

Helping Healers Heal: Stress, Trauma, & Resilience Training

Useful Resources for Now, Later, & Long-Term

NYC
HEALTH+
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HEALING, EDUCATION, RESILIENCE & OPPORTUNITY
FOR NEW YORK'S FRONTLINE WORKERS

Learning Objectives

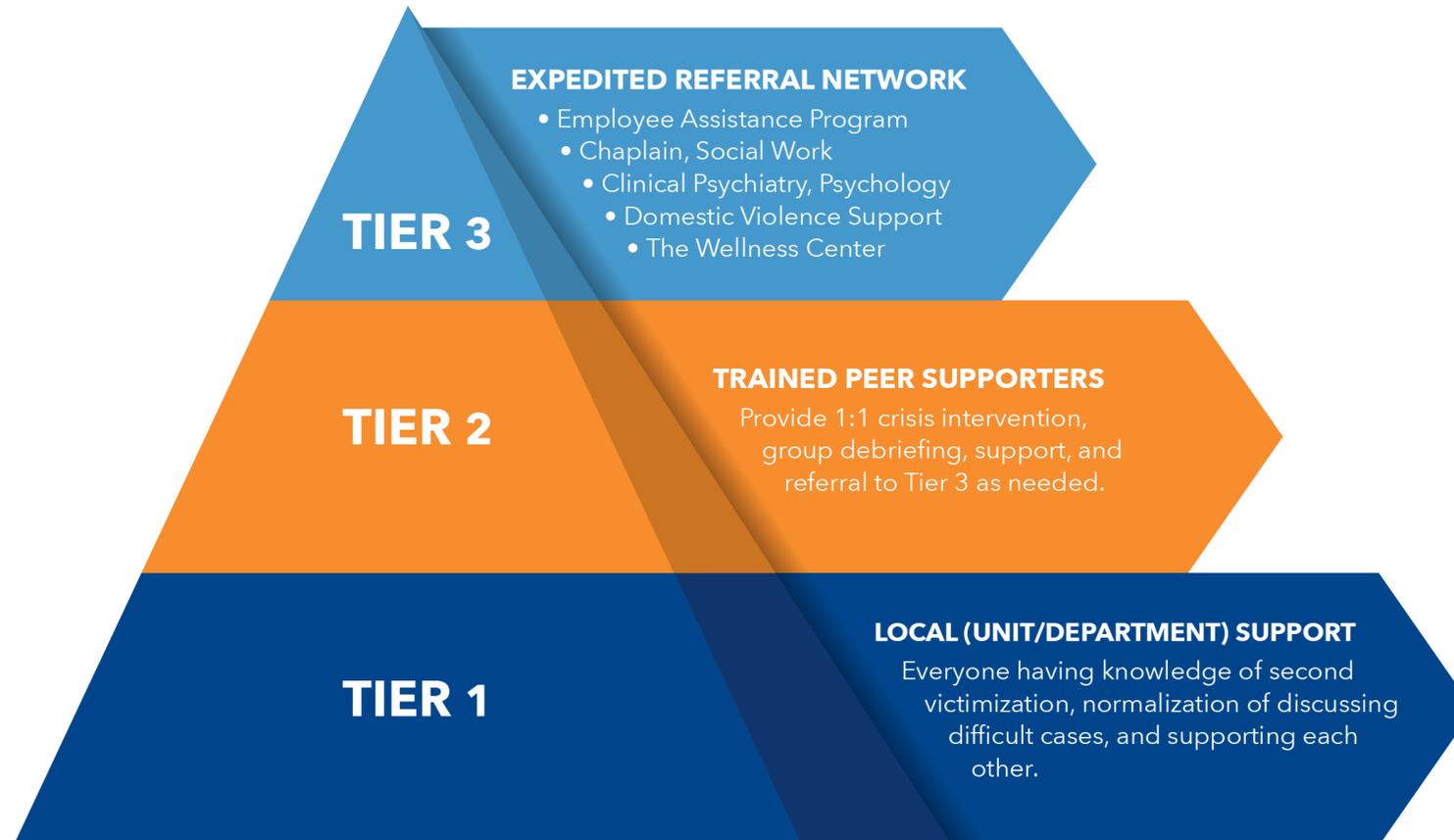
PART ONE

1. Define the continuum of stress and the spectrum of reactions to stress
2. Recognize warning signs of more complex mental health issues and suicide and be familiar with protocol to escalate
3. Describe the various emotional, behavioral, cognitive and spiritual reactions to COVID-19 and other stress events
4. Learn coping strategies to manage stress and be able to apply those strategies
5. Recognize the barriers to receiving help and review when to seek professional help

PART TWO

1. Introduce the Helping Healers Heal Program as Wellness programming for NYC H+H
2. Become familiar with the various Wellness resources available including those at NYC H+H and the community
3. Understand the various elements and how to facilitate a Debrief, in both a 1:1 and group setting
4. Learn how to conduct a Wellness Round and Pulse Check to proactively address the emotional and psychological needs of our colleagues

What is a Peer Support Champion?



Peer Support Champion

How Can You Help?

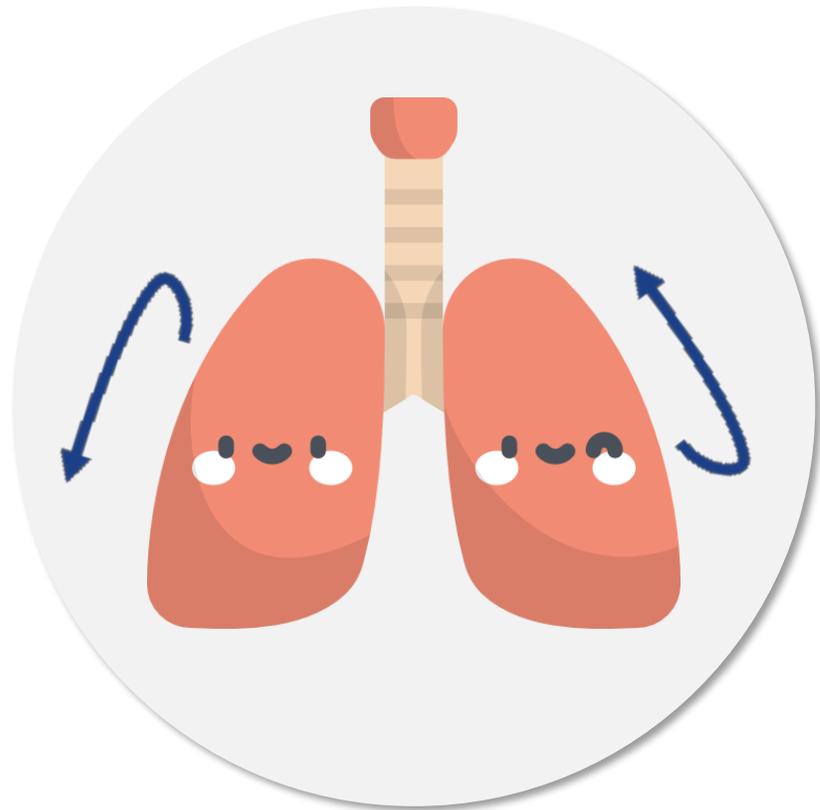
- Establish **safety and trust**
- Understand your **role**
- Meet the individual **where they are at**
- Provide **practical assistance**
- Normalize** when appropriate
- Reflect **strength**
- Illuminate stress reactions and **appropriate coping**
- Empower** the individual
- Remind them to **express and explore** what is healthy and productive for them
- Follow through** and check back in

Providing Debriefs

- Establish a safe environment to talk freely about personal affects. Sharing can be intimate, interpersonal, and mutual
- Assist staff to feel they are not alone
- Support colleagues when they are upset; help reduce work distress
- Are not substitutes for professional help should that be needed

Grounding Exercise

Box Breathing 4x4



1. Sit down in a comfortable place
2. Inhale for **4** seconds through your nose
3. Hold your breath for **4** seconds
4. Exhale through your mouth for **4** seconds
5. Hold your breath for **4** seconds
6. Repeat for **4** times as a set or as many sets as possible

**Can be done with limited breathing capacity, for a shorter duration.*

Part One: Stress, Stressors & the Stress Continuum

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What is Stress?

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand.

What Stress Can Look Like

In the healthcare field, our work comes with stress!

What are the different levels of stress?

What does stress look like for different people?

When is stress becoming problematic?

Definitions of Common Terms

Stress

A sense that something is not right and something needs to change.

Distress

When the stress overwhelms.

Disorder

When you need outside help.

Burnout

When stress, distress, or a disorder leads to not being able to cope at work.

Compassion Fatigue

When burnout leads to a loss of caring feelings for patients and loved ones.

Trauma

Specific psychological and physical symptoms result from stress.

Complex Trauma

Cumulative trauma often over long periods of time.

Second Victim

Healthcare workers experience trauma through their patient's experience.

Coping Mechanisms/Skills

Tools we can use to carry ourselves through (positive or negative).

Resilience

A combination of support and care from outside and within, plus positive coping skills that allow us to heal after the crisis has passed.

