Together as One and the Silver Linings of COVID-19 Pandemic

Building Resilience through Peer Support

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Objectives

- Identify signs and symptoms of stress and trauma on physical and mental well-being
- Discuss the basics of the AAH Peer-to-Peer support system, Together as One and the impact of COVID pandemic
- Identify adaptive coping strategies to improve resilience and reduce the negative impact of stress for Big T and little t (trauma)
- Begin to employ the above skills in professional and personal life

COVID is here: Why Together as One?

Clinician Peer Support Covid Crisis and Beyond

Burnout: Significant Downstream Morbidity

Independently Associated with Burnout

Personal morbidities

- Poor quality of life
  - Sleep Deprivation
  - Culture of prioritizing care for others
- Acute and Chronic anxiety
- Depression
- Substance Abuse
- Decreased professional effort
- Early retirement
- Suicide

Drivers of Burnout in Clinicians

- Demographic variables
- Complexity of care
- Clinical demands
  - Work hours and call
  - High-stakes care
- Work Environment
  - Institutional culture
  - Leadership
- Administrative burden
- Work-home conflict
- Lack of prioritization to self-care
- Adverse outcomes and Medical errors

COVID-19 Crisis
Threats and Challenges

Disruption of typical clinical care

- Significant schedule changes
- Change in Access
- Triage of care
- More laborious communication with patients and staff

Extreme Clinical Challenges

- Surge of sick patients and health care workers
- High acuity care
- Life and death decisions without family support
- Isolation
- Increased risk to health and wellbeing

Social Challenges

- Financial loss
- Food and shelter
- Risk to family members

The AAH Clinician Peer-Support Program

Program Requirements:

- Recruit a sufficient breadth and depth of clinician ambassadors
- Participation by physician leads, dyad partners, hospital and service line leaders

Together As One Peer Support Program Foundational Training For Clinicians

TOGETHER AS ONE

Building a Framework for Understanding Stress

Brief increases in heart rate, mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.

What is Trauma?

3E's

- Trauma is:
  - an **EVENT**, series of events, or set of circumstances that
  - is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening
  - and has lasting adverse **EFFECTS** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

A Paradigm Shift: Trauma informed care

- Not simply **trauma aware** - but **trauma-informed**
- Shifts how we see our peers away from "What's wrong with you?" → Towards **"What happened to you?"**
- Shifts our focus to **trauma symptoms** rather than problematic behavior
  - Away from what is *not right* or *not good*, → Towards focusing on what we can do to **support movement toward healing**
- When we exercise **universal precautions** against re-traumatization, we can create a system of care that is trauma-informed
- Within a trauma-informed environment there is greater opportunity to address both physical and psychological healing

Building Resilience:
Individual Response to Workplace Stressors


Control
Avoidance
Trust
Trauma
Intimacy
Hypervigilance
Challenges
We Face

How a Trauma-Informed System Differs?

Realizes	• *Realizes* widespread impact of trauma and understands potential paths for recovery
Recognizes	• *Recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively *Resist* re-traumatization

Yeager, K., Cutler, D. L., Svendsen, D., & Sills, G. M. (2013). *Modern community mental health: An interdisciplinary approach*. Oxford University Press

Enter Together As One (TAO)

- Initially adapted from the B.E.S.T. Program in 2020 to support those on the front lines of COVID-19
- Identifies the need to address physical & emotional stressors experienced by those consistently exposed to COVID-19 and ongoing change in healthcare *working in the highly stressful health care environments.*
- Identifies the need to provide evidence based/informed approaches to address the tool of taking care of others.

Trauma

The spectrum of traumatic stress

- Vicarious
- Second Victim
- Big T and little t

Vicarious Trauma

- The cost of doing **meaningful, although stressful, work**
- Occurs with **repeated exposure** to stressful or traumatic content
- The effects are very real, and **potentially permanent** and **cumulative**
- Can emerge at any time in your career

Vicarious Trauma- What We See….

