Helping Healers Heal: Stress, Trauma, & Resilience Training

Useful Resources for Now, Later, & Long-Term
# 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?

Tier 1: Local (Unit/Department) Support
- Everyone having knowledge of second victimization, normalization of discussing difficult cases, and supporting each other.

Tier 2: Trained Peer Supporters
- Provide 1:1 crisis intervention, group debriefing, support, and referral to Tier 3 as needed.

Tier 3: Expedited Referral Network
- Employee Assistance Program
- Chaplain, Social Work
- Clinical Psychiatry, Psychology
- Domestic Violence Support
- The Wellness Center

NYC Health + Hospitals
HERO-NY
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
Peer Support Champion

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.
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
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.
Definitions of Common Terms

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

<table>
<thead>
<tr>
<th>Ready (Green)</th>
<th>Reacting (Yellow)</th>
<th>Injured (Orange)</th>
<th>Ill (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good to go</td>
<td>Distress or impairment</td>
<td>More severe or persistent distress or impairment</td>
<td>Stress injuries that don’t heal without intervention</td>
</tr>
<tr>
<td>Well trained</td>
<td>Mild, transient</td>
<td>Leaves lasting evidence (Mood, Sleep, Appetite; personality change)</td>
<td>Diagnosable</td>
</tr>
<tr>
<td>Prepared</td>
<td>Anxious or irritable</td>
<td></td>
<td>PTSD</td>
</tr>
<tr>
<td>Cohesive units</td>
<td>Behavior change</td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>Families are ready</td>
<td></td>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Addictive disorder</td>
</tr>
</tbody>
</table>

**Leadership Responsibility**

- **Responsibility**
  - Chaplain & Medical Responsibility
  - Individual Responsibility

**Individual Responsibility**

- Good to go
- Well trained
- Prepared
- Cohesive units
- Families are ready
- Distress or impairment
- Mild, transient
- Anxious or irritable
- Behavior change
- More severe or persistent distress or impairment
- Leaves lasting evidence (Mood, Sleep, Appetite; personality change)
- Stress injuries that don’t heal without intervention
- Diagnosable PTSD
- Depression
- Anxiety
- Addictive disorder
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
Pulse Check

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

\textbf{2 minutes}: Please write down thoughts that come to mind, feel free to share in the chat!
Trauma
What is Trauma?

**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.
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
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
What is Grief?

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
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 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.
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
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?

Source: [https://www.massgeneral.org/assets/MGH/pdf/psychiatry/HSPH-COVID-19-mental-health-tips-3-11-20_kk.pdf](https://www.massgeneral.org/assets/MGH/pdf/psychiatry/HSPH-COVID-19-mental-health-tips-3-11-20_kk.pdf)
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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

<table>
<thead>
<tr>
<th><strong>“Negative”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Being anxious or fearful</td>
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<tr>
<td>Feeling depressed</td>
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<tr>
<td>Feeling guilty</td>
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<tr>
<td>Feeling angry</td>
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<tr>
<td>Not caring about anything</td>
</tr>
<tr>
<td>Feeling overwhelmed by sadness</td>
</tr>
<tr>
<td>Feeling helpless</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>“Positive”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling proud</td>
</tr>
<tr>
<td>Camaraderie, new closeness/intimacy with coworkers; deeper relationships</td>
</tr>
<tr>
<td>Feeling heroic, euphoric, or invulnerable</td>
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</tbody>
</table>

Source: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf
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.

