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# Healthcare Provider Resiliency & Support Program Training

**Dr. Laura Stone  
&  
Dr. Emily Mohr**

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## Healthcare Provider Resiliency & Support

### Disclosure Information

None of the individuals in a position to control the content of this CE activity, and/or their spouse/partner, have any relevant financial relationships with commercial interests to disclose.

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## Healthcare Provider Resiliency & Support Outline

- Intro
- Why Treat Healthcare Providers Now?
- How Can Outpatient BH Clinicians Help Now?
- Specific Healthcare Provider Psychological Stressors
- Cultural Considerations
- Psychoed re: Trauma Theory
- Resiliency
- Assessment
- Stress Response Levels
- Crisis Intervention Models
- Moral Injury & Value Violations
- Psychological Flexibility
- Values
- Stage 1: Assessment & Mandated Reporting
- Stage 2: Rapid Rapport Building
- Stage 3: Identify Crisis Precipitant
- Stage 4: Feelings & Emotions
- ANS Regulation
- Stage 5: Generate & Explore Alternatives
- Managing Thoughts & Behaviors
- Self Care / Resiliency Building
- Avoidance vs Committed Action
- Stage 6 & 7 Implementation, Action Plan

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## Healthcare Provider Resiliency & Support Intro

- The COVID-19 virus will “undoubtedly unleash an unprecedented level of psychological trauma on both health care providers and patients”

(Faraz, 2020)



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## Healthcare Provider Resiliency & Support Intro

- During the 2014 Ebola pandemic, the acute clinical demand often forced providers to defer grief until later.
- To this day, many providers continue to experience PTSD; a well-established risk for providers in outbreaks.

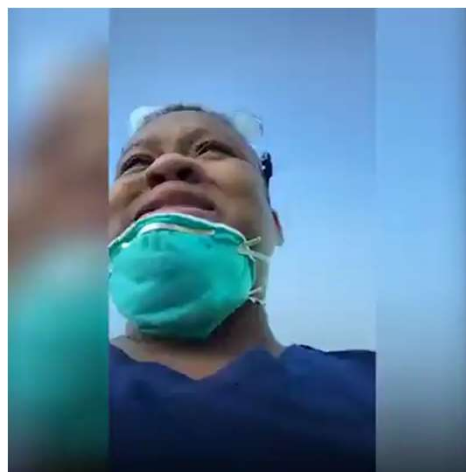
(Diamond & Woskie, 2020)



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## Healthcare Provider Resiliency & Support Intro

Video:  
Adreinne Johnson  
Nurse in Louisiana



Video of Adreinne Johnson. (n.d.). Retrieved April 12, 2020, from [https://www.linkedin.com/posts/jennifer-van-reensburg-a65277100\\_a-nurses-prayer-ugcPost-6655389890210996224-llat](https://www.linkedin.com/posts/jennifer-van-reensburg-a65277100_a-nurses-prayer-ugcPost-6655389890210996224-llat)

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## Healthcare Provider Resiliency & Support Mindfulness Exercise

Mindful  
Drinking



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## Healthcare Provider Resiliency & Support Why Treat Healthcare Providers Now?

- Poor mental health has been continuously linked to lower productivity and increased absenteeism
- “The last thing we need during a precarious pandemic is for frontline providers to quit or not show up for work”
- This is not without historical precedent. It has happened before: during the 2014 Ebola epidemic.
- Dr. Victor Tseng, a Pulmonary & Critical Care Physician-Scientist stated, “We might expect it to be felt for an entire generation”



(Harvard Health Publishing, 2010; Tseng, 2020)

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## Healthcare Provider Resiliency & Support How Can Outpatient BH Clinicians Help Now?

When we are no longer able to  
change a situation – we are  
challenged to change ourselves.

