

Community-Based Psychological First Aid for Oncology Professionals



There are at least two universal truths about cancer. The first truth is that cancer is difficult. Not everyone has the same cancer experience, but somewhere along the care continuum, cancer adds stress to a person's life. Research indicates that approximately 35 percent of cancer patients experience heightened distress levels at some point in time.¹ The stress caused by cancer may be mild for one person, but for another the stress caused by cancer may be so severe that professional help is needed. There is no prototypical response.

The second truth is that caring for those with cancer is challenging. Not every clinician has the same experience caring for cancer patients, but at some point in their career, caring for these individuals will be stressful. Research shows higher rates of burnout and lower rates of work-life balance among physicians than other workers in the United States.² Furthermore, 44.7 percent of oncologists are burned out and nearly one fifth of oncologists report that would not become an oncologist again.³ Research also indicates that 37.1 percent of oncology nurses experience high degrees of emotional exhaustion.⁴ There are a variety of factors that contribute to burnout, and it is unlikely that these factors will decrease in the near future.⁵

These two truths paint a bleak picture of the cancer experience for patients and those involved in their care. However, we know that humans have a tremendous capacity to cope with difficulty. Research indicates that the most common response to significant stressors is one of "resilience," which is characterized by mild symptoms, minimal impairment, and a quick return to normal functioning.⁶

Although there is not yet a way to prophylactically immunize people against stress, it is possible to prepare people for stressful events by teaching them about stress and giving them strategies to care for themselves and others in stressful times. Furthermore, even though people may respond best to different interventions,

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it is important that empathic and pragmatic support be available early on after stressful events, throughout the duration of the illness, and into survivorship care. Any such intervention should also build on a community's strengths and naturally occurring resilience.⁷

Community-Based Psychological First Aid

Training in community-based psychological first aid is 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.⁸⁻¹² Akin to physical first aid, community-based psychological first aid involves the provision of basic psychological support by general community members to their family, friends, neighbors, and fellow community members.

Like physical first aid is not treatment by a medical professional, community-based psychological first aid is not psychotherapy or any other kind of intervention performed by a mental health professional.⁹ Rather, it 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.¹³

Community-based psychological first aid is also like physical first aid in that it requires only rudimentary knowledge and skill to care for a wide range of wounds. In other words, a small amount of mental health knowledge can have extensive benefits. Promoting natural strengths, enhancing existing support systems, and increasing resilience in individuals and communities is accomplished by encouraging self-efficacy, proper self-care, and mental health education.^{9,11}

Community-based psychological first aid trainers typically “specialize” in one or more modules. This allows trainers to develop a certain amount of expertise. It also facilitates continuous improvement, because trainers can experiment with the presentation of their module.

Community-based psychological first aid training is an evidence-informed strategy that uses recent research and effective practices to provide this foundational knowledge and was developed to incorporate the characteristics of interventions that are most supportive and efficacious following traumatic events. These characteristics include the promotion of:^{8,14-17}

- Calming
- Connectedness
- Hope
- Sense of self- and community-efficacy
- Sense of safety.

There is wide support for the components of community-based psychological first aid and the training as a whole. Training in this type of aid is recommended by numerous organizations, from the Institute of Medicine and World Health Organization to the National Center for PTSD and National Child Traumatic Stress Network. Community-based psychological first aid consists of eight modules or core competencies:

1. Being a good helper
2. Traumatic stress
3. Grief
4. Active listening
5. Problem solving
6. Referrals for additional help
7. Ethics
8. Self-care.

This model of training is community based because it is deeply rooted in a community's unique culture and builds upon its strengths, context, and local idioms of distress and healing.¹³

Training Providers in Community-Based Psychological First Aid

The Avera Cancer Institute, Sioux Falls, S.D., has conducted community-based psychological first aid for its workforce since August 2017. The impetus for this work came from exceedingly positive feedback from attendees of community-based psychological first aid in 2014 led by Gerard A. Jacobs, PhD, former director of the Disaster Mental Health Institute at The University of South Dakota in Vermillion, S.D.

Avera Cancer Institute asked Dr. Jacobs to lead a week-long Community-Based Psychological First Aid Training of Trainers workshop with a blend of nine staff members and one provider in April 2017. The aim of this workshop was to teach new community-based psychological first aid trainers. The prospective trainers were provided in-depth lectures on psychological first aid and space to tailor psychological first aid content to oncology and the Avera Cancer Institute culture, thus creating a community-based psychological first aid training. For example, the Grief and Self-Care modules were expanded because of their perceived importance to cancer care. Furthermore, a chaplain trainer was added ad hoc to lead a brief new Prayer module to start trainings, because Avera Health is a faith-based health ministry.