The Stress Continuum



Stress

- Happens to everyone, every day
- General response to stressful situations (tough commute, work problems, moving, etc.)
- Most people develop coping mechanisms (tools to get us through the experience)



Distress

- Sometimes life is harder than we expected
- We experience deep loss (death of a parent or friend) or a life change (divorce, health)
- Requires additional support (some people seek counseling or spiritual guidance to learn additional coping skills, or medication)



Disorder

- Mental disorders are also known as mental illness or psychiatric disorders
- Experience symptoms that meet the criteria of a diagnosis, ex. PTSD, Depression, Substance Use Disorder
- Assessed and treated by behavioral health clinician, may warrant medications to treat symptoms

Stress Response Continuum

Ready (Green)	Reacting (Yellow)	Injured (Orange)	Ill (Red)
<ul style="list-style-type: none">• Good to go• Well trained• Prepared• Cohesive units• Families are ready	<ul style="list-style-type: none">• Distress or impairment• Mild, transient• Anxious or irritable• Behavior change	<ul style="list-style-type: none">• More severe or persistent distress or impairment• Leaves lasting evidence (Mood, Sleep, Appetite; personality change)	<ul style="list-style-type: none">• Stress injuries that don't heal without intervention• Diagnosable<ul style="list-style-type: none">• PTSD• Depression• Anxiety• Addictive disorder

Leadership
Responsibility

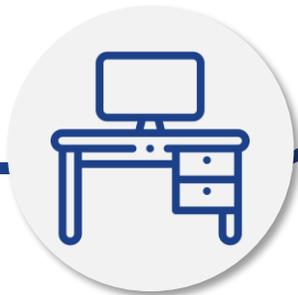


Chaplain & Medical
Responsibility

Example of Stressors

Workplace (Pandemic)

- Witnessing intense pain, isolation, and loss on a daily basis
- Few opportunities for rest and breaks
- Surge in care demands
- PPE (Lack of personal physical safety, emotionally/psychologically draining and disconnect from patients/barrier, not feeling seen, abandonment, physical discomfort)
- Psychological stress in the outbreak settings



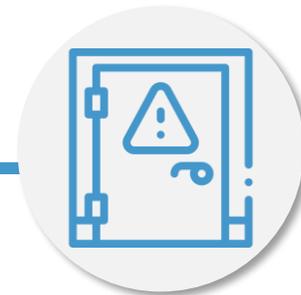
Home

- Remote learning is hard
- 24-hour childcare responsibilities on top of work
- Can't unwind with friends, go to the movies, or any of the things that typically relieve stress
- Having to be "on" all the time for my family and friends
- Hard to stop my brain when my head hits the pillow



Quarantine

- Keeping my family safe
- Getting enough food and medication
- Fear of dying
- Going back too soon
- Emotional fallout (can happen after we recover physically)
- Constantly reading the news and social media
- Lack of answers about the illness and recovery





How has COVID-19 been for you?
For others around you?
For those you've been supporting?
Where are you on stress continuum?
(*Green/yellow/orange/red*)?
Themes you're seeing?
Specific stressors or examples that come to mind?

2 minutes: Please write down thoughts that come to mind, feel free to share in the chat!

Trauma

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Trauma

An emotional response to a terrible event like an accident, rape, loss, or natural disaster.

Immediately after the event, shock and denial are typical.

Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.

Vicarious Trauma

The emotional residue of repeated exposure to hearing trauma stories, witnessing pain, or fear, terror, and trauma, leading feeling psychologically overwhelmed.

Collective v. Individual Trauma

Individual Trauma

Frontline = Experiencing the trauma in all dimensions of life

Witnessing death; making incredibly difficult decisions; explaining this to children, family, friends; experiencing systemic racism, racial disparities and inequality.

Collective Trauma of COVID-19

Post Traumatic Stress Disorder

PTSD

A mental health condition that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

Key components: Intrusive symptoms (nightmares, flashbacks, unwanted memories, emotional distress, startle response); Avoidance; Negative changes to mood or thoughts.

Grief

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A natural response to losing something or someone important to us.

What Grief Can Look Like

Each loss is unique. Everyone experiences grief differently. Common symptoms and reactions include cognitive, emotional, behavioral, physical, and spiritual, and will likely change over time. There is no right way to grieve. But there are healthy ways to deal with the grieving process.

Complicated Grief

- Intense longing for and intrusive thoughts/images of the loved one
- Denial of the death or sense of disbelief
- Imagining that their loved one is alive
- Searching for them in familiar places
- Avoiding things that act as reminders
- Extreme anger or bitterness over the loss
- Feeling that life is empty or meaningless

Suicide

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Suicidal Thoughts

During COVID-19

We are all under tremendous stress. It is important to note that during a crisis like this, suicidal or morbid thoughts can be normal.



Identifying Colleagues

At Suicide Risk

Be alert to problems that increase suicide risk.

You may notice problems facing your co-workers that may put them at risk for suicide. There are a large number of risk factors.

Some of the most significant risk factors include:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders (e.g. depression, PTSD)
- Access to a means to kill oneself (i.e. lethal means)

Common Warning Signs of Suicide

At Suicide Risk

- When a person is talking, mentions suicide, feeling hopeless, experiencing unbearable pain, being a burden, or having no reason to live, feeling trapped
- A person may exhibit behaviors such as withdrawing, increased use of alcohol and drugs, giving away possessions, calling to say good bye, sleeping less or too much
- Person appears agitated, anxious, depressed, not themselves, angry
- Any sharp changes in a colleague warrant a check-in

When Speaking with Them

Colleagues at Suicide Risk

Ask how he or is she is doing and listen without judging.

Mention changes you have noticed in their behavior and say you are concerned about their emotional well-being.

Suggest they talk with someone in the EAP, the HR Department, or another mental health professional. Offer to help arrange an appointment and go with them.

Continue to stay in contact with them and pay attention to how they are doing.

LINK STAFF MEMBER TO AVAILABLE RESOURCES

Tier 3 resources, including EAP, BH hotline

Potential on-site evaluations based on facility

Our staff deserve support, but our role is different than with patients. As a peer supporter, you can:

- Utilize respite rooms and wellness rounds provide opportunities to assess staff in need of additional support
- Offer the Behavioral Health Emotional Support Hotline, and call with the staff member
- Consult with H3 Leads on facility specific protocols

Your goal with staff is not a thorough assessment, but gathering enough information to make sure you can connect the individual to care.

Is it an emergency?

IF YES

Immediately connect staff member to in house services.

IF NO

Handing staff off to EAP or other support, including supplying resources is the right action.

5 Minutes

Let's talk to "Our Co-Worker": Red Flags and "Hard" Questions

Let's review the following scenario of a peer encounter, and please consider:

- Examples of red flags that may arise and would prompt you to immediately refer or seek involvement of professional support
- What "hard" questions would you want to ask (in this scenario or generally) and how would you phrase them?

A co-worker has just finished telling you that the stress of the pandemic has just been too much, he notes he is simply exhausted and overwhelmed, it all feels hopeless, he reports having trouble sleeping at night, feels guilty that he is healthy despite all those who got so sick with COVID, notes he has been eating everything in sight despite his previously healthy eating habits, has an upset stomach, is fearful he will spread germs to his family at home, and notes he feels sad but also angry that the pandemic has gone on for this long.

Response to Crisis

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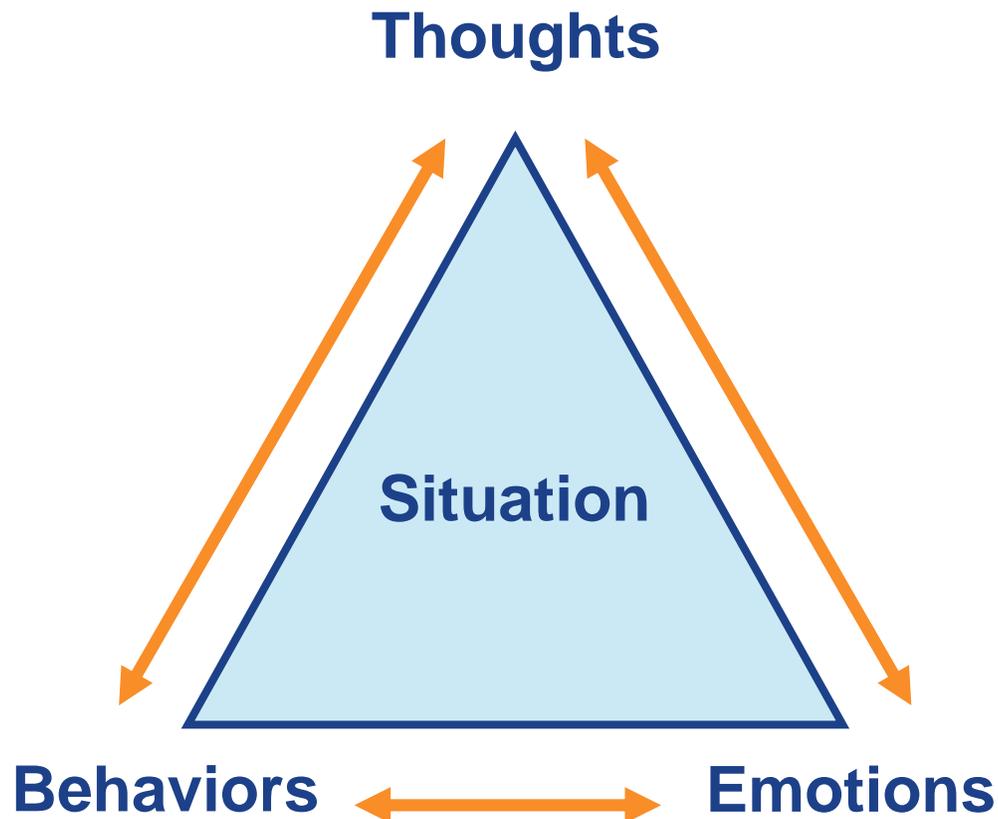
Positive Response to Crisis

How have you seen positive responses to stress?



