The Department of Psychiatry and Behavioral Sciences will be offering resources and services to MUSC/MUSC Health faculty and employees that have been emotionally affected by COVID-19.

Resilience Clinic Program Components

Individual Early Intervention Virtual Sessions: Recognizing the importance of providing early intervention mental health strategies to foster resilience and hopefully assist with the prevention of long-term trauma related difficulties that many of our healthcare providers are at significant risk, MUSC faculty,

staff, and trainees are offered free brief COVID-19 specific stress management and resiliency bolstering coping strategies, utilizing between one to five individual telehealth sessions. These sessions focus on learning tools to help cope with and manage stressors related to COVID-19, utilizing the PFA/SPR adapted model. Interested individuals are triaged by a faculty clinician and then scheduled with a volunteer clinician for sessions via telehealth platforms or by telephone based on individual preference. Referees complete a brief, on-line survey assessing anxiety, depression, substance use, and resiliency strategies before their first session. Sessions are free and do not become a part of the individual's medical record. If individuals present with high risk concerns, such as suicidal ideation, they are referred to a formal mental health assessment immediately within MUSC's Department of Psychiatry outpatient clinics (currently offered via telehealth) or our Emergency Department based psychiatry services.

Those who request formal therapy or specific illness treatment at the outset are connected with resources within the Department of Psychiatry, including the *MUSC Sleep and Anxiety Treatment and Research Program* and are offered evidence-based cognitive behavioral therapy and if needed, more traditional psychiatric services through telehealth. Other referral options included expanded availability of the MUSC Employee Assistance Program (EAP) and MUSC Chaplaincy/Pastoral Care.

Virtual Peer Support Groups for Resident Physicians: A voluntary peer support group plan was initiated to support MUSC resident physicians, occurring outside of the standard medical record and administrative structure of the health system. The group was organized to meet weekly for a total of 4-6 sessions, based on need and goals established by the group. These groups allow residents an opportunity to have a safe space to share about their experiences during these strange and difficult times. Residents can hear from their colleagues about the struggles they are having and the strategies they are using to cope with these increased stressors.

This component is entirely resident-facilitated and designed to be free from the medical record or faculty participation. Groups are facilitated by senior psychiatry residents, who receive asynchronous supervision from non-physician psychotherapy faculty. Though initially rolled out to the psychiatry residents the groups expanded availability to all house-staff, with the goal of increasing the number of groups based on interest and need.

Resilience bolsters: Three-five minute check ins/stress tidbits during shift changes or at request of units are offered. These are typically aimed to nursing and other clinical staff, providing a forum separate from local leadership utilizing, contact and engagement, resilience focused exercises, resource sharing and referrals for additional support as relevant.

Webinars and Workshops: Live and tape-recorded virtual workshops are being provided to address anxiety and well-being topics related to coping with COVID-19 stress. Workshops are being offered to healthcare providers and employees across the University and Hospital systems. Mini workshops are provided in various Department faculty meetings, resident meetings, and clinic meetings. Content for these workshops are based upon adapted PFA/SPR resilience building/stress management concepts and evidence-based interventions for anxiety. In addition, a specific workshop on sleep was developed and is provided.

Psychoeducational Information/Tip Sheets: Several brief written handouts for understanding and managing [anxiety](#) and [sleep](#) ([Spanish language version](#)) referencing vetted national resources were developed for health care workers specific to the Covid-19 situation.

[Other MUSC Covid-19 resources](#) offered across addressing practical issues, wellbeing and foster resilience/recovery. In addition to the COVID-19 Resiliency Program, faculty and staff across MUSC have developed additional resources that that have been organized on the department intranet webpage accessible to employees. These include information about nutrition, exercise, general well-being, and community resources. Free on-line exercise programs are offered as well as coordinated efforts connecting individuals and organizations to meal donations for healthcare providers.

Peer group Flyer: [Resident Peer Support Group Flyer](#)

References and Resources:

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7. MUSC Resiliency Clinic Links <https://medicine.musc.edu/departments/psychiatry/covid-19-resiliency-clinic>