

The Role of Psychological First Aid in the Pandemic Time

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ABSTRACT

The COVID 19 that WHO declared in March 2020 as pandemic has touched every realm of human existence causing immense stress and anxiety, more among those infected. WHO advised psychological first aid for coping with the fretful situation. This paper explores the incidence of COVID 19 pandemic as a traumatic event which has caused stress and anxiety in almost the entire world resulting in the need for psychological first aid to be provided to the affected individuals as well as the general population. It is argued that the Six Cs model for immediate cognitive Psychological First Aid that has been applied in unexpected traumatic situations can be used in case of patients affected by COVID 19. This novel Psychological First Aid model can help overcome helplessness where they are isolated from the rest of the world and encounter the fear of imminent death.

Keywords: COVID 19, Stress, Psychological First Aid, Six Cs model

The WHO declared the infection by Sars CoV-2 virus as a global pandemic in March 2020. (WHO 2020). The virus was first observed in Wuhan, China in December 2019. (Wiki.org). The dramatic rise in the number of infected cases and death rate significantly has caused the WHO and governments around the world to undertake steps preventing further spread of the virus. As per WHO records 3,975,503 deaths have occurred by July 4, 2021 around the world. (WHO COVID-19 Dashboard). Social distancing, sanitization, wearing of masks, etc., are some of the measures that the general public need to follow so as to avoid contracting the virus. These unavoidable adaptive changes coupled with fear of the unknown has created huge amounts of stress and anxiety among the general populations. Several studies on the psychological of those infected by Sars CoV-2 virus are however less in number compared to those of the frontline workers as well as the general public. WHO has provided remote Psychological First Aid in Iraq in May 2020 through identifying groups that needed psychological support to address the discrimination and stigma associated with Covid-19 (WHO Iraq). Though there are a number of models available, this paper aims to discuss the appropriateness of the Six C model of immediate cognitive Psychological First Aid in the current situation where cognition and immediate action are to be emphasized. First it identifies the biopsychological factors of anxiety followed by the significance of trauma as instrumental experience causing anxiety. Second it argues that incidence of Covid 19 has caused trauma and in both people infected by the virus

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and those directly not infected but affected by those infected. Third the paper discusses the relevance of the Six C model as the Psychological First Aid in Covid 19 context.

Biopsychological Reasoning for Anxiety

According to the DSM 5, Post Traumatic Stress Disorder (PTSD) is one among the Trauma and stressor related disorders (APA 2013a). In the current situation, we can affirm that Sars CoV-2 virus has caused considerable trauma and stress, trauma being physical as well as psychological affect and it is considered as a cause for PTSD. Several researches have also proven the fact that there is psychological distress which does exist due to the covid 19 and has to be managed among those affected of the virus (Liu & Cao 2020) also among those who are not infected and fully aware of the disease pathophysiology (Xiao et al., 2020). Stress and anxiety can be attributed to a large number of etiological factors such as fear of getting infected, fear of losing income, isolation, lack of human contact etc.

Stress and anxiety cause immunological changes and even more so in viral infections. It is important to consider these changes are supposed to have been responsible for triggering the cytokine storm which is the hallmark of COVID 19 pathogenesis. The cytokine storm seems to cause multiple organ failure and eventual mortality as well as psychopathology (Zhao,Wei, and Tao 2021). In response to the cytokine storm the pituitary gland secretes corticotropin to contain the damage on nervous, respiratory, digestive and other systems due to increased cytokines. The release of corticotropin on the other hand also activates the Hypothalamic Pituitary Adrenal Axis which in turn is responsible for stress induced depression, anxiety, psychiatric disorders and PTSD. (Li and others 2020a, Steenblock and others 2020). However, there is also a need for explaining the causal factors for anxiety which are external in case of others who are not affected of the virus. These can be found in the theory of critical incidents and stress which is discussed below. In fact, it can account for both the cases of those infected and those not infected of the virus.

