

Wellbeing in Times of Uncertainty and Exhaustion

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TOPICS

Emotional Trauma

Stress Response

Grief and Mourning

Peer Support

Self-regulation Strategies

Compassionate and Mindful Sharing

Purpose

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Healthcare Staff Are Experiencing...

Slide developed by <https://goshadow.org/>

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers



62% report worry or stress related to COVID-19 has a negative impact on their mental health



13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)



Many are experiencing:

Trouble sleeping: 56%



Frequent headaches / stomachaches: 31%



Increased alcohol / drug use: 16%



58% of staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations



55% feel "burnt out"

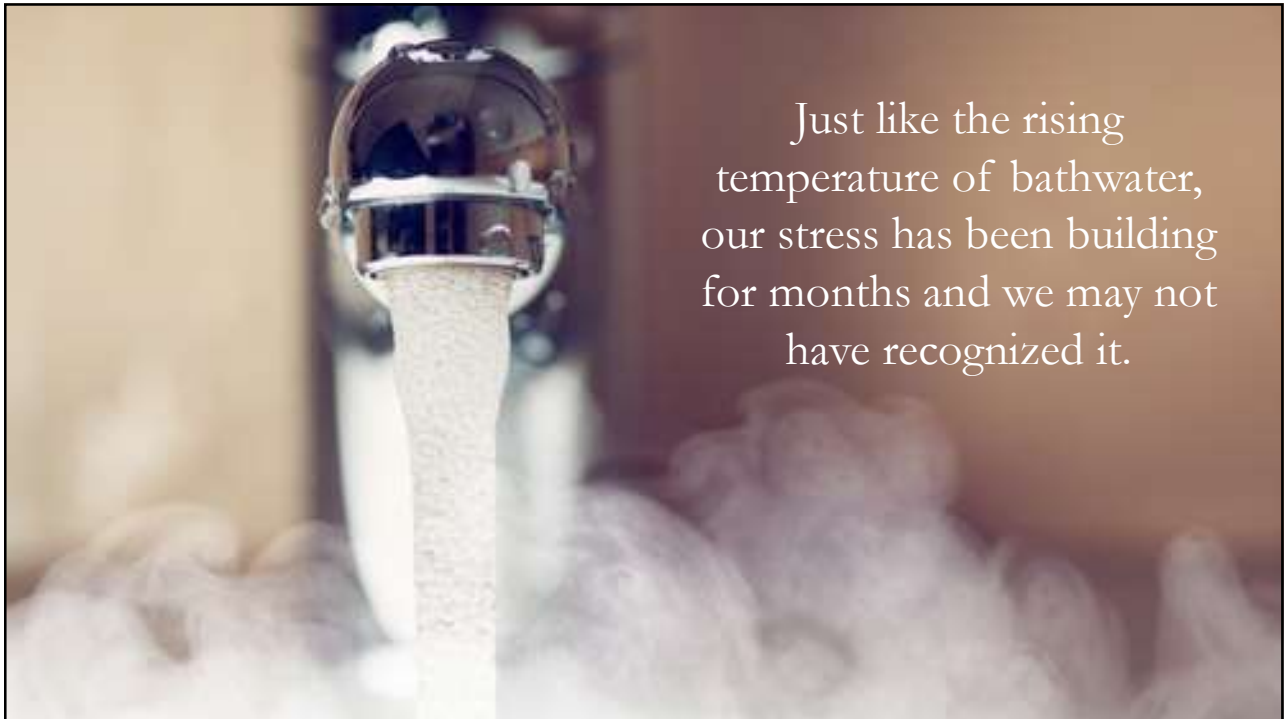


46% feel "anxious"



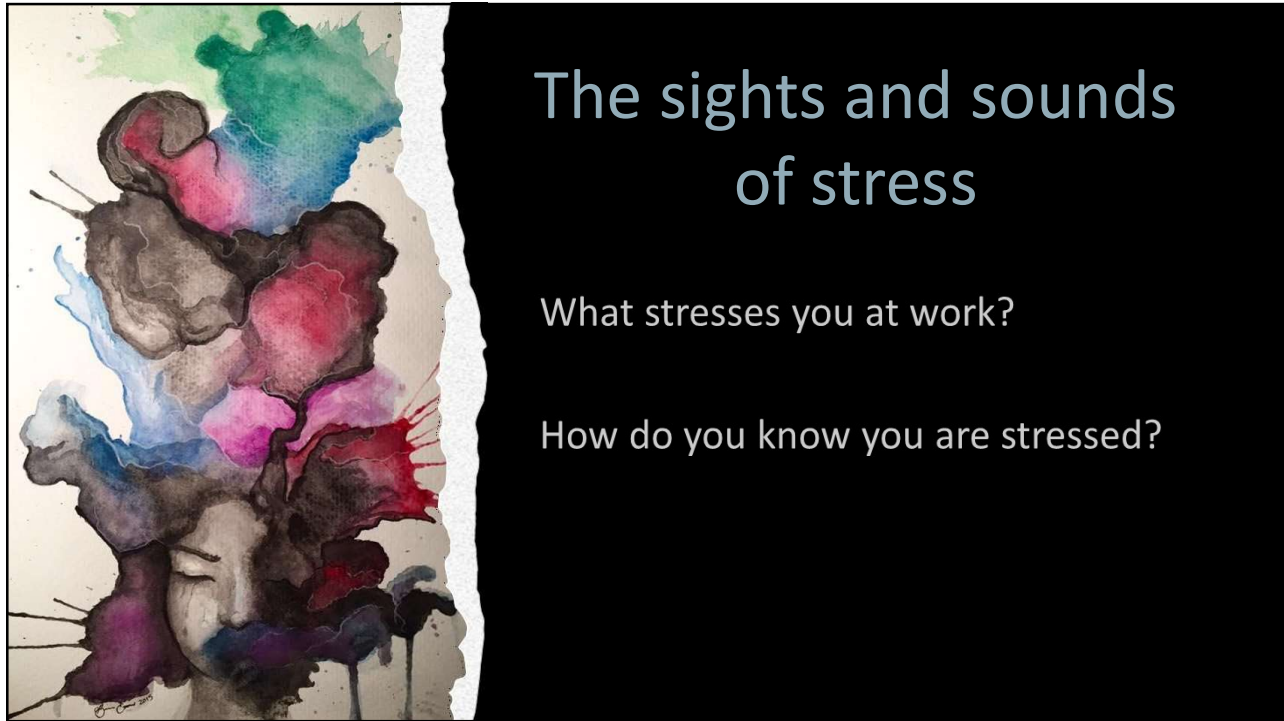
21% feel "angry" when they go to work

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Just like the rising temperature of bathwater, our stress has been building for months and we may not have recognized it.

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The sights and sounds of stress

What stresses you at work?

How do you know you are stressed?

