HERO-NY

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

TRAINING MANUAL

INTRODUCTION

The five-part Healing, Education, Resilience & Opportunity for New York's Frontline Workforce (HERO-NY) "train the trainer" series is based on military expertise in addressing trauma, stress, resilience, and wellness. This series was adapted for a civilian audience to support the mental health and well-being of frontline workers affected by the COVID-19 pandemic. HERO-NY was developed in partnership with the US Department of Defense, Uniformed Services University of Health Sciences, US Department of Veterans Affairs, NYC Health + Hospitals, New York City Department of Health and Mental Hygiene, and the Fire Department of the City of New York.

The five modules of HERO-NY review the challenges unique to COVID-19; highlight the importance of resilience and effective coping strategies; explore the impact of disasters on the well-being of frontline workers; and culminate with guidance on developing and implementing enhanced and sustainable resilience programming. Participants are strongly encouraged to review all five modules, as each one builds on principles that provide actionable knowledge to support wellness and resilience program development at their organizations.

All tools and resources used and mentioned in this training can be found on the Program page on Greater New York Hospital Association (GNYHA)'s website.

HERO-NY Module One focuses on providing a basic understanding of resiliency research and the impact of disasters on the psychological well-being of frontline workers. The presentation also develops stress reduction and coping tools for both on the field and outside of frontline work.

Presenter: Rebecca Linn-Walton, PhD, LCSW, Associate Vice President, Office of Behavioral Health, NYC Health + Hospitals

Slide 2: Grounding Exercise
- Start with the grounding exercise and follow the steps mentioned in this slide.
- Grounding techniques can have a calming effect. Most stress and anxiety results from a disconnection from our bodies. The more rooted we are in our body, the less stress and anxiety we can experience.
- It is important to note, this can be done in various repetitions. It also can be done anywhere, from one's desk, on the subway, etc.

Slide 3: Task Force Story

Task Force Story

On April 29th, 2020, NYC Mayor Bill DeBlasio and First Lady Chirlane McCray announced a collaboration with US Department of Defense (DoD) to help **frontline workers** to cope with Stress.

NYC Health + Hospitals, in collaboration with multiple stakeholders, developed the Resilience and Trauma Training Series known as **Healing, Education, Resilience & Opportunity for New York's Frontline Workers (HERO-NY)** to support health care workers and first responders on the front lines of the COVID-19 pandemic.

HERO-NY has tailored elements of the US DoD's combat stress management and resilience program into a webinar training series to be used in civilian health care and first responder settings across the city.

HERO-NY 3

Slide 4: Overview of the Series

- This presentation is a high-level primer. Presenters in subsequent modules will take you deeper into:
  - Resilience skills
  - Support for grief and loss
  - How to know what to do and when to ask for more support
  - The goal is to provide skills and tools for frontline workers and start the work each agency will need to do to promote healing for frontline workers in the months and years to come
- Reminder: all tools and resources used and mentioned in this training can be found on the Program page on GNYHA's website

Overview of Series

- Today's presentation is the first of 5
- 1-hour presentations with panel discussions, videos, etc.
- Today is meant to be a primer:
  - How does stress lead to trauma and burnout?
  - What is different about the pandemic?
  - How do we cope? How do we heal?
    - In the moment
    - In the day
    - Until we are through
- You will hear from your colleagues, from experts, from yourselves
  - Today will include a panel discussion

HERO-NY 4

Slide 5: Learning Objectives

- No additional notes are needed. Refer to slide content.

> **Learning Objectives**
>
> 1. Gain an understanding of research on resiliency and the impact of disasters on psychological well-being in frontline workers
> 2. Develop basic skills and coping tools for immediate stress reduction in the field
> 3. Develop basic skills for use outside of frontline work
> 4. Learn how to spot check and identify the need for additional support, and learn where to access this help within NYC
>
> HERO-NY 5

Slide 6: Primer: Introduction to Resilience

- Explain that resilience means different things to different people. Each person experiences the current crisis differently.
- Refer to the slide for some phrases and descriptions others have shared. Trainer should read examples.

> **Primer: Introduction to Resilience**
>
> - 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?"
>
> HERO-NY 6

Slide 7: Definitions of Common Terms

- Trainer should read the terms and definitions aloud. Audience should know that this is not clinical language, rather how the average person views these terms.

Definitions of Common Terms

- **Stress** – sense of something is not right and something needs to change
- **Distress** – when the overwhelm overwhelms
- **Disorder** – when you need outside help
- **Burnout** – when the above 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** – psychological and physical overwhelm from stress
- **Complex trauma** – cumulative trauma often over long periods of time (previous trauma + current trauma = too much trauma)
- **Coping mechanism/skills** – tools we can use to carry ourselves through (can be 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

HERO-NY 7

Slide 8: Psychological & Behavioral Response to Disasters

- Following a disaster, some people will do well and promptly resume life activities at a similar level of functioning
- Some may even experience an increased perception of their own ability to care for themselves and come to feel more capable of handling adversity in the future. This phenomena is often termed "post-traumatic growth."
- However, a sizable minority will experience one or more adverse psychological and/or behavioral responses. Consider them in terms of frequency from least to most common. For instance, when considering psychological effects of disasters, many people think of psychiatric disorders, often post-traumatic stress disorder (PTSD). Psychiatric disorders produce considerable morbidity and mortality after disasters. It is important to understand the risks for developing disorders, how to properly conduct surveillance and assessment, when to refer, and how to appropriately treat these conditions. However, it's equally important to realize that health risk behaviors and distress reactions are experienced almost immediately and with greater frequency than psychiatric disorders following a disaster, producing the bulk of public mental health burden in the days and weeks immediately following the event.
- Following disasters, distress reactions and health risk behaviors predominate. Difficulty with sleep, social isolation, increased use of alcohol and tobacco and other distress responses and health risk behaviors confer the bulk of psychological and behavioral public health burden following disasters. Consider the range of adverse impacts to a community, which is largely under-slept, irritable, isolative, and increasingly reliant on alcohol and tobacco to manage feelings of distress. Public health effects may include increased motor vehicle and other accidents, intimate partner violence and impaired family relationships, and decreased work productivity. Some will develop psychiatric disorders such as PTSD, depression, anxiety, and complex grief can occur following a disaster event and confer significant morbidity and mortality.
- Disaster mental health education must convey to communities the range of potential effects, how to recognize when they need assistance, and where to go for help. Community leaders can benefit from education about how to support the individuals whom they oversee and manage. Health care providers are also important stakeholders for whom education is critical. If individuals receive medical interventions for these distress responses and health risk behaviors, and even psychiatric disorders, it will typically be in primary care and emergency settings. This speaks to the importance of collaboration between

psychiatry and other disciplines in disaster management. Partnership and consultation with non-psychiatric providers can enhance the ability to communicate with patients; provide thorough surveillance and screening, health education, and anticipatory guidance to patients; and more effectively refer individuals for additional services when needed.
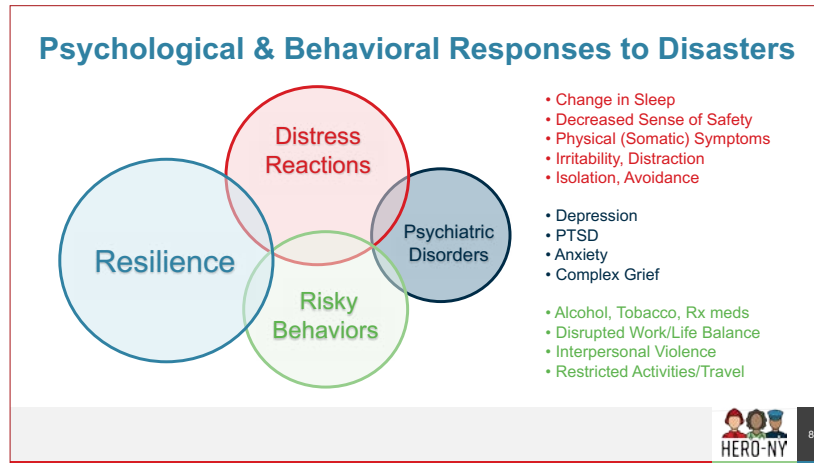
Slide 9: The Stress Continuum
- The purpose of this slide is to share how different each bucket is.
- Buckets two and three should be normalized, and the audience encouraged to seek help as needed.

Slide 10: Resiliency During a Pandemic

- Additional resources:
  - https://www.everydayhealth.com/coronavirus/how-to-build-your-resilience-during-the-covid-19-pandemic/
  - "Like building a muscle, increasing your resilience requires time and dedication."
  - "There isn't one specific strategy to use to build resilience. It's a process of establishing connections, coping with stress, adjusting your thought process, and fostering physical wellness."
  - https://www.workhealthlife.com/Article/PrintDirect/fb6a9d2c-0f4b-4f57-ad79-fc9c30c4c940
- *Mention the next session. This module shares skills to use right now–later sessions will take a deeper dive into the material.*

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?

HERO-NY   10

Slide 11: Frontlines of the Pandemic

- *The purpose of this slide is to share the universality of the experience for frontline workers.*
- Surge in care demands. Many more people present for care, while increased health care personnel are sick or caring for family.
- Ongoing risk of infection. Increased risk of contracting dreaded illness and passing it to family, friends, and others at work.
- Equipment challenges. Equipment can be uncomfortable, limit mobility and communication, and offer uncertain benefit; shortages occur because of increased and sometimes unnecessary use.
- Providing support as well as medical care. Patient distress can be increasingly difficult for health care personnel to manage.
- Psychological stress in outbreak settings. Helping those in need can be rewarding, but also difficult as workers may experience fear, grief, frustration, guilt, insomnia, and exhaustion.

Frontlines of the Pandemic

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- **Ongoing risk of infection.** Increased risk of contracting dreaded illness and passing it along to family, friends, and others at work.
- **Equipment challenges.** Equipment can be uncomfortable, limit mobility and communication, and be of uncertain benefit; shortages occur as a result of increased, and sometimes unnecessary, use.
- **Providing support as well as medical care.** Patient distress can be increasingly difficult for health care personnel to manage.
- **Psychological stress in the outbreak settings.** Helping those in need can be rewarding, but also difficult as workers may experience fear, grief, frustration, guilt, insomnia, and exhaustion.

Morganstein, J. C., Fullerton, C. S., Ursano, R. J., & Holloway, H. C. (2017). Pandemics: Health Care Emergencies. In *Textbook of Disaster Psychiatry* (2nd ed., pp. 270–284). Cambridge University Press.

HERO-NY   11

Slide 12: Examples of Stressors
- No additional notes needed. Refer to slide content.
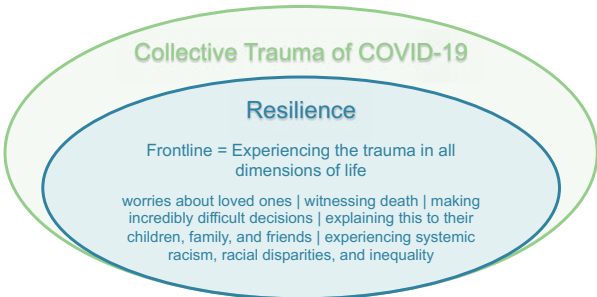

Examples of Stressors

Workplace	Home	Quarantine
• Witnessing intense pain, isolation, and loss on a daily basis	• Remote learning is hard	• Keeping my family safe
• Few opportunities for rest and breaks	• 24-hour childcare responsibilities on top of work	• Getting getting enough food and medication
• Previous coping mechanisms can fail in current crisis	• Can't unwind with friends, go to the movies, or any of the things that typically relieve stress	• Fear of dying
• I CAN'T DO WHAT I WANT	• Having to be "on" all the time for my family and friends	• Going back too soon
• PPE (Lack of personal physical safety, emotionally/psychologically draining and disconnect from patients/barrier, not feeling seen, abandonment, physical discomfort)	• Hard to stop my brain when my head hits the pillow	• Emotional fallout (can happen after we recover physically)
		• Constantly reading the news and social media
		• Lack of answers about the illness and recovery

Slide 13: Collective Trauma and Individual Trauma
- Review 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."
- Self-sufficiency and negative perceptions of care are turning out to be stronger predictors of not seeking treatment than traditional stigma and barriers.

Collective Trauma and Individual Trauma

Collective Trauma of COVID-19

Resilience

Frontline = Experiencing the trauma in all dimensions of life

worries about loved ones | witnessing death | making incredibly difficult decisions | explaining this to their children, family, and friends | experiencing systemic racism, racial disparities, and inequality

- The entire world is in crisis
- But you are in the epicenter of the epicenter
- Frustration is understandable: each day you work in the heart of this

Slide 14: Negative Response: How Stress Affects the Body
- Explain the emotional, physical, cognitive, and behavioral changes that can occur from stress.

Negative Response: 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	Physical	Cognitive	Behavioral
• Becoming easily agitated	• Low energy	• Constant worrying	• Change in appetite
• Avoiding others	• Headaches	• Inability to focus	• Increased use of alcohol, drug, or cigarettes
• Having difficulty relaxing or quieting your mind	• Upset stomach	• Forgetfulness and disorganized	• Nail biting, fidgeting, and pacing
	• Clenched jaw and grinding teeth		

Quote by Heather D. Nelson

HERO-NY   14

Slide 15: Reminders for Perspective
- Feel free to provide own examples.

Reminders for Perspective

- No one has ever gone through this before. We are all navigating this foreign territory. **You are not alone.**
- However, everyone's experience is unique.
- You have been through hard things before. **You have tools you can use.**
- There are resources in the handouts you can reference when needed.
- **It's okay to not feel okay, but no matter how dark it gets, there is help.**

HERO-NY   15

Slide 16: But More Importantly

- Read and allow for audience participation.

> ### But More Importantly
>
> - **You are here, in this moment you are getting through**
> - Frontline workers have shown up like no one else in the history of pandemic response
> - Each day I witness acts of kindness and generosity toward patients, toward colleagues, toward NYC that carry me through, **make me proud to be a part of all of us**
> - Which moments carry you through? What are the small great acts you have achieved?
> - **So let's talk about what to do right now**, after work, and in the long term
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> HERO-NY   16

Slide 17: Self-Care Behaviors: Now

- These can be done at work, even right after this session.
- Explanation: Resilience is a combination of social, emotional, and physical acts combining to carry us through a crisis. Today we will learn some skills to use right now at work, between shifts, and over longer periods of time.
- *See handouts for grounding techniques.*

> ### Self-Care Behaviors: Now
>
> Reminder: self-care and grounding can last 5 seconds. The point is to break the stress cycle

Social	Emotional	Physical
• Speak with a wellness staff member	• Practice grounding techniques such as deep breathing	• Have water or a snack
• Talk to your colleagues (we are in this together)	• Thought-slowing (observation and thought attention)	• Take a short walk, even just to the bathroom
• Share a bottle of water with a teammate	• Utilize self-talk	• Stop and look out the window
• Make eye contact	• "I have been here before. I can do hard things"	• Practice mindfulness:
• Call for support or relief when possible	• Break shifts into chunks	• Where are your feet?
	• "What do I need to get through the next hour? Until lunch? Today?"	• What do you see?
		• What does the sky look like today?

> HERO-NY   17

Slide 18: Self-Care Behaviors: Later

- This slide shares tools to lessen stress during off-work hours.
- Break up your day – this helps psychologically.
- Make sure you are doing activities from each bucket.

Self-Care Behaviors: Later

Social	Emotional	Physical
• Don't be afraid to express your feelings—have safe support	• When you start to feel overwhelmed, remind yourself to focus on what is in your control	• Mood follows movement
• Use new skills or supports to strengthen your resiliency muscle	• Set boundaries with the news	• Move a muscle, change a thought
• Reach out to a wide range support network members for "maximum coverage"	• Disconnect from your phone	• Prioritize getting enough sleep
• For parents and carers: how can you get support even during shelter in? Video sessions with teachers? Telehealth for carers?	• Practice meditation, spiritual practice, or explore new skills	• Maintain a healthy diet
	• Break up the time spent with family (schedules help our mind decompress)	• Try new activities, meals, healthy behaviors (see handouts and resources)
		• Lay on the floor and put your legs on the wall for ten minutes (restorative activity)

HERO-NY   18

Slide 19: Self-Care Behaviors: Long-Term

- These can be done between shifts or outside of work.

