



**INDIAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS, WEST BENGAL REGIONAL
BRANCH**

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Guidelines for Telecounsellors attending to COVID-19 Health Care Workers

As per the guidelines provided to us by the health department, we have to keep in mind that, our task is strictly limited to stress management and *not providing solutions*. Therefore, all are requested to keep in mind that,

- The front line workers would be having problems due to limited infrastructure, personal protection equipment, case load, having to stay away from home, problems by landlords regarding staying of health-workers etc. These are practical problems which are likely to trigger emotional reactions among any individual.
- However, the aim of our counselling sessions would be to empathetically listen to their concerns and not to suggest any remedies or action strategies.
- All the therapists are requested to briefly *note the practical problems* which they are facing. The list of problems should be *sent to members of executive committee* of our West Bengal region and *they would communicate and try to mitigate the issues with the relevant authorities* who are constantly staying in touch. You can reassure the caller that their concerns are being sincerely noted and would be communicated to higher authorities.
- *No guidance should be given about the process of sanitisation* and these queries are to be answered by asking them to refer to the standard protocols suggested to them by the relevant authorities. We are not experts of the evolving guidelines and hence, must stay away from giving guidance on these.
- If someone complains of having developed certain *symptoms of COVID 19, please do not suggest testing to them*. As it is not within our expertise, it is necessary that we request them to consult with relevant experts in this regard.

Points regarding process of counselling

Unlike the cases of psychiatric diagnoses generally seen by us, where issues like underlying unconscious conflicts, prevailing cognitive errors and distortions, maladaptive behavioural patterns as coping mechanisms guide our thought process – in this context we have to consciously come out of that mind-set of diagnostic framework. We must remember that, this is a crisis which none of us have faced in our lifetime. Hence, emergence of symptoms seen in stress related conditions is likely to be the rule and not exceptions.

Moreover, in this distant mode of counselling, our active listening, choice of words and tone of voice would have to convey the support and holding. Hence, we have to be very careful and take very little for granted. The basic principles of psychological first aid are being mentioned herewith for our ready reference.

Step 1: Collecting demographics and ensuring confidentiality: While answering a call, we have to keep in mind that the demographic data (from where the person is calling, age, gender, education, nature of job) are important factors as they might need to be reported in order to address his/her problems.

However, the caller might not be comfortable in sharing all details. We have to *ensure confidentiality*, yet if possible *collect the relevant demographic data*. Hence, while answering each call, we have to *note down* these basic data. When to do this, that is, just after receiving the call or after listening for a certain period of time – will be decided by the counsellors.

Step 2: Active listening and understanding the problem: We are all aware that, the first and very important step is to listen. We have to try to listen as carefully as possible. As a detailed description would help us, while avoiding why questions, we have to ask what, where, how, when and with whom their problems are arising and try to visualise their condition. This detailing, punctuated by our active listening and paraphrasing would help us understand and also let them ventilate.

Step 3: Understanding their resources: We may have to enquire about their living conditions, access to basic facilities including communication. This would help us understand their resources and help us frame possible suggestions for their effective stress management.

Step 4: Understanding their habits and interests: There are likely to be unique healthy habits and interests which help persons cope even under limiting circumstances. There is possibility of health damaging habits as well. Hence, a basic enquiry about these may help us formulate suggestions regarding stress management.

Step 5: Understanding pre-existing health conditions: We might also ask about the persons pre-existing health conditions and what s/he is doing to take care of them during this stressful period.

Step 6: Cognizing about what can be done in this specific case and sharing it with the person. There is likely to be huge diversity, yet it might be helpful to decipher as to whether the person is feeling more of apprehension, anticipating extreme outcomes prematurely or is sad, feeling hopeless.

Accordingly, it might be helpful to suggest deep breathing, being in the present in a mindful way or suggesting regular physical exercises, and regular routine of activities.

We must remember that if it possible to have balanced food at the right time, some physical activity during the day, some time off from the stressful activities and news and manage some amount of socialising keeping in mind the principles of social distancing (not just virtual social networking), allowing some time for hobbies that relax us (such as listening to music, painting etc.), and if this helps us to sleep for 7 hours, the resilience would be high.

Dealing with emotions: It is essential to remember that, in general people are considered as balanced if strong emotions are not expressed.

However, during these testing times, it is natural to feel strong, very strong emotions such as anger, fear, sadness, guilt etc. It is imperative to remember that feeling such emotions are absolutely normal, and in these circumstances, certain behavioural expressions too are common. Hence, we have to accept these emotions in ourselves and encourage the callers to accept these emotions too, as each of these emotions have their adaptive value.

We have no control on what happens to us or how we feel, but we can choose how to respond. Responding after a mindful consideration of the available options while accepting our emotions are likely to lead to most adaptive responses.

Our aim is not to try to solve the problems encountered by the front-line workers. Our aim is to provide them empathetic listening, help them make use of their resources, accept their emotions and be able to respond in the most adaptive way possible.

A special note on stigma: Lack of information contributes to stigma. Regarding COVID 19, we all have to have adequate knowledge from trustworthy resources such as World Health Organization and UNICEF. With the right kind of knowledge, people would realize that COVID 19 spreads easily through contact, but it does not lead to fatality in a vast majority of cases. The rate of successful treatment is quite

high, hence remaining alert is essential without being alarmed. As administration is taking active steps to prevent discrimination against health care providers, motivate people to gain knowledge about these steps.

Moreover, people have stigma regarding access of mental health services. It is essential for us to remember that, in this kind of stress related cases, empathetic listening, active paraphrasing conveying our understanding and concern, and structuring of time-spending is likely to bring relief to a majority of service seekers.

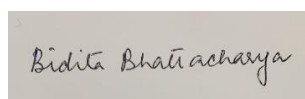
Seeking psychological consultation is absolutely normal and not a sign of weakness or lunacy/insanity. Even if we have to refer the person to a medical practitioner, we have to communicate that these medicines are not likely to have very significant side effects, and if adhered to, in many cases, it is possible to stop these medications after a limited period of time. These persons have to be encouraged to not fall in the trap of stigma themselves and encourage others to come forward too.

Helping Responsibly: Ethical Guidelines (WHO, 2016)

Do's	Don'ts
<ul style="list-style-type: none"> • Be honest and trustworthy. • Respect a person's right to make their own decisions. • Be aware of and set aside your own biases and prejudices. • Make it clear to people that even if they refuse help now, they can still access help in the future. • Respect privacy and keep the person's story confidential, as appropriate. • Behave appropriately according to the person's culture, age and gender. 	<ul style="list-style-type: none"> • Don't exploit your relationship as a helper. • Don't ask the person for any favour for helping them. • Don't make false promises or give false information. • Don't exaggerate your skills. • Don't force help on people, and don't be intrusive or pushy. • Don't pressure people to tell you their story. • Don't share the person's story with others. • Don't judge the person for their actions or feelings.

Good Communication: Things to Say and Do (WHO, 2016)

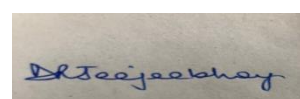
- Try to find a quiet place to talk and minimize outside distractions.
- Be attentive, patient and calm
- Provide factual information if you have it. Be honest about what you know and what you don't know.
- Give information in a way the person can understand - keep it simple.
- Acknowledge how they are feeling, and any losses or important events they share with you
- Respect privacy. Keep the person's story confidential, especially when they disclose very private events.
- Acknowledge the person's strengths and how they have helped themselves.



President



Hony. Secretary



Hony. Treasurer