Ashley Swinson

MSW, LCSW, EAC

Owner of TIDE Associates, PLLC

EMDRIA Approved Consultant

Speaker & Business Consultant

www.tideassociates.com

THE PTSD OF COVID

THE HEART OF THE MATTER

TIDE

ASSOCIATÉS, PLLC

SPEAKER DISCLOSURE

The speaker has no relevant financial relationship(s) to report.

WEBINAR OBJECTIVES

To identify areas of risk that are hindering Compassion Satisfaction in the workplace and establish common language to normalize these struggles in the workplace.

To identify Parts of the Self that can be better attended to in promotion of provider self-compassion.

WHAT I WON'T BE SAYING...

Take a bubble bath.

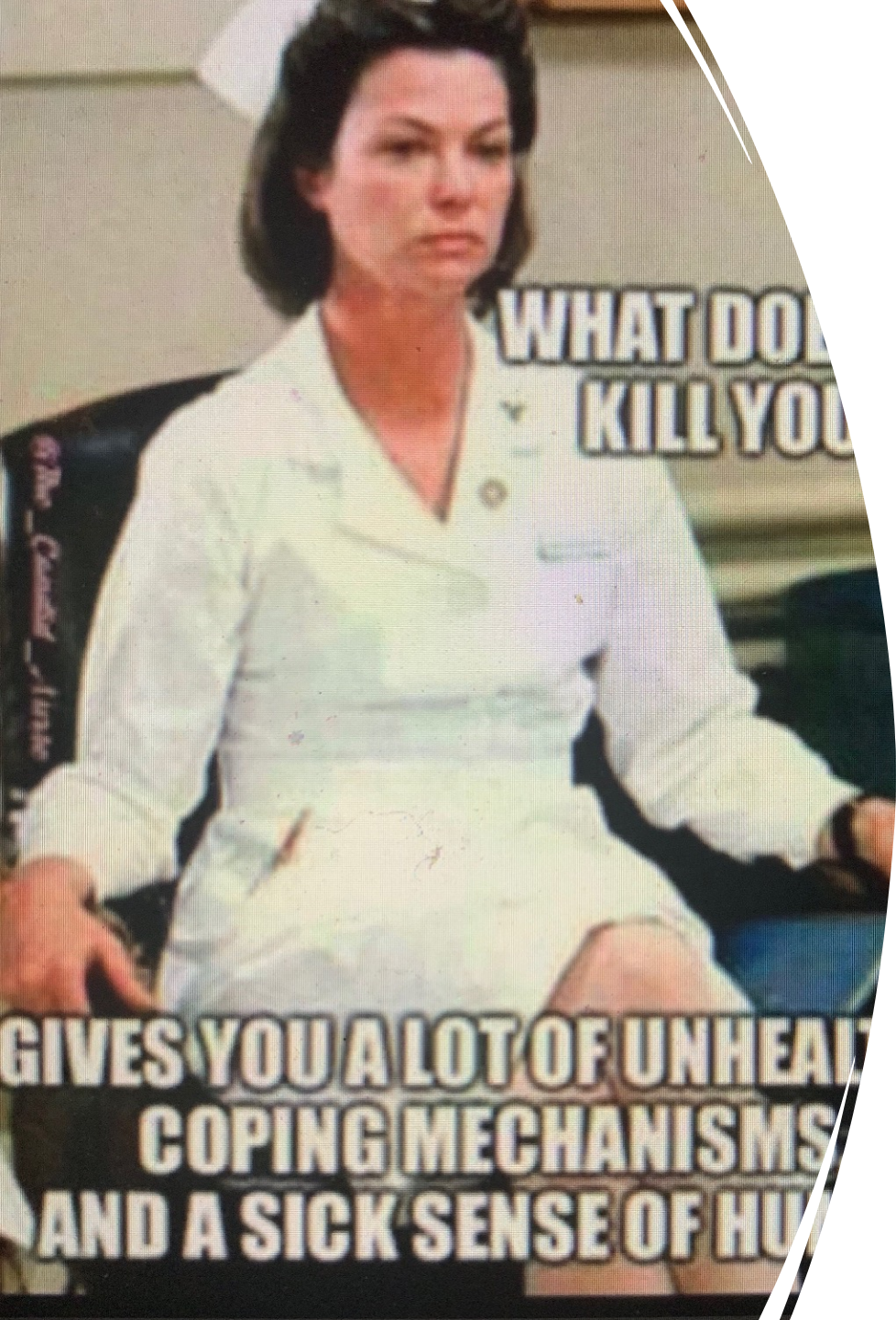Get your nails done.