Self-Care Behaviors: Long Term

Social	Emotional	Physical
• Lean on your social network—friend, family, spiritual support	• Take part in counseling and psychotherapy (EAP, formal therapy, intensive treatment)	• Stay physically active—how can you add in a few moments each day?
• Utilize 12-Step and other social support networks	• Take breaks during and between work	• Maybe now is the time to try something new
• Engage in activities that you enjoy, and try new ones	• Take time for yourself (might require trial, error, and planning in the current crisis)	• Get enough sleep—be aware of how much you are getting and how your day affects it
• Reach out to a friends with whom you've lost contact. New connections can be nourishing	• Practice meditation, yoga, or other practices	• Maintain a healthy diet—there is support for this

HERO-NY   19

Slide 20: Expectations for Recovery

- Discuss the need to find a "new normal" for each facet of life: work, home, community.
- Emphasize that small actions build into larger recovery and that recovery happens in phases.

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 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)

HERO-NY   20

Slide 21: Wrap

- Trainer reviews material to be covered in future sessions, which include deeper dives into the lessons learned today.

Wrap

- Today we have learned:
  - **Concrete skills** for managing stress and emotions
  - **Concrete tools** for accessing help right now, on your floor
  - **How people just like you** have used these skills in real time
- Over the next few presentations you will go on a deep dive into trauma and resiliency:
  - Module 2: Personal & Professional Wellness (June 10)
  - Module 3: Impact, Effect & Outcome on Frontline Workers (June 17)
  - Module 4: Seeking Help for Ourselves and Others (June 24)
  - Module 5: Resilience and Wellness Program Development (July 1)
- But this isn't it: over the next year, your agency offer opportunities for additional support, developing your own training, and other tools to carry us all through

HERO-NY   21

HERO-NY Module Two focuses on understanding our cognitive, emotional, behavioral, physical, and situational response to stressful situations. This presentation also defines loss, grief, and complicated grief, which are the more complex responses frontline workers may experience to COVID-19. Evidence-based stress management and other tools are also introduced.

Presenter: Omar Fattal, MD, MPH, Deputy Medical Director, Office of Behavioral Health, NYC Health + Hospitals

Slide 2: Box Breathing Exercise
- Start with this grounding exercise and follow the steps mentioned in the slide.
- Grounding techniques can have a calming effect. The more rooted we are in our body, the less stress and anxiety we can experience.
- It is important to note, the duration of each breath can be adjusted, and the breathing exercise can be done in various repetitions. The exercise can also be done anywhere, from one's desk, on the subway, etc.

Slide 3: Session Overview/Learning Objectives

- Reminder: All tools and resources used and mentioned in this training can be found on the Program page on GNYHA's website.

Session Overview

- Today's presentation is the second of 5
- 1-hour presentations including a panel and Q&As

Learning Objectives

1. Gain an understanding of our cognitive, emotional, behavioral, physical, and spiritual response to a stressful situation
2. Get a better understanding of loss, grief, and complicated grief
3. Become more familiar with evidence-based stress management tools
4. Understand the importance of supporting others

HERO-NY 3

Slide 4: Why Is Today's Session Important?

- Note how health care workers are uniquely affected (bullet two of slide).
- Note the importance of caring for oneself as an essential step before caring for others.
- No additional notes needed. Refer to slide content.

Why Is Today's Session Important?

- Everyone has been impacted by the COVID-19 pandemic, but we as frontline workers are facing an unprecedented and unique stress since the pandemic is affecting us personally, in our communities, and at work.
- We are trying to keep ourselves and loved ones safe, while coping with the issues in our communities and dealing with the new realities of physical distancing and doing our jobs.
- Knowing how stress uniquely impacts us can help us cope during these challenging times.
- This will also make us better prepared to help others.

Sources: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf
NYC DOHMH: Taking Care of Your Emotional Well-Being: Tips for Health Care Workers During COVID-19

HERO-NY 4

Slide 5: Responses to COVID-19 Pandemic (or any other situation)
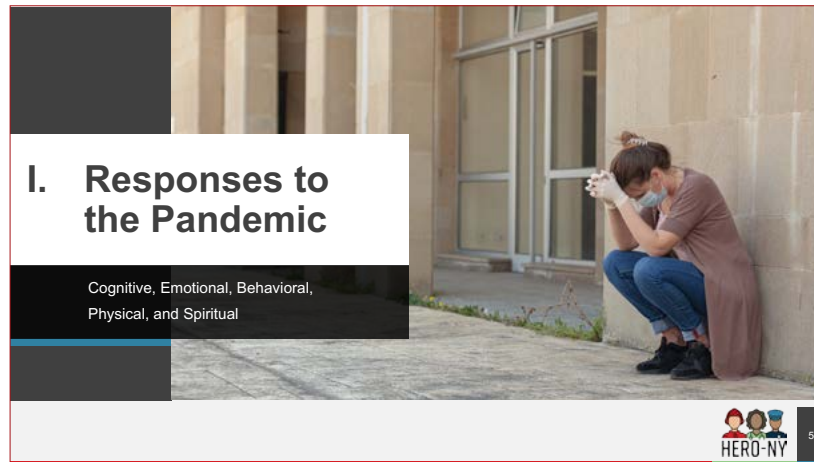
Slide 6: How Do We Respond to a Situation?
- Note how the graphic reflects the following triangle: Thoughts, emotions, and behaviors. All three aspects of our response can influence one another in feedback loops. They are also linked to physical and spiritual responses.
- Review the following types of responses (for more details, refer to speaker notes):
  - Thoughts (Cognitive)
  - Emotions (Feelings)
  - Behaviors
  - And mention here that we also have physical and spiritual responses
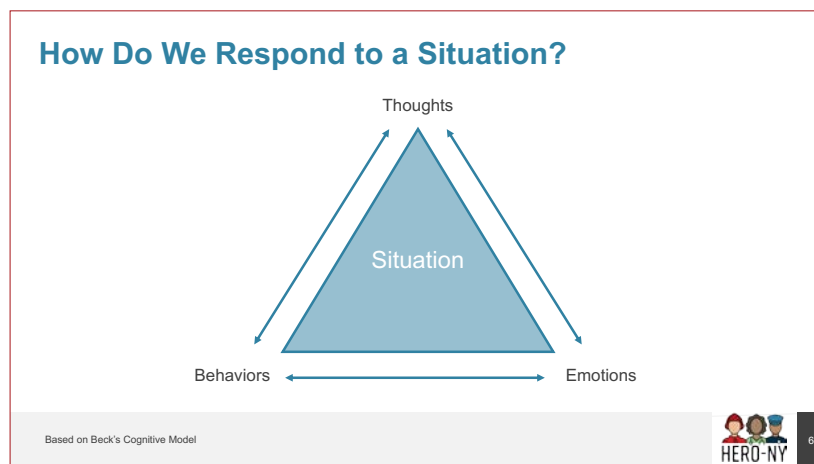
Slide 7: The Situation: COVID-19

- Trainer reviews examples of themes of stressors for frontline workers.
- Examples of themes include changing information, shortages in staff and supplies, risks of infection and infecting loved ones. Refer to the slide and speaker notes for more details and more examples.
- If you have time, maybe engage the participants by asking them to give examples of stressors under each theme.

The Situation: COVID-19

- Situational stressors for frontline workers include:
  - Changing information
  - Shortages
  - Risk of infection
  - Increased workload
  - Physical stress
  - Rising death toll
  - Redeployment
  - Return to work
  - Stigma

Adapted from: NYC DOHMH: Taking Care of Your Emotional Well-Being: Tips for Health Care Workers During COVID-19
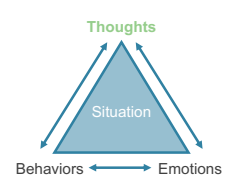
Slide 8: Common Responses: Cognitive

- This slide investigates the cognitive part of the triangular response to stress with specific examples.
- Give a couple of examples for each theme.
- For instance, with shortages (equipment and staff), one might think, "We don't have enough to keep safe, we can't do our jobs safely." "Shortages mean more mistakes. I can't do it all." You can also add your own cognitive response ideas.

Common Responses: Cognitive

Common Themes	Thoughts
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.

Thoughts

Situation

Behaviors — Emotions

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

Slide 9: Common Responses: Emotional

- This slide investigates the emotional part of the triangular response to stress with specific examples.
- With emotional responses, we can have negative and positive responses. A negative response to stress might be feeling anxious or fearful; a positive response might be feeling proud. Refer to the slide for more examples. Feel free to add your own.

Slide 10: Common Responses: Behavioral

- This slide investigates the behavioral part of the triangular response to stress with specific examples.
- Common behavioral responses to stress include increase use of alcohol, tobacco, or illegal drugs. Add your own examples. Original presenter discussed overeating as an initial reaction to the pandemic.
- Additional source: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf

Slide 11: Common Responses: Physical

- This slide investigates the physical responses to stress, including "fight or flight." It also gives examples of specific symptoms that are part of the "flight or fight" response. Refer to the slide for other symptoms.
- Additional sources:
    - https://www.psychologytools.com/resource/fight-or-flight-response/
    - https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf

Common Responses: Physical

- 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, 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"

Sources: https://www.psychologytools.com/resource/fight-or-flight-response/; https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf

11

Slide 12: Common Responses: Spiritual

- This slide investigates the spiritual response to stress.
- Note, some people may not explicitly be spiritual. Make room for all beliefs, including no beliefs.
- In addition to reactions listed on slide, others can include:
    - Questioning faith/loss of faith
    - Rejection of spiritual care providers
    - Workload leaving little time for contemplation and solitary spiritual coping like prayer and meditation
    - Disconnection from religious or spiritual social behaviors because of social distancing measures
    - Cynicism
    - You can give examples on how these can affect behavior. For example, cynicism can lead to compassion fatigue.

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

Sources: Disaster Mental Health Standards and Procedures, The National American Red Cross, December, 2016

12

Slide 13: What Are Your Responses to the Crisis?

- You can also break participants in small groups to have them work on this and then report to the larger group or you can encourage participants to do this on their own
- Additional source: https://www.massgeneral.org/assets/MGH/pdf/psychiatry/HSPH-COVID-19-mental-health-tips-3-11-20_kk.pdf
- Note: Some can be more vulnerable to stress when they are already contending with mental health challenges like anxiety and depression. Pay attention to signs that alert one to act or consult a health care provider.

What Are **Your** Responses to the Current Crisis?

- **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

HERO-NY 13

Slide 14: Tools to Manage Your Cognitive Response

- Identify thoughts
  - Mention that this step may take effort–especially during times of stress and when there is a general lack of self-awareness.
- Identify underlying beliefs
  - To identify beliefs ask, "Why do I think this?"
  - To explore possible negative beliefs refer to the speaker notes for examples
- Examine and challenge
  - Challenge thoughts and beliefs by asking, "Is this really true?"
  - Check and correct unhelpful, distorted beliefs. Turn to more realistic and helpful automatic thoughts, which influence emotions and coping behaviors.

Tools to Manage Your Cognitive Response

- Be aware of your thoughts

- Identify underlying beliefs

- Examine and challenge your thoughts

Source: Cognitive Therapy, Basics and Beyond, Judith Beck, 1995

HERO-NY 14

Slide 15: Tools to Manage Your Emotional Response
- Name the feeling: Emotions can be easy to name, but sometimes, a person may not know what they are feeling
- Be in touch: Advise on the importance of being aware of feelings to stay well. Ignoring feelings can raise the risk of developing other psychological problems.
- Talk about it: While this approach may make some feel vulnerable, it is crucial

Tools to Manage Your Emotional Response

• Name your feelings

• Be in touch with your feelings

• Talk about your feelings

Source: https://www.psychologytoday.com/us/blog/art-and-science/201801/identifying-your-feelings

HERO-NY 15

Slide 16: Name Your Emotions
- Emotions vary in type and intensity
- This wheel can help users be better equipped to describe emotions. Use this tool to reflect on and locate the emotion. For specific directions, go to the speaker notes. This wheel can help users understand the terms for their primary, secondary, positive, negative, and mixed emotions.

Name Your Emotions

• In the center of the circle are some **primary emotions**. Primary emotions are automatic responses to an external event.

• The outer circles show some **secondary emotions**. Secondary emotions are reactions to primary emotions. For example, feeling shame because you are feeling angry.

• The most intense emotions are primary emotions and they get less intense are you move out from the center.

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

HERO-NY 16

Slide 17: Loss and Grief in the Time of COVID-19

- Introduce this section by focusing on the specific stress caused by the COVID-19 pandemic. Add your own personal sentiment about it.

Slide 18: What Is Grief?

- Define grief and causes of grief. Reassure your audience that grief is a natural reaction, and the particular stress of COVID-19 can make recovery more challenging. See the speaker notes for common symptoms.

Slide 19: Grief During COVID-19

- COVID-19 is uniquely stressful, affecting everyone with a sense of loss.
- Grieving is more complex, as it is for both individual and collective loss.

Slide 20: COVID-19 Losses

- Common losses that individuals may experience include:
  - Daily freedoms and normal routines; work and subsequently health insurance; school/childcare; a predictable future; important events; and typical obligations and roles at home, work, and society. Refer to the speaker notes for expanded, specific examples. Feel free to add your own.
  - Health and of course life
- Grief is traditionally associated with loss of life but linking it to other losses is also important.
- What does this all mean? That you, your loved ones, your colleagues, and your clients/patients will likely experience grief due to all these losses.

Slide 21: Complicated Grief
- Read aloud the definition of complicated grief: When the pain of the loss is so constant and severe that it stops the person from resuming normal daily functioning. Complicated grief is like being stuck in an intense state of mourning. The grief is persistent and interferes with daily functioning.
- Complicated grief requires professional mental health support.
- Symptoms of complicated grief, which are important to review in case you recognize these signs in yourself or your staff, include:
  - Longing intensely for a loved one and experiencing intrusive thoughts/images of the loved one
  - Denying the death or experiencing a sense of disbelief
  - Imagining that the loved one is alive
  - Searching for the loved one in familiar places
  - Avoiding things that act as reminders
  - Feeling extreme anger or bitterness over the loss
  - Feeling that life is empty or meaningless

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

Source: NYC DOH

HERO-NY   21

Slide 22: When to Seek Help
- Seek help when your staff mentions or you notice that:
  - They feel overwhelmed and their stress reactions worsen or interfere with daily functioning
  - They experience symptoms of complicated grief
  - They experience symptoms of trauma-related mental illnesses, e.g., PTSD, depression, substance use
  - Their preexisting mental health conditions or illnesses worsen

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

Source: NYC DOH

22

Slide 23: Evidence-Based Self-Care and Coping Strategies

- We can have healthy and unhealthy responses.
- Give examples of unhealthy behaviors: excessive use of alcohol or drugs that affect health negatively, isolation, excessive worrying, etc.

III. Evidence-Based Self-Care and Coping Strategies

Staying connected to others
Keeping up physical activity
Regular sleep patterns
Healthy eating
Limiting excessive exposure to distressing media
Practicing stress management techniques

Source: https://www.massgeneral.org/psychiatry/guide-to-mental-health-resources/general-mental-health-and-coping

23

Slide 24: Staying Connected to Others

- Isolation can lead to fear, anxiety, and loneliness. Be flexible and creative in how to connect to other people.
- Additional source: https://www.massgeneral.org/assets/MGH/pdf/psychiatry/HSPH-COVID-19-mental-health-tips-3-11-20_kk.pdf

Staying Connected to Others

Social distancing and disrupted social networks can lead to isolation, and may cause people to feel lonely, afraid, and anxious. Being flexible and finding new ways to connect to others can help cope better.

- Seek support from others
- Use all available communication methods
- Share your thoughts and feelings

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

24

Slide 25: Keeping Up Physical Activity

- Physical activity is essential for normal growth and development and has several benefits to physical and mental health. This slide lists some benefits. Feel free to add your own.
- Additional source: https://www.cdc.gov/physicalactivity/basics/age-chart.html

Keeping Up Physical Activity

Physical activity is essential for normal growth and development and has several benefits to physical and mental health:

- Improves overall functioning and sleep, which has positive effects on mental health
- Helps reduce anxiety and depression and improves general sense of well-being
- Helps with weight management
- Reduces risk of cardiovascular disease, Type II Diabetes/Metabolic Syndrome, and some cancers
- Strengthens bones and muscles
- Improves ability to do daily activities
- Enhances chances of living longer

Sources: https://health.gov/our-work/physical-activity; https://www.cdc.gov/physicalactivity/basics/age-chart.html

25

Slide 26: Regular Sleep Patterns

- It's always good to have healthy sleeping patterns, especially during times of stress when our routines are disrupted. Helpful tips are included on slide.
- Resources include tips for health care workers covering night shifts

Regular Sleep Patterns

It's always good to have healthy sleeping patterns but especially during times of stress when our routines are disrupted. Here are some helpful tips:

- Try to maintain the same sleep schedule daily.
- Go to bed when you feel tired. Read something that relaxes you to help you fall asleep.
- Don't have any caffeine, alcohol, or nicotine at least 4-6 hours before bed.
- Don't take naps during the day. If you do, make sure it's short (less than 1 hour).
- Use the bed only for sleeping and sex. Don't watch TV or do work in bed.
- Avoid looking at your phone or other electronic devices or TV at least 2 hours before bed.
- Regular exercise can help with sleep.

