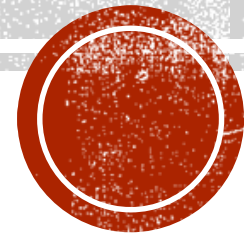




BEYOND THE RESPONSE: ADDRESSING COMPASSION FATIGUE AND BEHAVIORAL HEALTH NEEDS OF HEALTHCARE PROVIDERS

Minnesota Healthcare Preparedness Practicum
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SPONSOR: ASPR TRACIE

Assistant Secretary for Preparedness and Response (ASPR) Technical Resources Assistance Center & Information Exchange (TRACIE)

Developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced and rapid technical assistance
- Comprehensive knowledge center for healthcare system preparedness
- Multiple ways to share information between, including peer-to-peer
- A way to leverage and better integrate support (force multiplier)
- Prepare deployed and field staff via our Technical Resources and Subject Matter Experts

BEHAVIORAL HEALTH RESOURCE EXAMPLES

- Disaster Behavioral Health: Resources at Your Fingertips
- ***Disaster Behavioral Health Self Care for Healthcare Workers Modules***
- Mental/Behavioral Health (non-responders) TC
- Opioids: Frequently Asked Questions
- The Exchange Issue 4: Disaster Behavioral Health and Resilience
- Tips for Retaining and Caring for Staff after a Disaster

<https://asprtracie.hhs.gov/dbh-resources>

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Disaster Behavioral Health: What Do the Feds Do?

Contributed by Rachel Kaul, LCSW, CTS, ASPR/OPP/ABC and Terri Spear, EdM, SAMHSA/OPPI/DPI

Emergency planners and responders recognize that disaster behavioral health (DBH) is an integral part of the overall public health and medical response to any emergency event. DBH addresses the psychological, emotional, cognitive, developmental, and social effects that disasters have on survivors and responders as they respond and recover. Even knowing this, not everyone understands the federal role in DBH. The majority





HEALING AFTER A TRAUMATIC INCIDENT: A Responder's Perspective



In November 2013, Ross Chávez was serving as the EMS Duty Chief for Hennepin EMS when he responded to the scene of a crash involving five children and a female driver who had lost control of her car and landed in a retention pond. All five children were in cardiac arrest when retrieved from the sunken car, although three survived. Ross shared his experience with identifying the need for and receiving mental health assistance after the incident with Dr. John Hick.

■ John Hick (JH)
What immediate support did you receive from your agency and more formal chains?

■ Ross Chávez (RC)
Just after the incident, the fire department hosted an immediate debriefing session with the various agencies that responded to the scene. Critical Incident Stress Management counselors directed the high-level debrief, which was beneficial for several reasons. First, while it wasn't so much an emotional debrief, it did allow everyone the opportunity to put the pieces together. We heard what firefighters saw when they arrived on scene; then we heard from the medics' and law enforcement's perspective. There were a lot of validating "a-ha" moments for many of us, and we shared our challenges and experiences. For example, hearing the firefighters talk about having to use their feet to search for the children (because their suits made them buoyant and they couldn't go under water) made us appreciate their experience even more. Everyone reacted differently to the debrief; some were reluctant to attend, and for others, it was good for them to share.

Afterward, I stayed at EMS headquarters for most of the morning to continue managing the aftermath and support my team — the rest of the command staff were also supportive. I was personally struggling with my

Division of Emergency Management (I) and the Office of Policy, Planning (OPP) work closely together to carry out the activities related toward overall public health medical coordination for ASPR.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC)

In ASPR OPP, the Division of At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) is responsible for ensuring effective coordination and providing subject matter expertise so that needs are identified and

GOALS

- Describe how to identify healthcare provider compassion fatigue and secondary traumatic stress
- Identify methods for healthcare executives to conduct stress management assessment, implement mitigation efforts, and improve work satisfaction for providers
- Describe ways to develop and implement a Cognitive Strengthening Preparedness Program