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Healthcare Professionals Values: Strengths and Vulnerabilities		
Strength	Value	Vulnerability
Place other's needs over own	Selflessness/ Other-Oriented	Fail to ask for help when it's needed
Deeply committed to the work and to patients	Loyalty/ Commitment	Attachment-> Complicated bereavement, resistance to change
Value doing the right thing	Strong moral compass	Easily frustrated when others fail
High achieving, high standards	Excellence	Shame if unable to help
Steady	Calm in face of crisis	Unaware of own symptoms
Compassionate	Empathy	Poor boundaries- fatigue/ burnout

Adapted from Stress First Aid (Watson, Westphal & Gist, 2020)

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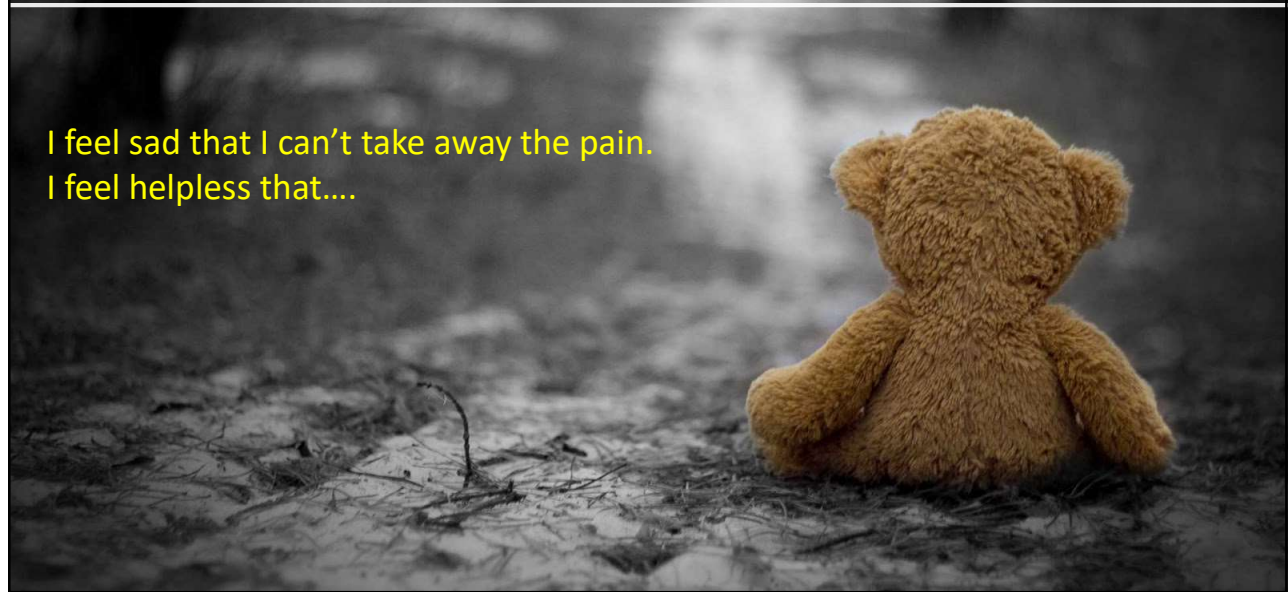
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Do you ever say, *"I feel guilty that..."*?

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Reframe as an experience of sadness or helplessness, not guilt.

I feel sad that I can't take away the pain.
I feel helpless that....



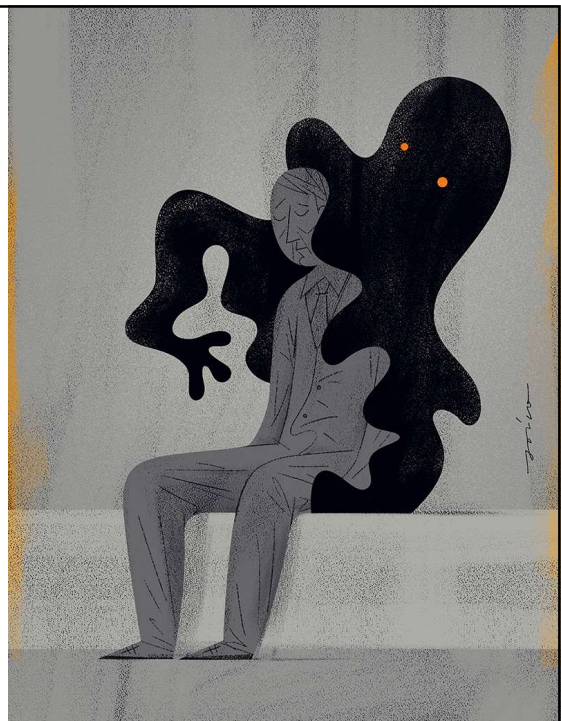
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Survivor Guilt


Emotional repercussions as people struggle to understand events and find meaning.

Survivor guilt around COVID-19 may sound like this:

- I feel guilty that I haven't gotten sick.
- I feel guilty that I got well.
- Why did I live, and others died?



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Supportive Facility Culture is Critical

- Create a safe place for staff to talk about feelings, to express emotions like survivor guilt.
- Normalize feelings, “I can hear the pain in your voice (see it on your face). Thank you for talking with me about your feelings.”
- Name it. Survivor Guilt.
 - Often when people have a name for something they’re struggling with, it becomes more manageable.
- Let staff know that if they are experiencing survivor guilt, they are not alone.
- Help is available.

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Emotional and Psychological Trauma

“Result of **extraordinarily stressful events** that shatter your sense of security, making you feel **helpless** in a dangerous world. Often involve a threat to life or safety, but any situation that leaves you **feeling overwhelmed** and **isolated** can result in trauma, even if it doesn’t involve physical harm. The more **frightened and helpless** you feel, the more likely you are to be traumatized.”

(emphasis added)

Emotional and Psychological Trauma
<https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm>

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Trauma is an **INJURY**, *not* a weakness,
illness or character flaw

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Shift from *“What’s wrong with you?”* to *“What happened to you?”*

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Universal Precautions Model

Gloving and gowning no matter the level of hazard

Assume all individuals have a history of trauma and glove up metaphorically to reduce possibility of triggering or re-traumatizing others.



Trauma-Informed Organization Change Manual, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

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Triggers and Re-traumatization

- A **trigger** is anything (a smell, a sound, an emotional state, a situation, etc.) that reminds a person of a trauma.
- **Re-traumatization** is “...any interaction, procedure or even something in the physical environment that either replicates someone’s trauma literally or symbolically, which then triggers the emotions and cognitions associated with the original experience.”