Source: Korte, K.J., Denckla, C.A., Ametaj, A.A, & Koenen, K.C. Managing Stress: Tips for Coping with the Stress of COVID-19. Harvard T.H. Chan School of Public Health

HERO-NY 26

Slide 27: Healthy Eating

- The key to healthy eating is a well-rounded diet. This slide reviews some tips to make your diet healthier. Feel free to add your own.
- Additional source: https://www.cdc.gov/nccdphp/dnpao/features/national-nutrition-month/index.html

Healthy Eating

The key to healthy eating is a well-rounded diet. Here are some tips to make your diet more healthy:

- Avoid "bad" fat
- Add "good" fat
- Reduce your salt intake
- Increase your fiber intake
- Have colors on your plate

Sources: https://www.cdc.gov/nccdphp/dnpao/features/national-nutrition-month/index.html; https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/fat/art-20045550

HERO-NY 27

Slide 28: Limiting Excessive Exposure to Distressing Media

- Media can exacerbate COVID-19 stress. This slide reviews some tips on limiting exposure. Feel free to add your own.
- Additional source: https://www.health.harvard.edu/blog/be-careful-where-you-get-your-news-about-coronavirus-2020020118801

Limiting Excessive Exposure to Distressing Media

- Don't get caught in the anxiety cycle

- Follow only trusted sources of information for health-related issues

- Take breaks from following news stories, especially on social media

Source (based on): https://theconversation.com/7-science-based-strategies-to-cope-with-coronavirus-anxiety-133207;
https://www.health.harvard.edu/blog/be-careful-where-you-get-your-news-about-coronavirus-2020020118801

HERO-NY   28

Slide 29: Practicing Stress Management Techniques

- The calming effects (among many other benefits) of yoga, breathing, and meditation have been well documented in many studies.
- Multiple resources on all three of these approaches are available. Look in the Resources for suggestions on where to go online for free yoga classes, meditation exercises, etc.

Practicing Stress Management Techniques

- **Yoga:** Physical practice (asana) i.e. body poses and stretches, is the most known aspect of yoga in the West. Yoga has many health benefits, including stress reduction and relaxation.

- **Breathing:** Quick and easy breathing exercises can help reduce anxiety.

- **Meditation:** Meditation reduces stress and increases concentration. There are so many techniques; find the approach that works for you.

HERO-NY   29

Slide 30: Buddy System: Look Out for Your Peers

- The Buddy System is a strong tool that can be immediately implemented at your health care organization.
- The system involves partnering two responders who are asked to support each other and monitor each other's stress, work-load, and safety. The slide reviews other details on this approach.
- Additional source: https://emergency.cdc.gov/coping/responders.asp

Buddy System: Look Out for Your Peers

- Two responders partner together to support each other, and monitor each other's stress, workload, and safety:
  - Get to know each other
  - Keep an eye on each other
  - Set up times to check-in with each other
  - Offer to help with basic needs
  - Monitor each other's workloads

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

HERO-NY 30

Slide 31: Ask for Help

- Health care workers are not known to be comfortable with asking for help. Trainer can research local resources and supports and mention them during this slide.
- Additional source: https://emergency.cdc.gov/coping/responders.asp

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

HERO-NY 31

Slide 32: Wrap

- Trainer reviews subjects that will be covered in future sessions.

Wrap

- Over the next few presentations you will go on a deep dive into trauma and resiliency:
  - Module 3: Impact, Effect & Outcome on Frontline Workers (June 17)
  - Module 4: Seeking Help for Ourselves and Others (June 24)
 - Module 5: Resilience and Wellness Program Development (July 1)

HERO-NY   32

The goal of HERO-NY Module Three is to educate attendees on various aspects of stress, recognize common trauma reactions, identify when coping is healthy versus unhealthy, and recognize when additional help is necessary. The presentation includes steps to alleviate one's own stress in the moment and ways to support colleagues when they are undergoing serious signs of distress.

Presenter: Janine Perazzo, LCSW, Senior Director, NYC Health + Hospitals
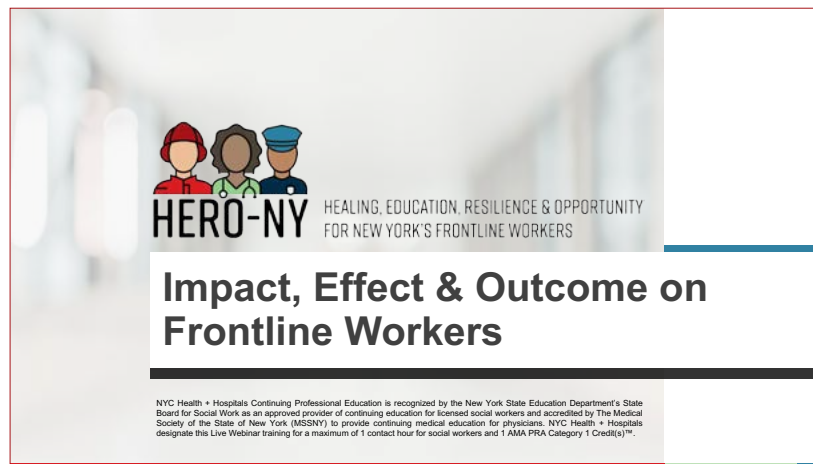
Slide 2: Grounding Exercise
- Start with grounding exercise and follow the steps mentioned in this slide.
- Grounding techniques can have a calming effect. Most of our stress and anxiety results from a disconnection from our bodies. The more rooted we are in our body, the less stress and anxiety we can experience.
- It is important to note, this can be done in various repetitions. The exercise also can be done anywhere, from one's desk, on the subway, etc.

Slide 3: Overview of Today's Session

- Reminder: all tools and resources used and mentioned in this training can be found on the Program page on GNYHA's website.

Overview of Today's Session

- Today's presentation is the third in a series of 5
- 1-hour presentation including a panel and Q&As
- Today will cover:
  - Responses to COVID-19
  - Stigma, Obstacles and Asking for Help
  - Coping
  - When Stress Reactions Are Concerning

HERO-NY   3

Slide 4: Learning Objectives

- No additional notes needed. Refer to slide content.

Learning Objectives

1. Develop a basic understanding of stress and the stress continuum

2. Recognize common trauma reactions

3. Identify when coping is healthy versus unhealthy

4. Recognize when to seek additional help and support

HERO-NY   4

Slide 5: Responses to COVID-19

Slide 6: Five Things You Should Know About Stress

- *Trainer can use these notes to expand on information presented in the slide.*
- Stress can affect your health. It is important to pay attention to how you deal with minor and major stress events (such as COVID-19) to know when to seek help. Here are five things you should know about stress:
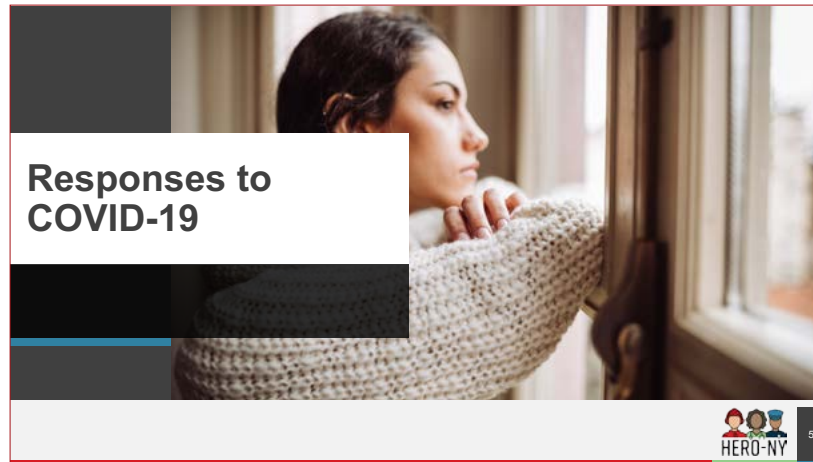 - Stress affects everyone – it does not discriminate
    - Some people may cope with stress more effectively or recover from stressful events more quickly than others. There are different types of stress, all of which carry physical and mental health risks. A stressor may be a one time or short-term occurrence, or it can keep happening over a long period of time.
    - Different people feel stress in different ways. Some may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability. People under chronic stress are prone to more frequent and severe viral infections such as the flu or common cold.
    - COVID-19 is traumatic stress. People who experience traumatic stress often experience temporary symptoms of mental illness, but most recover naturally soon after.
  - Not all stress is bad. Stress can motivate people to prepare or perform. It can trigger many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm.
  - Long-term stress can harm your health
    - Health problems can occur if the stress response goes on for too long or becomes chronic such as when the source of stress is constant or if the response continues after the danger has subsided. With chronic stress, those same "fight or flight" responses in your body can suppress immune, digestive, sleep, and reproductive systems, which may cause them to stop working normally.
    - At first, routine stress may be the hardest type of stress to notice. Because the source of the stress tends to be more constant than in cases of acute or traumatic stress, the body gets no clear signal to return to normal functioning. Over time, continued strain on your body from routine stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, and mental health disorders like depression or anxiety.

- There are ways to manage stress
  - Recognize the signs of your body's response to stress such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.
  - Talk to your doctor or health care provider. Get proper health care for existing or new health problems.
    - Get regular exercise. Just walking for 30 minutes per day can help boost your mood and reduce stress.
    - Try a relaxing activity. Explore stress coping programs, which may incorporate meditation, yoga, tai chi, or other gentle exercises. Schedule regular times for these and other healthy and relaxing activities.
    - Set goals and priorities. Decide what must get done, what can wait, and learn to say no to new tasks if they are putting you into overload. Note what you have accomplished at the end of the day, not what you have been unable to do.
    - Stay connected with people who can provide emotional and other support. To reduce stress, ask for help from friends, family, and community or religious organizations.
- If you are overwhelmed, you can ask for help.

Five Things You Should Know About Stress

- Stress affects everyone

- Not all stress is bad

- Long-term stress can harm your health

- There are ways to manage stress

- If you are overwhelmed, you can ask for help

National Institute for Mental Health (NIMH)

HERO-NY   6

Slide 7: COVID-19-Related Stress

- Evolving information: This is a new virus that had not been previously found in humans. Health care workers must adapt to changing updates to clinical guidance.
- Supply shortages: Increases in critically ill patients have led to shortages of essential medical supplies, including personal protective equipment (PPE).
- Staff shortages: As health care workers get sick or take time off to care for sick family members, staffing is further strained.
- Risk of infection: Health care workers are at an increased risk of infection. Workers may have to weigh health risks, including keeping their families safe, with potential of loss of income.
- Workload: Many are working extra or longer shifts, performing duties outside of their usual role and with a heavier workload.
- Patient volume: Stress related to potentially having to make difficult decisions regarding time/resources can feel overwhelming.
- Physical stress: Health care workers may be experiencing physical pain associated with longer shifts, wearing protective gear, and changing routines and protocols.
- Death toll: Caring for critically ill patients and witnessing the rising death toll is difficult. Health care works may express feelings of anger, helplessness, or a loss of control.

COVID-19-Related Stress

- Evolving information
- Supply and staff shortages
- Risk of Infection
- Workload
- Volume
- Physical stress
- Death toll

NYC Department of Health and Mental Hygiene (DOHMH)

Slide 8: Stress Continuum Model

- The Stress Continuum Model is a foundational part of the Stress First Aid model developed to assess the level of your own and others stress responses. Navy and Marine Corps service members developed the model to acknowledge that stress reactions occur on a continuum, and that early awareness and response could bring a person back into a less severe zone before they need more formal intervention.
- The crux of the Stress Continuum Model is that stress responses lie along a spectrum of severity. Everyone will react when faced with severe enough or extended enough stress, and many factors can affect how they respond and how they recover. A person's reactions can range relatively rapidly from the green to the yellow to the orange to the red zone, and back again. (Not linear.)
- Ready (GREEN): Adaptive coping, cognitive functioning, well-being
  - Features: In control, calm and steady, getting the job done, playing, sense of humor, sleeping enough
- Reacting (YELLOW): Mild or transient distress or loss of function
  - Features: Anxious, irritable, angry, worry, poor sleep or mental focus, social isolation
- Injured (ORANGE): More severe and persistent distress or loss of function
  - Types: Trauma, fatigue, grief, moral injury
  - Features: Loss of control, can't sleep, panic or rage, apathy, shame or guilt
- IILL (RED): Unhealed stress injury
  - Types: PTSD, depression, anxiety, substance abuse
  - Features: Symptoms persist greater than 60 days after return from deployment

Stress Response Continuum

Ready (Green)	Reacting (Yellow)	Injured (Orange)	Ill (Red)
• Good to go • Well trained • Prepared • Fit and tough • Cohesive units, ready families	• Distress or impairment • Mild, transient • Anxious or irritable • Behavior change	• More severe or persistent distress or impairment • Leaves lasting evidence (personality change)	• Stress injuries that don't heal without intervention • Diagnosable • PTSD • Depression • Anxiety • Addictive disorder

Leader Responsibility ← Individual Responsibility → Chaplain & Medical Responsibility

Slide 9: C. Figley 1995 Quote

- Read aloud and use this quote to further explain the stress of this pandemic to the audience

"We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves."

C. Figley, 1995

HERO-NY   9

Slide 10: Trauma Reactions

- Listed in this slide are different trauma reactions

Trauma Reactions

- Secondary Traumatic Stress
- Vicarious Trauma
- Compassion Fatigue
- Burn-out

HERO-NY   10

Slide 11: Secondary Traumatic Stress Symptoms

- Secondary Traumatic Stress (STS) is stress resulting from one's indirect exposure to a trauma or traumas and the related behaviors and feelings (Figley, 1995)

Secondary Traumatic Stress Symptoms

- Changes in arousal such as sleeping trouble

- Fear

- Disruptive and invasive thoughts of clients and their traumas

- Avoiding anything in association with the secondary trauma

Stamm, 2010

HERO-NY 11

Slide 12: Vicarious Trauma

- Vicarious Trauma (VT) is similar to STS, but develops slowly and often results after contact with multiple clients (McCann & Pearlman, 1990; Stamm, 2010). Another differing factor between STS and VT is that STS is symptomatically based and does not necessarily involve a change in cognition.

Vicarious Trauma

Definition: vicarious trauma is defined as the emotional residue of repeated exposure to hearing trauma stories, witnessing pain, or fear, terror, and trauma, leading to psychological overwhelm.

GoodTherapy, 2016

HERO-NY 12

Slide 13: Compassion Fatigue

- Compassion Fatigue (CF) is a result of STS over time (Figley, 2007)
- It is a set of symptoms, not a disease
- Very much like STS and VT, CF relates more specifically to one's ability to be empathetic (Meadors, Lamson, Swanson, White, & Sira, 2009)

Compassion Fatigue

Definition:

- Emotional suffering from working with the suffering.
- The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events.
- Compassion fatigue can occur due to exposure on one case or can be due to a "cumulative" level of trauma

The American Institute of Stress

HERO-NY · 13

Slide 14: Assessing Compassion Fatigue

- This slide lists the cognitive, emotional, behavioral, spiritual, physical, and social signs of compassion fatigue
- Highlight some examples and provide a workplace example during the actual training. A case example would be also helpful.

Assessing Compassion Fatigue

Cognitive	Intrusive thoughts, disturbing dreams, lowered concentration, thoughts of self-harm or harm to others, reduced sense of safety, and/or concentration problems
Emotional	Powerlessness, anxiety/fear, anger, survivor guilt, numbness, sadness, emotional roller coaster, and/or irritability
Behavioral	Impatient/snappy, on edge, appetite changes, accident prone, rigidity, poor work performance, tardiness and/or withdrawal
Morale	Decrease in confidence, loss of interest, dissatisfaction, negative attitude, apathy, and/or demoralization
Spirituality	Questioning meaning, loss of purpose, anger at God, questioning beliefs, and/or great skepticism
Interpersonal Relationships	Decreased interest in intimacy, mistrust, isolation, overprotective, over dedicated, increased conflicts, and/or trouble work and personal life
Somatic	Sweating, rapid heartbeat, breathing difficulties, tremor, aches and pains, impaired immune system, and/or exhaustion

HERO-NY · 14

Slide 15: Burnout

- Burnout is a psychological and physical reaction to being overworked and overstressed.
- Burnout causes exhaustion and makes us feel indifferent about our work.
- It is a process that happens over time.

Burnout

Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload, and institutional stress.