The Current Crisis

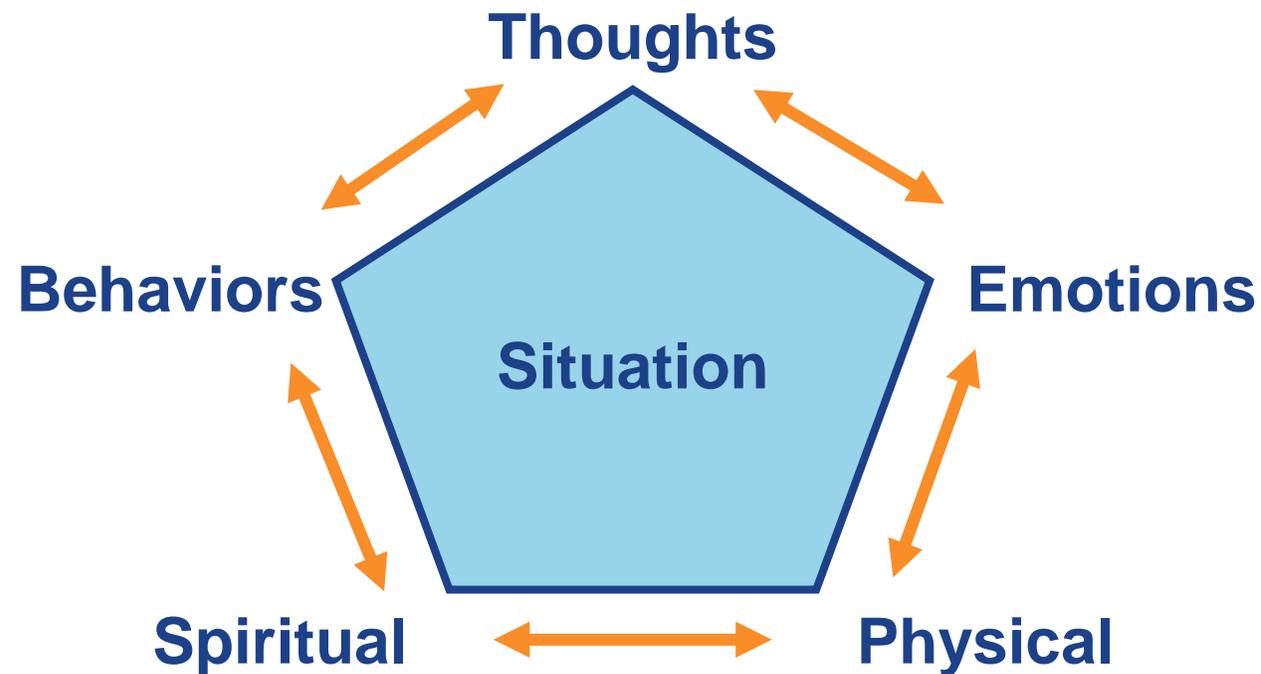
What are YOUR responses?



- **Thoughts:** What am I thinking about during this situation?
- **Emotions:** What am I feeling?
- **Behaviors:** What did I do/not do?
- **Physical:** What do I feel in my body? Where do I feel it?
- **Spiritual:** What do I believe? Did my beliefs change after this situation?

The Current Crisis

What are YOUR responses?



- **Thoughts:** What am I thinking about during this situation?
- **Emotions:** What am I feeling?
- **Behaviors:** What did I do/not do?
- **Physical:** What do I feel in my body? Where do I feel it?
- **Spiritual:** What do I believe? Did my beliefs change after this situation?

Negative Response to Crisis

How Stress Affects the Body

“Our bodies are designed to handle small doses of stress. We are not equipped to handle long-term, chronic stress without ill consequences.”

Emotional

- Becoming easily agitated
- Feeling depressed
- Feeling anxious
- Having difficulty relaxing or quieting your mind

Physical

- Low energy
- Headaches
- Upset stomach
- Clenched jaw and grinding teeth
- Heart palpitations

Cognitive

- Constant worrying
- Inability to focus
- Forgetfulness and disorganized
- Can stop the thoughts

Behavioral

- Change in appetite
- Increased use of alcohol, drugs or cigarettes
- Nail biting, fidgeting, and pacing

Common Responses: Emotional

“Negative”

Being anxious or fearful

Feeling depressed

Feeling guilty

Feeling angry

Not caring about anything

Feeling overwhelmed by sadness

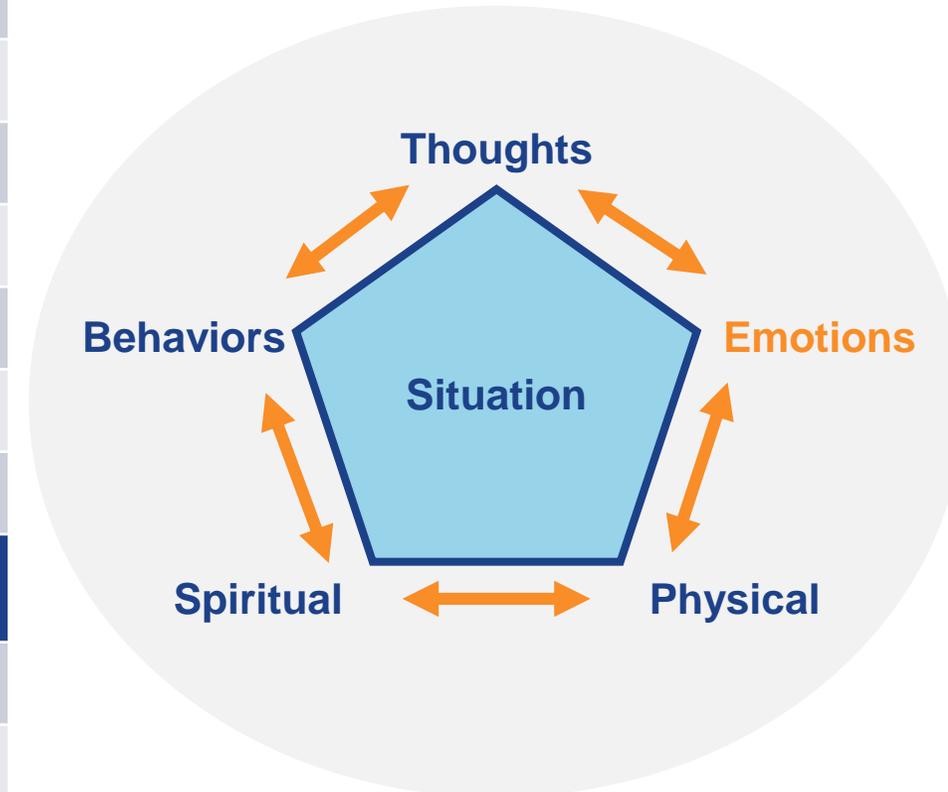
Feeling helpless

“Positive”

Feeling proud

Camaraderie, new closeness/intimacy with coworkers; deeper relationships

Feeling heroic, euphoric, or invulnerable



Fight or Flight Response

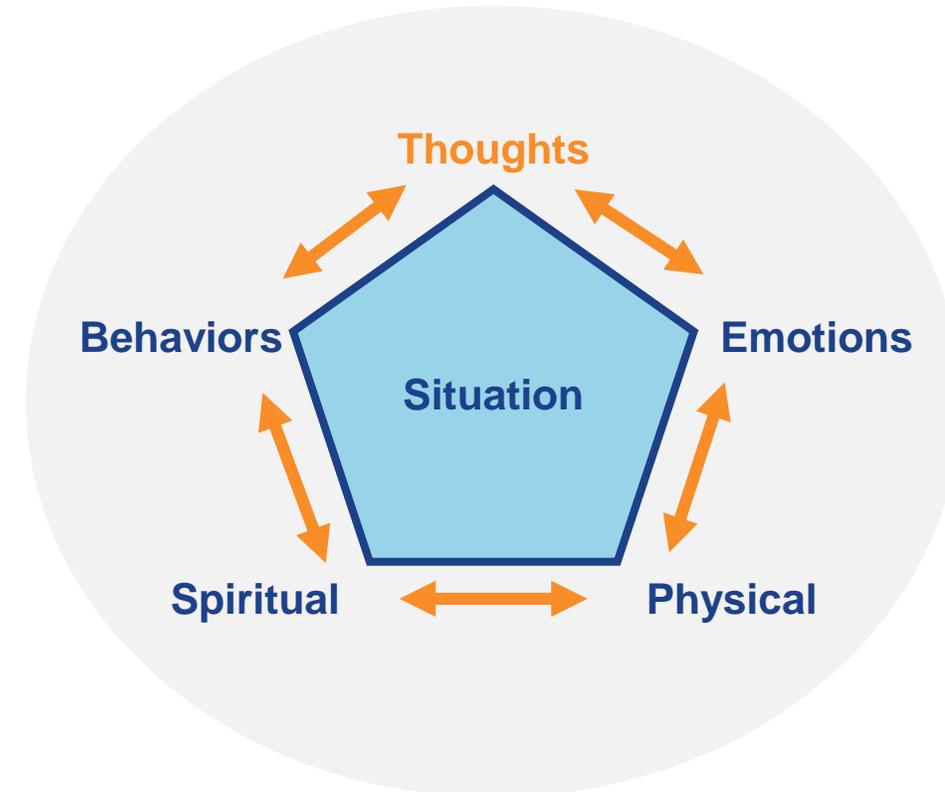
When faced with a life-threatening danger, people often want to run away or, if that is not possible, to fight. The **fight or flight** response is an **automatic** survival mechanism (“**90 second rule**”), which prepares the body to take these actions.

