RESPONDING TO THE CORONAVIRUS / COVID-19 PANDEMIC: Toolkit for Emotional Coping for Healthcare Staff (TECHS)

Developed by the Center for Pediatric Traumatic Stress
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Who is this slide set for?

- This slide deck was put together in response to the rapidly unfolding COVID-19 pandemic and made available on March 25, 2020.

- This resource is designed for healthcare staff, including:
  - Clinical staff (nurses, physicians, medical assistant’s, social workers, psychologists, etc)
  - Security
  - Front desk
  - Dispatch
  - Environmental service workers
  - Leadership
  - Any others working in healthcare settings
Who developed this slide set?

- This resource is based on materials developed by the Center for Pediatric Traumatic Stress (CPTS), a treatment and services adaptation center in the National Child Traumatic Stress Network (NCTSN).

- We hope that these slides will be helpful in working with healthcare teams. Please use them freely, with attribution to CPTS.

- Questions or feedback? Please send to: Julia Price, PhD, Licensed Psychologist, julia.price@nemours.org

More on this topic at healthcaretoolbox.org/tools-and-resources/covid19.html
Overview

I. Traumatic Stress and COVID-19
   • Effects on healthcare staff
     • As professionals
     • As potential patients themselves
     • As parents, partners, caregivers of older family members

II. Tool #1: A-B-C Model
    • Understanding our beliefs & thoughts and how these affect us

III. Tool #2: Steps to Reframing
     • Differentiate uncontrollable versus controllable
     • Identify strengths and look towards the positives

IV. Tool #3: Future Orientation

V. Where to find more resources
Goals

Provide concrete, usable tools for healthcare staff

Tools support emotional coping in the face of challenging, stressful situations in healthcare settings
COVID-19

- Worldwide pandemic
- Quickly changing situation
- Anticipation of an overwhelmed healthcare system
- Healthcare professionals asked to change roles, perhaps to less familiar duties
- Ethical dilemmas related to allocating resources for patients (e.g., ventilators)
- Worries about enough PPE for healthcare staff
- Healthcare staff may become patients with COVID-19
- Protecting family members of staff from becoming infected
- Potential need for staff to self-quarantine, removing them from supporting colleagues and own families
DEFINITIONS

Trauma (Oxford English Dictionary)

1. A deeply distressing or disturbing experience
   1.1 Emotional shock following stressful event or physical injury

2. [Medicine] Physical injury

For our purposes:

“Trauma” = potentially distressing event / experience

“Traumatic stress” = reactions to that experience
DEFINITIONS

Secondary Traumatic Stress

Response to being exposed to trauma experienced by others, especially in one’s work / professional role.

“Emotional duress that results when an individual hears about the firsthand trauma experiences of another” - National Child Traumatic Stress Network

“The changes helpers experience in their identities, world views, and spirituality affect both the helpers’ professional relationships with clients/patients and colleagues and their personal relationships” – International Society of Traumatic Stress Studies
Role as Healthcare Staff

- All healthcare staff are at risk for secondary traumatic stress, even in “normal” times

- Witnessing suffering and death among patients and other staff

- Unsure of the future, with ever-changing, often worsening situation
Roles as Family Caregiver, Potential Patient

Additional roles in time of pandemic:

- May be in the caregiver role for own children, partner, older family members
  - Limited access to child and elder care
- Healthcare staff may also become infected and be in the patient role

In all of their roles, healthcare staff are at risk for traumatic stress, and may experience other emotional impact such as anxiety or depression.
What do we know from past experience and emerging studies?

You are not alone – it is very common for healthcare staff to experience emotional stress / distress in this situation.

- Learning from SARS in the early 2000’s
  - In the midst of the crisis - healthcare staff experienced traumatic stress, anxiety, depression, and sleep problems
  - In the longer term (3-5 yrs), healthcare staff did not show increased levels of mental health disorders, but burnout & general stress remained an issue

- Early studies from China in the midst of COVID-19 (Feb 2020)
  - Healthcare staff reporting
    - traumatic stress, anxiety, depression – at same levels as general public
    - sleep problems (more than general public)
  - What is associated with more risk of stress / anxiety / depression?
    - Female, Worrying about family members at home, Past medical (chronic illness) or mental health history
  - What might protect against stress / anxiety / depression?
    - Being satisfied with: care provided by hospital / department and with PPE coverage (protective measures for nosocomial infection)
What does traumatic stress look like?
PTSD symptoms

**Re-experiencing**
“It pops into my mind.”
“Feels like it’s happening again.”
“I get upset when something reminds me of it.”

**Alterations in cognition or mood**
Feeling very scared, angry, guilty, or ashamed.
Thoughts: “All people are bad” / “The whole world is a scary place.”

**Avoidance**
“I block it out, try not to think about it.”
“I try to stay away from things that remind me of it.”

**Increased arousal**
“I’m always afraid something bad will happen.”
“I jump at any loud noise.”
“I can’t concentrate, can’t sleep.”