Viktor E. Frankl

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## Healthcare Provider Resiliency & Support Specific Healthcare Provider Psychological Stressors

**Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic**

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

(Shanafelt et al., 2020)

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## Healthcare Provider Resiliency & Support Specific Healthcare Provider Psychological Stressors

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Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members		
Prepare me	Provide the training and support that allows provision of high-quality care to patients		
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients		
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

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(Shanafelt et al., 2020)

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## Healthcare Provider Resiliency & Support Specific Healthcare Provider Psychological Stressors

Anxiety & Fear	Other Emotional Responses	Moral Distress & Value Violations	Loss and Grief
<ul style="list-style-type: none"> <li>• What if I become infected with COVID-19?</li> <li>• Will my organization support provider and family needs if infected and I cannot work?</li> <li>• We have no rapid access testing: will I spread the virus to my co-workers, friends &amp; family?</li> <li>• Can I manage expanding workload due to depleted workforce and complexity of cases?</li> <li>• Competence: deployed to a new area</li> </ul>	<ul style="list-style-type: none"> <li>• Shame if not treating patients directly because of personal risk factors (pregnancy, asthma)</li> <li>• Shame not coping well</li> <li>• Guilt they cannot do enough to help patients</li> <li>• Managing hostility towards medical personnel</li> <li>• Helplessness</li> <li>• Anger re: lack of safety</li> <li>• Loss of control in routine</li> <li>• Potential loss of business for specialists/ PCPs</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of ethical guidelines (Who decides when not enough ventilator?)</li> <li>• Advise patients against treatment (not a candidate for ventilation, may not want to be in the hospital and die alone)</li> <li>• Unable to provide comfort, or let families comfort dying patients</li> <li>• Self care vs care for others</li> </ul>	<ul style="list-style-type: none"> <li>• Death of patients, colleagues, family, friends</li> <li>• Loss of normalcy/routine</li> <li>• Loss of assumed safety</li> <li>• Isolation from family, friends, community</li> <li>• Isolation from co-workers.                             <ul style="list-style-type: none"> <li>• PPE prevents communication during shifts</li> </ul> </li> <li>• Can't move around units</li> <li>• Not eating meals together</li> </ul>

(Faraz, 2020; PsychScene Hub, 2020; Shanafelt et al., 2020)

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## Healthcare Provider Resiliency & Support

### Specific Healthcare Provider Psychological Stressors-Phase 3

Anxiety & Fear	Other Emotional Responses	Moral Distress & Value Violations	Loss and Grief
<ul style="list-style-type: none"> <li>• What if I become infected with COVID-19?</li> <li>• Will my organization support provider and family needs if infected and I cannot work?</li> <li>• We have no rapid access testing: will I spread the virus to my co-workers, friends &amp; family?</li> <li>• Can I manage expanding workload due to depleted workforce and complexity of cases?</li> <li>• Competence: deployed to a new area</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Shame if not treating patients directly because of personal risk factors (pregnancy, asthma)</b></li> <li>• <b>Guilt they cannot do enough to help patients</b></li> <li>• Managing hostility towards medical personnel</li> <li>• Helplessness</li> <li>• <b>Anger re: lack of safety</b></li> <li>• Loss of control in routine</li> <li>• <b>Potential loss of business for specialists/ PCPs</b></li> </ul>	<ul style="list-style-type: none"> <li>• Lack of ethical guidelines (Who decides when not enough ventilator?)</li> <li>• Advise patients against treatment (not a candidate for ventilation, may not want to be in the hospital and die alone)</li> <li>• Unable to provide comfort, or let families comfort dying patients</li> <li>• Self care vs care for others</li> <li>• <b>Disillusionment with medical system / profession</b></li> <li>• <b>Label of hero not a fit</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Death of patients, colleagues, family, friends</b></li> <li>• Loss of normalcy/routine</li> <li>• <b>Loss of assumed safety</b></li> <li>• Isolation from family, friends, community</li> <li>• Isolation from co-workers.</li> <li>• PPE prevents communication during shifts</li> <li>• Can't move around units</li> <li>• Not eating meals together</li> </ul>

(Faraz, 2020; PsychScene Hub, 2020; Shanafelt et al., 2020)

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## Healthcare Provider Resiliency & Support

### Moral Distress & Value Violation

**Moral distress is the damage done when a person witnesses, perpetrates, or fails to prevent acts that transgress their own moral beliefs, values, or ethical codes of conduct**

- A traumatic battle scar that extends beyond traditional conceptualizations of post-traumatic stress disorder (PTSD) to include a profound sense of guilt and shame for one's actions or inactions
- One must choose among bad options, need to pick the lesser of two evils
- The inability to contextualize or justify personal actions or the actions of others into pre-existing moral schemas

(Guy, 2020; McKinnon et al., 2020; Syracuse University, n.d.)