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

### Common Themes: Cognitive

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Thoughts</th>
</tr>
</thead>
</table>
| Shortages         | • 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 | • I’m going to get sick, I’ll make my family sick                                                                                     |
| Increased Workload| • 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   | • I can’t work while I’m in pain, I will hurt someone if I can’t do my job                                                             |
| Rising Death Toll | • Death is everywhere, I’m ineffective, I can’t save anyone, I have no control                                                          |
| Redeployment      | • I’m confused, I’ll never learn all of this, I can’t understand this new information, I’m an outsider                                    |

Source: NYC DOHMH: Taking Care of Your Emotional Well-Being: Tips for Health Care Workers During COVID-19
## Common Behaviors

<table>
<thead>
<tr>
<th>Common Behaviors</th>
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</thead>
<tbody>
<tr>
<td>Increased use of alcohol, tobacco, or illegal drugs</td>
</tr>
<tr>
<td>Increase in irritability, with outbursts of anger and frequent arguing</td>
</tr>
<tr>
<td>Having trouble relaxing or sleeping</td>
</tr>
<tr>
<td>Crying frequently</td>
</tr>
<tr>
<td>Worrying excessively</td>
</tr>
<tr>
<td>Wanting to be alone most of the time</td>
</tr>
<tr>
<td>Blaming other people for everything</td>
</tr>
<tr>
<td>Difficulty communicating or listening</td>
</tr>
<tr>
<td>Difficulty giving or accepting help</td>
</tr>
<tr>
<td>Inability to feel pleasure or have fun</td>
</tr>
</tbody>
</table>

Source: [https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf)
Common Responses: Spiritual

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

<table>
<thead>
<tr>
<th>Change in relationship with or belief about God/Higher Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment of spiritual practice</td>
</tr>
<tr>
<td>Inability to practice due to workload issues or social distancing</td>
</tr>
<tr>
<td>Questioning beliefs or loss of faith</td>
</tr>
<tr>
<td>Rejection of spiritual care providers</td>
</tr>
<tr>
<td>Struggle with questions about the meaning of life, justice, fairness, afterlife</td>
</tr>
<tr>
<td>Loss of familiar spiritual supports</td>
</tr>
</tbody>
</table>

Sources: Disaster Mental Health Standards and Procedures, The National American Red Cross, December, 2016
Moral Injury & 3 Common Reactions

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.

<table>
<thead>
<tr>
<th>Guilt</th>
<th>“I did something bad” “I couldn’t do more”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shame</td>
<td>“I am bad because of what I did (or didn’t do)”</td>
</tr>
<tr>
<td>Betrayal</td>
<td>“How did they allow that to happen?”</td>
</tr>
</tbody>
</table>
Resiliency
Introduction to Resilience

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

Optimism
Healthy self-esteem
Spirituality
Tendency to find meaning
Curiosity
Strong social support
Adaptability

THINGS THAT PROTECT

Source: NYC Department of Health & Mental Hygiene
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

NYC HEALTH+ HOSPITALS

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

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

1. **Name your feelings**
2. **Be in touch with your feelings**
3. **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

<table>
<thead>
<tr>
<th>Social</th>
<th>Emotional/Spiritual</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Now</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Speak with a wellness staff member</td>
<td>▪ Practice grounding techniques such as deep breathing</td>
<td>▪ Take a short walk, even just to the bathroom</td>
</tr>
<tr>
<td>▪ Talk to your colleagues (we are in this together)</td>
<td>▪ Thought-slowing (observation and thought attention)</td>
<td>▪ Stop and look out the window</td>
</tr>
<tr>
<td><strong>Later</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Don’t be afraid to express your feelings</td>
<td>▪ Remind yourself to focus on what is in your control</td>
<td>▪ Move a muscle, change a thought</td>
</tr>
<tr>
<td>▪ Reach out to a support network</td>
<td>▪ Set boundaries with the news</td>
<td>▪ Prioritize getting enough sleep</td>
</tr>
<tr>
<td></td>
<td>▪ Religious rituals/meditation</td>
<td>▪ Maintain a healthy diet</td>
</tr>
<tr>
<td><strong>Long Term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Utilize 12-Step and other social support networks</td>
<td>▪ Take part in counseling</td>
<td>▪ Stay physically active</td>
</tr>
<tr>
<td>▪ Engage in activities that you enjoy</td>
<td>▪ Take time for yourself</td>
<td>▪ Get enough sleep</td>
</tr>
<tr>
<td></td>
<td>▪ Engage in prayer/worship</td>
<td></td>
</tr>
</tbody>
</table>
Friendly Reminder

- Get enough sleep
- Do some light exercise
- Learn from your mistakes
- Pray, meditate or relax
- Support a colleague
- Share a private joke
- Do something pleasurable
- Focus on what you did well
- Vary the work that you do
- Get enough to eat

Personal Goal Setting

It’s OK if you’re not OK
- Expect to get through this together
- It is OK to need additional support

Sources: US Department of Defense
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

Source (verbatim): https://emergency.cdc.gov/coping/responders.asp
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).

