

The emergency psychologist during COVID-19 pandemic

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Abstract. *Background and aim of the work:* the new coronavirus pandemic COVID-19 has had a strong psychological impact on the world population. Volunteer psychologists, and psychologists that work in the emergencies have also been exposed to the consequences of the impact of the pandemic. The purpose of this study was to explore the experiences of the psychologist during the Covid-19 emergency intervention. *Methods:* an exploratory study, following a qualitative design using Focus Group method was adopted. A total of 24 psychologists was recruited from volunteers of the “Pronto Psy - Covid-19” service, organized by the Italian Society of Emergency Psychology Social Support, Emilia Romagna. Focus Group Discussions (FGDs) was held about: their experiences during the online psychological support; needs detected by users; training needs that emerged during the intervention and professional skills applied. *Results:* five themes were identified: psychological distress of rescuers; online emergency setting; support of colleagues and gratitude as stress management strategies; need of skill and tools in pandemic emergency intervention; integrated psychological intervention. *Discussion:* the stress reaction of the emergency psychologists was due in particular to the type of emergency and lack of standardized approach. The group meetings represented an important resource to face traumatic stress. *Conclusions:* this study showed the role the need for specific tools for pandemic intervention to protect the well-being of the professional from impact of stress. Further research is needed.

Key words: Qualitative research, emergency psychologist, Pandemic COVID-19, psychological stress, online psychological support, Italian, qualitative research, focus group

Introduction

In December 2019, an outbreak of a new coronavirus pneumonia compare Wuhan (Hubei, China). During the following weeks, other significant outbreaks caused by the novel coronavirus were reported around the world. The occurrence of epidemics has always generated specific psychological reactions in entire communities, changing people's behaviors and their habits (1). The COVID-19 pandemic had worldwide devastating effects, affecting the physical and mental health of the population, economic activity, society and the environment (2-4). In response to the highly contagious nature of the virus and rapid one-

to-one transmission, governments took unprecedented containment measures, including severe restrictions on free movement, self-isolation and social distancing (5, 6). All these measures had a strong impact on the daily life of the population, negatively affecting physical and psychological well-being (7, 8). The extent of this pandemic, due to its characteristics, represented exposure to symptoms of traumatic stress reactions such as alertness, somatic anxiety, feelings of anger, hopelessness to manage lifestyle changes, physical and mental fatigue, insomnia, thoughts of death, a general sense of fear, uncertainty, and anxiety (9, 10-12). In emergency settings a first important intervention: the most important is to remove the person from the danger zone

and put him in safety (13). However, the COVID-19 pandemic did not allow an intervention of this type the immediate life threatening (14). Guidelines for emergency interventions to reduce the psychosocial outcomes of the COVID-19 outbreak, issued by the Chinese National Health Commission, consisted of the implementation of psychological teams, usually made up of psychiatrists, health professionals, and promoting online psychological support (15). Subsequently, WHO addressed the issue of emergency psychosocial support by for the intervention of psychiatrists and mental health professionals to help both patients and the general population (16). Several countries have established procedures for psychological crisis interventions to deal with public health emergencies (17,18, 19). Thus, all over the world, governments developed to support people who experienced anxiety or psychological distress due to COVID-19; in Malaysia (20) Tunisia (21) , in South Korea (22) but also in Europe Germany (23) and France, (24) organized online support services. In Italy from 3 March 2020 an example of the first online aid started from the Italian Society of Emergency Psychology o Social Support, Emilia Romagna, involving a group of professional psychologists, volunteers, that opened the service: "Pronto Psy - Covid-19" (25). However, psychologists, volunteered, like the rest of the population, suffered from the consequences of the pandemic too. Psychotherapists working remotely amid a global health showed a need for personal and professional support crisis about their professional practices and experiences during the pandemic (26). Healthcare professionals during pandemic have been substantially exposed to the risk of direct trauma (first level victims, i.e. when those who directly suffer the critical event) and to the risk of vicarious trauma. In fact, health workers have found themselves in a position to provide help in complex situations, having to balance their personal physical and mental health needs with those of users and patients for an indefinite period of time and in conditions of extreme difficulty (11). It is important to increase understanding of and account for significant distress experienced by psychologists who provide treatment. Although psychologists are trained to recognize and account for personal issues that may interfere with their ability to meet their patients' needs, the global disruptions expe-

rienced by all humans (including psychologists), may have created an unusual situation of lacking the necessary self-care coping strategies (27).