Source: The NYC Department of Health & Mental Hygiene

HERO-NY   15

Slide 16: Burnout

- This slide lists the physical and emotional manifestations of burnout.

Burnout

- Physical
  - Loss of energy, chronic fatigue
  - Frequent and prolonged colds
  - Sleep problems
  - Weight loss or gain
  - Worsening of pre-existing medical conditions
  - Injuries from high risk behavior
  - Headaches, migraines
  - Muscle pains (neck, back)
- Emotional
  - Hopelessness
  - Helplessness
  - Irritability and anger
  - Frustration
  - Over/under reaction

HERO-NY   16

Slide 17: Moral Injury and Three Common Reactions

- In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.
    - Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events
    - A moral injury can occur when someone is put in a situation where they behave in a way or witness behaviors that go against their values and moral beliefs
- Examples:
    - Guilt involves feeling distress and remorse regarding the morally injurious event (e.g., "I did something bad.")
    - Shame is when the belief about the event generalizes to the whole self (e.g., "I am bad because of what I did.")
    - Betrayal can occur when someone observes trusted peers or leaders act against values and can lead to anger and a reduced sense of confidence and trust

Moral Injury and Three Common Reactions

|	
Guilt	"I did something bad"
Shame	"I am bad because of what I did"
Betrayal	"How did they allow that to happen?

HERO-NY 17

Slide 18: Spiritual Injury

- This slide defines spiritual injury.
- Read this quote: "You never know how much you really believe anything until its truth of falsehood becomes a matter of life and death to you. It is easy to say you believe a rope to be strong and sound as long as you are merely using it to cord a box. But suppose you had to hang by that rope over a precipice. Wouldn't you then first discover how much you really trusted it?"–C.S. Lewis

Spiritual Injury

- Moral injury that is more religious or spiritual in nature has been termed spiritual injury
- This can cause one to question their relationship with God or a Higher Power
- It can lead one to question previously held beliefs
- It can cause distrust of a religion or Higher Power

HERO-NY 18

Slide 19: Stigma, Obstacles, and Asking for Help
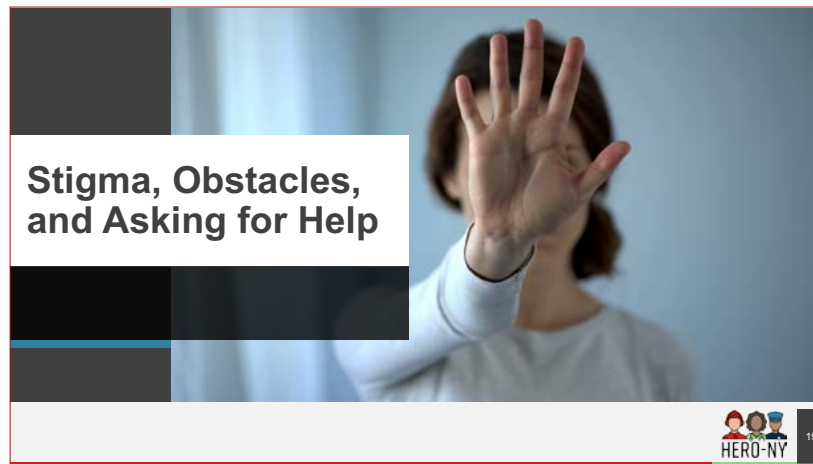
Slide 20: Asking for Help Is Hard

- For many people, "asking for help" is not as easy as it sounds. Yet, not asking for help or asking too late can turn a manageable situation into something more serious.
- Outlined in the slides are barriers to seeking help and factors that make it hard to ask for help.

Asking for Help Is Hard

- 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."

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

(Kim P, 2010; Hoge CW, 2014; Adler, et. al. 2014)

Slide 21: What Is Stigma

- This slide defines stigma.
- Stigma can lead to reluctance to seek help or treatment.
- Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.
- Stigma can lead to discrimination. Discrimination may be obvious and direct such as someone making a negative remark about your mental illness or your treatment, or it may be unintentional or subtle such as someone avoiding you because the person assumes you could be unstable, violent, or dangerous due to your mental illness. You may even judge yourself.

What Is Stigma?

Stigma is 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).

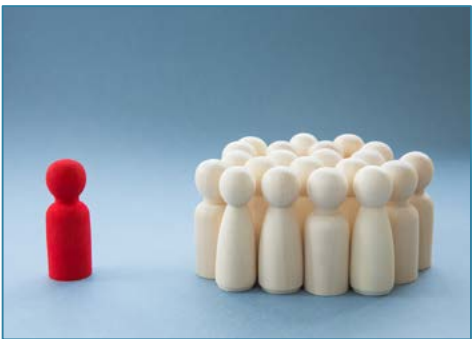Stigma can lead to a reluctance to seek help or treatment.

Mayo Clinic

Slide 22: Combating Stigma About Getting Help

- This slide outlines various factors that stigmatize mental health issues.
- Discussing mental health needs to be normalized.
- According to the US Department of Health and Human Services:
  - One in five American adults has experienced a mental health issue
  - One in 25 Americans live with a serious mental illness such as schizophrenia, bipolar disorder, or major depression

Combating Stigma About Getting Help

Discussing mental health issues can be stigmatizing for various reasons such as
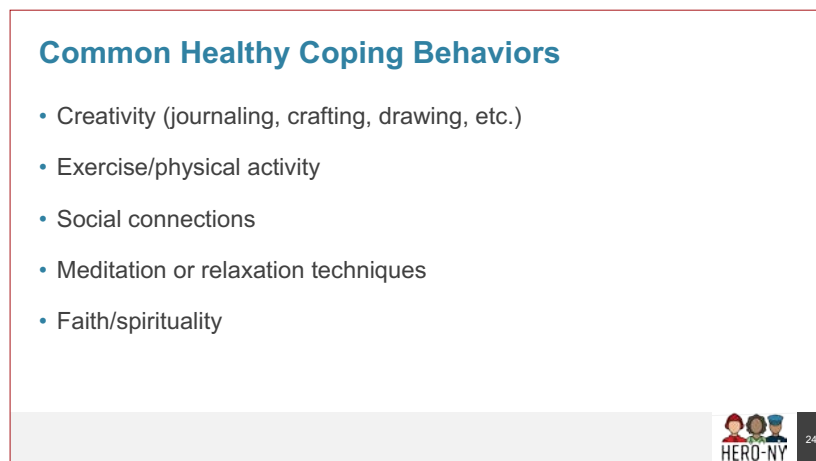- Culture
- Embarrassment
- Fear
- Time
- Cost

Slide 23: Coping

- Coping refers to efforts to manage stress by minimizing, tolerating, or mastering stressors.
- Behaviors, thoughts, and emotions used to return to a state of safety and normalcy.
- Coping mechanism/skills: tools we can use to carry ourselves through (can be positive or negative).

Slide 24: Common Health Coping Behaviors

- Healthy coping strategies generally involve confronting problems directly, making reasonably realistic appraisals of problems, recognizing and changing unhealthy emotional reactions, and trying to prevent adverse effects of stress on the body.
  - Constructive coping skills give a productive/heathy outlet for stressors
  - All constructive coping skills still require you to go back and address the stressful situation
- Activity: Ask trainees to list some coping behaviors: What are some that you don't see up here?

Common Healthy Coping Behaviors

- Creativity (journaling, crafting, drawing, etc.)
- Exercise/physical activity
- Social connections
- Meditation or relaxation techniques
- Faith/spirituality

Slide 25: Common Unhealthy Coping Behaviors
- An unhealthy coping behavior is anything that we use to soothe uncomfortable emotional states. We also have adaptive coping behaviors that serve the same purpose, but the maladaptive behaviors are overwhelmingly compelling for some of us.
- We engage in these behaviors on a transient basis. At times, these behaviors can be normative responses and temporary behavior.
- It is very common for a person to develop more than one unhealthy (maladaptive coping) behavior or mechanism. Another thing that often happens is, we will overcome one maladaptive coping behavior only to replace it with a different one. For example, someone who had an eating disorder may develop a substance abuse problem.

Common Unhealthy Coping Behaviors

- Substance abuse/alcohol abuse
- Anger/aggressive behavior/yelling
- Self-harm
- Binge eating
- Isolation

- Avoidance
- Procrastination
- Promiscuous sex/sex addiction
- Compulsive lying

HERO-NY · 25

Slide 26: Coping Skills, Strategies, and Techniques
- This slide outlines examples of coping skills and coping strategies.

Coping Skills, Strategies, and Techniques

- Regular physical activity, yoga, or stretching
- Spending time with family and close friends
- Creative activities to adapt to stressors
- Taking a walk
- Listening to guided relaxation or music
- Doing some deep breathing
- Looking at photos of family or nature

HERO-NY · 26

Slide 27: How Do I Make It Through the Day?

- Pace work. Take breaks. Give yourself a rest from tending to others. Whenever possible, make time to focus on something other than work, even for just a couple of minutes, to provide a helpful distraction.
  - Taking a walk, listening to music, reading a book, or talking to a friend
- Do not overwork or ignore personal needs.
  - Be sure to eat, drink, and sleep regularly. Becoming biologically deprived puts you at risk and may also compromise your ability to care for patients.
- Stay connected
  - Giving and receiving support from family, friends, and colleagues is essential in a crisis and helps reduce feelings of isolation.
  - Do self check-ins. Monitor yourself for signs of increased stress. Talk to your battle buddy, another peer, family member, friend, or supervisor if needed.
- 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.
  - Remind yourself (and others) of the important work you are doing. Recognize colleagues for their service whenever possible; even small acts will be helpful.

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.

HERO-NY 27

Slide 28: When Stress Reactions Become Concerning?

Slide 29: How Can the COVID-19 Pandemic Affect Substance Use?
- This slide outlines the impact of COVID-19 on substance use.
- Stress may affect health by producing changes in behavior, and there is evidence that under high levels of stress health-enhancing behavior declines and health-threatening behavior such as consumption of nicotine, alcohol, and other drugs may increase so people are more likely to engage in behaviors that increase the risk of illness and injury (Milgrom & Burrow, 2001).
- The COVID-19 pandemic and substance use
  - COVID-19 pandemic has shifted:
    - Substance use routines and settings
    - The way substance use-related support and resources are provided
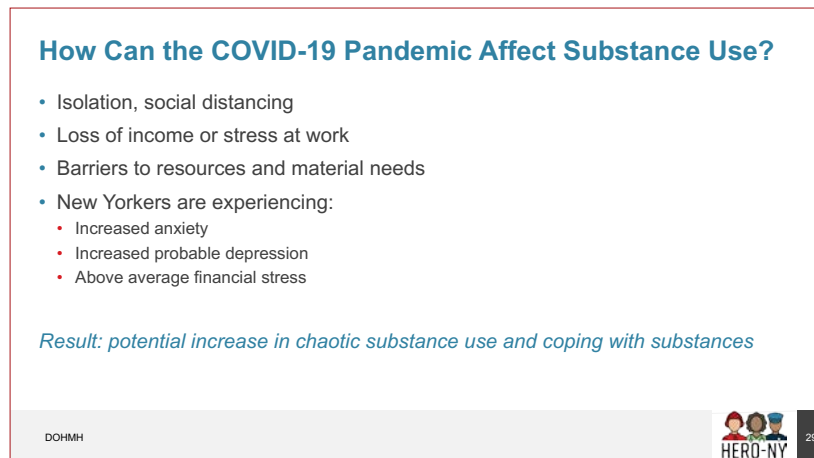
Slide 30: Signs and Symptoms of Substance Abuse

- This slide lists signs and symptoms of substance abuse.
- Stress may affect health by producing changes in behavior, and there is evidence that under high levels of stress health-enhancing behavior declines and health-threatening behavior such as consumption of nicotine, alcohol, and other drugs may increase so people are more likely to engage in behaviors that increase the risk of illness and injury (Milgrom & Burrow, 2001).

Signs and Symptoms of Substance Abuse

- Increased use
- Cycles of being unusually talkative or cheerful
- Increased irritability, agitation and anger
- Unusual calmness or looking "spaced out"
- Apathy or depression
- Paranoia, delusions, hallucinations
- Lowered threshold for violence

NIDA, Stress and Substance Use

HERO·NY   30

Slide 31: Mindful Drinking

- Stressful events like the current COVID-19 pandemic may change the way people consume alcohol. If possible, practice mindful drinking.
- The slide outlines strategies for mindful consumption of alcohol.

Mindful Drinking

- Stressful events like the current COVID-19 pandemic may change the way people consume alcohol.
- If possible, practice mindful drinking:
  - Take note of how much and how often you drink alcohol.
  - Space drinks over time and alternate with food and water.
  - Avoid mixing drugs (such as sleeping or pain pills) and alcohol – it can lead to overdose.

DOHMH

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Slide 32: Generalized Anxiety Disorder

- It is normal to feel anxious from time to time, especially if your life is stressful. However, excessive, ongoing anxiety and worry that are difficult to control and that interfere with day-to-day activities may be a sign of generalized anxiety disorder.

Generalized Anxiety Disorder

When Worry Gets Out of Control!

- People with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them.

- People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

National Institute of Mental Health (NIMH)

HERO·NY 32

Slide 33: PTSD

- It is natural to feel afraid during and after a traumatic situation.
- It is normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event. Nearly everyone will experience a range of reactions after trauma. At first, it may be hard to do normal daily activities, like going to work, going to school, or spending time with people you care about. Most people start to feel better after a few weeks or months and recover from their symptoms naturally.
- If it has been longer than a few months and you are still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later or may come and go over time.
- People who have PTSD may feel stressed or frightened, even when they are not in danger.
- When you have PTSD, the world feels unsafe. You may have upsetting memories, feel on edge, or have trouble sleeping. You may also try to avoid things that remind you of your trauma – even things you used to enjoy.

Post Traumatic Stress Disorder (PTSD)

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

www.ptsd.va.gov

HERO·NY 33

Slide 34: Suicidal Thoughts During COVID-19

- We are all under tremendous stress. It is important to note that during a crisis like this, suicidal thoughts can be normal.
- During the next few slides, we will go into what puts people more at risk for suicide, and when help should and could be sought.

Slide 35: Identifying Colleagues Who May Be a Suicide Risk

- During this time, given all the stressors, having thoughts of suicide is possible. If someone expresses this, we can look for certain things.
- Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems or breakups, problems at work, financial hardships, legal difficulties, and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.
- Pay attention to the way a person talks and behaves. This can help you recognize when someone may be thinking about suicide.
- Warning signs can include:
    - Talking about death or suicide
    - Showing feelings of hopelessness
    - Saying they are a burden
    - Avoiding friends and family
    - Losing interest in activities
    - Displaying extreme mood swings
    - Giving away possessions
    - Saying goodbye to family and friends
- Source: Suicide Prevention Resource Center (Adapted from Rodgers, 2011 and SPRC, 2008)

Identifying Colleagues Who May Be a 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 ones are:
  - 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)

Suicide Prevention Resource Center (Adapted from Rodgers, 2011 and SPRC, 2008)

HERO-NY 35

Slide 36: When Speaking to Someone with Suicidal Thoughts

- Act if you encounter someone who is at immediate risk.
- If a coworker is:
  - Talking about wanting to die or commit suicide
  - Seeking a way to commit suicide such as by searching online or obtaining a gun
  - Talking about feeling hopeless or having no reason to live
- Take the following steps right away:
  - If the danger for self-harm seems imminent, call 911.
  - Stay with the person (or make sure the person is in a private, secure place with another caring person) until you can get further help.
  - Contact your employee assistance program (EAP) or HR department, and they will help you decide what to do. Provide any background information that may be helpful.
  - If you do not have an EAP or HR department, contact the National Suicide Prevention Lifeline and follow their guidance.
  - Continue to stay in contact with the person and pay attention to how he or she is doing.

When Speaking to Someone with Suicidal Thoughts

- Ask how he or she is doing.
- Listen without judging.
- Mention changes you have noticed in your co-worker's behavior and say that you are concerned about his or her emotional well-being.
- Suggest that he or she talk with someone in the EAP, the HR Department, or another mental health professional. Offer to help arrange an appointment and go with the person.
- Continue to stay in contact with the person and pay attention to how he or she is doing.

Suicide Prevention Resource Center

HERO-NY 36

Slide 37: When Do You Seek Professional Help?

- We just spoke about how to help someone when they are at risk for suicide. We spoke a lot today about what can happen when stress and trauma from a pandemic like COVID -19 lingers and begins to impact one's life more long term. This slide outlines signs when one should seek help.