Go on a vacation.

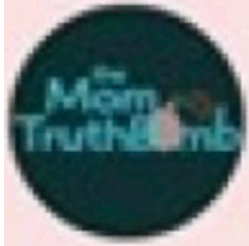Eat better, exercise more, and get more sleep.

Breathe.

Meditate.

Get more "me time."

PERHAPS THIS IS YOU

the Mom TruthBomb
@momTruthBomb

When I'm feeling overwhelmed by all the things I have to do, I close my eyes, take a deep breath, and do none of those things; then I freak out later when I have to do all of them at once.

OR THIS...

OR THIS...

EVERY NIGHT BEFORE WORK:
"I'M GONNA WAKE UP EARLY AND GET CUTE."

AND THEN, THERE'S ME EVERY MORNING WHEN I GET TO WORK.

every time i say "i don't know" and my therapist says "i think you do know"

THIS IS ME...

I AM NOT OK.

AND THAT IS OK.

"THE GREAT RESIGNATION"

- "Most people are less than thrilled to work from the office."

- "1 in 3 workers are considering leaving their jobs."

- "It's a good time to look for a new job or even change careers because there are lots of job openings."

ENDEMICS, PANDEMICS, EPIDEMICS ... OH MY!

Prior to COVID, Health & Human Services at large was struggling with an
Epidemic of Professional Burnout!

- Nationally, physicians experience higher rates of professional burnout than the general population. (Shanafelt, Boone, & Tan, 2012)

- Professionals with an MD or DO degree are at a greater risk of burnout than those with a bachelor's or master's degree. (Shanafelt, Boone, & Tan, 2012)

- Suicide rates may be 2-3x higher in healthcare providers. (National Post, https://nationalpost.com/features/wounded-healers)

- For nurses, significant attrition occurs during the first 5 years of entering the profession. (Kovner, Brewer, Fatehi, & Jun, 2014)

- Younger caregivers are at a higher risk of burnout, as they report and demonstrate more stress with fewer coping strategies, unlike caregivers with more years of experience. (Kearney et al. 2009)

- The millennial generation has become the most difficult population to retain for companies, often leaving employment positions in fewer than 3 years. (Sears, 2017)

# AN EPIDEMIC IN HEALTHCARE SERVICES: EMPLOYEE ATTRITION

What's causing this?

- Inadequate education for job duties

- Perception of work supports (lack of consistent supervision, inadequate resourcing for unwell employees)

- Organizational climate (workplace toxicity, poor leadership style)

- Personal values (loss of commitment to the mission of practice)

- Competitive job market with better pay or benefits

- Demands of the the work (traumatic exposure, emphasis on productivity, overloaded caseloads)

- Millennials...