Staff not immediately involved in a case can be traumatized by what they see and hear.

"I did not realize until the training, how much trauma impacts my own function. Understanding of that in myself was key in awareness of others."

"I feel so much more self-aware, and others noticed a change in me. I am a lot less reactive when challenges occur in my clinical or personal life, and I also am better at seeing that a colleague needs a listener, and not a "fixer".

Traumatic Stress- What We Do…

Traumatic Stress – What We Do….

- Not all cases involve error or loss, frequently a case will hit too close to home when the patient is a similar age to family members of staff.

*"**I'm looking at this** kid on the cart being resuscitated, and he is wearing the sweatpants from my son's school. **Something inside of me just snapped, I couldn't catch my breath**! I could not come back next day"*

Moral Distress – What We Think

There are times what we do is not within our control. This at times, leads to stress and moral distress. Communication, support and understanding all play a role in managing vicarious traumatization.

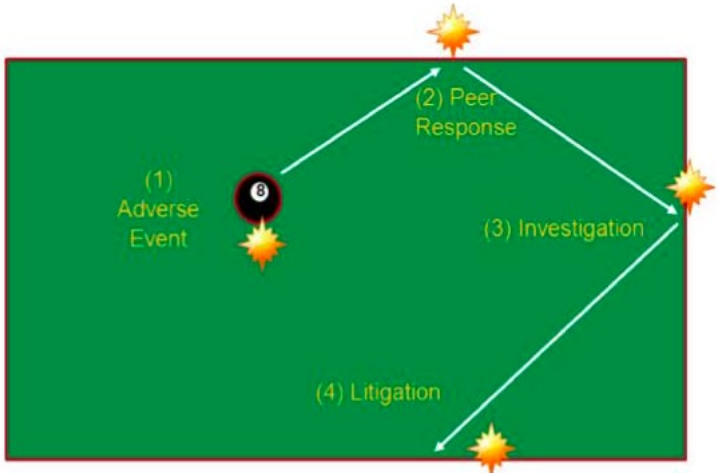
(*I just couldn't help thinking why are we doing this… I don't understand why, this isn't going make any difference. And it is causing pain….I just don't understand.)*

Second Victim Phenomenon.

- Albert Wu, MD, Ph.D.., John Hopkins
- Coined second victim terminology in 2000 in response to Institute of Medicine report on medical errors.
- "PTSD" for health care professionals.
- Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury & become victimized in the sense that the **provider is traumatized by the event.**

Second Victim Experience/Response

MULTIPLE SECOND VICTIM TRAUMAS



*Frequently feel **personally responsible** for the patient outcome*

*Many feel as though they have **failed** the patient*

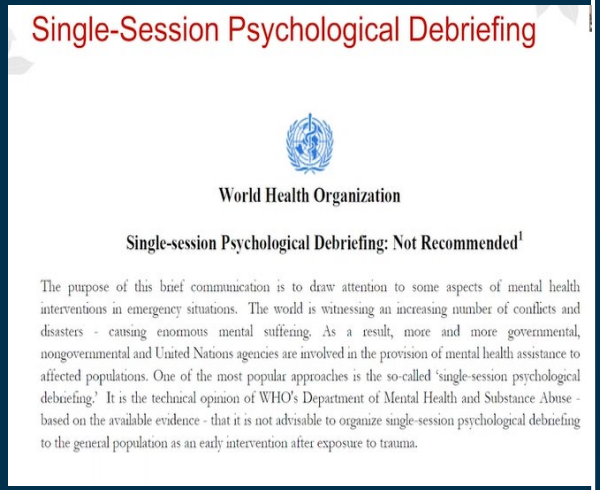
*Frequently **second guessing** their clinical skills and knowledge base*

***Worry about the patient** and their family*

*Worry they will be **fired, sued, and/or lose their license***

*Concerned about **what their peers will think**, & will they ever be trusted again?*

- The **trauma response** can be evoked by a single large **Traumatic** event **OR** by a series of small **traumatic** events
- **"Big T"** traumas are acute stress events that threaten psychological/physical safety or well-being
- **"little t"** traumas are not significantly impactful on their own but contribute to cumulative stress/trauma response
  - *"death by a thousand paper cuts"*



Single Session Psychological Debriefing: Not Recommended.