These trainings are provided over one day. Table 1, right, represents a typical training schedule. Community-based psychological first aid is primarily lecture based, but the training is also interactive. Attendees are encouraged to share their past experiences and perspectives on the training content. This open communication often enriches the trainings by applying the information to “real-life” settings, creating opportunities for group members to support one another, and elaborating on the training content. The trainings are also experiential at times. For example, role-playing is used in the Active Listening and Problem Solving module. Furthermore, relaxation exercises are practiced in the Self-Care module.

Community-based psychological first aid trainers typically “specialize” in one or more modules. This allows trainers to develop a certain amount of expertise. It also facilitates continuous improvement, because trainers can experiment with the presentation of their module. It has been important that every trainer attended Dr. Jacobs' workshop, because this allows for trainers to cover one another in the event of schedule conflicts and facilitates seamless transitions from one module to the next. One person is primarily responsible for managing the community-based psychological first aid training program and its evaluation. It has been advantageous on a practical and program quality level to have at least one person responsible for program operations and for oversight of the training content.

Over seven trainings, approximately 100 employees of the Avera Cancer Institute have been trained in community-based

Table 1. A Typical Community-Based Psychological First Aid Training Schedule

Time	Module
8:00 am–8:30 am	Introduction and Prayer
8:30 am–9:00 am	PFA and Being a Helper
9:00 am–9:15 am	Break
9:15 am–10:30 am	Stress and Traumatic Stress
10:30 am–10:45 am	Break
10:45 am–12:00 pm	Grief and Bereavement
12:00 pm–1:00 pm	Lunch
1:00 pm–2:00 pm	Self-Care
2:00 pm–2:15 pm	Break
2:15 pm–3:30 pm	Active Listening and Problem Solving
3:30 pm–3:45 pm	Break
3:45 pm–4:30 pm	When and Where to Refer
4:30 pm–4:45 pm	Ethics
4:45 pm–5:00 pm	Conclusion

psychological first aid. This number equates to roughly one half of the Avera Cancer Institute workforce. These trainings do not target one group of staff; rather, it is expected that all staff, regardless of occupation, receive community-based psychological first aid training—from the front door to the front desk and from the waiting room to the exam room—regardless of whether the person provides direct patient care or not. There is a philosophy of holistic patient care behind the approach to train all staff in community-based psychological first aid. Every patient-staff interaction, whether in the elevator or infusion center, is an opportunity for staff to positively impact patients and their care; hospitable valets and schedulers are a familiar face and make patients feel more comfortable, just as compassionate nurses and providers may make patients feel less afraid.

From an employee wellness perspective, peer support and effective coping skills can buffer the stress associated with working in oncology. It is possible that employee well-being has a trickle-down effect on patient care, such that by supporting others or caring for oneself, better care can be provided to patients in turn. An impaired helper is an ineffective helper.

Our Results

Ongoing evaluation of the community-based psychological first aid trainings at Avera Cancer Institute is necessary to understand

the effectiveness of the program and inform continuous quality improvement. Evaluation consists of three surveys: a pre-training survey, a post-training survey, and a one-month follow-up survey. Results from those who have completed the one-month follow-up survey suggest that the community-based psychological first aid is highly beneficial. For example, 97 percent ($n = 63$) of respondents feel more knowledgeable about community-based psychological first aid (e.g., more knowledgeable about traumatic stress and grief). That same percentage of respondents feels better able to use community-based psychological first aid to identify and cope with stress and get others additional help when needed. Overall, 91 percent ($n = 53$) feel that the training was personally useful, and 97 percent ($n = 63$) feel that the training would be useful for other oncology professionals.

These preliminary results support community-based psychological first aid as a positive intervention to equip oncology professionals with the necessary knowledge and skills to effectively care for their own psychological needs and to be supportive and aware of the needs of patients and coworkers. However, additional evaluation is warranted, including qualitative feedback on all aspects of the training. Non-content aspects of the training, such as the didactic method, facilitation of group discussion, and use of disclosure, are important contextual aspects of the training that may affect its perceived usefulness.

Cancer is, and always will be, difficult and challenging, and the same can be said about caring for patients with cancer. However, these truths do not preclude strategies to lessen the stress experienced by patients and oncology professionals. Training in community-based psychological first aid appears to be one effective strategy. This training can provide oncology professionals with the knowledge and skills they need to better manage stress in their own lives, as well as the lives of patients and coworkers. Results from an ongoing evaluation support community-based psychological first aid training with oncology professionals at other regional Avera Cancer Institutes. If community-based psychological first aid can help reduce staff burnout, it may have a mutually beneficial effect on staff retention. It is expensive and costly to recruit new staff, so cancer programs that provide this type of training may see a positive effect on their bottom line. Finally, community-based psychological first aid training may prove effective for non-oncology healthcare professionals as well.



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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 2,000 new cancer patients. Most patients are white (96 percent), female (56 percent), rural (i.e., 64 percent drive 50+ miles for treatment), and Medicare recipients (46 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.