(Kim P, 2010; Hoge CW, 2014; Adler, et. al. 2014)
### When to Seek Help

<table>
<thead>
<tr>
<th>Feeling overwhelmed, grief reactions worsen or interfere with daily functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of complicated grief</td>
</tr>
<tr>
<td>Symptoms of trauma-related mental illnesses, e.g. PTSD, depression, substance use</td>
</tr>
<tr>
<td>Pre-existing mental health conditions or illnesses worsen</td>
</tr>
</tbody>
</table>

**Source:** NYC DOH
<table>
<thead>
<tr>
<th>When to Seek Professional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After a disaster, normal acute stress reactions:</strong></td>
</tr>
<tr>
<td>- Worsen</td>
</tr>
<tr>
<td>- Last for an extended period of time</td>
</tr>
<tr>
<td>- Interfere with daily functioning</td>
</tr>
<tr>
<td><strong>After a disaster, signs and symptoms of trauma-caused mental illnesses appear</strong></td>
</tr>
<tr>
<td>- E.g. PTSD, depression, GAD, substance use</td>
</tr>
<tr>
<td><strong>After a disaster, pre-existing mental health or illness worsens</strong></td>
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</tbody>
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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?
Wrap Up

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
Helping Healers Heal (H3) Program
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

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

TIER 3

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.
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
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 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.
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
1:1 Debrief Video Clip

https://youtu.be/iWRpdNGUFTl
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 well-being.
- 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.
Role Play

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
H+H & H3 Resources

1:1 Debrief (Telephonically with Peer Support Champion)

Anonymous Counseling (with Licensed Counselor at facility)

BH Hotline (System-Wide)

We Call You!

Socially Distanced Small Group Debrief (on unit/area or Wellness area)

You Call Us!

Wellness/Respite Areas (Rest/Relax/Grab a Snack)

Prefer to talk on the phone? Talk In person?

Just need a break?
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
“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
How To Access HHC Resources

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
H+H Resources

http://hhcinsider.nychhc.org/corpoffices/erc/Pages/SafetyWellness.aspx
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

Helping Healers Heal

Helping Healers Heal is a care pathway 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, is a medical error and/or a patient-related injury, and become vicimized in the sense that they are traumatized by the event.

Research shows that nearly half of health care providers could experience second vicimization at least once in their career. Second vicimization is common in circumstances such as medical errors, failure to rescue, death of a patient, and unexpected patient demise. Traumatized staff/ends do not receive adequate support and 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/departments) support, 2) trained peer supporters, and 3) an expedited referral network. The program funnels our referring providers toward each other to breach the cycle of isolation so that we may continue giving our vital values to our patients. Together, we can ensure that we do not lose one more friend or colleague to second vicimization.

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

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.