AND THEN WE ADD THE PANDEMIC OF COVID

COVID PTSD
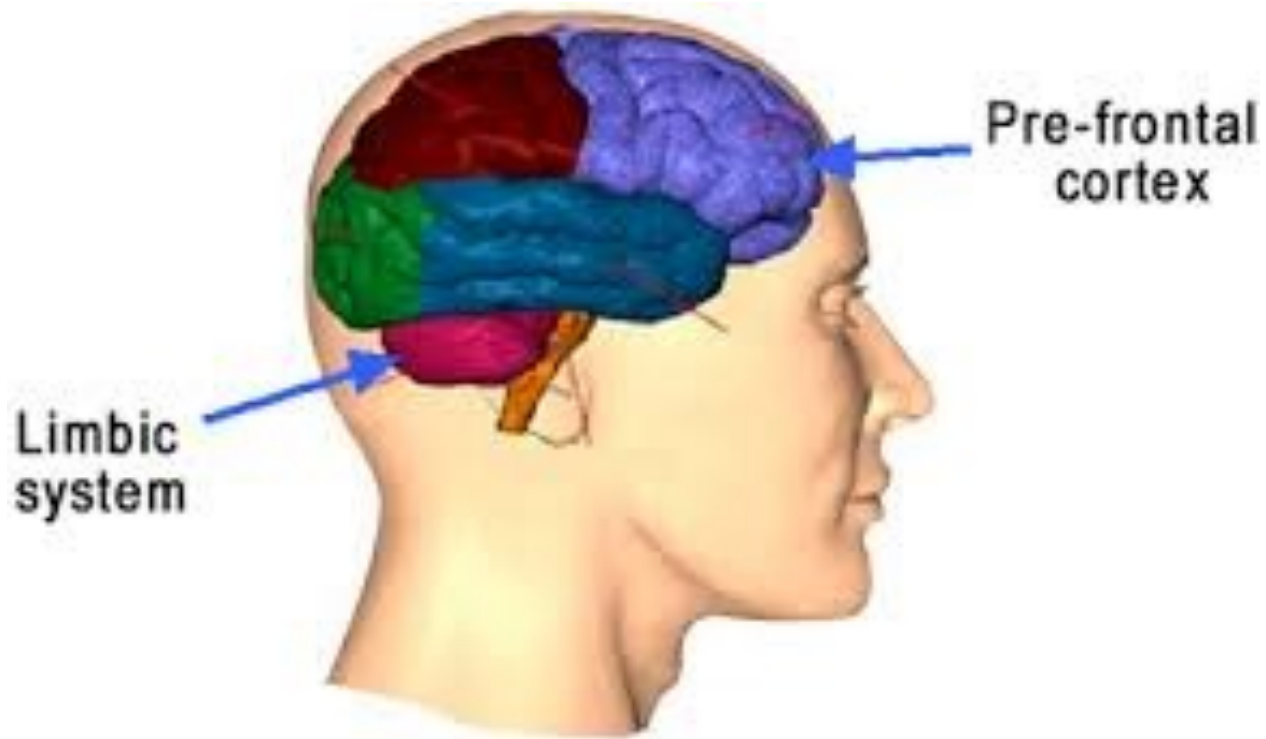
SAFETY (vulnerability): I can't trust anyone... I am not safe...I am in danger...I am going to die... It's not ok to feel or show my emotions... I can't protect myself...

POWER (control): I am powerless/helpless... I cannot get what I want...I cannot let it out... I will fail... I can't handle it... I can't be trusted...

RESPONSIBILITY (defectiveness and action): I did something wrong... I am incompetent... I am weak.. I should have known better... I'm not good enough...

DEFINING PROVIDER SUSTAINABILITY

Maintaining your pace in which personal values are congruent with practice and communication so that you uphold the boundaries that are necessary to stay healthy, engage others wholly, and succeed in your profession.

"I should be here."