CF

- Exhaustion
- Overworking
- Depression
- Helplessness
- Obsession with helping

STS

- Symptoms parallel client's
- Intrusive images
- Fear
- Avoidance
- Helplessness
- PTSD

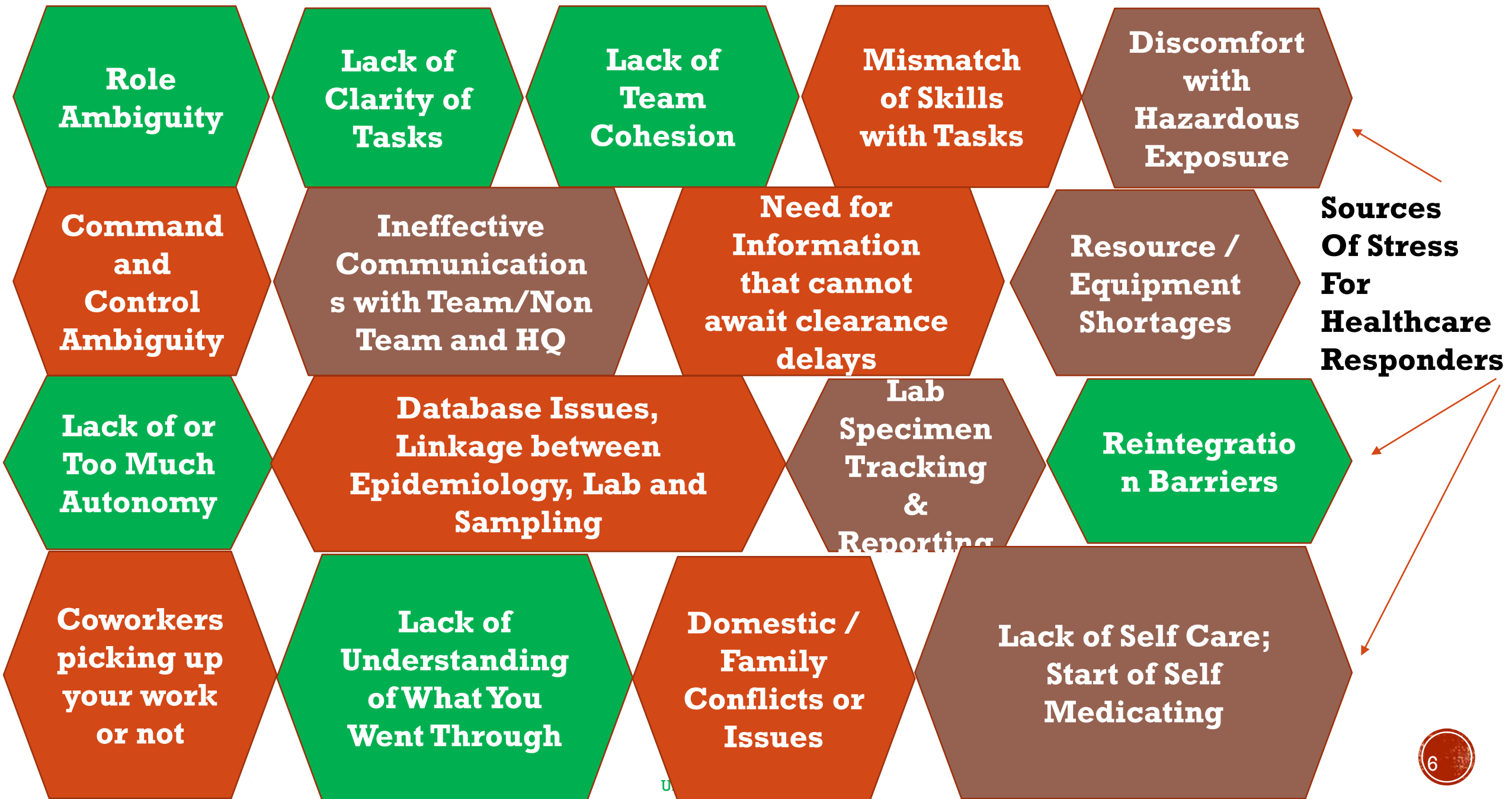
VT

- Negative cognitive schemas
- Question beliefs
- No sense of safety
- Change in world view