Trauma-Informed Organizational Change Manual,
<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

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Re-traumatization from COVID-19



Multi-Sensory (sight, sound, smell, touch and taste)

Sirens, latex smell, crinkle of gowns, seeing residents sitting alone in rooms, residents calling out for help

Inner and outer physical sensations

Shortness of breath, racing heart, claustrophobia from PPE

Emotional States

Fear, powerlessness, uncertainty, shock, regret, isolation, exhaustion, depression, tense, anxiety, confusion, suspicion

Situations

Being refrained from touching, being allowed to touch, prohibiting residents from seeing their families, being around crowds, residents dying alone, removing bodies from the nursing home

(adapted from Anderson, Ganzel, Janssen, 2018 & Ganzel, 2018)

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Fight



Flight



Freeze

Our Biology Picks One of These

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Triggers (trauma reminders) can be interpreted as...

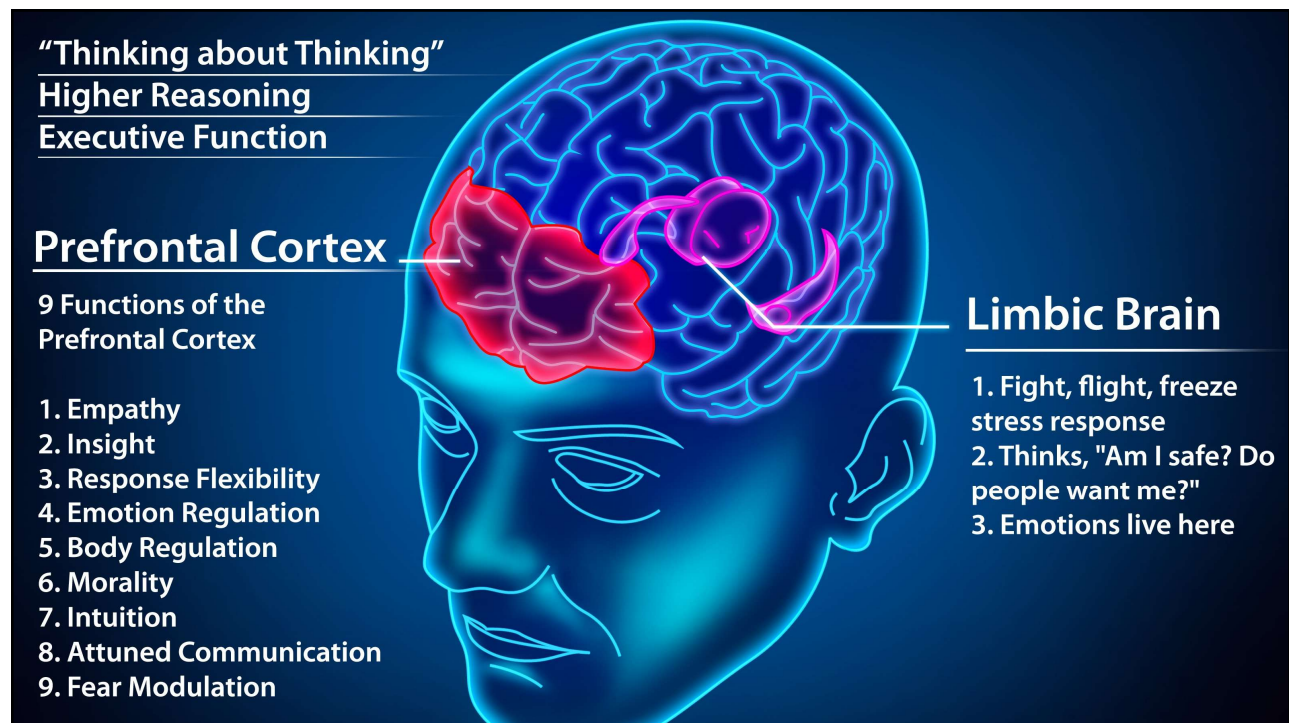
“I’m not safe.”

“I can’t protect myself.”

“I’m going to die.”

Janssen S. Assessing for PTSD in Terminally Ill Patients. *The New Social Worker*. Accessed April 29, 2019.

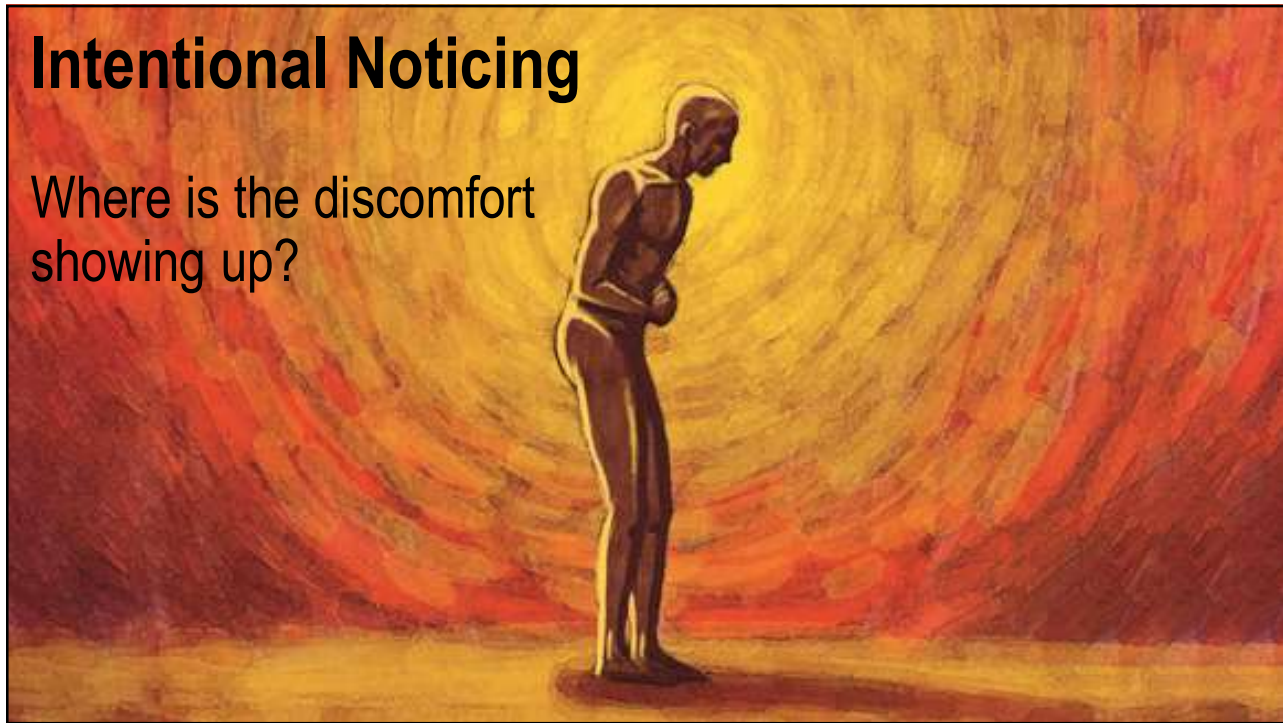
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Intentional Noticing

Where is the discomfort showing up?



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Self Awareness – How Does YOUR Body Communicate Overwhelm?