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Immediate Crisis Stabilization Psychological First Aid

- Crisis Stabilization & Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term functioning and coping.
- Psychological First Aid is based on understanding and normalizing individual responses to abnormal situations.
- There will be a broad range of reactions, some of which will cause enough distress to interfere with adaptative coping.
- May be helped by support from compassionate peers following difficult events or prolonged periods of stress(this is support only)

Steps to Providing Psychological First Aid

01	02	03	04	05	06
Stabilize and Provide Support	Address Immediate Concerns	Provide Resources as Necessary	Develop a Plan	Normalize the Situation	Reintegration to Unit

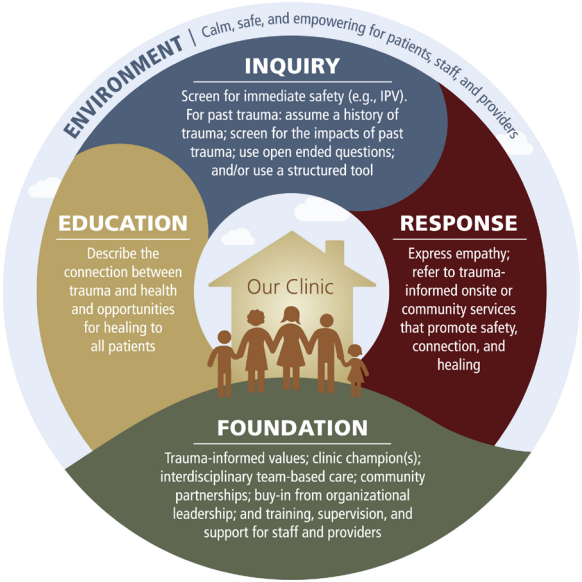
Psychological First Aid Training: https://learn.nctsn.org/course/index.php?categoryid=11

Support and Stabilizing: Trauma Informed Responses.

- Describe essential components of trauma informed responses.

Trauma Informed Responses

Trauma-informed Health Care



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Respect

- Essential that we offer and expect respect
- Respect is the key to regaining self-assurance and self-confidence
- Self-assurance and self-confidence are key component to return to functioning
- Processing an even in a neutral area away from the unit offers both space and time needed to process what just happened.
  - Take a walk
  - Buy a coffee
  - Discuss what's needed
  - Share experiences.

Trauma Informed Responses

Allow Safe Space

- Remember one's perception of "how close is close enough" depends on several factors:
  - How well the person knows you
  - The person's current state of stress
  - The setting for offering space e.g., closed in, face to face, side by side. Do not approach from behind or without notice.
  - History of trauma
  - Cultural factors

Trauma Informed Responses

When safely possible…respond

- **Remain sensitive to fear**
  - When the outcome is unknown anything is possible
  - A threat to a person's license is a threat to their livelihood
  - Stay grounded in the moment
- **Use patience**
  - This will not be a quick fix
  - Expect "yes but…" responses
- **Don't take it personally**
  - Avoidance, control and trust are all expected responses
  - Statements like "how would you know" present an opportunity to share
- **Be flexible when considering options**