Aims

The principal purpose of this study is to explore the experience of volunteer psychologists about their intervention during COVID-19 pandemic. Specifically, to investigate which intervention tools and techniques they used in the provision of psychological (online) support.

Materials and methods

A qualitative general approach was adopted with Focus Group Discussion methods (FCD) held from June to December 2020. FGD research is a way of collecting qualitative data, which essentially involves engaging a small number of people in an informal group discussion (or discussions), 'focused' around a particular topic or set of issues (28). FGDs in their structure create a non-judgmental climate that helps participants discuss their perceptions, ideas, opinions and thoughts (29).

Context and method of sampling.

The sample was recruited using a purpose sampling method among the 30 volunteer psychologists who intervened in psychological support "Pronto Psy - Covid-19" service, during the lockdown period from 3 March to 30 May 2020 (25).

Ethics

Participants received an explanation of the purpose and significance of the research undertaken and after approval, which was intended to obtain the statement of consent. Interviews were conducted approve the video recording of the discussions, conducted remotely on the platform zoom, in order to obtain the greatest number of information and fidelity of the verbatim transcripts with guarantee of non-disclosure of the images.

Data collection

FGDs took place in videoconferencing led by an experienced moderator psychologist, who recorded the session after formal consent was given. The moderator is responsible for facilitating discussion, getting members to talk, requiring overly talkative members to get others to talk, and encouraging all members to participate (30). An observer, psychologist of the research team took part in each focus group and, guided by an observation grid, provided supportive data consisting in a description of the participants' verbal and non-verbal communication and interactions.

In the FGDs, a semi-structured guide was used to investigate: the psychologist experience; the professional skills used in triage; psychological support and the psychologist's training needs emerged during the intervention (table 1).

Data Analysis

The participants were 24 volunteer psychologists who worked at the service "Pronto-Psy Covid-19". Four FGDs were formed with an average of 6 participants each group. The research interdisciplinary team, psychologist and researcher, codified qualitative data, derived from the interaction of the group during the discussions. A framework method was adopted to ana-

lyze the emerging themes (31, 32). The FGDs were videotaped and verbatim transcribed (word for word) manually. After this, the team moved on to the "open coding" of the transcripts line by line, conducted independently by 4 researchers 1 for each focus group. The researchers defined and isolated extracts (Participant Quotations), and cataloged by assigning codes. Each Participant Quotations had a progressive number of the identification (eg Focus Group-FG, Participant n.5. Participant Quotations 01, 02...). Data resulted in 4 code books (see table 3). In the last data analysis step, the research team discussed the principals themes emerging from the code books (33).

Results

Participants sociodemographic characteristics are described in table n. 2. The psychologist volunteers' experiences related to psychological support could be summarized in five themes:

Theme 1: psychological distress of rescuers

The psychologist volunteers was victim too of the restrictions introduced by the strict lockdown the first

Table 1: Focus Group Discussion guide

Areas Of Investigation	Inputs / Objectives
The psychologist's experience	Input: - <i>What are the personal experiences that emerged during the psychological support intervention?</i> Objective: - Identify the psychological impact on the psychologist volunteers as rescuers.
Kinds of needs detected by users	Input: - <i>Did the requests specifically concern issues related to Coronavirus?</i> - <i>Did the need identified correspond to the initial request reported by the user?</i> Objective: - describe the characteristics of the psychological support needs. of users of the Pronto-Psy Covid-19 service
The psychologist's training needs emerged during the support intervention	Input: - <i>Did the requests specifically concern issues related to the Coronavirus?</i> - <i>Did the need identified correspond to the initial request reported by the user?</i> Objective: - identify the training needs of the front-line psychologist in a pandemic emergency.
Professional skills used in the intervention of triage and psychological support	Input: - <i>Which skills were found useful during the triage and psychological support intervention?</i> - <i>Was more specific training needed?</i> Objective: - Explore first the skills applied in emergency contexts

Table 2. Participants sociodemographic characteristics

Total Number (N)	24
Female (N)	23
Men (N)	2
Average age	45% years
Number of participant as member of the SIPEM Association more than 10 years	7
Number of participant as member of the SIPEM Association from year 2020	4
Average numbers of years as member of the SIPEM Association	5,32%
Number of participants Psychotherapist	19

months of the pandemic, which required a reorganization in the same environments of working and family life:FG 4.3.22 “We found ourselves facing the emergency in which we ourselves were inside the emergency”.

