PRIMARY CARE DIABETES

Psychological First Aid

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Abstract

In this communication, we discuss the concept of psychological first aid, as relevant to diabetes management. Psychological first aid, in the diabetes care context, is defined as "the empathic support, counselling and education to improve coping skills, and optimize self-care of persons living with diabetes, so that psychological well-being can be optimized." Various models can help provide structured psychological first aid. We feel that each and every health care provider should be able to provide effective first aid, including psychological first aid.

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First Aid

First aid, the foundation of health care delivery, is the term given to the immediate assistance that is offered to a person who needs medical support. This concept has been extended to the domain of psychological care as well.

In this communication, we create and craft the concept of psychological first aid, as relevant to diabetes management. We describe and delineate various models that help provide structured psychological first aid, and share simple, yet suave, suggestions for diabetes care providers. We feel that each and every health care provider should be able to provide effective first aid, including psychological first aid. He or she should also be able to perform a psycho-cognitive triage, to identify persons living with diabetes who may benefit from referral to a qualified mental health professional.

Psychological First Aid

The phrase psychological first aid has been defined as "a compassionate and supportive presence, designed to mitigate acute distress, and assess the need for continued mental health care."[1] This definition is appropriate in the context of natural disasters and mass disruptive events. Psychological first aid has also been used in diabetes care. Here, it is defined as "the empathic support, counselling and education to improve coping skills, and optimize self-care of persons living with diabetes, so that psychological well-being can be optimized."

Box 1: The RAPID model (John Hopkins).

- Rapport & Reflective listening
- Assessment of needs
- Prioritization
- Intervention
- Disposition

The Rapid Model (John Hopkins)

The RAPID model (Box 1) is a practical checklist which allows the first responder to offer effective and empathic support to victims of natural disasters or man-made calamities. The RAPID `mnemonic reminds us to establish Rapport while practicing Reflective listening, perform an Assessment of needs, do a triage or Prioritization, followed by appropriate Intervention and a concluding Disposition.[2]

The Water Model

The WATER model has been used as a teaching tool for motivational interviewing in diabetes praxis. This is a mean of describing how an ideal clinical encounter should be like. This is true not only for diabetes care, but for every clinical interaction. A consultation should establish genuine Warmth, and explore the needs of the person (Ask/Assess) before sharing and explaining required information (Tell, Explain). Every conversation should end on a positive note, with an agreement for the next step (Reassure, Return).[3]

Concordance of Models

In this manner, the RAPID and WATER are quite similar to each other. The Prioritization step in RAPID can be considered as part of Assessment in WATER. Just as Intervention in RAPID may be limited to psychological first aid, or may include referral, the Tell and Explain steps of WATER do not preclude taking support from other health care professionals.

Qualities of a First Responder

Just as one needs training in first aid, or in cardio-pulmonary resuscitation, diabetes care professionals need

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Box 2: The WATER model.

- Welcome warmly
- Ask and Assess
- Tell the Truth
- Explain with Empathy
- Reassure and Return

Box 3: Emotions that may accompany diabetes.

- Avowed denial
- Apathy, Ambivalence
- Aggression, Anger
- Dejection, despondency, depression, despair
- Discomfort, distress
- Incompetency, inadequacy
- Unease, unhappiness

to be trained in psychological first aid. The aim of a first responder is to "establish a compassionate presence" and "reduce acute distress". This means that the "first aider" in diabetes should be aware of what causes diabetes distress and be able to address them in a compassionate manner. All persons who manage diabetes must be equipped with these skills.

Concordance of Models

The qualities that an ideal diabetes care professional should possess are listed in Box 2 The aptly worded mnemonic CARES exhorts us to practice Compassionate Competence, perform Appropriate Assessment, share Reciprocal Respect, and demonstrate Expressive Empathy, with Straightforward Simplicity.[3]

Emotions in Diabetes

The first responder should be able to identify the common emotions that may accompany diabetes. (Box 3).[4,5] Such emotions are usually encountered with a new diagnosis of diabetes, or diabetes complications, a change in intensity or intrusiveness of treatment, an unwanted change in treatment provider or health care setting, an increase in financial burden of diabetes management, or a change in personal /domestic/ workplace circumstances.