This response may be experienced as uncomfortable when you do not know why it’s happening.

Having stomachaches or diarrhea	Sharper vision
Having headaches and other pains	Release of adrenaline
Losing your appetite or eating too much	Shallow breathing, may lead to dizziness
Sweating or having chills	Dry mouth
Getting tremors or muscle twitches	Muscle tension
Being easily startled	Nausea or feeling “butterflies”

Common Responses: Cognitive

Common Themes	Thoughts
Shortages	<ul style="list-style-type: none"> Don't have enough PPE to keep safe, we can't do this safely Shortages means more mistakes. I can't do it all
Risk of Infection	<ul style="list-style-type: none"> I'm going to get sick, I'll make my family sick
Increased Workload	<ul style="list-style-type: none"> I can't do this new critical task. I will let down other members of the team People will die and I'm responsible
Physical Stress	<ul style="list-style-type: none"> I can't work while I'm in pain, I will hurt someone if I can't do my job
Rising Death Toll	<ul style="list-style-type: none"> Death is everywhere, I'm ineffective, I can't save anyone, I have no control
Redeployment	<ul style="list-style-type: none"> I'm confused, I'll never learn all of this, I can't understand this new information, I'm an outsider



Common Responses: Behavioral

Common Behaviors

Increased use of alcohol, tobacco, or illegal drugs

Increase in irritability, with outbursts of anger and frequent arguing

Having trouble relaxing or sleeping

Crying frequently

Worrying excessively

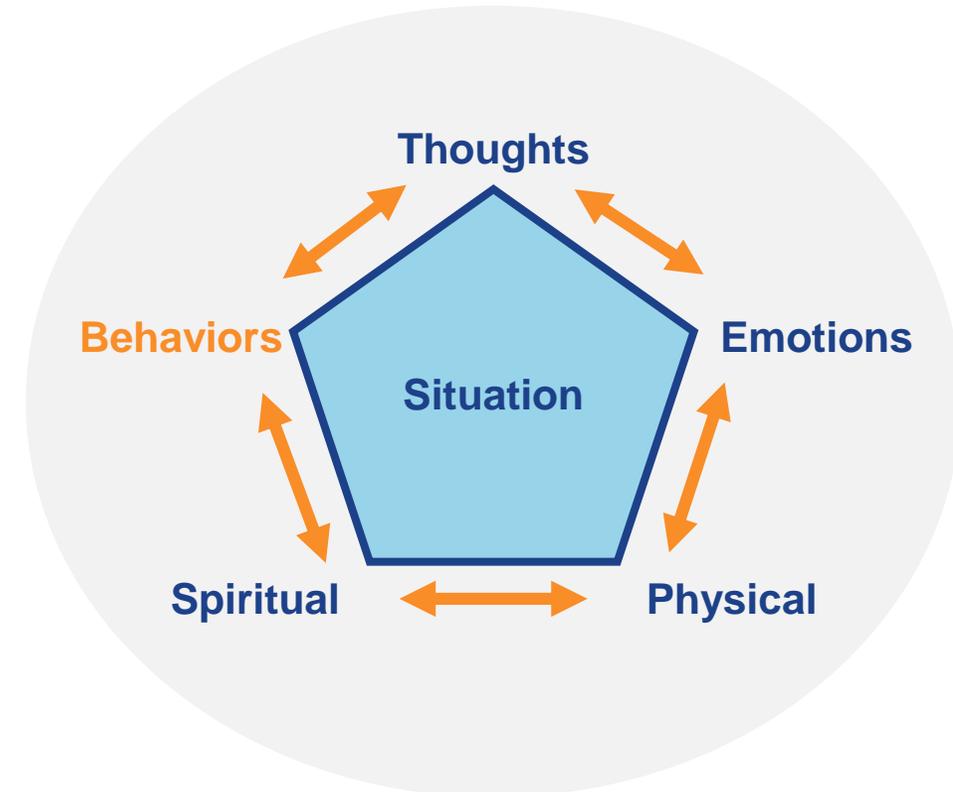
Wanting to be alone most of the time

Blaming other people for everything

Difficulty communicating or listening

Difficulty giving or accepting help

Inability to feel pleasure or have fun



Common Responses: Spiritual

The experience of responding to a disaster can also alter religious and spiritual beliefs.

Change in relationship with or belief about God/Higher Power

Abandonment of spiritual practice

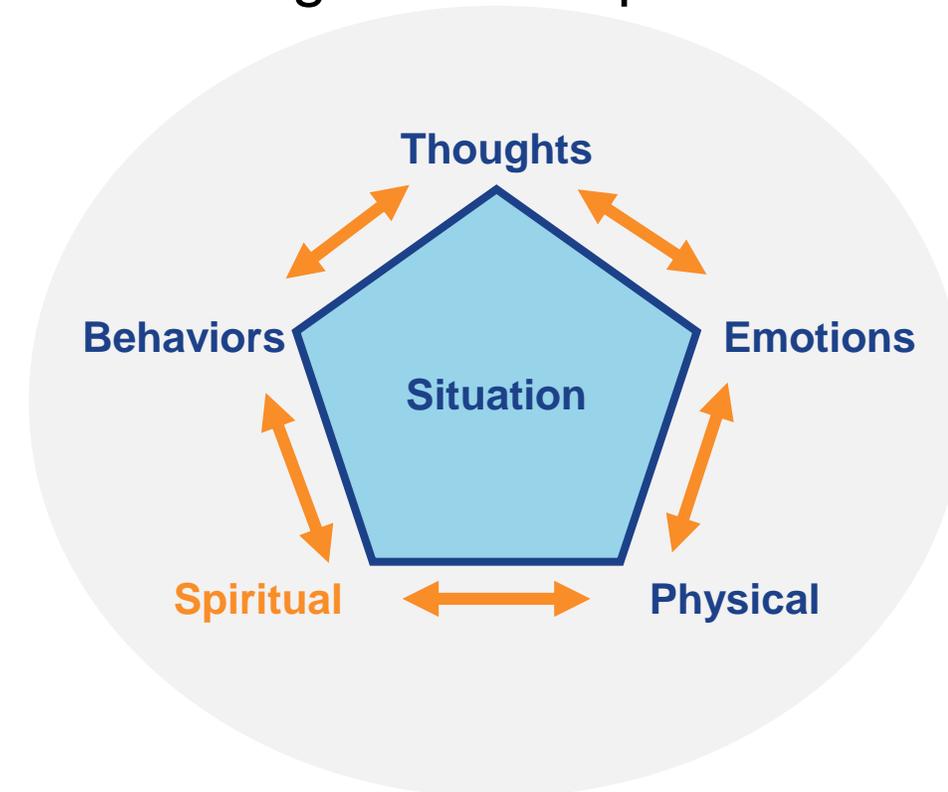
Inability to practice due to workload issues or social distancing

Questioning beliefs or loss of faith

Rejection of spiritual care providers

Struggle with questions about the meaning of life, justice, fairness, afterlife

Loss of familiar spiritual supports



Moral Injury

The distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events that may lead to behaviors or witnessing behaviors that go against values or beliefs.

Guilt

“I did something bad” “I couldn’t do more ”

Shame

“I am bad because of what I did (or didn’t do)”

Betrayal

“How did they allow that to happen?”

Resiliency

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Resilience

A combination of support and care from outside and within, plus positive coping skills that allow us to heal after the crisis has passed

- When you hear the word resilience, what comes to mind?
- In the current crisis, has your definition changed? Grown?
- And as health care professionals, our job is often to keep it together and carry others through
 - Many of us even do this for our families and friends
 - Many of us are afraid of falling apart. “What if I can’t keep others afloat?”

Resiliency During a Pandemic

Nurture social connections

How can you connect with others during this time?

Use your coping skills (new and old)

What has helped you get through previous life challenges?

Focus on the here and now and what is in your control

What are aspects of your life that you can control today?