Burnout

- Indifference
- Frustration with admin, supervisor, peers and policy
- Leave profession

Shared Symptoms: Increased substance use/misuse; relationship problems; increased rates of physical illness



HEALTHCARE PROFESSIONALS AND EXPOSURE TO TRAUMATIC STRESS



Multiple patients
...serious injuries
...simultaneous lifesaving efforts
...over long periods of time

Unique Traits of Healthcare Workers

Highly self reliant	Desire to care for others
Give vs receive/ need support	“Work till it hurts”
“Weak” if display emotional distress	Skip breaks/meals
Staffing patterns require coverage	Sacrifice self care for the care of others

Stigma surrounds behavioral health concerns.

RISK FACTORS

Professional:

- ✓ See a high number of trauma cases
- ✓ Lack of confidence/specific training

Personal:

- ✓ History of trauma
- ✓ Isolated/ without good social support
- ✓ Lack of good coping skills; use of negative coping

Physical:

- ✓ High fat / salt diet
- ✓ Race/genetics
- ✓ Single professional caregivers

SECONDARY TRAUMATIC STRESS INDICATORS

Physical	Emotional	Personal	Workplace
Rapid Heartbeat/ Panic Headaches GI Distress Fatigue/ Exhaustion Sleep Issues Lower Immune Function	Anxiety Fear Anger Sadness/ Crying Helplessness Depression Hopelessness	Isolation Cynicism Mood Swings Conflicts Alcohol and Substance Misuse	Avoidance Tardiness Absenteeism Lack of Motivation Lower Staff Morale
Spiritual Questioning Work/Life, Anger at Higher Power, Hopelessness			

THE PROFESSIONAL AND INTERPERSONAL EFFECTS OF STS

Professional

- ✓ Loss of productivity
- ✓ Exhaustion
- ✓ Poor communication
- ✓ Impatience/ increased conflicts among staff
- ✓ Inability to stop working
- ✓ Increased obsession with helping
- ✓ Decreased confidence/ second guessing

- ✓ Detachment/numbing

Interpersonal

- ✓ Isolation/withdrawal
- ✓ Loneliness
- ✓ Mistrust
- ✓ Anger often directed at loved ones
- ✓ Decreased interest in intimacy/sex
- ✓ Negative impact on parenting

COMMON EFFECTS EXPERIENCED BY HEALTHCARE PROVIDERS

- Self medicating
- Overeating/drinking
- Extramarital affairs
- Suicidal gestures



THE GOOD (PROTECTIVE) NEWS: WORK SATISFACTION

- ✓ Compassion Satisfaction / Traumatic Growth
- ✓ Stress management
- ✓ Self confidence/competence
- ✓ Spiritual connection
- ✓ Respect for human openness and resilience



WHAT DO YOU BRING FROM YOUR LIFE?



- ✓ Personal commitments
- ✓ Professional commitments
- ✓ Physical and mental condition
- ✓ Vulnerabilities
- ✓ Self-awareness

WHAT IS SELF CARE?

The ability to maintain physical, emotional, relational, and spiritual health in times of stress

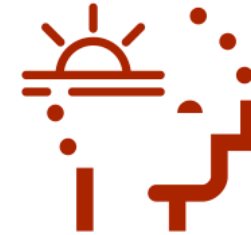


EXERCISE: PATH TO SELF CARE



THE CORE FOUR

- ✓ Regulated Sleep
- ✓ Physical Movement
- ✓ Active Mental Relaxation
- ✓ Social Support and Close Relationships



ASK YOURSELF...

- ✓ One thing to reduce stress and burnout?
- ✓ Do I need help to carry it out?
- ✓ Do I need reminders?
- ✓ When in my day can I do this?
- ✓ What resources do I need?
- ✓ How can I use my self care plan to remain resilient during disaster work?