Physical

- Shallow breathing
- Increased heart rate
- Clenched teeth
- Upset stomach, nausea
- Headache
- Shoulders at “your ears”
- Creased facial expression
- Tense muscles

Behavioral and Emotional

- Anger
- Blame
- Fearful
- Irritability
- Frustration, impatience
- Exhaustion
- Hopelessness
- Edgy, jittery

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Cognitive Symptoms of Anxiety (Overwhelm)

- Fear of losing control, being unable to cope
- Fear of physical injury or death
- Fear of “going crazy”
- Frightening thoughts, images, or memories
- Poor concentration, confusion, distractibility
- Narrow attention, hypervigilance for threat
- Poor memory
- Difficulty in reasoning

COVID-19 Anxiety Workbook

<https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf>

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Body Awareness

Noticing sensations that are happening in your body

Be as descriptive as possible



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Body Sensations (Resource: Grok the World)

<p>Bubbly</p> <p>Goose bumpy</p> <p>Burning</p> <p>Prickly</p> <p>Empty</p>	<p>Relaxed Airy Calm Floating Flowing Lax Light Mellow Still</p> <p>Energized Buoyant Bubbly Buzzy Effervescent Electric Expansive Flushed Goose bumpy Warm</p> <p>Comfortable Fluid Full Fuzzy Loose Open Radiant Radiating Releasing Spacious Strong Tender Warm</p> <p>Mild discomfort Antsy Bloated Blocked</p>	<p>Breathless Chilly Closed Cool, cold Congested Constricted Contracted Clammy Disconnected Dizzy Drained Dull Empty Faint Frail Full Fuzzy Hollow Lethargic Light-headed Limp Puffy Sensitive Shaky Shivery Shuddery Sneezey Sore Spacey Tingly Vibrating</p> <p>Agitated Frantic Frozen Hot In a knot Intense</p>	<p>Itchy Jittery Jumbled Jumpy Nervous Sharp Spinning Squirmy Scrunchy Shaky Twisted Twitchy Unstable</p> <p>High discomfort Achy Bruised Broken Burning Heavy Icy Nauseous Numb Leaden Paralyzed Pressure Prickly Pulsing Queasy Quivery Racing Sweaty Tense Tight Trembly Tremulous Wobbly Wooden</p>	<p>Squirmy</p> <p>Flowing</p> <p>Disconnected</p> <p>Icy</p> <p>Pressure</p> <p>Radiant</p> <p>In a knot</p>
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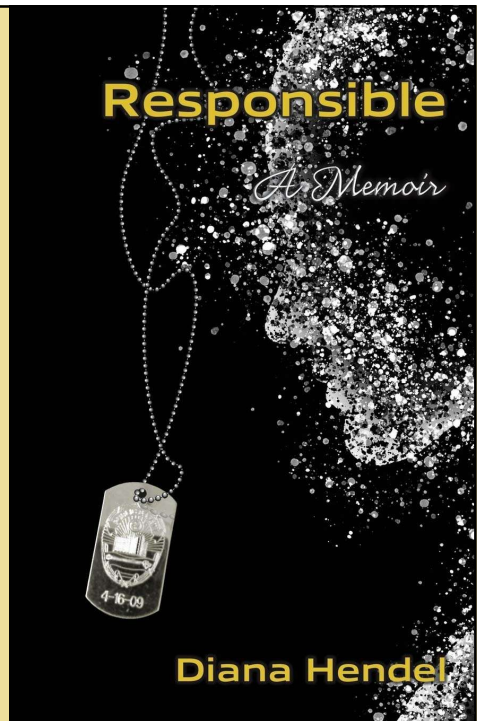
<https://groktheworld.com/collections/all-products/products/feelings-needs-body-sensations-list>

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My body tingled –
 I felt tightly-wound
 and jittery at the same
 time. I was present but
 not altogether “here.”

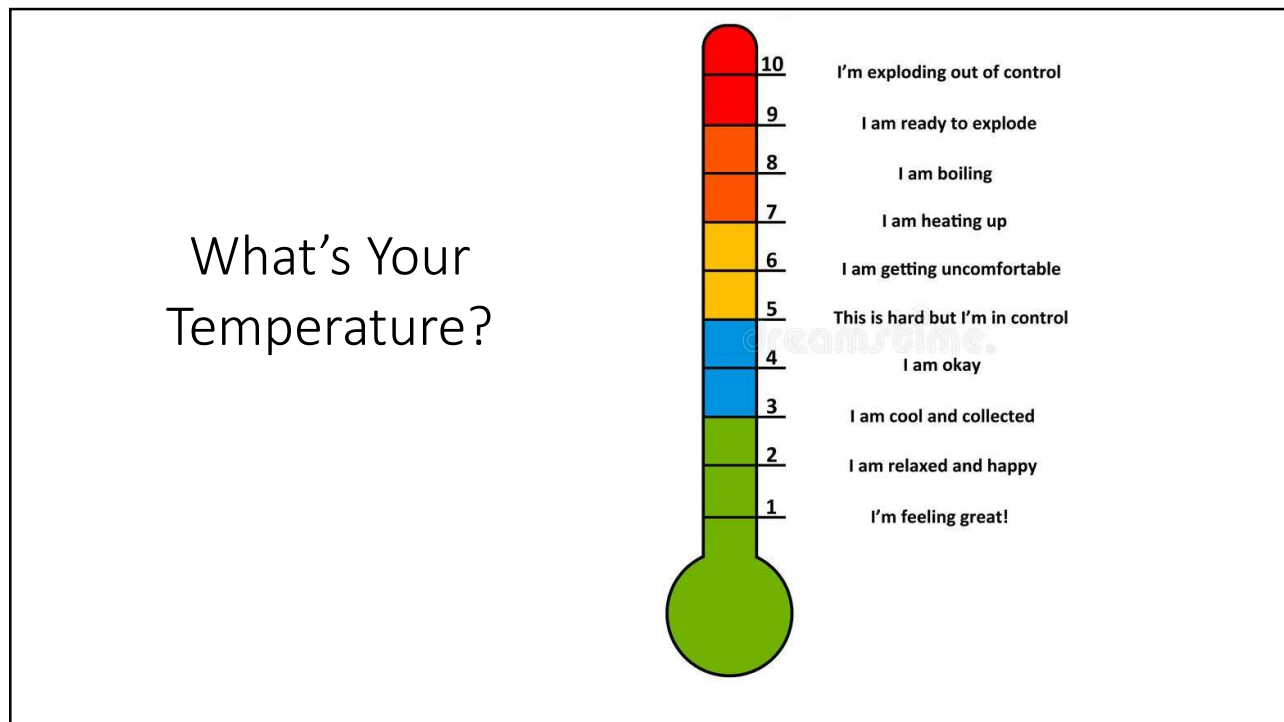
Responsible

A Memoir



Diana Hendel

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You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.