It is not unusual to have some or all of these reactions during an unfolding stressful situation like the COVID-19 pandemic.
PTSD and other emotional responses:
What might you notice in yourself / your peers?

- Irritability
- Inability to concentrate
- Feeling angry / cynical
- Intrusive or recurrent disturbing thoughts
- Sleep problems
- Feeling emotionally detached
- Overly aware of any signs of danger
- Hopelessness
- Guilt
- Avoiding reminders of difficult experiences

- Social withdrawal
- Fear
- Chronic exhaustion
- Physical ailments
- Diminished self-care
- Feeling ineffective
- Feeling down or depressed
- Feeling apathetic
How can we practice being trauma-informed with ourselves and our colleagues?

Even in “normal” times, health care workers are at risk:

Results from a hospital-wide survey of patient care staff at a children’s hospital

- High risk for compassion fatigue / secondary trauma reactions: 39%
- Moderate to high risk for burnout: 21%

Robins et al. (2009)
Why might working in healthcare during COVID-19 lead to traumatic stress?

- **Challenges beliefs** about the world as safe place
- Realistic (or subjective) **sense of life threat**
- Lack of healthcare resources may be **frightening**
- Staff may feel **helpless** in professional and personal lives
- **Uncertainty** about course and outcome of COVID-19
- May involve **pain or observed pain**
- Exposure to injury or death of **others**
- May have to make **important decisions** in times of great distress
- **Long hours** and **little sleep**
Am I experiencing traumatic stress?

- Evidence-based assessment - Complete a quick checklist to gauge your stress
  - Professional Quality of Life Measure (ProQOL)
    - See https://healthcaretoolbox.org/tools-and-resources/covid19.html
  - Score the measure and get your results
  - If you score in the moderate to high range for Secondary Traumatic Stress, consider reaching out for help (see the next slide)

PRO TIP:
Download the Provider Resilience app for iOS or Android & do a ProQoL self-check on a regular basis.
How to address traumatic stress

- Universal Prevention
  - Everyone can benefit from learning more about coping
  - Learn specific coping tools, based in solid research, in the following slides: **Toolkit for Emotional Coping for Healthcare Staff (TECHS)**
  - Find links to other resources on HealthCareToolbox.org

- Psychosocial Treatment
  - If you experience high levels of traumatic stress or you have other reactions that worry you, contact your Employee Assistance Program
  - Evidence-based psychotherapy is effective for many people (e.g., trauma-focused cognitive behavioral therapy) and may be available via telehealth or online – check with your Employee Assistance Program
TECHS Introduction
Toolkit for Emotional Coping for Healthcare Staff (TECHS)

- Learn and use evidence-based tools for coping
- TECHS includes 3 tools to understand and manage adversity
- Interpersonal/team-based approach *

Tools are based on:
- Cognitive-behavioral therapy skills
- Skills for groups and families

* Best in a team -- but you can use parts of it on your own if needed
Individual Practice with Tools

- We will introduce 3 tools:
  - A-B-C Model
  - Steps to Reframing
  - Future Orientation

First:
Individually, complete each of the 3 tools

Next: if you are doing this as a team
Complete the tools within your team, to help develop group resilience
TECHS Tool #1: A-B-C Model
Why are you in healthcare?

Let’s begin by spending a few minutes considering the current context.

Why did you choose this profession?

- What drew you to it?
- What, if any, reservations have you had about this career choice?
- What are the best parts of this career?
- What are the most challenging parts?
A – B – C Model
based in cognitive theory / research

- Next, you’ll take a little time to understand your feelings, thoughts, and behaviors

- These tools will help you reflect on
  - Where you are emotionally in this moment
  - How feelings, beliefs, behaviors have an impact on your wellbeing
A – B – C Model
based in cognitive theory / research

A
Adversity/Event

B
Beliefs/Thoughts

C
Consequences

The Event
How one interprets the event

Beliefs
about the event

Emotional
Physical
Behavioral
Relational
Find a blank piece of paper (or open up a blank document) so that you can work through this form on your own or in your group.

The next slides will walk you through A, B, & C and support your self- or group reflection.
A = Adversity

Identify an event that is particularly upsetting to you in this moment.

Examples (adversities):
- So many patients at once
- Working outside of my usual role
- My kids are at home and need me
- I’m not available to help my partner/family
- Feeling emotionally isolated from family and support systems
What thoughts are you having about the adversity you chose to focus on?

What are you saying to yourself in private about this adversity?

Examples (beliefs / thoughts):
- I can’t handle this stress.
- I’m ineffective at work.
- I’m not a good parent/partner/healthcare worker.
- This situation has no end.
C = Consequences

- What outcomes and consequences are related to this adversity and your beliefs / thoughts?

- **FEELINGS**: How are you feeling as a result?
  - Angry?
  - Sad?
  - Worried?