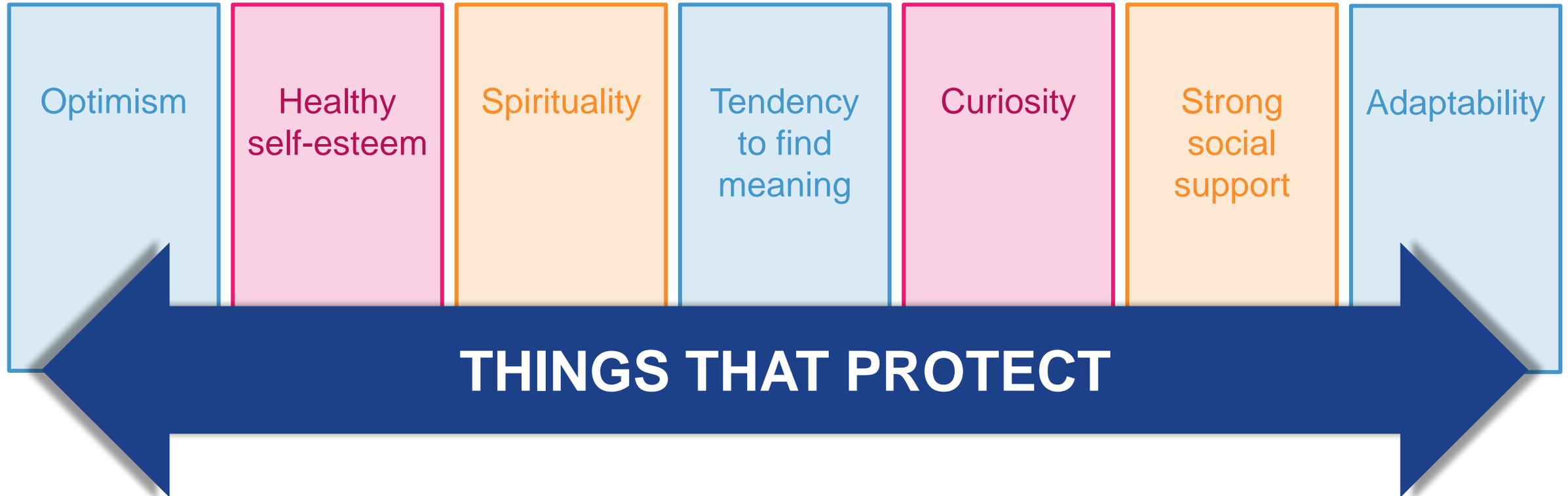
Try to maintain a positive outlook

What is one thing that happened today that brought you joy?

Take care of your physical health

How can you get movement in each day?

Resilience



Expectations for Recovery

- Many of us are waiting for life to “go back to normal” but we will need to find a “new normal”
 - For ourselves, our families, and our communities (NYC Health + Hospitals, NYC and beyond)
- Long-term resiliency-building is a lot like short and medium term: moments build into days and months. **Small actions build into larger recovery.**

Recovery happens in phases: 2 steps forward and 1 back is still 1 step forward

- The more work you put into yourself, the more improvement you’ll see in:
 - Memory and thinking
 - Mood and sleep
 - Reduction of stress and anxiety
- Effects of meditation on the brain
 - Benefits mood, connection, and overall health
- Helps your family and network be healthier too (ripples in the pond)

Tools to Manage Stress

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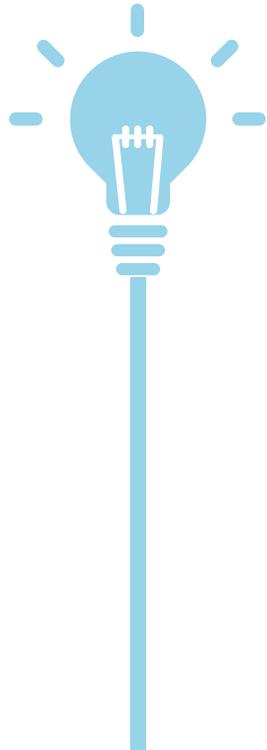


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Evidence-Based Strategies

Self-Care and Coping

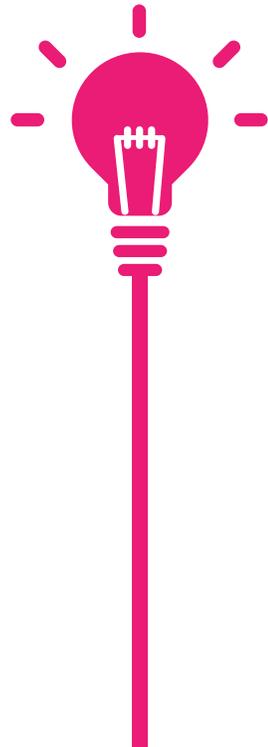
Staying
Connected
to Others



Practicing Stress
Management
Techniques



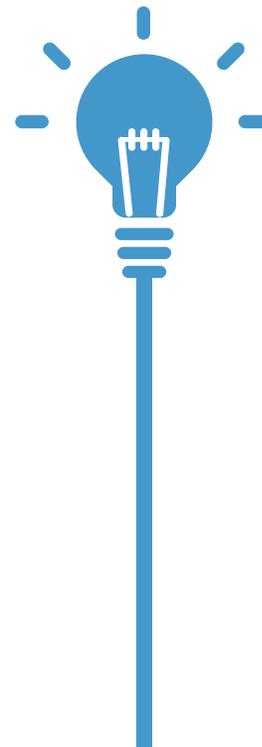
Keeping Up
Physical
Activity



Limiting Excessive
Exposure to
Distressing Media



Regular
Sleep
Patterns

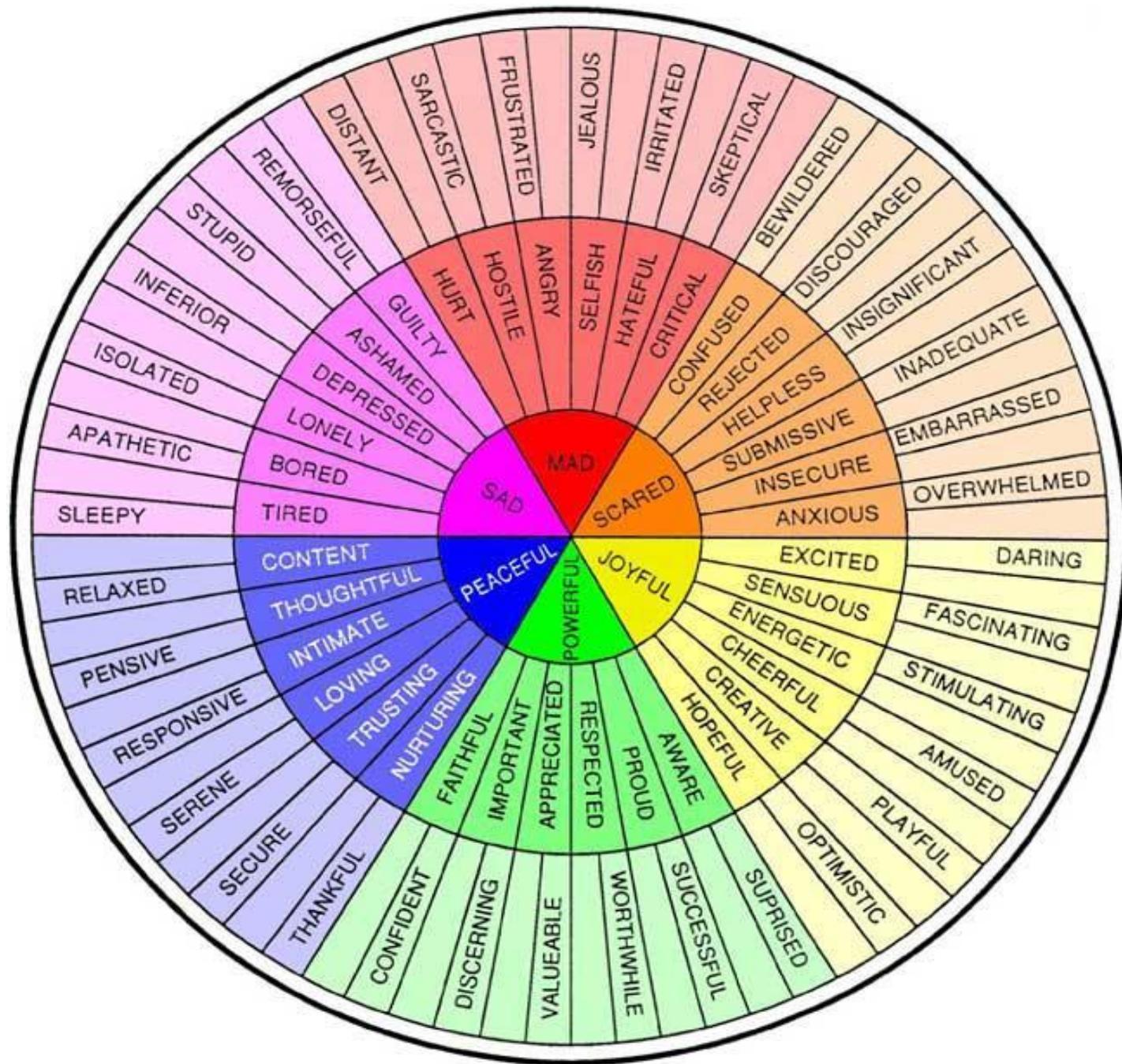


Healthy
Eating
Habits



Buddy System:
Look Out for
Your Peers





Name Your Emotions

Source: *The Feeling Wheel: A Tool for Expanding Awareness of Emotions and Increasing Spontaneity and Intimacy*, Gloria Willcox, 1982, <https://doi.org/10.1177/036215378201200411>

How Do I Make It Through the Day?