~ Buckminster Fuller

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Acceptance, Grief, and Mourning

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Posttraumatic Growth

A “positive psychological change experienced as a result of a struggle with highly challenging life circumstances and through establishing perspectives for a “new normal” when the old normal is no longer an option.”

Qualities include:

- *Deliberate reflection* – how have we been impacted?
- *Learning* – what have we learned?
- *Growth* – reimagining a new normal, a different status quo

Emphasis on **restoring function** but more importantly **achieving a higher level of functioning**

Olsen et al. (2020). Pandemic-Driven Posttraumatic Growth for Organizations and Individuals. JAMA 324(18).

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“Posttraumatic growth does not minimize the seriousness and severity of what has happened but can emerge from adversity through active management *following the important process of grieving.*”

Olsen et al. (2020). Pandemic-Driven Posttraumatic Growth for Organizations and Individuals. JAMA 324(18).

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People tend to believe that grief shrinks over time



What really happens is that we grow around our grief

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The difference between grief and mourning

Grief is internal – sadness, anxiety, anger, longing to be with someone, thoughts and memories

Mourning is external, something that is shared with others in some type of action, symbol, ceremony, or ritual that activates social support



<https://www.funeralbasics.org/what-is-the-difference-between-grief-and-mourning/>

<https://www.therecoveryvillage.com/mental-health/grief/related/grief-vs-mourning/>

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What are we mourning?

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)
- Loss of 'normalcy' or at least processes as we understood them
- Loss of predictability
- Loss of sense of purpose, feelings of insecurity
- Questioning our desire to stay in healthcare and wondering what we would do differently



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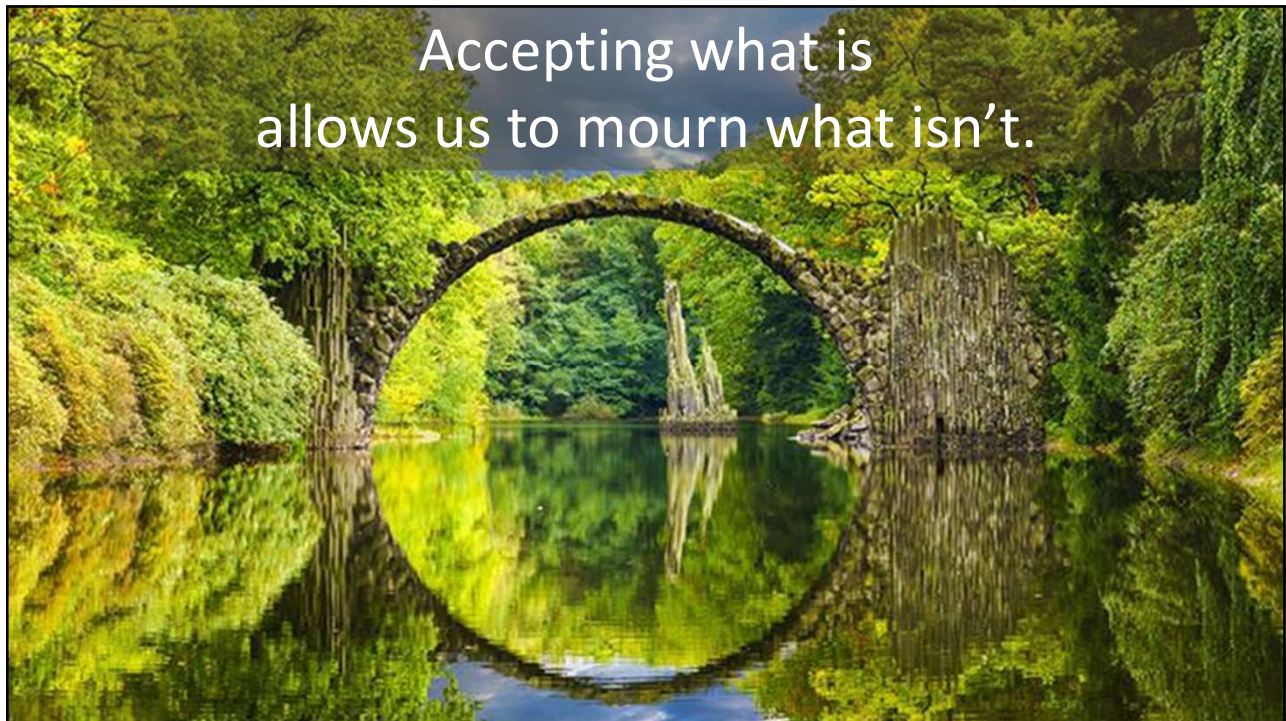
Radical Acceptance

- Radical acceptance is an acknowledgment, *"This is happening right now. I sure don't like it and I can handle it."*
 - Accept that life is different right now.
- Accepting reality (sadness, loss, pain) without resistance
 - Doesn't mean you agree with what is happening or that you can't/won't work to make it better.
- Focusing energy on collaboration, building partnerships, and problem-solving rather than resisting painful reality



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Accepting what is
allows us to mourn what isn't.



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Mourning

the loss or absence of something valued or precious

A yearning in our heart for an unmet need

- Hope
- To be seen
- To be understood
- Love
- Security
- Ease
- Predictability

Gonzales R. *Reflections on Living Compassion*. Logan, UT: Publisher's Place; 2015.

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Why is grieving and mourning difficult in the nursing home?

- Staff may not feel safe to express their grief, to mourn
- Staff may feel pressured, overtly or implicitly, to 'deal with it'
- Even if the culture is more receptive to grief and mourning, there may not be a formal structure in place to acknowledge or support staff in their grief response and to participate in a mourning practice
- Constant detachment (after death) and reattachment to new resident
- Pressure to "maintain census" so a new resident comes into the community (same room and bed as the resident who died) and staff has not grieved or mourned.
- Staff not usually supported to attend a resident's funeral