COMMUNICATION SKILLS: EMPATHETIC LISTENING

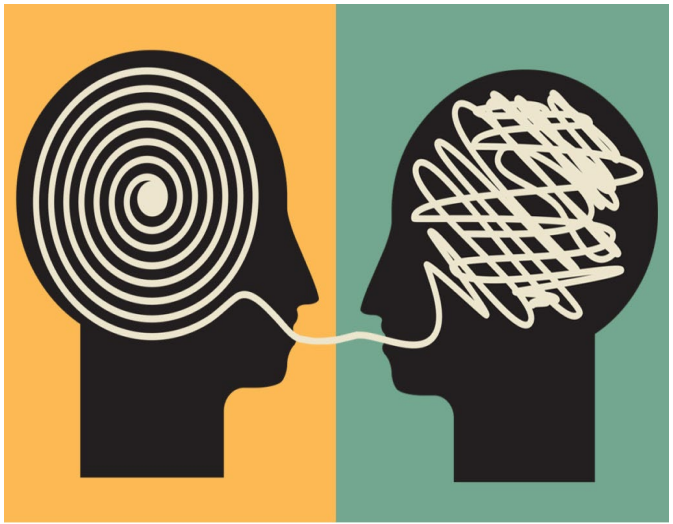
Do

- Hear what the other person is saying & empathize
- Summarize their responses – repeat back
- Listen for what's changed, what's different, what's unfamiliar
- Limit potential distractions
- Make good eye contact (when appropriate)
- Listen for incongruity between what's said ("I'm fine") and physical or emotional presentation

Don’t

- Jump to conclusions
- Judge their response
- Move to solve the problem before understanding the entire story
- Take calls or have discussions with others during support session
- Ask closed ended questions
- Offer your ideas prior to hearing their thoughts

Motivational Interviewing



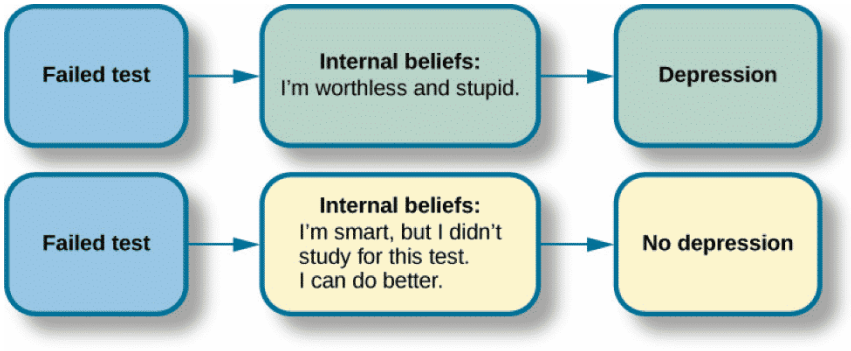
Motivational Interviewing is a collaborative conversation focused on **strengthening** a person's **own motivation** for and **commitment to changing** a specific behavior

- Express empathy through reflective listening
- Develop discrepancy between goals/values and current behavior
- Avoid argument and advice giving
- Roll with resistance
- Ask open-ended questions
- Support self-efficacy and empowerment by commenting positively on goal/value, plan, and commitment to change

