Pandemic Response Resilience Workshop

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Primary Sources:

- PsySTART® Responder / Anticipate, Plan, Deter™ © 2003-2018 Merritt Schreiber, Ph.D. with permission.


- U.S. Air Force Pre-Exposure Preparation (PEP) Training.
Objectives

- Understand resilience
- Increase resilience
  - Stress management
  - Healthy thinking
  - Positive emotions
  - Social support
  - Sleep, diet and exercise
  - Ask for help
- Develop your “Resilience Roadmap”
Why resilience?

- During a pandemic response, healthcare workers are at risk for *emotional distress*.
- A function of the *unique challenges* of the role (not the individuals in the role!)
What type of challenges?

- Proper use of PPE / infection control protocols
- Lack of organization and role clarity
- Changes in workflow and responsibility
- Limited resources/supplies
- Altered standards of care and ethical challenges (“moral injury”)
- Separation from usual colleagues
- Witnessing the death of patients
- Illness and death in colleagues
- Challenging team dynamics
- Fear of contracting the illness
- Concerns for safety of family and friends
- Feeling misunderstood; pressure to justify work
- Stress with re-entry to regular unit
- Stigmatization, lack of appreciation
- Fatigue and limited rest time
- Personal and team pressure to succeed in care of patients
- Self-doubt
Psychological distress

- Increased challenges → increased distress
  - Most healthcare workers are resilient and will not experience lasting distress.
  - However, depending on stress during the response, 10–20% of healthcare workers are at risk for a new disorder they didn't have before the event (based on research with disaster responders).
    - Post-traumatic stress
    - Insomnia
    - Alcohol/drug misuse
    - Depression
    - Anxiety
  - Symptoms may appear after the outbreak is under control
  - Symptoms usually decrease over time
  - Relapses may occur, especially if:
    - Pre-existing mental health conditions
    - Re-exposure to additional infectious disease outbreaks
Risk factors for psychological distress

- Perception of heightened risk of infection
- Longer duration of high risk exposure
- Previous history of psychiatric illness
- Lack of social support
What helps to prevent psychological distress?

- Comprehensive preparedness
  - Technical training
  - Resilience training
What is Resilience?

The ability to adapt to, or bounce back from, challenging life situations.

Key components of resilience

1. Knowing when you’re stressed and how to manage it
2. Healthy thinking, including recognizing and correcting distorted thoughts
3. Focusing on positive emotions and experiences
4. Social support
5. Healthful sleep, eating and exercise habits
Your Resilience Roadmap

Make notes on the handout so that at the end of this module, you will have an individualized resilience roadmap!

Resilience Roadmap
Modeled after Anticipate, Plan, Debrief™ © 2003-2018 Meredith Schreiber, Ph.D. with permission

My signs of stress [circle those that apply]:

Physical: Back pain, muscle tension, stomachache, headache, changes in appetite, sleep disturbance, fatigue, other: 

Emotional: Worry, irritability, sadness, anger, anxiety, fear, depression, guilt, sadness, mood swings, hopelessness, other: 

Cognitive: Difficulty concentrating, trouble remembering things, feeling confused, catastrophizing, etc.

Other: 

Behavioral: Snapping at others, overworking, withdrawing, poor self-care, increased substance use, pacing, increased conflicts, other:

Which aspects of the deployment are likely to be most stressful for you [circle those that apply]?

- Proper use of PPE / infection control protocols
- Limited resources/supplies
- Safety and security
- Witnessing the death of patients
- Fear of contracting illness
- Separation from family
- Lack of organization and role clarity
- Altered standards of care and ethical conflicts
- Separation from usual colleagues
- Challenging team dynamics
- Concerns for safety of family and friends
- Feeling misunderstood, pressure to justify work
Know when you’re stressed

What are your personal signs of stress?

Physical
Back pain, muscle tension, stomach ache, headache, changes in appetite, sleep disturbance, fatigue, etc.