- Pace work.
 - Take breaks, including mini-breaks where possible
- Do not overwork or ignore personal needs
- Stay connected
 - Do self-check-ins
- Speak up
 - Sharing work concerns can enhance safety for everyone and encourages others to do the same. Remember that your voice matters
- Honor and connect to a sense of purpose and service

Tools to Manage Your Cognitive Response



**Be aware of
your thoughts**



**Identify
underlying
beliefs**



**Examine &
challenge your
thoughts**

Tools to Manage Your Emotional Response



**Name your
feelings**



**Be in touch
with your
feelings**



**Talk about your
feelings**

Self Care

**Two (2) minute
gratitude routine**

**Exercise daily or
every other day**

**Communicate
with others via
video platforms**

**Call a friend or
family**

**Journal your daily
experiences**

**Listen to calming
music**

**Meditate in a quiet
space**

**Connect to
healthy social
networks**

**Practice your
breathing
exercises**

Tools for Self Care

Social

Emotional/Spiritual

Physical

Now

- Speak with a wellness staff member
- Talk to your colleagues (we are in this together)

- Practice grounding techniques such as deep breathing
- Thought-slowing (observation and thought attention)

- Take a short walk, even just to the bathroom
- Stop and look out the window

Later

- Don't be afraid to express your feelings
- Reach out to a support network

- Remind yourself to focus on what is in your control
- Set boundaries with the news
- Religious rituals/meditation

- Move a muscle, change a thought
- Prioritize getting enough sleep
- Maintain a healthy diet

Long Term

- Utilize 12-Step and other social support networks
- Engage in activities that you enjoy

- Take part in counseling
- Take time for yourself
- Engage in prayer/worship

- Stay physically active
- Get enough sleep

Personal Goal Setting

Friendly Reminder

Get enough
sleep

Get enough
to eat

Do some
light
exercise

Vary the
work that
you do

Learn from
your
mistakes

Do
something
pleasurable

Pray,
meditate or
relax

Focus on
what you did
well

Support a
colleague

Share a
private joke

It's OK if you're not OK

- Expect to get through this together
- It is OK to need additional support

Ask for Help

- Make sure you are familiar with resources at your workplace
 - Hotlines, employee assistance program, special support programs
 - Example: Helping Healers Heal at NYC Health + Hospitals
- Make sure you are familiar with resources in your area
- Share wellness information and resources with your peers

Asking for Help Is Hard

Self-sufficiency and negative perceptions of care are turning out to be stronger predictors of not seeking treatment than traditional stigma and barriers.

- Stigma perceptions
 - “I would be seen as weak” “It will hurt my career”
- Organizational/other barriers
 - “It’s too difficult to get an appointment” “I can’t take time off work”
- Self-sufficiency
 - “I should be able to take care of problems on my own”
- Negative perceptions of care
 - “I felt judged or misunderstood” “I didn’t like the treatment option offered”

Stigma

When someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype).

When to Seek Help

Feeling overwhelmed, grief reactions worsen or interfere with daily functioning

Symptoms of complicated grief

Symptoms of trauma-related mental illnesses, e.g. PTSD, depression, substance use

Pre-existing mental health conditions or illnesses worsen

When to Seek Professional Help

After a disaster, normal acute stress reactions:

- Worsen
- Last for an extended period of time
- Interfere with daily functioning

After a disaster, signs and symptoms of trauma-caused mental illnesses appear

- E.g. PTSD, depression, GAD, substance use

After a disaster, pre-existing mental health or illness worsens

Different Types of Supports



Family/Friend

Connecting to an individual who knows you intimately will give you the opportunity to ask what another trusted individual sees you are experiencing.



PCP or Healthcare Professional

Our personal physician or a licensed professional are trained to assist you to seek HELP when assessing your needs.

Different Types of Supports



Anonymous Hotline

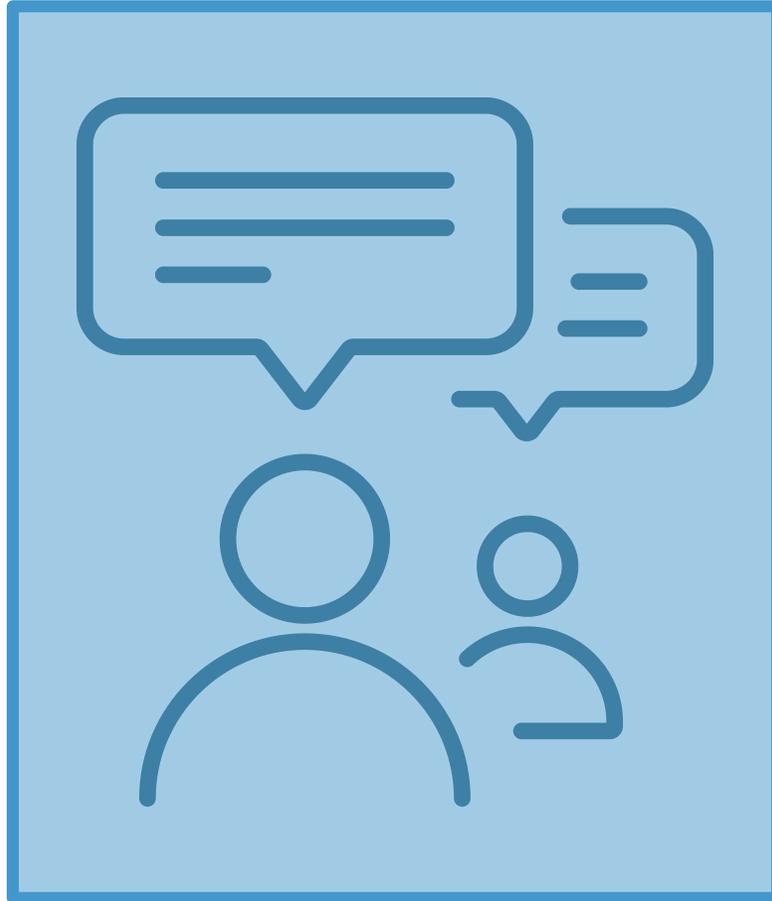
There are local and national hotlines where you can find mental health professionals and peer counselors to listen and give insight into what you are experiencing.



Employee Assistance Programs (EAPs)

These programs provide education, information, counseling, and individualized referrals to assist with a wide range of personal and social problems.

Pulse Checks



When you are under stress, remember to take a break and engage in a Pulse Check. Ask yourself: How am I feeling? Why might I be feeling this way? What can I do right now? What can I do later?

Through this training we have learned:

1. How to define the continuum of stress and the spectrum of reactions to stress
2. How to recognize warning signs of more complex mental health issues and suicide and the protocol to escalate
3. What are the various emotional, behavioral, cognitive and spiritual reactions to COVID-19 and other stress events
4. How to cope when managing stress and be able to apply those strategies
5. How to overcome barriers to receiving help and when/how to seek professional help

Part Two

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Helping Healers Heal (H3) Program

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Helping Healers Heal

What is it?

- ❑ Comprehensive program at NYC H+H that supports our staff affected by **second victimization**

Program Goals

- ❑ Provide 1:1 or group debriefing and support
- ❑ Referrals to licensed mental health support, and other psychological/emotional support needed
- ❑ Training to Recognize Red Flags



Peer Support Champion Cont.

How Can You Help?

- Establish **safety and trust**
- Understand your **role**
- Meet the individual **where they are at**
- Provide **practical assistance**
- Normalize** when appropriate
- Reflect **strength**
- Illuminate stress reactions and **appropriate coping**
- Empower** the individual
- Remind them to **express and explore** what is healthy and productive for them
- Follow through** and check back in

Pulse Checks

Debriefing

Promoting Wellness

Wellness Rounds

Wellness Events

H3 Debriefing Demystified

- “Facilitated conversation to reflect on an event or activity”
- Goal H3 Debriefings:**
 - Provide support
 - Clear the air
 - Bear witness
 - Validate
 - Share experiences
- Ground rules: Confidentiality, all are encouraged to share but not required, be respectful of others’ opinions/experiences and by not interrupting others
- Set stage/goal/H3 purpose
- Employ active listening and offer empathy

Providing Debriefs

- Establishes a safe environment to talk freely about personal affects
- Sharing can be intimate, interpersonal, and mutual
- Assists staff to feel they are not alone
- Supports colleagues when they are upset; help reduce work distress
- Important:** Not a substitute for professional help should that be needed

The Why...

- Our stories stay with us, they can **transform** when we share them
- Our feelings and thoughts are all **valid**, even when painful, they are information
- There is **nothing to fix**
- You are there to **listen**
- Bear **witness**
- Validate** (reactions, thoughts, and feelings)
- You are there to **accompany** colleagues so they do not feel alone



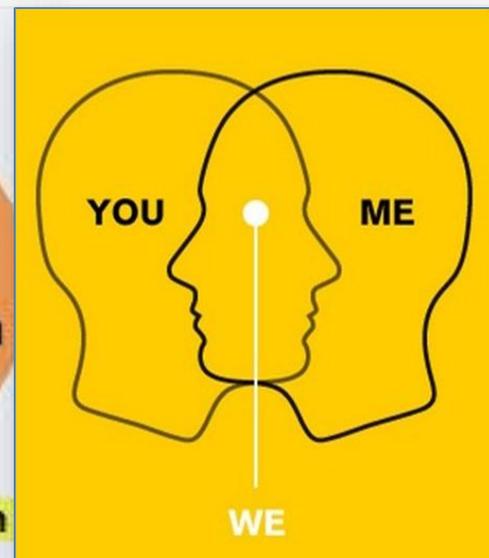
We are all shaped by experiences- imagine examples when someone acknowledged how terrible a case was or made the effort to check on you or the difference it might have made if someone had but did not

Empathy

Empathy is the experience of understanding another person's thoughts, feelings, and condition from his or her point of view, rather than from one's own.