When Do You 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

HERO-NY   37

Slide 38: Wrap

- We learned how to recognize when normal reactions to stress and trauma become more pronounced and when to seek help
- We learned the importance of combatting stigma, getting help, and finding resources
- We learned tips for getting through each day
- Remind the audience about content of future sessions (which will include a deep dive)

Wrap

- Today we have learned:
  - How to recognize when normal reactions to stress and trauma become more pronounced and when to seek help
  - The importance of combatting stigma, getting help, and finding resources
  - Tips for getting through each day

- The next two presentations will dive into seeking help and resiliency:
  - Module 4: Seeking Help for Ourselves and Others (June 24)
  - Module 5: Resilience and Wellness Program Development (July 1)

HERO-NY   38

HERO-NY Module Four defines and reviews typical responses to trauma and signs that tell us it's time to seek help. After examining the cognitive, emotional, behavioral, physical, and spiritual responses to trauma, the presentation identifies internal and external obstacles to seeking help; offers self-assessment tools; lists ways to address obstacles; and summarizes other resources.

Presenter: Alice Stafford, MA, Program Manager, Human Resources Workforce Development, NYC Health + Hospitals

Slide 2: Ground Exercise
- Start with this grounding exercise and follow the steps mentioned in this slide.
- Grounding techniques can have a calming effect. Most of our stress and anxiety results from a disconnection from our bodies. The more rooted we are in our body, the less stress and anxiety we can experience.
- It is important to note, this can be done in various repetitions. The exercise can also be done anywhere, from one's desk, on the subway, etc.

Slide 3: Agenda

- Reminder: all tools and resources used and mentioned in this training can be found on the Program page on GNYHA's website.

Agenda

1. Impact of COVID-19
2. What Is Trauma?
3. When Is Time to Seek Help?
4. Obstacles to Getting Help
5. Tools and Resources

HERO·NY   3

Slide 4: Call to Action

- Call to Action: We need to make sure we are taking care of ourselves first to be able to care for others and their families. Let's begin!

Call to Action

"Our frontline heroes are fighting a war on two fronts. They have been through so much to protect their fellow New Yorkers, and we will not allow them to shoulder the mental toll of this pandemic alone. To those who are struggling: your city hears you, we see you, and help is on the way."

Mayor Bill de Blasio

"As they continue caring for New Yorkers, we must care for them and their well-being. Their service goes beyond anything we could have asked for, and their mental health needs should not be overlooked."

First Lady Chirlane McCray

HERO·NY   4

Slide 5: Learning Objectives

- No additional notes needed. Refer to slide content.

Learning Objectives

1. Define trauma
2. Identify typical responses to trauma
3. Realize when "I need to seek help?"
4. Identify obstacles to seeking help
5. Consider how to self assess
6. How to address obstacles
7. Review resources to receive help

HERO-NY 5

Slide 6: Impact of COVID-19

Impact of COVID-19

HERO-NY 6

Slide 7: COVID-19 and Its Impact

- The COVID-19 health crisis had an acute and long-term impact on many lives.
- The individuals: the frontline workers
- Families, social networks, and people in communities were impacted by this crisis.
- This is a Call to Action: We need to make sure we are taking care of ourselves first to be able to care for others and their families. Let's explore the mental health impact, the typical reactions people have to stress, and talk about getting help.

COVID-19 and Its Impact

Late
Early

People & Communities
Family/Social Networks
Individual:
Frontline Workers
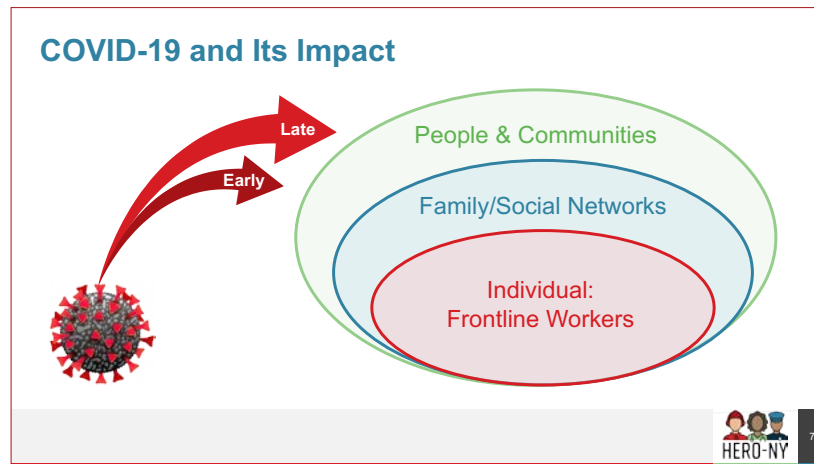
Slide 8: The Early and Late Impacts of Stress

- Some reactions impact your life immediately, while sometimes there is a delay and the impact happens later. Sometimes the impact is not too severe and you can recover on your own with a little help from family and friends. Some reactions to stress and trauma are more serious and will require help from a professional to recover.

The Early and Late Impacts of Trauma

Early Impact	Late Impact
Some people may experience more **severe stress reactions** after an exposure to trauma and may need help coping (family and friends)	Some people are at a higher risk for developing exposure related to health and mental health disorders and are likely to need professional help to recover

Source: NYC Department of Health & Mental Hygiene

Slide 9: The Mental Health Impact

- This slide reviews the mental health impact on frontline health care workers and why it was particularly severe on these individuals.

The Mental Health Impact

- The COVID-19 health crisis resulted in many frontline workers facing conditions that put them at risk.

- Frontline workers continued to work with NYC residents impacted by COVID-19, directly and indirectly, even though they were personally impacted

- They often had limited time to take care of their own physical, emotional, spiritual, and mental well-being and are not seeking HELP.

HERO-NY 9

Slide 10: What Is Trauma?

What Is Trauma?

HERO-NY 10

Slide 11: Trauma Has Been Defined in Various Ways. It is…
- Important notes
  - Not everyone experiences trauma in the same way
  - Some individuals recover quickly while others might be "stuck"
  - Certain situations get the best of us, and we may need more guidance to get "unstuck"
  - The feeling of "I can't take care of myself" can be jarring for frontline workers
- Discussion point: What are your thoughts and feelings about trauma?

Trauma Has Been Defined in Many Ways. It is…
- A combined negative impact of stress
- A response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope
- An episode that causes feelings of helplessness and hopelessness.
- An experience that diminishes one's sense of self and the ability to feel a full range of emotions
- A situation where your well-being or life is in danger and can result in a prolonged experience with high levels of stress

Slide 12: Typical Reactions to Trauma
- Review typical reactions to trauma

Typical Reactions to Trauma
- Cognitive
- Emotional
- Behavioral
- Physical
- Spiritual

Why yes, I am feeling a bit stressed. Why do you ask?

Source: The NYC Department of Health & Mental Hygiene

Slide 13: Cognitive Reactions
- This slide summarizes some examples of cognitive reactions to trauma and stress.

Cognitive Reactions

- Confusion
- Difficulty identifying familiar objects
- Trouble concentrating
- Difficulty making decisions
- Elevated/impaired alertness
- Flashbacks/intrusive images
- Memory problems

Source: The NYC Department of Health & Mental Hygiene

HERO-NY   13

Slide 14: Emotional Reactions
- This slide summarizes some examples of emotional reactions to trauma and stress.

Emotional Reactions

- Shock
- Disbelief
- Denial
- Loneliness
- Sorrow
- Numbness
- Fear
- Agitation
- Anxiety
- Irritability
- Anger
- Grief
- Guilt

Source: The NYC Department of Health & Mental Hygiene

HERO-NY   14

Slide 15: Behavioral Reactions

- This slide summarizes some examples of behavioral reactions to trauma and stress.

Slide 16: Physical Reactions

- This slide summarizes some examples of physical reactions to trauma and stress.

Slide 17: Spiritual Reactions

- This slide summarizes some examples of spiritual reactions to trauma and stress.

Slide 18: Typical Reactions to Stress

- Most people exposed to stressful and traumatic events will show some signs of stress.

Slide 19: Typical Reactions to Stress

- Freeze, Fight or Flight, Appease
- Our bodies/minds are adapted to respond automatically to threatening events
- Freeze: If you feel anxiety or desperation when afraid, you'll likely freeze, stopping all movement (mental or physical) until a problem goes away. You can feel paralyzed and unable to make decisions or take actions.
- Fight: If you feel anger or frustration when afraid, your likely response will be to fight. It is our body's response to defend itself.
- Flight: If you feel terror or alarm when afraid, you'll probably respond by flight. This means we will run away from our problems (by ignoring them or through substances).
- Appease: If you feel dismay or foreboding, you'll try to appease, meaning you will put the blame on yourself when in an anxious situation.

Typical Reactions to Trauma

Freeze	Fight
Flight	Appease

Source: "Response to Threat: Freeze, Appease, Flight, Fight," Psychology Tools Limited. 2020

HERO-NY 19

Slide 20: Reactions to Stress

- Brief, normal reactions to an abnormal situation
- The slide summarizes what to expect.

Reactions to Trauma

- Brief, **normal reactions** to an abnormal situation
- Not a psychiatric disorder
- Temporarily affects health
- May appear immediately, weeks, months, or even years after the event
- Most people will recover on their own

Source: The NYC Department of Health & Mental Hygiene

HERO-NY 20

Slide 21: When Is It Time to Seek Help
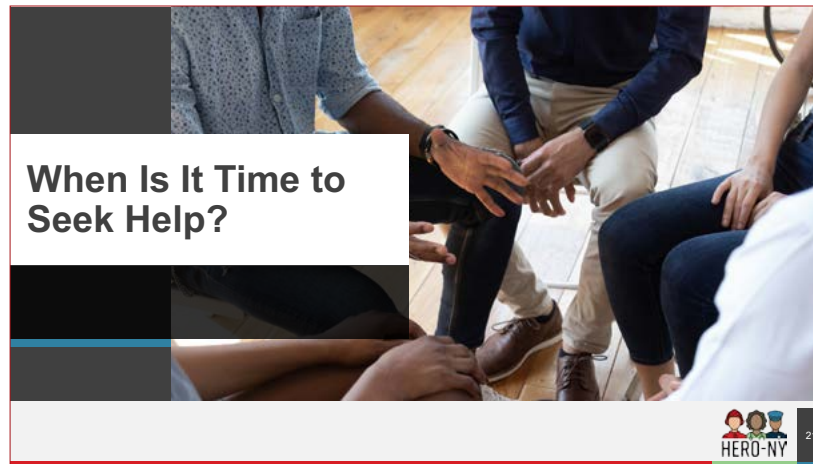
Slide 22: When Is It Time to Seek Help
- When you know you need to seek help, consider that your mind and body may be trying to tell you to pay attention to these common responses to stress and trauma.
- The slide summarizes some examples of these common responses.
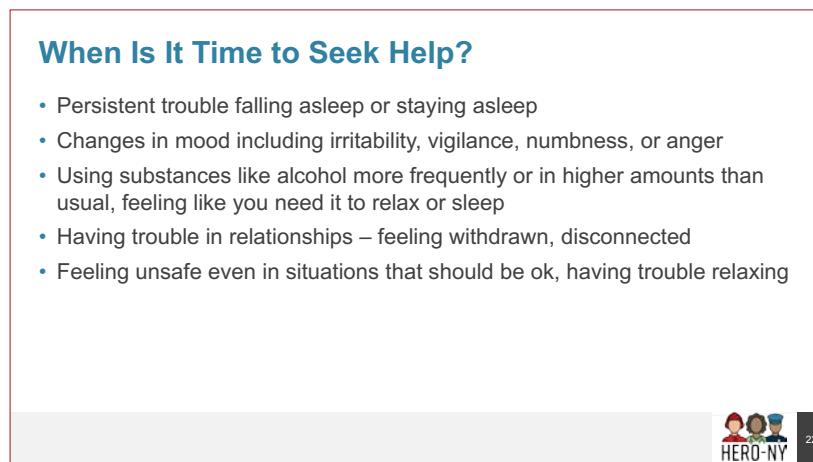
Slide 23: Pulse Checks

- You can take your own pulse check: "I am realizing I may be experiencing feelings, thoughts, and/or behaviors, which means I may need HELP *BUT* I am not too sure. When is it time to seek help?"

Slide 24: Different Types of Check-Ins

- You can do a pulse check on yourself, but you can also check with a family member, friend, primary care physician, or health care professional.

Slide 25: Different Types of Check-Ins

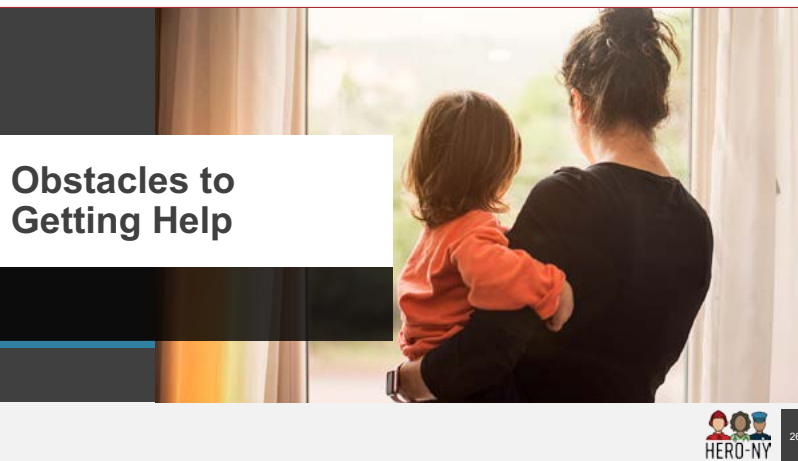- You can also do pulse checks via anonymous hotlines or your employee assistance program.

Slide 26: Obstacles to Getting Help

Slide 27: What Influences Seeking Help?

- Define "stigma, culture, cost, fear, and time"
- Examples:
    - A set of negative and often unfair beliefs that a society or group of people have about something
    - Talking to a therapist means you're "weak" or "crazy"
    - A belief that something based on reality can negatively impact you without knowing its potential outcome
    - A fear that an experience has damaged you permanently and you'll never feel better
    - As a "helping" individual, you may be juggling personal/professional time to take care of yourself/your needs
    - "Every day, I have to go to work (9–5) and return home to help my kids with their homework"
    - Medical insurance plans may have limitations to covering long-term outpatient services, which may incur unexpected financial responsibilities
    - Many people struggle to understand medical insurance benefits, particularly for mental health, and worry about affording it right now
    - An individual's cultural, gender-role, or spiritual beliefs will influence the type of help they seek
    - You worry your role as the breadwinner may be questioned if you see a counselor

Slide 28: What Does Help Look Like?

- Review the examples of coping techniques to your audience
- Discussion point: Ask your audience to share tips, ideas, and positive experiences

Slide 29: What Does Help Look Like?

- This slide reviews the signs that it's time to seek professional help.

Slide 30: Tools & Resources

Slide 31: Assessments

- This slide reviews assessment tests and provides three examples:
  - The Professional Quality of Life Scale Tool is the most widely used measure of the positive and negative aspects of helping in the world (https://proqol.org/ProQol_Test.html)
  - LifeStress Test is another tool developed by Tim Lowenstein, PhD, proven to be a measure of compassion satisfaction and fatigue (https://www.compassionfatigue.org/pages/lifestress.html)
  - Empath Test was designed by Tara Meyer-Robson and Flow, LLC to help you recognize symptoms of compassion fatigue (http://www.tarameyerrobson.com/empath-test)

Source: B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).
www.isu.edu/~bhstamm or www.proqol.org

Slide 32: Steps to Getting Help

- Make a decision: Choosing the combination or selection of help you think matches your needs is the starting point.
- Reach out: Connecting to your help starts with a phone call or reaching out to a person/agency.
- Follow through:
  - Commit to taking care of yourself
  - Identify specifically what you want help with
  - Stick with the type of help and make it a time-specific ritual
  - Enlist others to support your help-seeking decision

Steps to Getting Help

1. Make a decision

2. Reach out

3. Follow through

Slide 33: Personal Goal Setting
- This slide outlines simple steps and goals to launch a rejuvenating self-care protocol.

Slide 34: Resilience
- Resilience is typically defined as the capacity to recover from difficult life events. Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals. Some characteristics to strive for are optimism, self-esteem, spirituality, adaptability, curiosity, tendency to find meaning, and strong social support. These are characteristics to help protect you in times of stress.
  - Additional source: https://www.psychologytoday.com/intl/basics/trauma
  - Additional source: https://www.psychologytoday.com/intl/basics/motivation

Slide 35: Resources Available, and Slide 36: Resources

- These slides list available resources to get support and help.