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## Healthcare Provider Resiliency & Support Moral Distress & Value Violation

- Can emerge long after events or experiences or immediately after an event
- Moral distress can lead to serious distress, depression, and suicidality

### Examples of value violations that lead to moral distress:

- Witnessing random suffering caused by natural disasters
- Sense of betrayal when inadequately supported by organizations that have an obligation to do so:
  - Work without critically needed personal protective equipment (PPE) carries the potential for traumatic guilt if a loved one is infected
  - Not allowed to let families be with loved ones who are dying
  - Watched sufferers of COVID-19 die without necessary medical equipment
  - Dire ethical choices: Should a young man in his thirties with an unclear cancer prognosis receive access to the last remaining ventilator? Or should it be given to an otherwise healthy woman in her sixties?

(Guy, 2020; McKinnon et al., 2020; Syracuse University, n.d.)

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## Healthcare Provider Resiliency & Support Moral Distress & Value Violation: Treatment Recommendations

- Support (therapy & natural)
- New Perspective:
  - The processes of confession, forgiveness, restitution, and recovery
  - Resolve distortions, providing a more realistic perspective on personal responsibility
- New plan:
  - Revised moral road map.
  - Change beliefs about how the universe works
  - Emerge with a more realistic worldview that mirrored their experience
- Hope:
  - Persistent belief that good triumphs over bad, even if only briefly.
  - Believe that you can make a difference. that helping is noble, worthwhile work

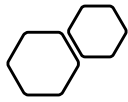
(Guy, 2020; Volunteers of America, n.d.)



The above diagram created by William Nash, M.D., USN ret., Greater Los Angeles VA

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## Healthcare Provider Resiliency & Support Specific Healthcare Provider Psychological Stressors



Individual character & temperament



Other stressors that day



Protective factors



Coping skills



Adaptability to change



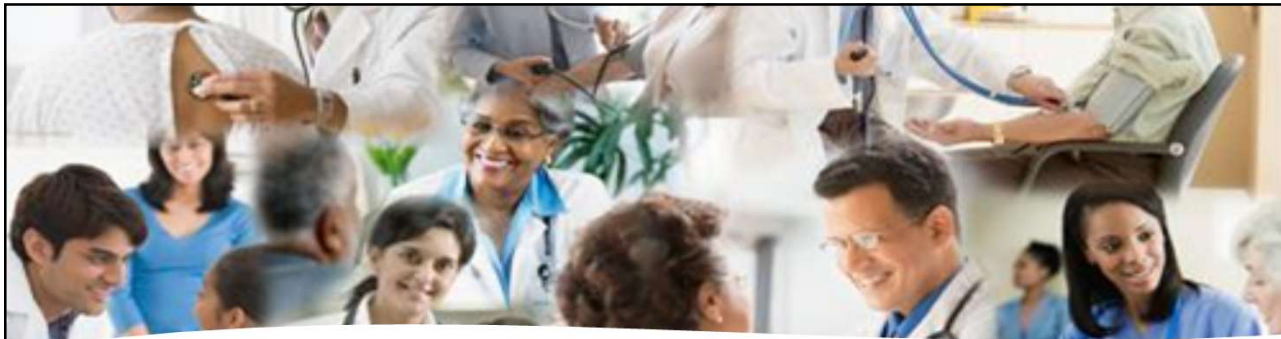
Support system



Intensity and duration of the stressor

(Yeager & Roberts, 2003)