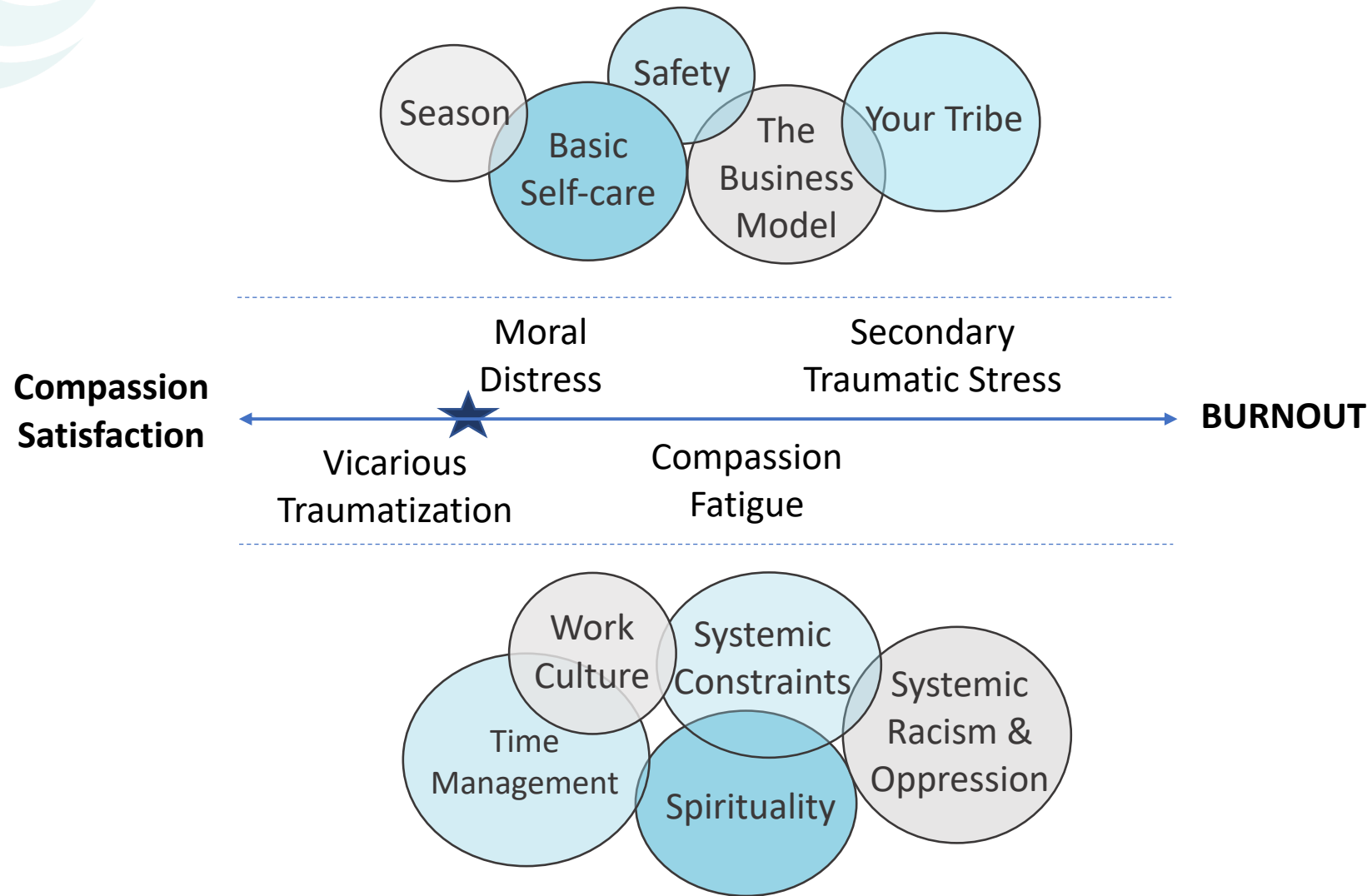"The rewards of my job far outweigh the challenges."

"I show up on my own behalf."

"I can give to myself so I can continue to give to the world."

"My values are showing up in my life."

"I am the most important resident on my caseload."

PSP Continuum Model of Compassion Satisfaction

MORAL DISTRESS & MORAL INJURY

Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress one's deeply held moral beliefs, values, and expectations.

Examples:

– Maintaining silence due to power differential

– Being forced to act outside of competency

– Using finite resources that don't meet the needs

SECONDARY TRAUMATIC STRESS SYMPTOM HANDOUT

Adapted from the Southern Regional Child Advocacy Center

Cognitive	Emotional	Behavioral	Physical	Interpersonal	Spiritual
Diminished concentration	Powerlessness	Impatient	Exhaustion	Withdrawn	Questioning the meaning of life
Confusion	Anxiousness/Worry	Irritable	Lethargy	Isolation from friends	Loss of purpose
Loss of meaning	Exhaustion	Hypervigilant	Headaches or other pain	Decreased interest in sex	Loss of hope
Perfectionism	Guilt or Survivor Guilt	Increased use of alcohol/drugs	Insomnia or Hypersomnia	Mistrust	Lack of self-satisfaction
Preoccupation with trauma	Anger/Rage	Other addictions	Anxiety	Impact on parenting	Anger at God
Trauma images	Hypersensitivity	Appetite changes	GI distress	Projection of anger or blame	Questioning prior faith-based beliefs
Apathy	Numbness	Nightmares	Autoimmune flare ups	Intolerance	Decreased spiritual practices
Minimization	Fear	Attrition	Weight gain or weight loss	Loneliness	
Racing thoughts	Helplessness	Absenteeism	Somatization/ hypochondria	Hypersensitivity	
Cynicism	Sadness	Impaired decision-making	Increased illness	Resentment	
Diminished enjoyment of career	Hopelessness	Hyper sense of responsibility			
	Reduced ability to feel sympathy or empathy	Avoidance of clients			

YOU ARE NOT REQUIRED TO SET YOURSELF ON FIRE TO KEEP OTHER PEOPLE WARM.