Resources Available

NYC Employee Assistance Program
Provides services to select NYC employees and their family members. Generally, an EAP provides education, information, counseling and individualized referrals to assist with a wide range of personal and social problems.
Telephone: 212-306-7660 | Website: https://www1.nyc.gov/site/olr/eap/eaphome.page

NYS OMH Emotional Support Helpline
Provides free and confidential support, helping callers experiencing increased anxiety due to the coronavirus emergency.
Telephone: 844-863-9314 | Website: https://omh.ny.gov/omhweb/covid-19-resources.html

NYC WELL Telephonic Support Services
Free, confidential mental health support for NYC residents to get access to mental health and substance use services, in more than 200 languages, 24/7/365.
Telephone: 888-692-9355 | Website: https://nycwell.cityofnewyork.us/en/

National Suicide Prevention Lifeline
The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
Telephone: 800-273-TALK (8255) - Press 1 if you are Veteran | Website: https://suicidepreventionlifeline.org/

35

Resources Available

Substance Abuse and Mental Health Services Administration Helpline
A free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.
Telephone: 1-800-662-HELP (4357) | Website: https://www.samhsa.gov/find-help/national-helpline

Physician Support Line
This is a national, free, and confidential support line service made up of volunteer psychiatrists providing peer support for physician colleagues during COVID-19 epidemic.
Telephone: 1-888-409-0141 | Website: https://www.physiciansupportline.com/

NYC's 24-hour Domestic Violence Hotline
Survivors of domestic violence may receive temporary housing, emergency shelter and supportive services for themselves and their children.
Telephone: 1-800-621-4673 | Website: https://www1.nyc.gov/site/hra/help/domestic-violence-support.page

Facility Based Services (If applicable)
- Pastoral Care
- Staff Support Groups

36

Slide 37: Call to Action

- **Call to Action:** We need to make sure we are taking care of ourselves first to be able to care for others and their families.

Call to Action

Hope is the only thing to save you from despair.

C.S. Lewis

37

Slide 38: Looking Ahead

- Trainer reviews material to be covered in future sessions

Looking Ahead

Today's 1-hour presentation is the fourth in a series of 5

1. Stress, Trauma & Resiliency
2. Personal & Professional Wellness
3. Impact, Effect & Outcome on Frontline Workers
4. **Seeking Help for Ourselves & Others**
5. Resilience & Wellness Program Development (July 1)

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Module Five expands our understanding of the value of post-traumatic resilience training, its impact on individuals and systems, and opportunities to support workforce resilience. With a focus on peer to peer training, this presentation looks at both short-term solutions to help distressed colleagues immediately and long-term solutions like creating a robust, system-wide wellness program.

Presenter: Jeremy Segall, MA, RDT, LCAT, Senior Director, System Performance Improvement, Office of Quality & Safety, NYC Health + Hospitals

Slide 2: Grounding Exercise
- Start with this grounding exercise and follow the steps mentioned in the slide.
- Grounding techniques can have a calming effect. Most of our stress and anxiety results from a disconnection from our bodies. The more rooted we are in our body, the less stress and anxiety we can experience.
- It is important to note, this can be done in various repetitions. The exercise can also be done anywhere, from one's desk, on the subway, etc.

Slide 3: Overview of Today's Session

- Reminder: all tools and resources used and mentioned in this training can be found on the Program page on GNYHA's website.

Overview of Today's Session

- Today's presentation is the fifth and final module
- 1-hour presentation including a panel and Q&A session
- Today we will cover:
  - Creating the Foundation for a Resilient Organization
  - Building Your Wellness Program
  - Steps to Take Today

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Slide 4: Learning Objectives

- Today, we will discuss practical ways to establish concrete wellness and resilience-building programming for your institution.
- This program was created due to the need and response to COVID-19, but it does not stop there.
  - Wellness and resilience programming support all employees and their experiences
  - This programming can and should support necessary conversations surrounding racial injustice, racism, power, privilege and prejudice, systemic bias, and inequity
  - Healing is meant to support diversity, and wellness is inclusive of all

Learning Objectives

1. Understand the importance of post-traumatic resilience training and how it impacts individuals and systems
2. Learn how to identify and target opportunities to support post-traumatic growth and build workforce resilience after a public health emergency
3. Establish competence in the steps necessary to create or develop wellness programming

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Slide 5: Promoting Mental Health & WellBeing

- With COVID-19, there is lack of research compared to other disasters and emergencies as it is still developing.
  - The impact won't be fully understood until years after a potential vaccine.
  - There is growing urgency to address the psychological impact due to the pandemic.
- It is our duty to support frontline workers who provide services and to build/enhance mental health support infrastructure, both internal and external to our institutions.
  - We cannot allow a mental health crisis on top of the public health emergency
  - Wellness and resilience programming are a solution and opportunity to combatting the current pandemic, its aftereffects, and continuous exposure to traumatic stress due to racial injustices.

Slide 6: Supporting Your Staff

- Continued readiness requires personal and organizational behaviors that promote resilience.
- This training is about attaining the knowledge, skills, and resources to manage the mental health impact of crises on individual workforce members, units, services, and the health care landscape at large.
- The healthier the staff, the more they feel taken care of–seen and heard and their experiences appreciated–the healthier the health care delivery systems will be to continue delivering high-quality, safe services.

Slide 7: Creating the Foundation for a Resilient Organization
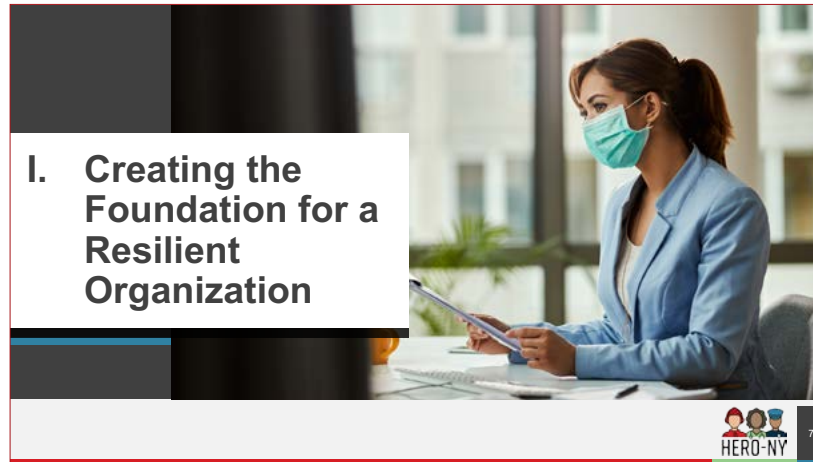
Slide 8: Evidence-Based Approaches for Supporting Staff During the COVID-19 Crisis
- Do not become overwhelmed by the amount of "additional" work.
- No one can do this alone. This training will assist in beginning a dialogue and will highlight helpful resources to get started in a meaningful and manageable manner.
- The foundation of sound programming highlights four main principles.
- This training will dive deeply into action steps to enhance communication, training, and teambuilding pathways to expressing emotions. We will also create steps to build infrastructure for staff support, which is core to any effective wellness program.

Evidence-Based Approaches for Supporting Staff During the COVID-19 Crisis

- Good, clear, timely communication, information, and training

- Fostering team spirit and cohesion

- Promoting wellbeing through flexible and responsive resourcing

- High-quality wellbeing and psychological services to staff
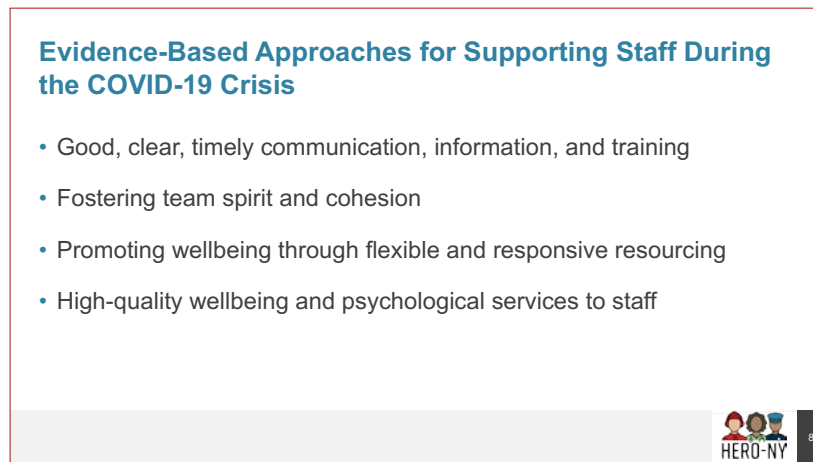
Slide 9: The Approach

- A guide for the approach
    - It is important to note that the most impactful wellness and resilience programming is influenced and inspired by the four phases of emergency management.
    - Each organization has an opportunity to take a phased approach that homes in on needs-specific intervention and care for the workforce.
    - Learning more about the response to public health emergency crisis cycles is important; it's a framework for governments, communities, businesses, and individuals to use to prepare and take steps toward recovery.
- A closer look at the phases
    - The Preparedness Phase aims to support effective coping with a public health emergency and its aftermath; this includes anticipatory planning, organizing, training, equipping, evaluation, and corrective actions.
    - The Response Phase aims to save lives and prevent further mental, physical, emotional, and moral/spiritual damage; this phase focuses on coordination and management of resources.
    - The Recovery Phase activities deal with the consequences of the event and aim to rebuild and help people return to their normative lives and restore critical functioning, while maintaining stabilization.
    - The Mitigation Phase is limiting the impact between public health emergencies. The activities between crises aim to reduce the risk of the crisis occurring or reoccurring, and focus on reducing vulnerabilities.
    - There is a fifth phase, the Prevention Phase; however, due to the ever-changing attributes of COVID-19, we are still actively learning preventative measures that work specifically around environmental planning and design standards. Emotional and psychological well-being program planning can tend to the prevention of future potential traumatic stress.
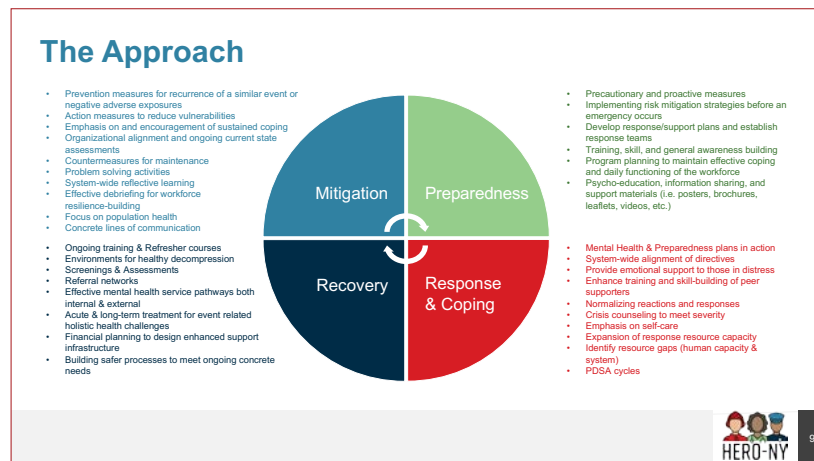
Slide 10: Leadership Sets the Tone

- We are all situational leaders and can step forward to highlight the importance of holistic well-being and programming that supports the diverse emotional and psychological needs of the workforce.
- To be an impactful leader, you must execute your ability to use assertive communication, emotional intelligence, and empathy. You must also know what resources are available.
- There is still a lot of stigma around asking for or needing support; we must model openness to change, ask for others to be open, and demonstrate the desire to have wellness programming.

- To get started:
  - Inquire about how others experienced the pandemic in various forums and connect that information to potential programming.
  - Remember to make changes to the system, wherever you can have an impact and the authority to make a difference. We all have it no matter how big or small.
  - You cannot do this alone; request input from teammates (both upward and downward) and start the dialogue.
- Helpful reminders as situational leaders:
  - Reinforce and encourage after-crisis process reflection and debriefing
  - Empower across the organization to assist with the mission to take care of emotional and psychological needs of the workforce
  - Remember that consistent effort over time will pay off in the end
  - Take time to explain the "why" of wellness and resilience efforts
  - Be creative in finding ways to build cohesion around the purpose
  - Build the interpersonal relationships necessary to gain the buy-in and support you need

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Leadership Sets the Tone
So what do we do now as situational leaders?

- Reinforce   • Be creative
- Empower   • Build
- Remember
- Take time

HERO-NY   10
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Slide 11: Pyramid

- *This slide has a pyramid based on Dr. Susan Scott's forYOU team's second victim support response model*
- Tier 1
  - Represents global awareness and a culture of support
  - Build the knowledge base of every single workforce member across your organization to normalize difficult conversations surrounding distressing events and enhancing vocalization of the emotional and psychological experience of staff members, both clinical and non-clinical
  - Familiarize staff with key concepts, facilitate conversations about stress and resilience, and promote your wellness programming
- • Tier 2
  - Train specific workforce members to support 1:1 and group peer support encounters or debriefs to help staff reflect upon their thoughts and explore their reactions to distressing experiences
  - Trained Peer Support Champions help colleagues as equals to reduce fear, stigma, and self-consciousness surrounding asking for support

- Tier 3
    - An expedited referral network, technically an "escalation," which is not a bad or scary thing
    - Ensures that whoever you are supporting in a debrief can access the level of care or support required
    - Build a process into the program to offer connections to both internal and external resources–whether it is to seamlessly connect the person to supportive psychotherapy, spiritual support, or even anonymous community groups
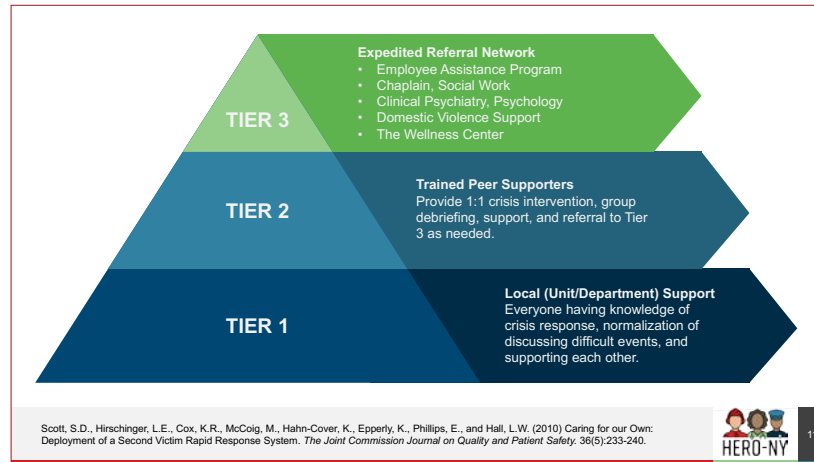
Slide 12: Crisis Response Reflection

- Response reflection, also known as debriefing, is at the core of any successful wellness and resilience program.
- Defining a "debrief" for Master Trainers (those who will go out and train the workforce)
    - A peer-support encounter where a colleague speaks with another to provide permission to check in about the emotional, mental, and physical well-being of someone working across the health care landscape or their organization
    - These debriefs can occur for a multitude of reasons, an adverse or unanticipated patient or staff event, feelings of inequity, or stress from COVID-19
    - To be able to begin the culture shift necessary to support psychological safety across an organization, we must normalize debriefing and speaking about our personal experiences. Debriefs are not discussions of the step-by-step processes of delivering care or services; they are a process reflection that is never forced and never mandatory.
- The "WHY" of debriefing
    - Can assist in having conversations across your organization as to the benefits
    - At its foundation, the debriefing assists with recognition of emotional commonalities and shared experience, helping us all to feel less alone as we navigate the uncertainty of the times

Crisis Response Reflection

- Creates a space for reflective learning and helps us understand how we have all been impacted
- Supports the needs of staff to positively impact burnout, attrition, dropout, and engagement
- Improves environments and morale
- Institutes a structured, cohesive, and standardized culture of communication for feedback from frontline staff; up-and-down/lateral communication
- Assists with recognition of emotional commonalities and shared experience
- Corrects cognitive distortions
- Makes needed changes, engages all levels of staff, and tends to emotional and psychological needs of the workforce

Start With Why

WHY
HOW
WHAT

HERO·NY | 12

Slide 13: What Is Peer Support?

- It is important to highlight the difference between providing comfort and providing counseling. There is a difference between establishing a therapeutic rapport and providing therapy.
- Peer Support Champions debrief and provide support to colleagues
  - It is important that we delineate and provide understanding of the professional boundaries of a Peer Support Champion:
    - A Peer Support Champion, or debriefer, can be anyone and they do not have to be a licensed mental health clinician, nor have a background working in behavioral health services.
    - A Peer Support Champion is not a therapist, does not become certified in anything, they merely provide empathy and compassion, making a true connection with a fellow workforce member to help them through distress.
    - A Peer Support Champion hosts individual or group debriefs supporting staff members to reduce distress and are not substitutes for professional help if needed.
- Peer Counselors
  - Provide approved Medicaid services, work as a peer, and fulfill duties with another peer in various settings that meet state requirements
- Licensed Mental Health Clinicians
  - Provide services with strict ethical boundaries and hold credentials that meet state licensure requirements
- It is important to know your role and what is appropriate within the framework

What Is Peer Support?