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

<table>
<thead>
<tr>
<th>Acute Care Site</th>
<th>Lead</th>
</tr>
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</table>
| Bellevue              | Natalie Kramer [Natalie.Kramer@nychhc.org](Natalie.Kramer@nychhc.org)  
                       | Anne Rugova [Anne.Rugova@nychhc.org](Anne.Rugova@nychhc.org)           |
| Coney Island          | John Jannes [JOHN.JANNES@nychhc.org](JOHN.JANNES@nychhc.org)           
                       | Lynn Hussey [Lynn.Hussey@nychhc.org](Lynn.Hussey@nychhc.org)           |
| Elmhurst              | Lisa Saraydarian [SARAYDAL@nychhc.org](SARAYDAL@nychhc.org)            
                       | Suzanne Bentley [BENTLEYS@nychhc.org](BENTLEYS@nychhc.org)             
                       | Samantha Warner [warners1@nychhc.org](warners1@nychhc.org)            |
| Harlem                | Keisha Wisdom [wisdomk@nychhc.org](wisdomk@nychhc.org)                
                       | Devida Allen [Devida.Allen@nychhc.org](Devida.Allen@nychhc.org)       
                       | Tawanna Gilford [gilfordt@nychhc.org](gilfordt@nychhc.org)            |
| Jacobi                | Donna Geiss [Donna.Geiss@nychhc.org](Donna.Geiss@nychhc.org)           
                       | Marni Confino [Marni.Confino@nychhc.org](Marni.Confino@nychhc.org)    |
| Kings County          | Donna Leno-Gordon [Donna.Leno-Gordon@nychhc.org](Donna.Leno-Gordon@nychhc.org)  
                       | Gerald Xavier [Geralda.Xavier@nychhc.org](Geralda.Xavier@nychhc.org)   
                       | Mikael Phillip [philippm9@nychhc.org](philippm9@nychhc.org)            
                       | Latoya Jackson [Latoya.Jackson@nychhc.org](Latoya.Jackson@nychhc.org) |
| Lincoln               | Ashley Reyes [Ashley.Keyes@nychhc.org](Ashley.Keyes@nychhc.org)        
                       | Gabriele Thomas [Gabriele.Thomas@nychhc.org](Gabriele.Thomas@nychhc.org)  
                       | Franscene Oulds [Franscene.Oulds@nychhc.org](Franscene.Oulds@nychhc.org) |
| Metropolitan Hospital | Leonard Davidman [Leonard.Davidman@nychhc.org](Leonard.Davidman@nychhc.org)  
                       | Margie Rivera Deleon [Margie.RiveraDeleon@nychhc.org](Margie.RiveraDeleon@nychhc.org)  
                       | Samrina Kahlon [Samrina.Kahlon@nychhc.org](Samrina.Kahlon@nychhc.org) |
| North Central Bronx   | Yvonne Torres [Yvonne.Torres@nychhc.org](Yvonne.Torres@nychhc.org)      
                       | Kalsang Tshering [tsherink@nychhc.org](tsherink@nychhc.org)            |
| Queens                | Gail Hirsch [HIRSCHG@nychhc.org](HIRSCHG@nychhc.org)                   
                       | Jean Fleischman [FLEISCHJ@nychhc.org](FLEISCHJ@nychhc.org)             |
| Woodhull              | Marlene Dacken [Marlene.Dacken@nychhc.org](Marlene.Dacken@nychhc.org)   |

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<tr>
<th>Post-Acute Care Site</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Carter</td>
<td>Daniel Stone <a href="Daniel.Stone@nychhc.org">Daniel.Stone@nychhc.org</a></td>
</tr>
</tbody>
</table>
| Coler                | Cheryl Dury [duryc@nychhc.org](duryc@nychhc.org)                        
                       | Monserrate Nieves-Martinez [Monserrate.Nieves-Martinez@nychhc.org](Monserrate.Nieves-Martinez@nychhc.org) |
| Gouverneur SNF       | Emalyn Bravo [Emalyn.Bravo@nychhc.org](Emalyn.Bravo@nychhc.org)         |
| McKinney             | Angela Cooper [Angela.Cooper@nychhc.org](Angela.Cooper@nychhc.org)      |
| Sea View             | Karen Maiara [Karen.Maiara@nychhc.org](Karen.Maiara@nychhc.org)         |

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<tr>
<th>Service Line</th>
<th>Lead</th>
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</table>
| Community Care        | Jennifer Melendez-Suarez [melendej4@nychhc.org](melendej4@nychhc.org)  
                       | Emmanuel Monegro [monegro@nychhc.org](monegro@nychhc.org)             |
| Ambulatory Care       | Justin List [Justin.List@nychhc.org](Justin.List@nychhc.org)           
                       | Morris Gagliardi [Morris.Gagliardi@nychhc.org](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