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
Healthcare Staff Are Experiencing...

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)

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

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

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<tr>
<th>Strength</th>
<th>Value</th>
<th>Vulnerability</th>
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<tbody>
<tr>
<td>Place other’s needs over own</td>
<td>Selflessness/ Other-Oriented</td>
<td>Fail to ask for help when it’s needed</td>
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<td>Deeply committed to the work and to patients</td>
<td>Loyalty/ Commitment</td>
<td>Attachment-&gt; Complicated bereavement, resistance to change</td>
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<td>Value doing the right thing</td>
<td>Strong moral compass</td>
<td>Easily frustrated when others fail</td>
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<td>High achieving, high standards</td>
<td>Excellence</td>
<td>Shame if unable to help</td>
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<td>Steady</td>
<td>Calm in face of crisis</td>
<td>Unaware of own symptoms</td>
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<td>Compassionate</td>
<td>Empathy</td>
<td>Poor boundaries- fatigue/ burnout</td>
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Adapted from Stress First Aid (Watson, Westphal & Gist, 2020)
Do you ever say, “I feel guilty that...”?
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....

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?
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.

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

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

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

“I’m not safe.”

“I can’t protect myself.”

“I’m going to die.”
Intentional Noticing

Where is the discomfort showing up?

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
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

Body Awareness

Noticing sensations that are happening in your body

Be as descriptive as possible

COVID-19 Anxiety Workbook
### Body Sensations

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<th>Bubbly</th>
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<th>Prickly</th>
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### Squirming

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

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

~ Buckminster Fuller
Acceptance, Grief, and Mourning

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

“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.”

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.

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
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

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

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.
• Stuff not usually supported to attend a resident’s funeral
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/

I’m sorry for crying.

Thank you for allowing me to be present with your grief (sadness, hurt). Thank you for trusting me.
Vulnerability

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

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/
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

Six Principles of Trauma-Informed Care

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

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach,
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.

### 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](http://www.goshadow.org)
Let’s Talk Strategies!

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

Sarah Peyton
Calm, safe place

A resource when a person feels anxious, stressed, angry, fearful, etc.

Can be real or imagined.

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?
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
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

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
Sample ID Badge with Safety Plan

Front

Compassionate and Mindful Sharing

Back

My Personal Safety Plan
When I am feeling overwhelmed, I will:
1. 3-2-1 Grounding
2. 9-7-8 Breathing
3. Dancing Giraffe

Compassionate and Mindful Sharing
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/

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?

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.”

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
Workers who feel appreciated for their work, are inspired with a sense of purpose, and are connected to their colleagues, are less likely to leave.”

Josh Bersin
1) Why did you first get into this field?

2) Why do you stay?

Invite Staff To Share

1) Why did you first get into this field?

2) Why do you stay?
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

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

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