Peer Support Champion	Peer Counselor	Licensed Mental Health Clinician
Host individual/group debrief with coworkers: • Provide practical organized solutions • 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	Provide an approved Medicaid service where peers help peers: • Must meet state requirements, take approved classes, and pass a state test • Fulfills various duties, based on the effectiveness of assistance and support from people with shared life experience who are living in recovery • Use their own stories in helping others develop hope and improve their lives • Provides support in many settings	Deliver caring and support with a one-way focus: • Provides service where one member's emotional needs are central • Hosts inherent power differential with responsibility • Offers support with strict boundaries • State licensure

HERO·NY | 13

Slide 14: Empathy Building

- Debriefers should know that that they do not have to have all the right answers. The answers are within the individuals who they are supporting, and they don't need a license to provide assistance.
    - Institutions must focus discussions on empathy and invest time, energy, and focus on training that supports empathy-building skills and techniques.
- Debriefers should know that showing up and being consistently authentic is the best thing that anyone can do to comfort another.
    - To be a successful debriefer who embodies and models empathy, we must challenge our habits of needing to fix and save and come back to the art of listening and caring for another by taking their lead.
- What is "empathy?"
    - It is our capacity to recognize the concerns other people may have while allowing ourselves to walk a mile in their shoes or see something through their eyes.
    - It is using our own personal reasoning to understand another person's thoughts, feelings, reactions, concerns, and motives.
    - Empathy is our emotional capacity to care for *that* person's concerns.

Empathy Building

- Empathy is the ability to identify and understand another's situation, feelings, and motives

- Empathy allows us to form trust, helps us understand how or why others are reacting to situations, and sharpens our "people acumen"

- Empathy is an emotional and thinking muscle that becomes stronger the more we use it

Slide 15: It's All in the Approach

- How can a Peer Support Champion help?
    - Establish safety and trust
    - Know their role and responsibility
    - Meet individuals where they are at
    - Provide practical assistance and resources
    - Normalize and reflect strength
    - Illuminate stress reactions and appropriate coping
    - Remind them to express and explore what is healthy and productive for them
    - Empower the individual
    - Check back in

- Peer Support Champions who provide debriefs can provide emotional and psychological support in various ways, including:
  - Wellness rounds
  - Supporting wellness/respite rooms
  - Facilitating standing debriefs and wellness events

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It's All in the Approach
So how can a Peer Supporter help?

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

Adapted from Dr. Tobi Fishel

HERO-NY 15
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Slide 16: Application of Empathy

- You can encounter and apply empathy by following four simple steps to a debrief, while always remembering debriefs are NEVER mandatory and that we must always take the lead of those that we are debriefing.
- First – the introduction
  - This is the opportunity to establish rapport, provide a framework of what the debrief is for and/or about, and discuss how it is judgment and criticism free and confidential.
  - This leads into the second step of exploration by asking open-ended questions.
- Second – the exploration
  - Exploration is all about hearing from THEM – actively listening – and enables you to assist with containment, comfort, stabilization, and orientation.
  - This is where further safety is established for them to open up in a manner that allows them to feel in control.

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Application of Empathy
Anatomy of a Peer Support Empathetic Encounter / Debrief

Introduction	Exploration
• Establish contact and introduce the goal of the debrief	• How do you feel about what happened?
• Provide practical assistance to address immediate needs	• What was your first thought after the situation?
• Do not critique the incident	• What has been challenging for you personally?
• Allow time to express emotions in a confidential manner	• What is your experience?
• Ask, "Are you OK?" and "What do you need?"	• Provide containment, safety, and comfort
	• Stabilization and orientation to move forward

Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M. M., Brandt, J., & Hall, L. W. (2009). The natural history of recovery for the healthcare provider second victim after adverse patient events. Journal of Quality and Safety in Health Care, 18, 325-330.

HERO-NY 16
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Slide 17: Application of Empathy

- Third – normalizing the information both received and given
  - What we are all going through right now is extremely abnormal and unprecedented; we can normalize reactions while paying attention to whether further assistance is needed.
- Fourth – follow-up
  - If further assistance is requested or deemed appropriate, this is where a referral or Tier 3 escalation can occur.
- In summary, during a debrief, we:
  - Highlight that stories stay with us and can transform when we share them
  - Validate reactions, feelings, and thoughts; even when painful, they are information that can be used for strength-building
  - Illuminate that there is nothing to fix
  - Listen and share resources
  - Accompany the individual so that they do not feel alone
  - Reflect resilience

Slide 18: Building Your Wellness Program

Slide 19: The Foundation of Programming

- This may sound scary and look like a lot of work, but it is an important effort that can be taken step by step over time
- Looking at the view from above, there are 14 steps that any organization can take to begin establishing the necessary foundation for wellness and resilience programming – and you can fit it for what is feasible for your organization.
- The foundations of the program start with strategic goals backed by executive support:
  - Communication, marketing, and publicity give birth or reenergize your program, and building multidisciplinary and interdepartmental teams provide various voices and help with the division of labor to further support sustainment
  - Training up debriefers, supporting them with resources, leveraging IT, measurement and ongoing improvement all are the keys to success
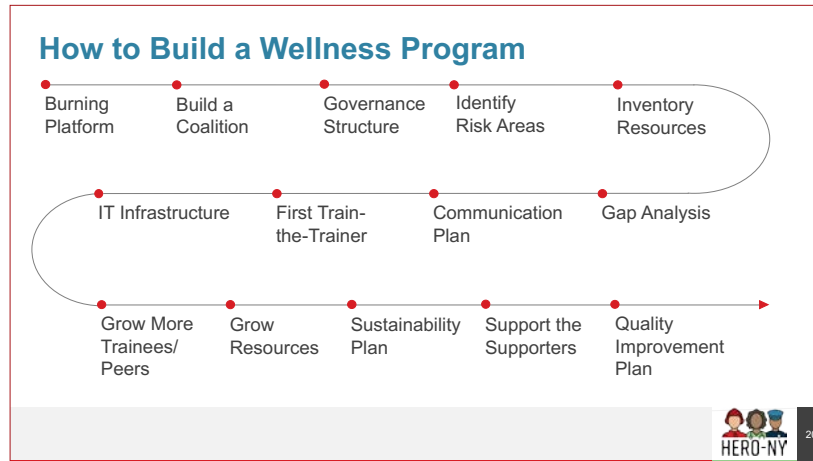
The Foundation of Programming

- Strategic Goal
- Executive Support
- Publicity
- Central Corporate Steering Team
- Establish Wellness Leads
- Facility-Based Steering Committees
- Trainer & Peer Support Champion Identification
- Training

- Websites
- Resource Sheets
- Peer Support Activation Workflows (by site)
- Support for the Supporters (e.g., wellness events, support groups)
- Measurements for Success
- Improvement Plans

HERO-NY | 19

Slide 20: How to Build a Wellness Program

- Each step has specific goals and objectives to accomplish the desired outcome of holistic workforce wellness programming.
- To build a well working wellness program:
  - Align all levels of the organization by creating a mission and vision declaration for psychological safety and support
  - Build consensus on the organization's concrete goal for resilience programming
  - Identify meaningful metrics for success that are measurable and ascertain baseline data, both quantitative and qualitative
  - Foster the "why" to attain buy-in and support from frontline staff, management, and administrative leadership
  - Strategic deployment of values, methodology, and framework
  - Establish a "right-sized," manageable, and realistic training and implementation plan
  - Identify the needed stakeholders for system engagement
  - Confirm definitions and create guidelines for nomenclature
  - Optimize electronic/automated data streams
  - Build consistent forums for transparency, accountability, and dialogue
  - Monitor for sustainability and consider what is working and what is not working
  - Scale up and spread to all areas for equity and access
  - Continuously improve

How to Build a Wellness Program

Burning Platform · Build a Coalition · Governance Structure · Identify Risk Areas · Inventory Resources

IT Infrastructure · First Train-the-Trainer · Communication Plan · Gap Analysis

Grow More Trainees/Peers · Grow Resources · Sustainability Plan · Support the Supporters · Quality Improvement Plan

Slide 21: Burning Platform

- You must illuminate the "return on investment" and how it will benefit the staff, leadership, and the institution-at-large:
  - Highlight how post-traumatic stress, crisis responses, and resilience-building affect organizations-at-large and evidence with data and literature
  - Highlight vulnerabilities and gaps that can be closed with institutional backing
  - Create the elevator pitch, a two-minute narrative that can be shared in all forums to motivate and inspire the need for resilience programming

Burning Platform

- Communicate the **why**
- Highlight how post-traumatic stress, crisis responses, and resilience-building affect organizations-at-large
- Find evidence in literature, media, and professional circles
- Point to **gaps** that illuminate vulnerability and risk
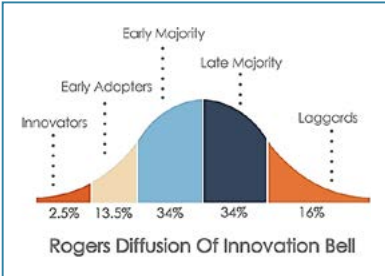- Create an **elevator pitch**

Slide 22: Build a Coalition

- Find the accomplices, allies, and cheerleaders who can champion the initiative alongside of you.
- Build the coalition–think about the areas where emotional burden might have the most density. For example during COVID-19, we know that the emergency department, intensive care unit, and overflow med-surg units used as COVID-19 hot zones saw more cases and potentially experienced more mortality and morbidity. Start there and speak with the Chairs, Directors, etc., to attain support.
- Even though there clearly is a need for more mental health support infrastructure, you will always have the naysayers. DO NOT FOCUS ON THEM.

- Diffusion of innovations is a theory by Everett Rogers, a professor of communication studies, which seeks to explain how, why, and at what rate new ideas spread.
- Diffusion is the process by which an innovation is communicated over time among the participants in a social system.
- Rogers proposes elements of influence to help the spread of a new idea: the innovation itself, communication channels, time, and a social system.
    - Focus on the social system, the early adopters, and the early majority, and don't focus on the laggards as you will be weighed down. They will come along eventually as they see the benefits of wellness and resilience programming unfolding.
    - Partner with colleagues who think similarly and are aware of resilience programming effectiveness.

Build a Coalition

- Identify cheerleaders and supporters who will help you champion the initiative
- Contact departments and services where you need internal buy-in and support
- Partner with colleagues who think similarly and are aware of resilience programming effectiveness
- Find a co-lead
- Where should you look?
    - Wellness Committee, Behavioral Health, Social Work, Chaplain Services, Hospital Police, Risk Management, Quality, Patient Safety, Human Resources, Labor Partners, Occupational Health Services, EAP, etc.

https://www.diplomacy.edu/blog/digital-diplomacy-three-graphs

Rogers Diffusion Of Innovation Bell

Slide 23: Roles & Responsibilities
- Having the right people in the right place–not only for your coalition, but for program monitoring, sustainment, and success is a necessity.
- Make sure you have a diverse makeup of members who represent the workforce and populations served, and a multitude of voices from across departments and disciplines for Peer Support Champions who debrief, Steering Committee Members, Wellness Leads, and an Executive Sponsor who can provide the support and resources from a higher level.


Roles & Responsibilities

Role	Responsibilities	Examples
Executive Sponsor	Provide support and resources from facility or system level	CEO, CMO, CNO, CQO, CWO
Emotional & Psychological Lead(s) & Master Trainer(s)	Point person for wellness team, chairs, steering committee, project lead	CQO, PSO, BH Lead, any clinical or non-clinical champion
Steering Committee Member	Represent their respective unit/department/discipline, contribute to strategy and operationalization of H3 team	Wellness Committee Lead, Psychologist, Psychiatrist, Social Worker, Schwartz Rounds Lead, GME Lead, Nursing Champion, Physician Champion, Resident Champion
Peer Support Champion	Attend Peer Support Champion trainings, provide support in daily work, activated for 1:1 and group debriefs	Anyone within the facility or system

Slide 24: Governance Structure

- *This is an example of a NYC Health + Hospitals organization table for communication and accountability.*
- NYC Health + Hospitals has a Centralized Steering Team for the entire system that partners with subject matter experts and a performance improvement advisor who upholds the structure and communicates with all the Helping Healers Heal or Wellness Leads. The Centralized Steering Team also communicates directly with service-line or facility-specific steering teams to corral the trainers and Peer Support Champion debriefers and referral network leads so that messaging and information is unified and uniform.
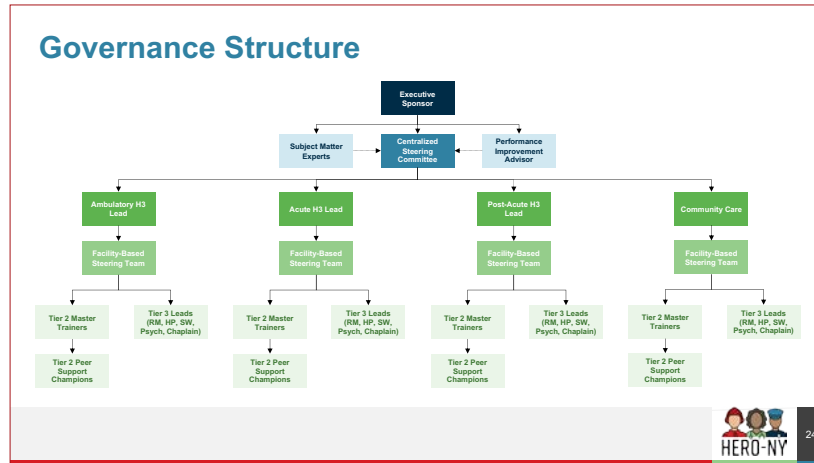
Slide 25: Identify Risk Areas

- Identifying risk areas is the beginning of the "assessment" approach.
- Look at your current state to see risks and gaps, with an emphasis on room for growth and improvement.
- It is important to admit that failure, while not an option, can be a reality.
- You must home in on the barriers and areas of concern that can threaten program success.

Slide 26: Inventory Resources

- While addressing deficits, you must highlight what you already have in place that you can build off.
- Look for pockets of excellence and infrastructure already there in terms of methods, equipment and resources, people, materials, measurement, and culture.
- Find the bright spots and integrate into what is already established such as Schwartz Rounds and other resources.

Inventory Resources

- Identify what you already have in place
- Comb for hidden champions/initiatives
- Be sure to look at all resources available to different employees within your organization
  - Wellness Committee
  - Schwartz Rounds
  - Employee Assistance Program
  - Other community-based resources

HERO-NY 26

Slide 27: Gap Analysis

- While a review, either via conversations or general thought, is the beginning, we must formally assess and document, as this is the foundation of any successful program.
- The gap analysis lays the groundwork for finding the root causes for challenges and to establish viable solutions, goals, and objectives.
- These guiding questions will help you ease into the introduction of assessments.

Gap Analysis

- Is your facility/system ready for a wellness and resilience program?
- Have we ever conducted an assessment?
- If not, what needs to happen to get there?
- What resources are missing?
- What are the key internal resources we need to launch our wellness programming?

HERO-NY 27

Slide 28: Why Assess?

- It is important to note that assessments can take place on multiple levels, from a system's perspective, site or facility-specific level, unit-based level, and even on an individual workforce member basis.
- Why should your organization want to conduct an assessment?
  - Assessments can help gather rich information to inform policy and program development. It can also support improvement on an ongoing basis.
  - There are two prime targets for assessments: the organization-at-large and the workforce.
  - Assessments can impact behavior and change, and the learning can help you and your organization understand how ready you are, identify gaps for supports needed, and can capture satisfaction with existing and newly implemented programs.

Slide 29: Why Assess? Organizational Assessments

- Organizational assessments help to prioritize needs, implement best practices, and illuminate where to allocate resources for your wellness programming.
- Leadership is the key stakeholder whose buy-in is essential. It is important that they support the objectives of the assessment and commit to using the results in some capacity, so you can decide what levels of the organization to assess. You can also decide to do additional assessments and drill down further to a unit-based level, which is a more focused and specialized approach.
- The goal is to obtain input from various voices, departments, and levels of the organization. People in different departments, units, and at different levels will have different perspectives and it is important to take this into account.
- Ultimately, you want the results to be something that stakeholders can agree upon and that speak to what is actually happening in your organization, not just what is supposed to be happening.