UNKNOWN

PROVIDER SELF-CARE IS NOT THE SOLE SOLUTION

- Bober and Regehr (2006) found that when therapists <u>did</u> take better care of themselves, symptoms of STS did not improve. The most effective solutions to reduce STS symptoms are correlated with workload, reduced exposure to trauma, social support, staff competency, and service delivery.

- The economic system directly impacts provider services: availability of resources and the needs of consumers.

- Barkin (2011) suggests that agencies hold high responsibility in provider VT/CF due to focusing on the business of the organization rather than quality of care (productivity, service reimbursement, documentation). She also maintains that the lack of peer supervision and lack of emphasis on safety (for staff and consumers) directly impacts VT/CF.

- Killian (2008) confirmed that social support is vital to a healthy workplace and that this leads to greater compassion satisfaction.

The biology of safety and danger is rooted in the interplay between the visceral reactions of our own body and the voices and faces of people around us. Our vagus nerve stems from our brain to our colon, directly influencing the somatic experiences we have from our head to our gut, and this nerve system directly responds to perceived threat and perceived social support in a top-down process. This theory explains why a kind face or soothing tone can dramatically alter how we feel, and why feeling heard and understood by important people in our lives can make us feel calm, and why being ignored or dismissed can trigger feelings of rage or withdrawal. Our mammalian brains are designed to help us function as members of a tribe, as most of our energy is devoted to connecting with others.

THE POLYVAGAL THEORY

CREATING SAFETY & RECIPROCITY

Excerpt taken from *The Body Keeps the Score* by Bessel Van Der Kolk

"Being able to feel safe with other people is probably the single most important aspect of mental health. Numerous studies of disaster response around the world show that social support is the most powerful protection against becoming overwhelmed by stress/trauma. The critical issue is *reciprocity*: the experience of being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart."

SHIFT THE LANGUAGE OF BLAME

Normalize language that promotes employees feeling heard, valued, and safe.

Protect employees from workplace hazards.

Facilitate regular supervision or team meetings.

Remind employees of their values and the evidences of their successes.

Encourage mental health support.

VALUES

What brought you to this profession?

Why have you chosen to stay, even now?

As you do this work, what do you want to see the most in your actions?

As confused or hurt or angry as you may feel, why do you continue to fight to save lives and care for your residents?

What can you do to lean into that value even further?

QUICK DO'S AND DON'T'S

avoid **Sliming**: improper case debriefing by disclosing unnecessary and graphic details of a case to a recipient who has not consented to receive this information

practice **Low Impact Debriefing**:
(F. Mathieu's Compassion Fatigue Workbook)

1. Self-awareness of the story
2. Desired outcome of the debrief
3. Fair warning, including spoken desired outcome
4. Consent by recipient
5. Limited disclosure

avoid **Common Enemy Intimacy**: a counterfeit connection with others rooted in dislike for the same people or having contempt for the same ideas, "You're either with us or against us."

practice **Temperature Readings**:
(V. Satir)

1. Express appreciations and excitements
2. Complaints with recommendations
3. Puzzles, gossip, and rumors
4. New information
5. Hopes and wishes

BECOMING KNOWN

The Part of me that feels Powerless.

THE PART OF ME THAT FEELS

THE FLOATBACK METHOD

Francine Shapiro

As you connect with this Part of you, notice how you feel emotionally and how you feel in your body. Allow yourself to float back in time as far as you can go and reflect on other experiences in which you felt similarly.

Ask Yourself

What do I truly need in this moment?
And, what am I willing to do about it?

BUTTERFLY HUG RESOURCE

THANK YOU!

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