LEISURE ACTIVITIES ACTION PLAN

- Paper and pen/electronic device
- Three leisure activities
- Date and time you can perform each
- Add to your calendar once a week for a month



SKILLS: BUILDING RESILIENCE

Attitude

Self-
Awareness

Internal
Control

Optimism

Social Support

Humor

Exercise

Spirituality

Perseverance/
Patience

PERSONAL ACTION PLAN

CURRENT SKILLS	1 2 3
SKILLS TO WORK ON	1 2 3
GOAL	1
RESOURCES People and tools	1 2 3
ACTION PLAN What do you need to do now	1 2 3

SKILLS: PROFESSIONAL/PEER SUPPORT

- ✓ Provide emotional/practical help
- ✓ Speak as equals, reciprocity
- ✓ Maintain contact after each shift or difficult patient encounters
- ✓ Strategize, share concerns
- ✓ Vary caseload
- ✓ Practice self care
- ✓ Practice within scope of abilities
- ✓ Work within the rules
- ✓ Seek support
- ✓ Identify CF and STS symptoms
- ✓ Practice controlled empathy
- ✓ Set helpful boundaries



WHAT IS ORGANIZATIONAL WELLNESS?

- A culture of care
- Established by executive management
- Strengthened by guidance/ policy

Supports employee work satisfaction, stress mitigation, and management, starting with the workplace environment.



Source: <http://www.globalwomenconnected.com/2017/11/seven-dimensions-wellness/>

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DRIVERS OF LASTING MOTIVATION

Leaders Pay Attention

- Autonomy
- Competence
- Relatedness
- Connection



ORGANIZATIONAL RESPONSE TO TRAUMATIC STRESS

- PFA
- Drills
- Referrals
- Team training
- Information / psychoeducation meetings
- Groups for highly exposed
- Individual crisis intervention
- Focus on resilience and coping



ORGANIZATIONAL READINESS TOOLS



- Organizational Assessment
- Stress Audit Checklist
- ProQOL-5
- OVC Vicarious Trauma Toolkit



[View Transcript](#) [View Presentation](#) [Download](#)

Victim Services



Addressing Vicarious Trauma in
Victim Service Professionals



EMS



Addressing Vicarious Trauma in
First Responders



Fire Services



Law Enforcement



PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
1.					
2.					
3.					
4.					
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EXPERIENCE AND TRAINING

- Professional skills development
- Sense of confidence and competence



COGNITIVE STRENGTHENING PROGRAM

- Cognitive restructuring / reframing
- Attention diversion
- Mindfulness training
- Adaptive engaging
- Adaptive affective expression



Stop



Look



Reframe

ATTENTION DIVERSION

- Purposeful emotion regulation
- Decreases intense feelings
- Temporary



ABOUT MINDFULNESS

- Cognitive strengthener
- Any level is positive
- Focus on present moment
- Acknowledge things as they are



Mindfulness Exercise

- Sit in quiet place
- Feet on ground
- Hands on lap
- Close your eyes
- Focus on breathing
- Thoughts come and go
- Inhale positivity
- Exhale stress

ADAPTIVE ENGAGING

- With others who understand and accept you
- In helpful activities
 - Increase coping skills
 - Build resilience
- Maintain integrity, dignity, and civility
- Avoid toxicity
- Avoid negative coping behaviors



ADAPTIVE AFFECTIVE EXPRESSION

- ✓ Identify distressing emotions
- ✓ Express emotions in healthy ways
- ✓ Identify your prodromal activities
- ✓ Identify and plan for triggers



ADDITIONAL RESOURCES

- ASPR TRACIE: www.asprtracie.hhs.gov or call 1-844-5-TRACIE
- Division for At-Risk Individuals, Behavioral Health & Community Resilience (ABC): www.phe.gov/Preparedness/planning/abc
- SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC): www.samhsa.gov/dtac
- National Center for Posttraumatic Stress Disorder: www.ptsd.va.gov
- Professional Quality of Life (PROQOL): <http://www.proqol.org>