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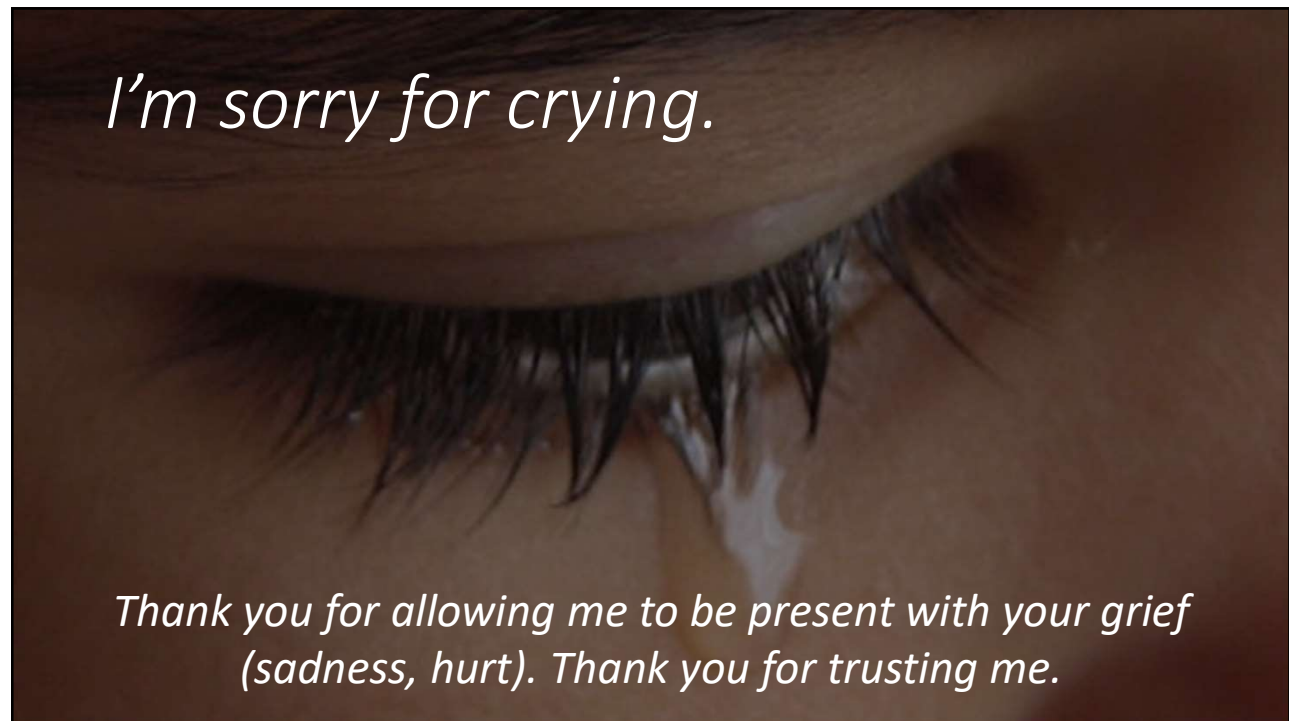
Tendency to minimize or trivialize mourning

General discomfort for expressions of grief (mourning) and ways that we use language to stop our own or others' mourning:

- Changing the subject
- Trying to see the bright side, "The gift in this is..."
- Offering reframes, "Look at it this way..."
- Offering advice, "You really need to..."
- Dismissing, "Snap out of it"
- Minimizing, "It's not that bad"
- Reassuring, "Don't worry, you'll be okay"
- Diagnosing, "You're depressed" or "You probably have PTSD"

The Trouble with Mourning by Sarah Peyton
<https://thefearlessheart.org/the-trouble-with-mourning/>

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Vulnerability

It's okay to show emotion and emotional turmoil, grief over shared losses, authentic feelings about changes for residents, families and staff

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While offering a tissue to someone who is crying may seem appropriate, it may also be interpreted as a sign of discomfort, as in "Please stop crying."

Rev. Dr. Carla Cheatham

<http://carlacheatham.com/carlas-blog/>

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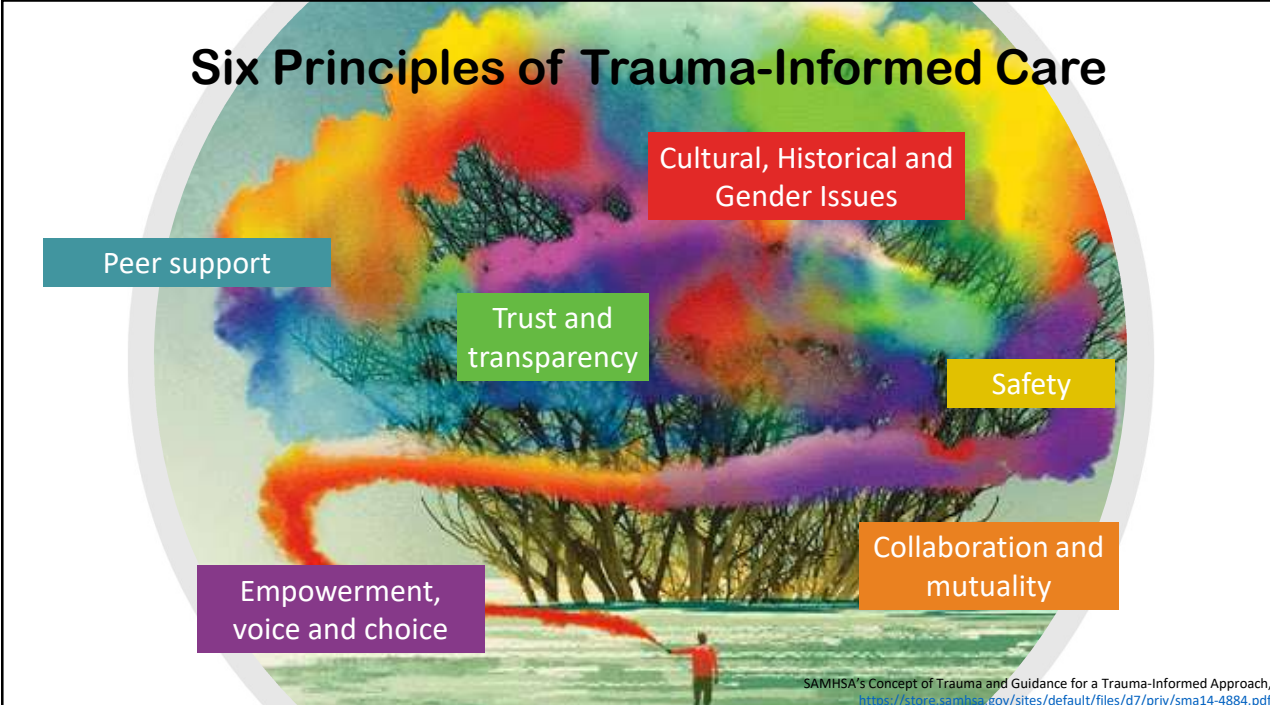


The gift of permission

- Radical acceptance includes making room for discomfort, pain, and sadness
- Gifting ourselves and each other permission to grieve and to mourn
- Normalize expressions and acknowledge feelings of loss
- Provide psychoeducation on grief and mourning,
 - Make materials available for staff, residents, and families

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Six Principles of Trauma-Informed Care



- Peer support
- Trust and transparency
- Cultural, Historical and Gender Issues
- Safety
- Empowerment, voice and choice
- Collaboration and mutuality

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

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Peer support

is a significant part
of mourning and
trauma-informed care

- Provide time and space for staff to grieve, reminisce, and gather after a loss, distressing news, or death.
- **Debriefing** is one strategy for staff to discuss what happened, what went well and what can be improved.

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What's in a Debrief?