Critical incidents & Stress

Critical incidents are the sudden unexpected events or incidents which cause or have the potential to cause life threatening harm to an individual and the individual in question does not have the capacity to cope up with these critical incidents. (WHO def). Though this definition of critical incident is used in the context of various occurrences such as physical violence, medical emergencies, suicide, fire accidents etc., it can also be applied to COVID 19 as it is also a sudden unexpected anxiety. The morbidity starts with common cold and mild fever and within a weeks' time, the conditions turn out to be serious with breathing difficulties threatening life very unexpectedly demanding immediate hospitalization. The sudden turn of events either in case of the person infected or after effects of the infection or its impact on someone close to such as loss of a near one due to COVID 19 has a strong bearing on the psychological balance. According to Boudraeux and McCabe (2000) 'a critical event is that which threatens an individual's ability to cope or that which produces unusually strong emotional, cognitive or behavioral reactions in the person experiencing it'. Studies on the psychological effects mediated by COVID 19 show that there are a variety of negative emotional, cognitive and behavioral reactions experienced by a vast majority of populations in the world today (Serafini et al.,2000).

Stress as defined by Lazarus and Folkman is an experience that is perceived by an individual as threatening or harmful and the individual experiencing it doesn't have enough resources to cope with it (Lazarus & Folkman 1984). There are two stages according to the Transactional Model of Stress that the hassles of daily life as well as major life events

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undergo cognitive appraisal. This cognitive appraisal is followed by coping mechanisms which may influence a change in the way the individual perceives the situation or how the individual interacts with the prevalent environment (Lazarus & Folkman 1984). In the first stage, stress appraisal of environment demands recognition of the stressful causes physiological changes in the body via the negative emotions associated and the activation of the sympathoadrenal medullary mediators as well as the hypothalamic pituitary adrenal system. This in turn, in the second stage, causes an increase in the risk of disease onset and increased disease progression (Cohen et al., 2016). Thus, the TMS model explains biopsychological predicament in case of those not directly affected by the virus, and also the fear of death aggravated by the stress appraisal of environment in case of those affected of the virus. The environmental demands of change in all areas of life today due to COVID 19 are appraised as stressful (Pedrosa et al.,2020). To combat this situation, there has to be a psychological intervention.

Debriefing and Psychological First Aid

Critical incident stress debriefing (CISD) was developed keeping in mind individuals who were exposed to traumatic events on a regular basis such as firefighters, policemen, Health workers in the emergency wing, etc. (Mitchell & Everly Jr.,1995). CISD has been in use since 1983 as a part of Critical incident Stress Management (CISM) helping individuals manage their stress reactions to unexpected stressful events (Mitchell A.M et al., 2003). The conditions for CISD are, however that the group receiving debriefing should be homogenous, small, past the incident and in a position to participate actively in the discussion. (Mitchell J.T., 2001) The personnel providing the debriefing should be properly trained in Critical Incident Stress Management. (Mitchell J.T., 2001). However, according to some studies, there are mixed results obtained regarding the effectiveness of CISD (Mitchell A.M et al., 2003). Both CISD and CISM lack adequate support of scientific research and conceptual clarity (Deville & Cotton 2004). According to current evidences as found in the studies of Bisson et al (1993), Carlier et al., (1998) and Mayou et al., (2000), those who received debriefing presented with PTSD and other psychological disturbances more than those who did not.

The PFA is an approach to reduce the stress experienced in various unexpected critical incidents as well as providing assistance to develop short- and long-term functioning developed by the National Child Traumatic Stress Network and the Department of Veterans Affairs National Centre for Posttraumatic Stress Disorder (Allen et al., 2010). It is an evidence-based approach used in the immediate aftermath of crisis or stress invoking event according to the National Centre for PTSD (Bisson & Lewis 2021). The core actions that PFA includes are, Contact and Engagement, Safety and Comfort, Stabilization (if needed), Information Gathering: Needs and Current Concerns, Practical Assistance, Connection with Social Supports, Information on Coping and Linkage with Collaborative Services (Forbes et al., 2011). PFA is not a psychological therapy but a supporting and practical assistance provided to persons of all age groups that can be provided by people who do not have the relevant educational background (Shultz & Forbes 2013).

In the current situation, PFA can be provided for the general public and the front-line workers as a preventive measure against development of PTSD, but how far it is possible to provide assistance to those affected by COVID 19 is a question to be considered. The core actions such as contact and engagement, safety and comfort are not things that can be offered in the same way to those affected by COVID 19.