Empathy is walking a mile in somebody else's moccasins. Sympathy is being sorry their feet hurt.

Rebecca O'Donnell



Brene Brown Video



<https://www.youtube.com/watch?v=1Evwgu369Jw>

Empathy Building

- Listen & don't interrupt
- Tune in to non-verbal communication
- Practice the "93% Rule"
- Be fully present
- Be mindful of your affect
- Encourage dialogue
- Provide recognition and validate
- Put aside your viewpoint and examine your attitude
- Respond to feelings and ask what you can do
- Ask for clarity
- Follow-up and/or refer



Helpful Phrases

"You are not alone."

"It sounds like you're saying . . ."

"It sounds really hard . . ."

"It is such a tough thing to go through something like this."

"You have been through a lot, it is normal to feel..."

"From what you're saying, I can see how you would be . . ."

"People can be very different in what helps them to feel better. When things get difficult, for me, it has helped me to . . ."

"It seems that you are . . ."

"Who are supporters that you have here or at home?"

"It sounds like you're being hard on yourself."

"I have an information sheet with some ideas about how to deal with difficult situations. Maybe there is an idea or two here that might be helpful for you."

"Do you think something like that would work for you?"

"No wonder you feel . . ."

"Are there any things that you think would help you to feel better?"

"I'm really sorry this is such a tough time for you."

"What have you done in the past to make yourself feel better when things got difficult?"

"We can talk more tomorrow if you'd like."

Empathy Building

NYC
HEALTH+
HOSPITALS



1:1 Debrief Video Clip



<https://youtu.be/iWRpdNGUftI>

Debriefs Let's Recap



Introduce yourself and H3 and what to expect



Set the stage and purpose



Thank people for participation (in advance) and set ground rules



Ask probing/follow-up questions, as appropriate



Discuss coping strategies



Generalize experiences



Actively listen and offer empathy



Close, offer H3 follow-up, offer professional resources

Group Debriefs

- ❑ Like 1:1 debriefs, a department or team may request a group debrief via H3 leads or intranet request form
- ❑ Contact the requester and explore the team needs, who should be included, when to meet?
- ❑ Identify a co-debriefing partner, when possible, in case someone needs more individual attention
- ❑ Bring candy, treats, flyers/resources list, something for them to have in case they aren't ready to talk
- ❑ During debrief, same steps as 1:1
- ❑ Introduce the H3 effort, confidentiality, describe reason for referral, and invite all to share
- ❑ Listen and validate, encourage sharing
- ❑ Be generous with your time!
- ❑ Conclude with follow-up plan/resources



Group Debriefs



<https://www.youtube.com/watch?v=Vak1f75hkfs>

Repeated Themes

- Connection with patient/family
- Medical errors
- Failure to rescue
- First (or cumulative) death experience
- Pediatric cases
- Unexpected patient demise
- COVID pandemic
 - Helplessness
 - Sheer volume of patients, many critical patients
 - Changing protocols
 - Fear of illness, fear of spreading COVID to families
 - “Collective grief”- it all added up to just “too much” to bear



H3 Peer Supporter: Training Plan

1. **Attend** training session: HERONY/H3 training Parts 1 and 2
2. Meet with local H3 team leads for role plays/opportunity to **practice skills** and get feedback (in person)
3. **Observe** a debriefing with a H3 lead/peer supporter
4. **Co-debrief** with a H3 lead/peer supporter
5. **Debrief independently** with presence of H3 lead/peer supporter
6. In coordination with your H3 lead **debrief, debrief, debrief**
7. **Participate regularly** in debriefing/team sessions with your H3 leads and local H3 team, led by your H3 teams. Never forget to support the supporters!

Wellness Round

What is a Wellness Round?

- ❑ Wellness Rounds help promote a culture where there is the expectation that wellness is important for every staff member
- ❑ Fosters ongoing dialogue on physician wellness and helping to identify burnout, fatigue, stress, and trauma
- ❑ Especially during the COVID pandemic, it was important for staff to feel cared for when they were unable or uneasy about asking for help

The usefulness/purpose of a Wellness Round

- ❑ “Meeting them where they are”
- ❑ Helps make staff feel seen
- ❑ During COVID staff literally couldn’t leave
- ❑ Wellness Rounds can transition to debriefings
- ❑ Raises awareness of H3 and the importance of mental health and wellbeing
- ❑ Promote wellness
- ❑ Make staff aware of resources available

Schwartz Rounds are grand rounds style events that focus on a case or a theme related to the emotional impact of patient care that care team members experience. A multidisciplinary panel is facilitated to share their experiences, and then the discussion opens up to comments from audience participants.



How do we approach an encounter, ask supportive questions and dig deeper?

Scenario revisit

2 minutes: Reflection and determine your “approach”

2-3 minutes: Report out to larger group VIA CHAT examples of supportive language, questions you would ask, and challengers you might envision.

A co-worker has just finished telling you that the stress of the pandemic has just been too much, he notes he is simply exhausted and overwhelmed, it all feels hopeless, he reports having trouble sleeping at night, feels guilty that he is healthy despite all those who got so sick with COVID, notes he has been eating everything in sight despite his previously healthy eating habits, has an upset stomach, is fearful he will spread germs to his family at home, and notes he feels sad but also angry that the pandemic has gone on for this long.

H+H Resources

NYC
HEALTH+
HOSPITALS



HEALING, EDUCATION, RESILIENCE & OPPORTUNITY
FOR NEW YORK'S FRONTLINE WORKERS

H+H & H3 Resources



H+H Resources



PICTURE OF THE DAY
NYC Health + Hospitals/Metropolitan Pride Health Center receive cupcakes from Baked by Melissa in appreciation for their quality care for LGBTQ New Yorkers.
[Picture of the Day archive](#)

THANK YOU HEALTH CARE HEROES 
BECAUSE OF YOUR HARD WORK AND DEDICATION
7,677 COVID-19 PATIENTS
HAVE RETURNED HOME



■ The COVID-19 Intranet Webpage is the one-stop-shop, centralized location for all COVID-19 needs including:

 Emotional & psychological support

 Training resources

 FAQs / Fact sheets

 Policy & procedural guidelines

 Feedback / Information sharing

 Clinical guidance

<https://mashable.com/2014/05/01/get-help-anonymously/>

**SYSTEM-WIDE
EMOTIONAL
STAFF SUPPORT** 

646-815-4150

Monday - Friday, 9:00am – 5:00pm
*Hours may be extended upon demand Note: this is not a general information line

**Anonymous support hotline for all
NYC Health + Hospitals employees.**

Please reach out and call if you are experiencing:

- + Fatigue / Stress
- + Burnout
- + Anxiety / Fear
- + Depression

Licensed mental health clinicians will be available for psychological and emotional support.
Referral opportunities for other services if needed.

For any other general COVID-19 questions,
please visit the COVID-19 Guidance and Resources intranet site:
hhcinsider.nychhc.org/sites/COVID-19/Pages/Index.aspx

NYC
HEALTH+
HOSPITALS



EAP
you talk, we listen.

Employee Assistance Program
<https://www1.nyc.gov/site/olr/eap/eaphome.page>
A free anonymous service for All
NYC Health + Hospitals Employees
Make an appointment by phone or email
(212) 306-7660
eap@olr.nyc.gov



NYC
WELL
Talk, Text, Chat,
24/7

<https://nycwell.cityofnewyork.us/en/>
A free anonymous service for NYC residents
Available 24/7/365
Call or Text anytime.
English: 1-888-NYC-WELL (1-888-692-9355), Press 2
Call 711 (Relay Service for Deaf/Hard of Hearing)
Español: 1-888-692-9355, Press 3
Text WELL to 65173



SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

<https://suicidepreventionlifeline.org/>
Confidential. Available 24 hours everyday
For English Call: 1-800-273-8255
For Spanish Call: 1-888-628-9454
For Deaf & Hard of Hearing Call: 1-800-799-4889

“Sometimes there's comfort in anonymity. Despite living in an era where people readily broadcast their innermost thoughts, not everyone finds it easy to speak up, and that can especially be the case for some people who live with mental health issues. While it's important to actively seek professional help, you can take baby steps by reaching out to confidential resources. Though no one should ever feel ashamed to take care of their mental health, seeking totally anonymous help can be an easy start for those who prefer to keep things private.” Yohana Desta

While at work, access resources via the Insider Page (intranet) on

- Any H+H computer
- Any H+H mobile device logged into the intranet

While at home, access resources from any device with internet access at:

ess.nychhc.org

- While logged into the intranet, via your remote access account
- NOTE: H3 Peer-to-Peer Support Form may only be accessed while logged into your remote account at home, to ensure this resource is used only by H+H Staff

NYC HEALTH+HOSPITALS | EMPLOYEE RESOURCES CENTER

This Site: Employee Res:

HOME | CENTRAL OFFICE | EMPLOYEE RESOURCES CENTER | FACILITIES | POLICIES & PROCEDURES | FORMS | SERVICE DESK | CONTACT

Employee Resources Center > Safety & Wellness

Safety & Wellness

NYC Health + Hospitals is committed to providing a safe workplace and offer a range of programs, policies, and services to support departments and employees in achieving individual and workplace safety, health and productivity.