FG1, 6. 06 “The greatest effort was the resistance over time, because the effort to find moments of decompression was an extremely long emergency ... I felt tight, because there was this correspondence between the place of work, the place of private life, an entanglement that is sometimes difficult to manage, but not so much a priori as in the long term”.

FG2 2.03 “For me too it was very tiring for the same reason, because I lost human contact”.The psychologists in the role of rescuer and victim of the emergency must manage the emotional resonance:

FG1 1.03 “... in particular, obviously also being inside the emergency when someone might express some thoughts on that day it came to mind rightly because I too, that is we too, were victims of the emergency. e ...”.

FG2 1.06 “I had a certain intolerance in managing them, weakness on my part, because then, among other things, it coincided with an important bereavement, in my family circle...”. FG2 4.02 “This regret, the fact of not being able to do enough, not being able to manage the family question, because we were all also victims of this emergency”.

Theme 2: online emergency setting

The psychologists found very difficult to use the telephone or the computer to get in touch with patients to conduct interviews. The video call or telephone call can be distancing or, on the contrary, an intrusive tool. In fact, the user may indirectly expresses the need (or not) for proximity, due to the lack of human contact but also for the technical problems encountered:

Table 3 Experiences of volunteers Psychologist

Theme	Category	Sub-Category
Psychological distress of rescuers	1. The professional as a victim and rescuer	<i>The setting of psychological intervention generating the loss of boundaries between private life and volunteer service.</i>
	2. Dissatisfaction	<i>Fear of contagion.</i>
	3. Sense of helplessness	<i>Be on the same level as the victim.</i>
	4. Anxiety of contagion	<i>Overburdened in interviews with people who were grieving. A need to want to do more and a feeling of not being able to do enough. Fatigue in managing the many requests and the amount of work Lack of physical connection between professionals and service users.</i>
Online Emergency setting	1. Difficulty in managing the emergency intervention for a prolonged time	<i>Difficulty in the first period of not being able to send to the local structures of the health system Difficulty for the request to give continuity to the support</i>
Support of colleagues and gratitude as strategies to stress management	1. Sense of belonging	<i>The support of colleagues as a personal and professional coping strategy</i>
	2. Needs support from colleagues	<i>Supervision with colleagues</i>
	3. Need for comparison	<i>Gratitude from the users of the service Feedback from users of the service</i>
Need of skill and tools in pandemic emergency intervention	1. New type of emergency intervention	<i>Experienced frustration of the professionals rescuers due to lack of experience, skills and tool in a pandemic covid-19 Frustration of the professionals due to lack of experience, skills and the tool used.</i>
	1. Training in emergency psychology	<i>Training contents on Psychotraumatology approach Neurophysiological knowledge of the circuits of fear, alarm, anxiety. Emotional Stabilization techniques Sensory-motor approach to fear management</i>

FG3.1.02 "... we found ourselves without very specific settings ... we found ourselves directly in people's homes ... therefore people who perhaps also had difficulties in using information technology".

FG4.1.09 "... it was a new mode, that is the one of the call or the video call, so there is a whole different feeling, so it is also different to make your presence felt to the user. And certainly also trying to do something in that time frame we had".

FG2 3.07 "Then spend, an hour on the phone with people ... clearly still became difficult ... being able to understand, ... the silences for me it was quite difficult, and therefore, in some moments a bit of a sense of helplessness ...".

Theme 3: Support of colleagues and gratitude as strategies to stress management

The comparison with colleagues, was configured as community support, that allowed the exchange of experiences, materials, that represented a resource to address the difficulties that emerged during the psychological support intervention:

FG2 5.04 satisfaction in the sense that the experience, then, is not just a positive experience. heavy, I am also considered very lucky. In the sense that not only my dearest loved ones, our family and friends, have been affected, neither directly nor indirectly, by the COVID".

FG3.8.02 "But what helped you was the referral from the people themselves who continued to thank they said they were relieved at the end of the interview and this was a reason no, to go on it gave a lot of strength, it gave meaning to that what we were doing"

Theme 4: needs of skill and tool in pandemic emergency intervention

The need that emerges from voluntary psychologists is most of all to have time dedicated to exchange, discussion with colleagues. Particularly the support tools provided by the anti-stress meetings, the supervision and knowledge sharing sessions: FG2.3.32 "I felt the need for moments of this kind... exchange between more informed colleagues, more or less experienced, but who in any case have all had the same experience, to being able to understand what the formative space to fill could be".