Debriefs are:

- Safe, constructive, sharing and listening to feelings and needs
- Objective and non-blaming identification of what's going well and what is not
- Reinforce shared purpose and personal agency
- Focus on incorporation of learning into systems

Debriefs *are not*:

- Blaming, judging, and criticizing of staff, residents, and families--present and not
- Venting and complaining about aspects out of one's control
- A time to try to "fix" feelings or outcomes

Angela DeVanney
www.goshadow.org

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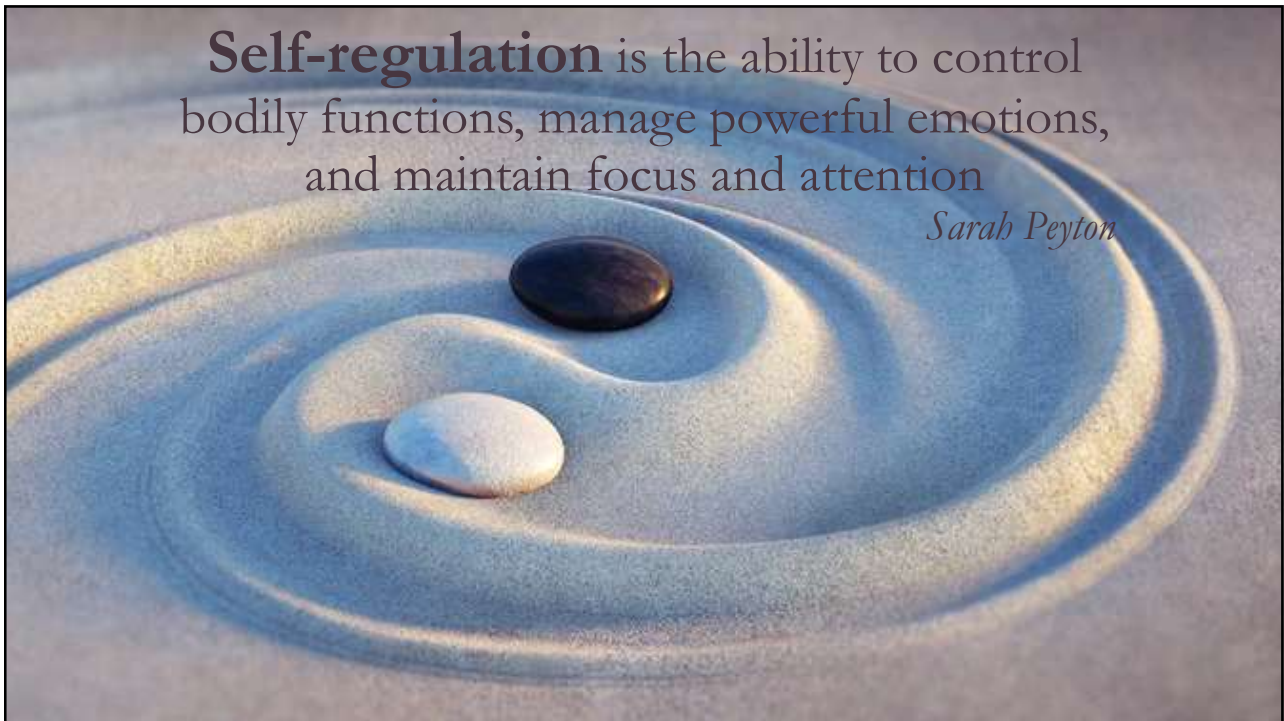
Let's Talk Strategies!



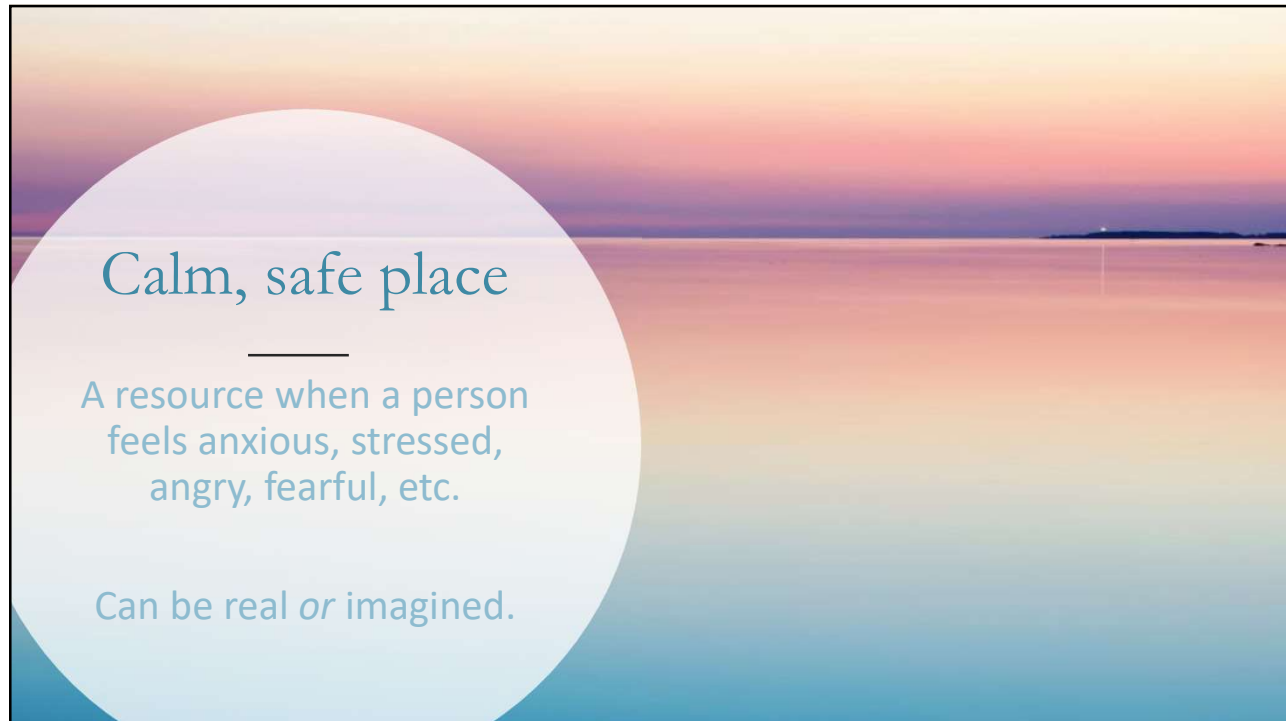
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Self-regulation is the ability to control bodily functions, manage powerful emotions, and maintain focus and attention

Sarah Peyton



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Identifying a Calm, Safe Place

Where did you (do you) have fun? Where do you go to relax?

When you think of a peaceful place, what comes to mind?

- Strongest memory of it right now
- Images, sounds, emotions, smells that go with it
- Where do you notice it in your body?

Michael Keller, LCSW
Center for Psychological Trauma, LLC

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Personal Safety Plan

(a strategy to manage stress/distress in the moment)

What are 3-4 things that help you regain balance and increase a sense of calm?