Slide 30: Why Assess? Organizational Assessments

- Use the results and review with those who supported and completed the assessments.
- Work together collaboratively to address the findings and fill gaps, and to expand what is working.
- Before sharing results, your organization should consider the following:
  - Consider how actionable and feasible the results are
  - Only focus on what is truly within your control
  - Narrow the findings to your top priorities with your coalition or steering team
  - Be transparent but also determine the appropriate amount of information to share
  - Your organization may want to share different amounts of information with different stakeholders
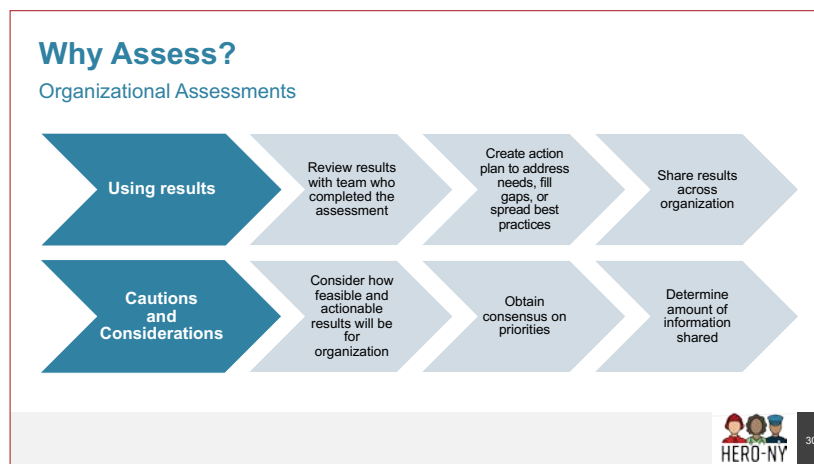
Slide 31: Why Assess? Workforce Assessments

- Workforce assessments:
  - Can help take the temperature or climate of the workforce experience and hone in on prevalence of health and adverse symptoms and bring attention to how programming supports resilience-building
  - Can identify programmatic gaps and highlight concerns or needs of employees
 - Can identify individuals in need of support services

- Can be offered to all staff or specific cohorts, departments, or populations
- Having executive support and unit/department champions can greatly impact the response rates your organization obtains from the workforce
- Key things to consider:
    - How will the assessment be administered? What will be the mode?
    - How you promote the assessment will determine how comfortable people are taking it
    - How you provide opportunities for the workforce to complete it can impact your response rate and the overall success

Slide 32: Why Assess? Workforce Assessments

- Those who take the survey often are interested in finding out what came to light
- Where appropriate, break out and work with small groups when discussing the findings. This can help with action planning. Remember you can always assess again to attain more information and measure progress after measurable action has been taken by the organization. Health at different levels of the organization may look different and have unique needs, and workforce assessments can bring awareness to where the frontline is on the stress continuum for you to target their needs so that there is something available to all.
- Similar to organizational level assessing, there are cautions and considerations to be mindful of when assessing the work-force. Before assessing, make sure there are adequate resources. If at-risk individuals are identified, appropriate support must be provided. Whatever the findings are, the organization must attend to areas that need support. This can highlight fur-ther vulnerabilities as some institutions might learn results that warrant action that is immediately beyond their capability. This will require action planning and communication. The most important consideration is always to preserve the anonymity of participants.
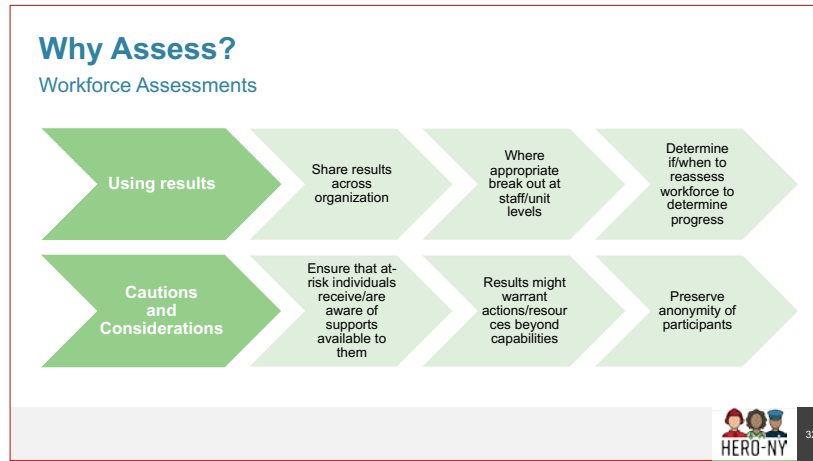
Slide 33: Communication Plan

- Communication is key – use any and all channels that are available to communicate about your program and debriefing process.
- Create personalized content targeting various levels of the organization that speaks to supporting the workforce experience.
- Develop opportunities for conversation so that the workforce can engage in dialogue that encourages interaction and evokes emotion.
- Connect – make information easy to consume and ensure that the right message is getting to the right person at the right time.
- Pique interest and elicit early adopters.
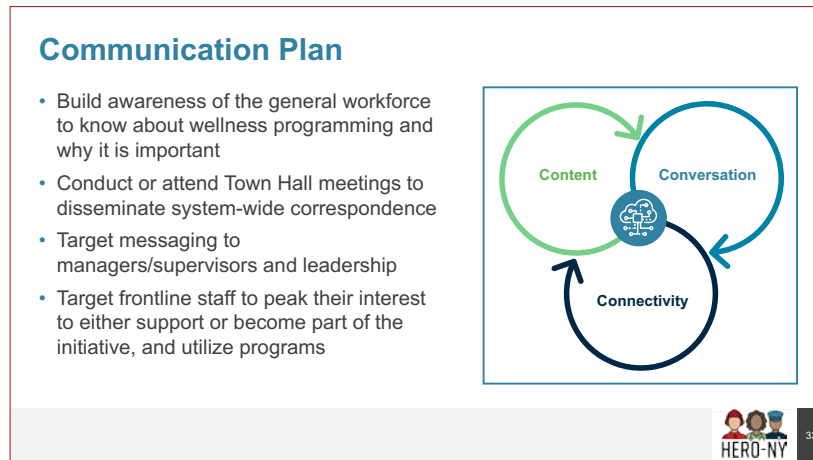
Slide 34: First Train-the-Trainer Cohort

- Wellness programming requires a layered approach and is a process of attaining the right people to support implementation
- The most important step in terms of human capital is establishing the first train-the-trainer cohort. This includes Master Trainers, additional support Trainers, and those we plan to train on empathy and debriefing. In addition to training, we will provide information on how to spread the good word of your resilience programming.
- The Peer Support Champions at the end of the day are your ambassadors and you want them to have all of the information and resources at the tip of their fingers to represent your program well. If they do a good job right after the launch, your program will be able to cascade and spread more seamlessly. The goal is to build resilience at each level of the organization,

therefore make sure you have diverse representation of Peer Support Champions across all shifts, departments, disciplines, service-lines, and social identifiers.

- The training approach is conducted in a phased approach:
  - Master Trainers, such as yourselves, bring back the information to your organization and pioneer planning
  - You train other trainers, provide the information, so that they can in turn train Peer Support Champions
  - Peer Supporters receive the training and embark upon meeting the emotional and psychological needs of the workforce. They will now be able to debrief with an enhanced knowledge base and skill set.

First Train-the-Trainer Cohort

- Create a solid strategy to identify participants who will become part of the change management culture
- Select naturally empathetic and engaging people in departments who will lead the way towards success
- Seek wide representation reflective of the workforce including clinical and non-clinical departments, disciplines, and service-lines
- Ensure all tours/shifts are represented

Training Phases

Step 1: Master Train-the-Trainers

Wellness Leads, Behavioral Health Administrators, Nursing Leads, Patient Safety, Educators

Step 2: Trainers

Psychiatry, Social Work, Nursing, Medicine, & Dept. Managers

Step 3: Peer Support Champions

Appointed Emotional & Psychological Peers that Provide Support

HERO-NY 34

Slide 35: IT Infrastructure

- Leverage technology: you want as little manual processes as possible
- Not only does optimizing intranet and internet capabilities help with communication and marketing – it also allows for engagement
- Ex: NYC Health + Hospitals has a specific webpage that allows staff to upload all resources, helpful links, standardized tools, and houses the portal to log and track data
- The webpage:
  - Helps to streamline outcome and process data, both qualitative and quantitative. After each debrief, it allows the team to electronically fill out a quality assurance form to assist leadership in monitoring to inform gaps, improvement opportunities, and system-wide strategy. The quality assurance form has no workforce member information and is solely used to assess the wellness program.
  - Allows any and all workforce members to be able to provide feedback to the level of their desire.

IT Infrastructure

- Leverage your workforce-facing intranet for wellness programming
- Optimize intranet portals, links, etc., so workforce can engage with programming to offer feedback
- Map out communication and process workflows for activation and response to emotional & psychological need requests
- Create data input forms and collection methods to monitor and track
- Enhance external internet page for community-based partnerships and general awareness
- Create live hyperlinks to community and supplementary resources

35

Slide 36: Grow More Trainees/Supporters

- Keep growing more trainers and Peer Support Champions.
- If you roll out your first training cohort well and Peer Support Champions begin to debrief, proving the benefits of additional trainees to the workforce and demonstrating to all that it is not so scary, your subsequent cohorts will be easier to form and might unfold quite naturally.
- Things to remember – turnover, burnout, and ongoing engagement:
  - Continue to not only engage but also replenish the directory of Peer Support Champions
  - Keep training new recruits in a feasible and manageable manner
  - Target communications to support your recruitment strategy
  - Ongoing trainings on a consistent basis will keep your pool of Peer Support Champions thriving
  - The goal is to have one Peer Support Champion in every department across every shift

Grow More Trainees/Supporters

- Think about how to keep original train-the-trainers and champions engaged after the first master training
- Continuously train and recruit new trainers and champions so that programming is sustainable
- Establish a consistent facility-based training plan (monthly, quarterly, department-based, discipline-specific, New Employee Orientation, etc.)
- Define a recruitment strategy that will not overburden you
- Ongoing targeted communication to remind people of the value of wellness programming

36

Slide 37: Grow Support Resources *(This speaks to Tier 3 on the pyramid from slide 11)*

- Have a multitude of resources available if a debrief highlights the need or want for more support
- Growing your Tier 3 resources is an ongoing effort, and feedback provided on quality assurance forms can help identify new resources that the system is requesting.

- After establishing your base, internal and external resources continue to create pathways to expedite referrals and support.
- As your program develops, establish resources to support varying levels of clinical/non-clinical needs and severity. Make sure all are equitable.
- It is always good to align with other systems, collaboratives, and city and state resources.

Grow Support Resources

- Continue to create pathways to expedited internal referrals and support
- Ensure equity and accessibility of all resources and spread across your facility/system
- Utilize feedback to fill gaps as they emerge
- Establish anonymous outside support forums
- Partner with the community to further enhance resources
- Establish resources to support varying levels of clinical/non-clinical needs & severity

HERO-NY 37

Slide 38: Sustainability Plan

- If you build it, they will come. But if you don't sustain it, it was never worth the effort in the first place.
- Part of sustainability is being honest with yourself and establishing a trustworthy conversation for the steering team to admit what is not working while also giving credit to what is working.
- This slide shows ideas and common challenges that threaten sustaining wellness programs:
    - By highlighting ongoing challenges, organizations can problem-solve together to ensure the ongoing success of the program
    - Standardize, align, integrate, track, and reinforce

Sustainability Plan

- Integrate into related, pre-established forums/meetings and initiatives (e.g. safety huddles, RCAs, rounds, etc.)
- Scale up and spread (e.g., departments that don't have trainers and champions)
- Standardize across departments, shifts, etc.
- Reinforce workflow and response reliability
- Have one Champion in every tour, department, discipline, and overnight shift
- Leverage administrators on duty to support gaps as build-out occurs (e.g., on holidays, early mornings, etc.)
- Continue engagement and alignment of leadership and steering teams
- Utilize tools to track progress and data
- Keep training and sustain the programs that promote resilience

HERO-NY 38

Slide 39: Support the Supporters

- To avoid transferring trauma to debriefers, make sure you do not keep tapping the same people over and over.
- Spread the wealth to preserve and protect the Peer Support Champions.
- One way to take care of the supporters of the wellness program is to offer them specific wellness events, to recognize their incredible work, and to offer ongoing refresher trainings to provide them skills and to keep them engaged.

Support the Supporters

- Most peer support-based wellness programs are not fully comprised of licensed mental health professionals
- You can transfer the emotional and psychological trauma from the frontline staff to the peer supporters, champions, and trainers
- Monitor for burnout of those helping others
- Prevent burnout by going to different champions to provide support
- Offer ongoing refresher trainings, supporter debriefs, and wellness events

HERO-NY   39

Slide 40: Quality Improvement Plan

- It's not just about doing the work, it's about improving the work over time.
- Ongoing assessment and using the results of those assessments can guide what improvements are necessary.
- Realize that you, the Master Trainers, and leaders who will support wellness programs do not have to have all the answers and ideas.
- Elicit the feedback of the Peer Support Champions and the frontline workers who are using the services.
- Test and assess and keep trying.

Quality Improvement Plan

- Use qualitative and quantitative data to guide improvement opportunities
- Consider domains of improvement work (e.g., communication and marketing strategy, training, workforce wellness events, resource pathways, data collection, program integration)
- Query frontline staff about how to make wellness and resilience programming more valuable to them
- Continue to run small tests of change when experimenting with potential improvements
- Continue to optimize IT and organizational infrastructure

HERO-NY   40

Slide 41: Steps to Take Today

Slide 42: What Can You Do Today?

- Start talking about crisis response, post-traumatic stress, and spread the word that we are all human and are not invincible – this is real and we can address it.
- Monitor colleagues on an ongoing basis and continue to advocate for wellness and resilience programming – make sure no one suffers alone.
- Combat stigma – normalize asking for help and support.
- Determine a way that you can make an individual difference – decide what you personally can do and use your voice. We need people to speak up and take action.
- If you have a personal story, share it with a colleague in need. Be the wounded warrior, share your battle scars, and highlight what worked for you to help another see their own potential and resilience.
- Be there for each other! Be kind, be generous, and take care of yourself and each other.
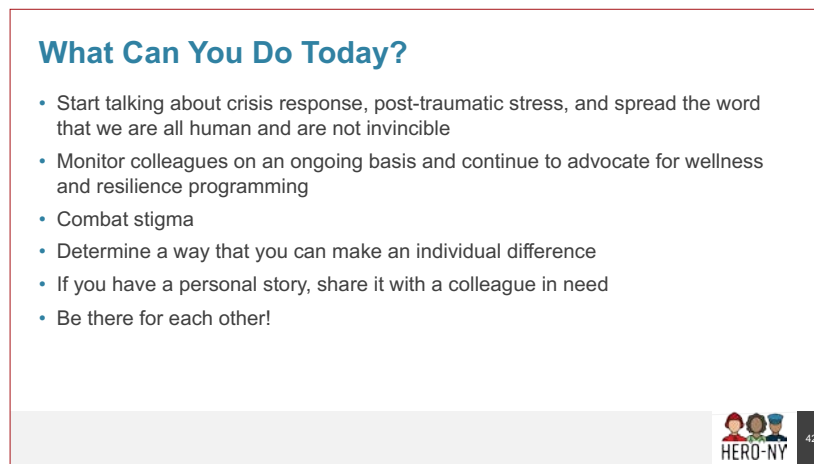
Slide 43: Get the Ball Rolling

- Get the ball rolling. Give yourself permission and allowance, and don't wait. Join, mirror, assess, and request.
- Begin providing 1:1s and call small socially distanced group debriefs. You don't need permission and you don't have to wait for the formal program!
- Call for backup when you need it. Start finding your partners to support your staff.
- Explore your facility for existing debriefs/huddles: join them as an observer and/or participant.
- Begin to assess your own comfort level and ability to open up more emotion-based conversations in various settings.
- Encourage requests that you can personally manage and support through supervisors, an internal website, e-mail, or word of mouth.

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HERO-NY   43

Slide 44: Wrap

- We learned how to promote the importance of building resiliency via training and wellness programming
- The impact wellness programming can have on individuals and systems
- Why empathy skill-building is important for individual and system health
- Approaches you can take to identify opportunities to support post-traumatic growth and build workforce resilience after a crisis event
- Concrete steps to build or develop your wellness programming

Wrap Up

- Today we have learned:
  - How to promote the importance of building resiliency via training and wellness programming
  - The impact wellness programming can have on individuals and systems
  - Why empathy skill-building is important for individual and system health
  - Approaches you can take to identify opportunities to support post traumatic growth and build workforce resilience after a crisis event
  - Concrete steps to build or develop wellness programming

HERO-NY   44

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FOR NEW YORK'S FRONTLINE WORKERS