Emerged needs for specific training for the pandemic emergency, given by the initial difficulty in adapt-

ing to the new methods with digital tools (telephone , video calls) that transform the physical relationship:

FG2 7.05 "There were situations in which at times, I struggled to understand where to go... what my role was as an emergency psychologist and I could not unravel the problem... sometimes just the feeling of not understanding where to guide the user... So you clearly don't have a direction to take..."

Psychologists volunteers reported evolution referred to service users that required a continuous adaptation of the type of intervention. Initially users required indications on how to manage the state of anxiety, sense of loneliness, abandonment, sleep problems, fear of contagion: FG 2 3.01 "I saw a bit of the evolution of requests over time ... at the beginning ... first of all the sense of loneliness. Even those who lived with family or people ... the sense of abandonment, they felt, alone and under stress".

FG 2 6.01 "There were users who brought requests, especially on behalf of third parties, so there was a bit of fear of not being able to help perhaps the elderly parent, who was at a distance, so requests were made for the parents, for the father, for the mother, for the grandfather, so above all the part of the elderly was a bit carried by the others..."

Furthermore, the traumatic characteristics of the COVID pandemic have brought to the surface, in a more acute way, previous psychological problems, the fatigue of isolation, parents bereavement, economic difficulties, difficulty in manage family members at a distance:

FG3.6.06 "The anxiety of contagion, the fear of contagion and I also followed some users who were infected who had been hospitalized in intensive care. There were then some referrals, because the need was certainly also to have to continue there was an elaboration of the disease, there were also post-traumatic symptoms that developed immediately".

FG 1.4.05 With most of the cases, perhaps ... it was an acute or recurrence of situations ... previous or already ... or existing, so mmm yes, certainly the effect of Covid, but not only..."

Theme 5: integrated psychological intervention

The psychologist uses different techniques to allow the patient to externalize their moods, emotions and to reduce the state of anxiety, stress and activation (e.g., techniques for rebalancing the nervous system,

techniques of relaxation and grounding):FG 1. 3. 02 “Empathic listening...psychoeducation with respect to symptoms... very useful techniques in stabilization and ... in the moment of fear management”.

FG 3.6.08 “I think that having skills in neurophysiology can also be useful for the emergency psychologist and try to think that there is not only a cognitive level but that there may also be body levels that are fundamental”.

FG1. 5. 01 “The most useful techniques were certainly the stabilization techniques...I went to recover some techniques in particular on the breath, for example square breathing is a technique that I was able to notice that for someone it worked, psychoeducation and also to use techniques which provided for a re-orientation. “

Discussion

This study explore the experience of volunteer psychologists during outbreak of Covid-19 pandemic. From findings resulted five themes: psychological distress of rescuers; online intervention setting; support of colleagues and gratitude as strategies to stress management; needs of skill and tool in pandemic emergency intervention; integrated psychological intervention.

The front-line psychologists, to face population psychological needs, took part in an extraordinary type of intervention, due to pandemic mutability of the spread of the Covid-19 virus. Furthermore, it was characterized by a continuous evolution of the emotional involvement of psychologists, and prolonged exposure to stress events. They have been exposed to traumatic event, that caused symptoms of traumatic stress reactions afterwards (10).

The peer-groups dedicated to the emotional support and supervision meetings, helped psychologists to find out strategies to adapt and face the traumatic exposure, of being victims of the pandemic and rescuers themselves. The psychologists have been required to manage these changes through the integration of different kind of approaches derived from emergency psychology (34) to stabilize the symptoms of anxiety and fear. From cognitive and sensory-motor approach to manage symptoms correlated to traumatic stress (35, 36). This scenario led them to feel a lack of tools

assessment and intervention to use, in pandemic psychological support .

An effective preparation of operators implies the education and continuous training of emergency operators, an essential element for anyone who wants to work in the emergency field. Natural disasters and extreme emergencies often have predictable patterns of psychological and behavioral problems in the community (11).

Conclusions

The study showed the need to address the adverse impact of the pandemic on staff engaged in psychological support of the population. Not only due to the effects related to the characteristics of the type of pandemic emergency, but also due to the lack of guidelines for intervention practices. Therefore, it could be useful, in expectation of pandemic events, to implement and develop the intervention strategies of mental health professionals on the front-line, to protect their well-being from the impact of stress, and to make psychological interventions efficient on the population. Further research is required in this field.

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Conflict of interest: none to declare

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