A specific form of diabetes distress is insulin distress. This can be experienced when insulin is suggested or prescribed to a person living with diabetes.[5]

Resourceful Resilience: Self-Strengthening

Psychological first aid aims to strengthen the person living with diabetes, so that he or she can cope with the demands and challenges of life. It helps develop resilience, and also facilitates resource fulness.

"I understand the challenges you are facing, and I am sure we can overcome them"

"Shall we search for a good endocrinologist to help you manage your sugars?"

Learning to Listen, Listening to Learn

Psychological first aid includes active or reflective listening. One should be able to listen to what the person living with diabetes is trying to communicate, through verbal as well as non-verbal messages and cues. These can then be paraphrased and reflected back to the person, to convey empathic understanding. This listening should be done not only in an auditory manner, but through non-verbal gestures as well. The style of sitting (beside someone as opposed to opposite someone), facial gestures, and body contact (if socially appropriate) can convey a sense of empathy as well.[3]

Serving to Speak, Speaking to Serve

Commence with compassion

Listening is interspersed with speaking as well. As a diabetes care provider, one serves by speaking, and must remember that our speech is in the service of our patient. It is always a good idea, while exploring psychosocial health issues, to ask open ended and reflective questions, rather than close ended ones. As an example, *"How can I help you," or "How are you feeling right now?"* are more useful in starting a meaningful conversation than *"Are you happy with your insulin prescription?"*

Confirm the context

In medicine, we are used to clarifying problem statements (diagnosis) and solution statements (treatment). In diabetes, however, acknowledgement of the context is also required. A response such as *"I understand the various challenges you are going through. Life with diabetes is a journey, not an end. Let's work together to make this journey smooth"* is essential before ordering *"You must take these pills and injections four times a day"*, and helps ensure acceptance of, and adherence to, therapy.

Silence speaks

It also helps, sometime, to be silent. This, too, can build a 'compassionate presence'. These basic skills must be taught to, and learned by, all health care providers who deal with persons living with diabetes.

Therapy by The Ear

Psychological first aid can be termed as 'therapy by the ear',[6] or 'first aid by the ear'. This overlaps with existing pedagogic concepts which encourage diabetes care professionals to practice listening as a diagnostic, and speaking as a therapeutic tool (Therapeutic patient education). The beneficial effects of therapeutic patient education, delivered with words of comfort, are backed by evidence.

The Family and Caregivers

Psychological first aid is required not only for the person living with diabetes, but also for their family members and care givers. Diabetes distress scales have been validated for these persons as well, highlighting their need for psychosocial support. The diabetes care professional should be cognizant of this, and should be sensitive to their needs and requirements.[7]

Self Care: Preventing Compassion Fatigue

Providing intensive psychological first aid on a continuous spree can be emotionally taxing for the health care provider. This phenomenon, variously termed as compassion fatigue, vicarious stress, and burnout, is common in diabetes care providers.[8] One must practice self-development and self- resilience as a part of self-care to prevent this condition from developing.

Triage

One model of triage that is used to address insulin distress is the *"I cannot, I shall not, I will not" triad.* Reflective listening allows the diabetes care professional to understand what the person is conveying, and para phrase this as a reflective question*: "What makes you feel that you cannot take insulin?"* Do note our use of the empathic words '*what makes*' rather than the accusatory *"why don't you_ _ _"*

Triage can also be based on evidence. One may search for features of acute lapse of insight or cognitive function, it may be remembered that many medical conditions, e.g., hypoglycaemia, severe hyperglycaemia, uraemia/ azotaemia, metabolic acidosis, and hyperammonaemia, may be associated with altered cognitive function and behaviour. This, too, must be factored into psychological first aid.

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