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The Six Cs model for immediate Cognitive First Aid

The Six Cs model was created by Moshe Farche et al., (2018) to curtail the short comings of the PFA used till date. The main motive is that the first responders and general population should be able to provide psychological first aid, just like First aid can be provided by anyone so as to immediately act and thereby reduce the effect of trauma. The present model strives for helping a person in the immediate aftermath of a traumatic event from a helpless, passive and incompetent state into an actively coping individual. This shift is proposed to occur within minutes. The model is based on four concepts viz., hardiness, sense of coherence, self-efficacy and the neuro-psychology of the stress response. The basic elements into which these four concepts are incorporated are the six Cs which are, (1) Cognitive, (2) Communication, (3) Challenge and (4) Control, (5) Commitment and (6) Continuity.

These **six Cs** are concepts or steps which can be applied to any traumatic situation including infection by the Sars Co-V 2 Virus.

C 1 and 2: The Cognitive and Verbal Communication is to make the individual think rationally and reasonably instead of depending on their emotionality. The theory behind this is to reduce the activity of the amygdala and increase the activity of the prefrontal cortex. This is very important in case of people who have just found out that they are tested positive for COVID 19. The test report declaration brings a thread of anxious thoughts and emotions disturbances coupled with psychological fear of being isolated and left alone. At this point it is essential that an individual should think in a rational manner regarding the stage of infection, the treatment options available, the care available and the physical health of the patient which are all factors which do influence the outcome of the illness. In case the individual tends to feel anxious and worried, it may result in increased inflammatory reactions causing further physiological damage (Ramezani et al., 2020.)

C 3: The amygdala has been found to function effectively in negative emotional perception and cognitive functioning (Hare et al., 2005). Emotions can be regulated successfully by regulating the activity of the amygdala (Herwig et al., 2019). Challenge is aimed at reducing the helplessness of the individuals as well as promoting a sense of mastery obtained by being able to do things themselves. In COVID 19 affected patients, challenge can be provided by asking them to do simple things like breathing exercises as well as monitoring their saturation levels which will aid in the improvement of health (Agarwal et al., 2020).

C 4: Control is the activity initiated to reduce the feeling of helplessness in individuals. This is vital in case of COVID 19 patients as it is observed that the helplessness of the doctors and the nurses in the early days of the pandemic still does have an impact on the psychological being of the general public (Chaturvedi et al., 2021). Though the treatment measures and knowledge regarding the viral infection has increased to a great extent, the stigma attached to the doctors being helpless still prevails. To overcome this situation, the six C model provides options for the traumatised person to choose simple task of having a sense of control. This can be achieved in case of the COVID 19 patients asking them the treatment mode, whether they want to stay at home or if they wish to be shifted to a hospital etc.

C 5: Isolation creates a feeling of being left alone without support. It creates insecurity and anxiety in the patients which has to be addressed immediately. Verbal Commitment to support the affected individual help in the reversal of psychological adverse effects caused by social isolation. Security and assurance that there is someone to take care of the individual will give them psychological strength to combat the illness (Hwang et al., 2020).

C 6: Continuity is the intervention technique intended to target the confusion associated with the traumatic event. This is done by helping the individual make sense of what has actually happened. This is basically allowing the person to cognitively walk through the circumstances that have led to this event and continue with a positive outcome of what is going to happen so as to allow the person to have a sense of what has happened and how it will end. If this is absent, it might lead the individual to catastrophize the outcome prior to any actual happening thus enhancing stress and anxiety. In COVID 19, fatality is the most anxiety provoking conclusion (Pradhan et al., 2020). It is something that every infected individual fear and is apprehensive about. In order to reduce this confusion about what might happen, information regarding the medication, treatment cycle and symptoms that the individual might have and how to combat them can provided to the patient (Tripathi et al., 2020.)

CONCLUSION

Though there are a number of psychological intervention and first aid models available they are beset with some drawbacks such as only trained professionals can provide psychological first; administered after the occurrence of the critical event; and they are culture specific. The Six Cs model does not require special training to administer. The focus is on the cognition of the individual which plays a very significant role in the psychological healing as major psychotherapies such as CBT (Cognitive Behavioural Therapy) and REBT (Rational Emotive Behavioural Therapy) target the cognitive process of the individual for their psychological betterment. It can be used during the process of the ongoing illness or infection by the Sars Co-V 2 virus to enable better psychological health of the patient.

In the present time, even though the psychological effects of COVID 19 have reduced drastically, the implementation of this method could help people in facing any novel unprecedented situations which can neither be imagined nor forecast. Research regarding the Six Cs model should be further expanded so that it can be applied in any country in the world.

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Conflict of Interest

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