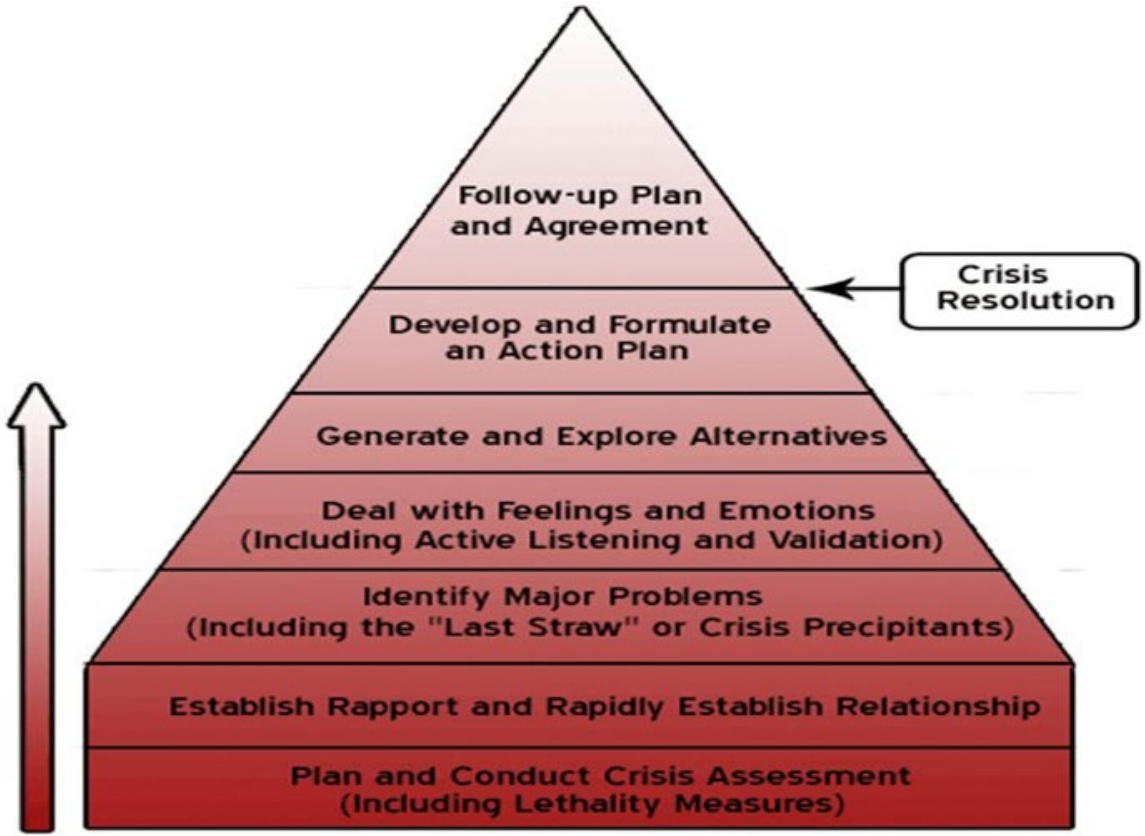
Cognitive Reframing

Identifying and changing things that we say to ourselves that contribute to distress, stress, or upset

- What we say to ourselves and about ourselves is important!
- When we are stressed out or worried we are more likely to be critical or jump to worst case scenarios
  - which often makes us feel worse and over time can impact of sense of self
- Changing our unhelpful thoughts and replacing with a more helpful thought can enhance resiliency



Roberts' Seven Stage Crisis Intervention Model



Thank you very much!

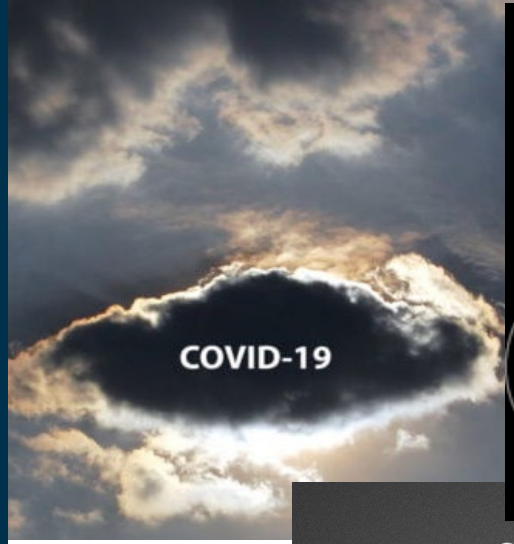
A compassionate peer reaching out to a colleague in distress is impactful.

- Join us for a formal training to become an ambassador
- Be aware
- Be available
- Engage
- Follow up
- You are there for support, not formal counseling, nor professional intervention.

We will arm you with easily accessible counseling resources for those colleagues in need.

TAO as a Silver Lining

1. Increased clinician interest in well-being
2. Increased system interest in well-being
3. Increase in AAH System Support for Well-being (aahwellbeing.org)
4. Together as One Peer to Peer illustrating 1-3 above



TOGETHER AS ONE

Thank You!

We Want to hear from you
Aah-togetherasone@aah.org

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