When you notice feelings of stress/distress, (“catch” the stress response), intentionally engage your safety plan

Each person’s plan is different

- May need a plan for work and one for home

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Grounding ideas to include on your safety plan

- Rapid bursts of movement like jumping jacks or running stairs to discharge stress and quieten the body/mind
- Gentle movement like wiggling in your chair and tapping your feet on the floor to reconnect with the present moment
- Hold an ice cube in your hand and watch it melt
- Breath work (box breathing, 4-7-8 technique, etc.), elicit a yawn!
- Laughter, jokes, silliness, fun!
- Music (releases flushes of dopamine, a happiness-inducing chemical)
- Mantras like “A hard moment does not mean a hard rest of the day”
- Compassionate self-talk
- Hobby

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Personal Safety Plan

Share the safety plans at work (with team members), help support each other

- *Normalize* using strategies that support wellbeing
- Some staff may not feel comfortable sharing

Make the plans visible and accessible

- Laminate cards, attach to back of ID badge, paste on clipboard, attach to car dashboard



My Personal Safety Plan

If I am feeling overwhelmed, I will:

1. Exhale deeply and inhale, elicit a yawn
2. Soften the muscle in my face and belly
3. Get up and move around, go outside if possible
4. Hold my dog

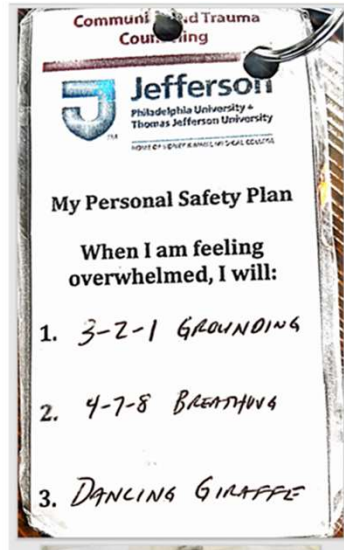
My Mantra: May there be joy in this moment!

Sanctuary Model

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Sample ID Badge with Safety Plan

Front

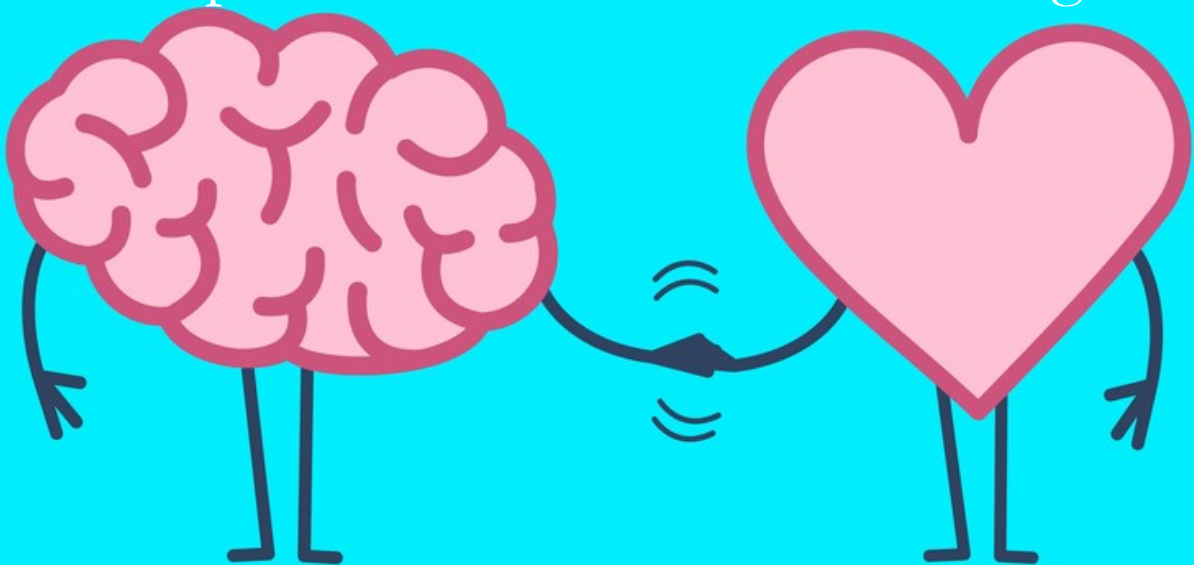


Back




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Compassionate and Mindful Sharing



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What is Sliming?

- Debriefing without warning or permission, no choice
- The person receiving the information feels as though they now carry the weight of the unnecessarily graphic or traumatic information
- Sliming is contagious when we unwittingly spread traumatic stories among colleagues, family and friends

Low Impact Debriefing by TEND, <https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>

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Wanting and Needing to Debrief is Natural

- Need to alleviate some of the burden, the grief, the sadness
- Turning to others for support and validation is healthy
- The problem is that we're not doing it properly

What can we do differently?

Francoise Mathieu of Compassion Fatigue Solutions & Professional Development,
<http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf>

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Low Impact Debriefing

1. Self-awareness of the story

- How do you debrief when you've seen or heard hard things? Is it in formal supervision or informal time with colleagues? How much detail do you provide? What is most helpful to you in dealing with difficult stories?

2. Fair warning, including spoken desired outcome

- Let the other person know some of the story is traumatic, give the listener a chance to brace themselves. "I would like to talk with you about a difficult situation and the story involves traumatic content."

Francoise Mathieu of Compassion Fatigue Solutions & Professional Development,
<http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf>

Low Impact Debriefing by TEND, <https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>

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Low Impact Debriefing

3. Consent by recipient

- Ask for consent, "I heard something really hard today, could I talk to you about it?" "Is now a good time?"
- The listener has a chance to decline or to qualify what they are able/ready to hear
 - Responsibility to say "no" if unable or not ready

4. Limited disclosure

- Decide how much to share
- Start with least traumatic information and gradually progress
- You may not need to share the most graphic details

Francoise Mathieu of Compassion Fatigue Solutions & Professional Development,
<http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf>

Low Impact Debriefing by TEND, <https://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>

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Invite Staff To Share

- 1) Why did you first get into this field?
- 2) Why do you stay?

Image by Terrance Osborne
<https://terranceosborne.com/product-category/prints/>

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Gratitude Exercise

Implementation Ideas:

- Try it in a staff meeting
- Put it on a white board, visible to everyone, invite people to contribute
- Get residents, families and care partners involved!
- Commit to doing something with the information, make it sustainable

ABC GRATITUDE

A _____	N _____
B _____	O _____
C _____	P _____
D _____	Q _____
E _____	R _____
F _____	S _____
G _____	T _____
H _____	U _____
I _____	V _____
J _____	W _____
K _____	X _____
L _____	Y _____
M _____	Z _____

www.BeccaTebon.com

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Validate yourself for
the care you are
giving, for showing up



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