Emotional
Worry, irritability, sadness, anger, anxiety, fear, depression, guilt, mood swings, hopelessness, etc.

Cognitive
Difficulty concentrating, trouble remembering things, feeling confused, catastrophizing, etc.

Behavioral
Snapping at others, overworking, impulsivity, pacing, withdrawing, poor self-care, using drugs or alcohol more than usual, increased conflicts, etc.

*Note your personal signs of stress on your Resilience Roadmap
Know what is likely to cause stress

Which aspects of the response are likely to be most stressful for you (note them on your Resilience Roadmap):

- Proper use of PPE / infection control protocols
- Lack of organization and role clarity
- Changes in workflow and responsibility
- Limited resources/supplies
- Altered standards of care and ethical challenges ("moral injury")
- Separation from usual colleagues
- Witnessing the death of patients
- Illness and death in colleagues
- Challenging team dynamics
- Fear of contracting the illness
- Concerns for safety of family and friends
- Feeling misunderstood; pressure to justify work
- Stress with re-entry to regular unit
- Stigmatization, lack of appreciation
- Fatigue and limited rest time
- Personal and team pressure to succeed in care of patients
- Self-doubt
Plan how you will relieve stress during the response

What positive techniques already work for you?

- Reading a book
- Taking a walk
- Listening to music
- Writing poetry
- Working on a puzzle
- Engaging in a hobby
- Games on your smartphone
- Yoga
- Journaling
- Knitting
- Some alone time (not isolating)
- Socializing

Additional tips:

- Take frequent short breaks
- Keep a gratitude journal
- Remember your reasons for doing this work
- Limit media consumption
- Spend time outdoors

Formal relaxation techniques you may want to learn:

- Deep breathing
- Mindfulness
- Body scan
- Visualization

*Note the techniques you will use on your Resilience Roadmap*
Deep Breathing

- Inhale through the nose for 3 seconds
- Pause for 2 seconds
- Exhale through the mouth for 4 seconds
- Fill the bottom of your lungs
  - Stomach moves, not chest
  - “Belly breathing” or diaphragmatic breathing
  - Two-hand test
- Takes practice!
  - Still works if can’t belly breathe
- Useful and portable tool for countless situations
Body Scan

- Get comfortable
- Close eyes (if comfortable)
- Begin with three deep breaths
- Then breathe naturally
- Release tension with each exhale
  - “I breathe in relaxation, I breathe out all tension”
- Relieve tension in parts of the body in sequence
  - Hands, forearms, shoulders, neck, jaw cheeks, eyes, forehead, stomach, back, hip, buttocks, thighs, calves, feet, toes
- Scan for remaining tension and release with exhale
- Focus back on breath
- When you notice other thoughts, just let them go
Body Scan

- You can achieve this relaxed state in seconds

- But it takes practice!
  - Practice when it's quiet and you can focus.
Web resources

Deep breathing
Three 2-3 minute lessons on deep breathing (Harvard Vanguard Medical Associates):
https://www.youtube.com/watch?v=gAkjx25o4eI

2 minute deep breathing lesson (Be the Change)
https://www.youtube.com/watch?v=mH7EmmgSZQE

Body Scan
3 minute body scan (UC Berkeley Greater Good Science Center):
https://ggia.berkeley.edu/practice/body_scan_meditation

5 minute body scan (The Sleepy Aardvark)
https://www.youtube.com/watch?v=D5OzLizZCrc
There’s an App for that!