- **ACTIONS**: What do you do when you feel that way?
  - Show or hide your feelings?
  - Healthy choices?

- **RELATIONSHIPS**: How does all of this impact others?
  - Your colleagues?
  - Your friends and family?
  - Your patients?
Summary

Tool 1: A-B-C Model

- Helps you understand how your experiences and thoughts are related to your
  - Feelings
  - Actions
  - Relationships

TO CONSIDER:

- How might the A-B-C’s be different
  - Across your medical team?
  - In your family?

- Are others aware of your A-B-C’s?
  - Have you talked with anyone about your feelings, beliefs, actions, or relationships?
TECHS Tool #2: Steps to Reframing
Recap: You identified a specific adversity, and developed a greater understanding of your beliefs/thoughts and their consequences (e.g., on your feelings, actions, and relationships).

Next, let’s consider how to shift those consequences to a more positive place.
Using the back of your paper (or the next page in your document), work through these steps on your own or in your group.

The next slides will help you do this.
It can be difficult to accept some things are out of our control.

- **List:** What parts of this adversity are truly beyond your control?

- **Write:** What is it like to give up that control?
Step 2: Focus on the Controllable

- **List:** What in this situation is within your control?

- **List:** What aspects can you focus on that will
  - Improve the situation?
  - Help you cope better?
  - Help you feel more in control?
  - Help your patients / your colleagues / your family & friends?
Step 3: Acknowledge Your Own Strengths

Think back to a time when you dealt with a challenging situation in the past.

Write a few notes about:

- What strengths helped you cope?
- What strengths do you have with your medical team or family that maybe you don’t have alone?
- Which of these strengths can be applied to this situation?
Step 4: Use the Positive

If you accept the uncontrollable, focus on the controllable, and apply your strengths,

- How might you feel differently?
- What might you do differently?
- How would you see the adversity differently?
- How would it impact others?
- Based on this exercise, is there a positive take-home message for you?

Write a few notes about each of the above.
Summary

Tool 2: Steps to Reframing

- You looked at four steps:
  - Accept the uncontrollable
  - Focus on the controllable
  - Acknowledge your own strengths
  - Use the positive

NEXT:

- Future Orientation
TECHS Tool #3: Future Orientation
A career in healthcare is like a journey, with a beginning, middle, and end.

Individual, challenging patients and families may be a part of your journey.

This unprecedented pandemic of COVID-19 is now a part of that journey.

Here is a roadmap that shows a journey.
Future Orientation

- Where do you see yourself on the roadmap right now? Why?

- Where were you on the roadmap in the first portion of your journey?

- How do you think your position on the map impacts your
  - Coping?
  - Daily life?
  - Personal relationships?
  - Professional relationships?
Consider a time in the future (e.g., 2 weeks, 2 months, 2 years).

- Where are you on the map?
- What’s happening at work at this point?
- What’s happening at home at this point?
- What is daily life like?
- What will help you move to a more positive place by this time point?
Building Team Resilience
Building team resilience

It can be very helpful to use this tool with your healthcare colleagues related to a challenging situation

- Share different frames of reference (ABCs)
- Appreciate the range of consequences that result when frames of reference interact (e.g., are similar or different)
- Help each person own their feelings and actions and come to appreciate those of others
- Group reframing can help us appreciate each others’ strengths and the value of a variety of approaches
Connect with your team

- Use the tools you learned today to share with your team, if you haven’t already

- Set a time to meet in person (with appropriate social distancing) or virtually
  - 2-4 people
  - May want to gather based on unit or discipline or both
  - Ideally, you are with colleagues with whom you work closely and feel comfortable discussing emotional reactions

- Follow your own comfort level in sharing within your small group
Work collaboratively through tools

- Goal is to understand different perspectives around adversities at work

- Clarify differences and encourage acceptance rather than looking for “correct” answer

- Identify potential benefits (and challenges) that can come from having a range of different ways of seeing things, within a healthcare team
Resources

Find much more on this topic at
healthcaretoolbox.org/tools-and-resources/covid19.html
Resources for providers: Interactive online training

FREE interactive online nursing CE at HealthCareToolbox.org

The “how to” of implementing trauma-informed pediatric care in the hospital and ED

Currently 5 one hour courses

COMING SOON: Secondary Traumatic Stress course
Patient education handouts
(English & Spanish)
ABOUT THE CENTER:
Since 2002, **CPTS** has provided national leadership on medical traumatic stress & trauma-informed pediatric care as part of the **NCTSN**

- Focus on health care providers and systems
  - Tools for practice
  - Training (online & in person)
  - Resources for providers & families
  - Implementation projects

**National Child Traumatic Stress Network (NCTSN)**

- **Mission**: Raise standard of care and improve access to services for traumatized children, their families and communities.
- 60+ centers across the US
- Address all types of child trauma and many different service systems
- Founded in 2001