- Workplace Violence Incident Form 2829 Electronic Reporting
- Helping Healers Heal Program
- WorkWell NYC
- Employee Assistance Program (EAP)
- WVP Coordinators Contacts
- Hospital Police Directors Contacts
- Emergency Preparedness Coordinators Contacts
- Environmental Safety Coordinators Contacts
- Occupational Health Services (OHS) Contacts

Home
Amazing Employees
Benefits
Careers
Civil Service Examination
Diversity & Inclusion
Email Us
ESS/MSS
Forms/Links
HR Directory
Labor & Employee Relations
Leaves of Absence
Payroll & Timekeeping
Peoplesoft HR
Performance Management
Photo Library
Safety & Wellness
Savings & Retirement
Training/ Workforce Development
Workers' Compensation

Promoting Wellness

RECOGNITION FOR OUR CRISIS RESPONSE EFFORTS

All videos can also be found on the Helping Healers Heal intranet page.
[Click here to stream or download.](#)



Impact of H3 Program: https://youtu.be/qw8cVWhq_s0



Second Victim Story: <https://youtu.be/aazkTgsBXRw>



Mock Group Debrief: <https://youtu.be/TkUAUSTXmvc>

Promoting Wellness

A CELEBRATION OF MILESTONES ACROSS THE SYSTEM

Staff Support During the 1st Peak of the COVID-19 Pandemic

Wellness spaces and resources have been created and managed across the System over the past few months to establish an increased sense of psychological safety and to enable staff to cope with challenging experiences by providing support wherever they are.



~30

Wellness Rooms created
across the System



2,200+

Wellness Encounters
(March – August)



10,780

Wellness Rounds
Completed
(March-August)



62,800

Visits to Wellness areas
(March – August)

H3 Insider Homepage

NYC HEALTH+ HOSPITALS | HELPING HEALERS HEAL

HOME CENTRAL OFFICE EMPLOYEE RESOURCES CENTER FACILITIES POLICIES & PROCEDURES FORMS SERVICE DESK CONTACT

Helping Healers Heal

Home
Facility Resources
H3 Documents
Promotional and Training Content

Helping Healers Heal

Helping Healers Heal is a comprehensive program that supports NYC Health + Hospitals staff affected by second victimization. Second victims are health care providers who are involved in an unanticipated adverse event, in a medical error and/or a patient-related injury, and become victimized in the sense that the provider is traumatized by the event.

Research shows that nearly half of health care providers could experience second victimization at least once in their career. Second victimization is common in circumstances such as medical errors, failure to rescue, first death experience, pediatric cases, and unexpected patient demise. Traumatized staff who do not receive adequate support are at a higher risk of experiencing emotional suffering and burnout.

Helping Healers Heal consists of three tiers of support for second victims: 1) local (unit/department) support, 2) trained peer supporters, and 3) an expedited referral network. The program turns our healing powers toward each other to break the cycle of burnout so that we may continue giving our whole selves to our patients. Together, we can ensure that we do not lose one more friend or colleague to second victimization.

Stay tuned to this page for additional information about Helping Healers Heal and the latest program developments.

Peer Support Graphic

TIER 3 EXPEDITED REFERRAL NETWORK
 • Employee Assistance Program
 • Chaplain, Social Work
 • Clinical Psychiatry, Psychology
 • Domestic Violence Support
 • The Wellness Center

TIER 2 TRAINED PEER SUPPORTERS
 Provide 1:1 crisis intervention, group debriefing, support, and referral to Tier 3 as needed.

TIER 1 LOCAL (UNIT/DEPARTMENT) SUPPORT
 Everyone having knowledge of second victimization, normalization of discussing difficult cases, and supporting each other.

H3 TEAM LEADS
(Click here for a list of Facility Team Leads)

Second Victim Team Peer Support:
 SUBMIT A REQUEST FOR H3 TEAM PEER SUPPORT

Peer Support Champion:
 SUBMIT H3 INTERACTIONS ENCOUNTER FORM

H3 FEEDBACK WELCOMED
 We welcome your thoughts, comments and suggestions [Submit it >](#)

Helping Healers Heal Activation Request Form

Facility: *

Date and Time: [12 AM] [00]

What kind of support is requested? *

Group Debrief
 1:1 Peer Support

Requestor Name: *

Please write Anonymous if that is the preference.

Requestor's Title:

Requestor Department:

Requestor Phone:

Requestor Email:

Person/Unit Requiring Support

What is your relationship to the person/unit you are requesting support for? *

Anonymous
 Self
 Supervisor
 Colleague
 H3 Team Peer
 Other

Person/Unit Requiring Support: *

Name of Person/Unit to Receive Support:

Department: *

Service Area: *

Medicine
 Behavioral Health
 Ancillary Services
 Administration
 Other

Title(s):

Phone Number:

Email:

Best Time to Contact: *

Morning
 Afternoon
 Evening

Brief description of reason for support request:

H3 Activation Request Form
 Form for staff to use to request support from their local H3 program. After submission the request will appear in a queue in a H3 portal controlled by H3 leads.

Helping Healers Heal Post-Encounter Form

Facility: *

Date & Time Support Provided: *

Duration of Encounter: *

(Mins)

Peer Supporter Name: *

Type of Support Provided: *

Group Debrief
 1:1 Peer Support
 Wellness Event

Total Number of Participants / Attendees per Group: *

(Select 1 for 1:1 Peer Support)

Response to Support:

Accepted
 Declined
 (Only require for 1:1 peer support)

Activation Type: *

Number of Individual/1:1 Follow Ups

Number of Group Debrief Follow Ups

Total Number of Follow Ups (Group & Individual Combined)

Referred by: *

Self
 Supervisor/manager
 Colleague/team member
 H3 Champion Self-Activation
 Safety Huddle
 Administrative Rounds
 RCA
 Code Response Report
 Other

How was the encounter initiated?

Form/intranet
 Email
 Phone
 Word of mouth
 Safety Huddle
 Code Response Report
 Other

Title of Person/Unit Receiving Support: *

Event Type: *

Unanticipated/Adverse Event - Patient
 Unanticipated/Adverse Event - Staff Member

H3 Interactions Encounter Form
 This form allows H3 staff to submit each of their encounters to help track their interventions across both the facility and system at-large.

H3 Leads Across The System

Acute Care Site	Lead
Bellevue	Natalie Kramer Natalie.Kramer@nychhc.org Anne Rugova Anne.Rugova@nychhc.org
Coney Island	John Jannes JOHN.JANNES@nychhc.org Lynn Hussey Lynn.Hussey@nychhc.org
Elmhurst	Lisa Saraydarian SARAYDAL@nychhc.org Suzanne Bentley BENTLEYS@nychhc.org Samantha Warner warners1@nychhc.org
Harlem	Keisha Wisdom wisdomk@nychhc.org Devida Allen Devida.Allen@nychhc.org Tawanna Gilford gilfordt@nychhc.org
Jacobi	Donna Geiss Donna.Geiss@nychhc.org Marni Confino Marni.Confino@nychhc.org
Kings County	Donna Leno-Gordon Donna.Leno-Gordon@nychhc.org Geraldina Xavier Geraldina.Xavier@nychhc.org Mikael Phillip phillipm9@nychhc.org Latoya Jackson Latoya.Jackson@nychhc.org
Lincoln	Ashley Reyes Ashley.Keyes@nychhc.org Gabriele Thomas Gabriele.Thomas@nychhc.org Franscene Oulds Franscene.Oulds@nychhc.org
Metropolitan Hospital	Leonard Davidman Leonard.Davidman@nychhc.org Margie Rivera Deleon Margie.RiveraDeleon@nychhc.org Samrina Kahlon Samrina.Kahlon@nychhc.org
North Central Bronx	Yvonne Torres Yvonne.Torres@nychhc.org Kalsang Tshering tsherink@nychhc.org
Queens	Gail Hirsch HIRSCHG@nychhc.org Jean Fleischman FLEISCHJ@nychhc.org
Woodhull	Marlene Dacken Marlene.Dacken@nychhc.org

Post-Acute Care Site	Lead
Carter	Daniel Stone Daniel.Stone@nychhc.org
Coler	Cheryl Dury duryc@nychhc.org Monserate Nieves-Martinez Monserate.Nieves-Martinez@nychhc.org
Gouverneur SNF	Emalyn Bravo Emalyn.Bravo@nychhc.org
McKinney	Angela Cooper Angela.Cooper@nychhc.org
Sea View	Karen Maiara Karen.Maiara@nychhc.org

Service Line	Lead
Community Care	Jennifer Melendez-Suarez melendej4@nychhc.org Emmanuel Monegro monegroe@nychhc.org
Ambulatory Care	Justin List Justin.List@nychhc.org Morris Gagliardi Morris.Gagliardi@nychhc.org

Make sure to reach out to your H3 Lead to determine:

- **Availability**
- **Facility-specific Resources**
- **Further training on Debriefs (Group/1:1) & Wellness Rounds**
- **Inclusion in Facility-specific Wellness Activities**
- **Data Collection Process**
- **Attend Regularly Scheduled H3 Meetings**

Through this training we have learned about:

1. The mission and scope of Helping Healers Heal Program as Wellness programming for NYC H+H
2. The various elements and how to facilitate a Debriefing, in both a 1:1 and group setting
3. How to conduct a Wellness Round to proactively address the emotional and psychological needs of our colleagues
4. Various Wellness resources available including those at NYC H+H and the community