PTSD Coach (Not just for PTSD!)*
- Tap “Manage symptoms” then “Tools” for exercises in:
  - Deep breathing
  - Guided imagery
  - Muscle relaxation
  - Mindfulness
  - Healthy thinking
  - Tips for sleep

Mindfulness Coach*
- Teaches mindfulness
- Variety of mindfulness exercises
- Log to track progress
- Reminders you can set for practice

*Developed by the Veterans Administration and Department of Defense; free for anyone to download
Healthy Thinking: Recognizing and correcting distorted thoughts

Recognizing distorted thoughts

Watch out for:

- Overgeneralizing
  - Drawing a conclusion based on just one or a few incidents. For example, you see a single, unpleasant event as part of a never-ending pattern of defeat.
  - Clue words: “never” “always” “nothing” “everything” “nobody” “everybody”
  - For example, “Nothing ever works out”; “Nobody cares”

- Catastrophizing
  - Exaggerating the importance of negative events, believing they are far worse than they actually are, or that you can’t cope with them.
Recognizing and correcting distorted thoughts

Correcting distorted thoughts

Ask “disputing questions”:

- Do I know for certain that…?
- What evidence do I have that…?
- What evidence do I have that the opposite is true?
- Is my response helping me right now?
- Is it really as bad as it seems?
- How do I know it will happen?
- If it does happen, how can I handle it?
More Healthy Thinking

- Accepting what you can’t change
- Keeping a sense of humor
- Finding meaning and purpose
- Adapting to the situation
- Maintaining a hopeful outlook
Positive emotions and experiences

Gratitude

1. Recognize the good things in one’s life
2. Recognize when they are due to someone/something outside of yourself
3. Being thankful

Keep a “3 Good Things” gratitude journal

- Each night before bed, write down 3 gifts for which you are grateful:
  - Simple, everyday pleasures (e.g., tasty meal, finishing a project)
  - A positive interaction
  - People in your life
  - A funny television show
  - Moments of natural beauty
  - Awareness of your physical health
  - Overcoming an obstacle
  - Simply being alive
  - Gestures of kindness from others
  - etc.
Social Support

- Essential element of resilience
- Buffers the effects of stress
- Social disconnection is at least as harmful as physical inactivity, obesity, and smoking up to 15 cigarettes a day
- Identify who can provide support before, during and after pandemic response
  - How will you stay in touch during pandemic?
    - Email, text, video chat, etc.

*Note your social supports on your Resilience Roadmap*
Healthful sleep, eating and exercise habits

For trouble sleeping, try:

CBT-i Coach (Cognitive Behavioral Therapy for Insomnia)

When should I seek help?

• Intrusions (nightmares, flashbacks, intrusive thoughts)
• Hyper-arousal (anxiety, insomnia, irritability, etc.)
• Avoiding reminders of a traumatic event
• Avoiding feelings by using substances
• Feeling numb, spaced out or like things aren’t real
• When daily functioning is affected
Where can I find help?

- Peers in Need of Support (PINS) program
  - Confidential 1:1 support from trained colleague
  - Email PINS@Nebraskamed.com

- Your supervisor

- Federal disaster distress helpline
  - (800) 985 5990 or text 'talkwithus' to 66746
  - http://disasterdistress.samhsa.gov
  - Confidential 24/7 for anyone experiencing distress due to a disaster

- Arbor Family Counseling
  - EAP for Nebraska Medicine and UNMC
  - 402-330-0960 or 1-800-922-7379
  - Arborfamilycounseling.com
Barriers to getting help

• **Stigma**
  “Only weak or crazy people go to counseling”
  *Remember:* These are normal reactions to abnormal situations. Many others are experiencing the same things.

• **Pride**
  “This is my job. I shouldn’t be having this reaction”
  *Remember:* You are a human being, and human beings have these reactions.

• **Embarrassment**
  “Everyone will think something is wrong with me”
  *Remember:* It takes courage to ask for help. You can be a role model.
In summary

1. Know your personal signs of stress
2. Think about what aspects of the response are likely to be most stressful
3. Identify the coping strategies you will use when under stress
   - Consider learning new skills, such as deep breathing, body scan, mindfulness, visualization
4. Recognize and correct distorted thinking
5. Focus on positive emotions
   - Keep a gratitude journal
6. Identify who can provide support and how to stay in touch
7. Maintain healthful sleep, eating and exercise habits
8. Know when to ask for help
Questions / Discussion
Serious Medicine. Extraordinary Care.