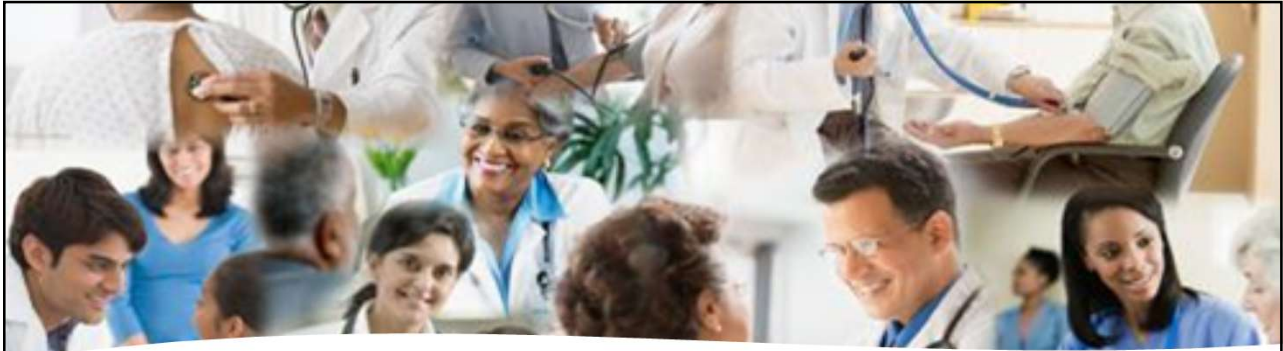
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## Healthcare Provider Resiliency & Support Cultural Considerations

- Cultural considerations include respecting and integrating a person's values, beliefs, and practices
- All therapy is cross-cultural therapy
- Attend to power structure in medical culture
- Overlay with social-cultural identities. Isms exist in hospitals too.

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## Healthcare Provider Resiliency & Support Cultural Considerations

### Medical Culture

- High-stress careers by choice (nurses, physicians law enforcement officers, EMTs )
- A professional culture of perfectionism, lack of vulnerability
- Sacrifice self-care for productivity and individual achievement
- Belief that mistakes are the fault of the individual and are unacceptable
- Excessive work hours; work even when ill
- Stigma asking for help

(Shanafelt et al., 2019; Yeager & Roberts, 2003)

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## Healthcare Provider Resiliency & Support Cultural Considerations

### Women

- 19 million healthcare workers in the USA, majority are women
- 73% healthcare workers infected with COVID-19 are women
- 9 of 10 nurses and nursing assistants, most respiratory therapists & pharmacists are women

(Robertson & Gebeloff, 2020; Yeager & Roberts, 2003)

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## Healthcare Provider Resiliency & Support Specific Healthcare Provider Psychological Stressors

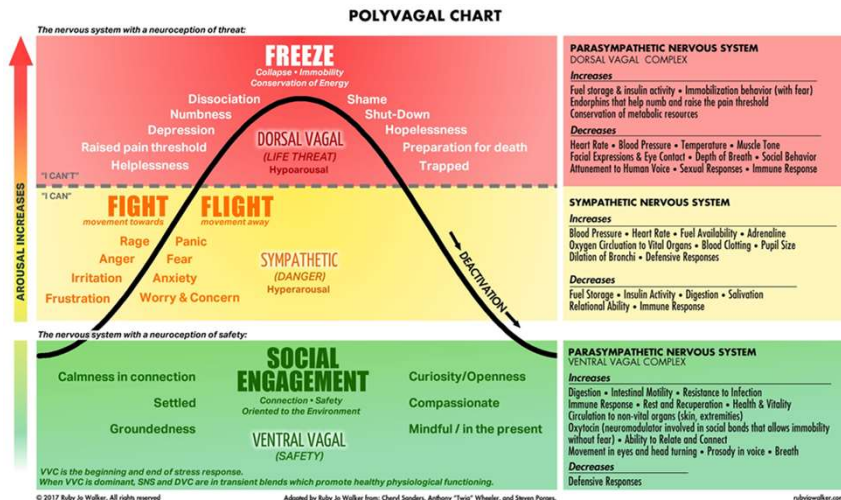
	COVID-19 Wuhan	2004 SARS Outbreak
• Distress	72%	na
• Depression	50%	39% (vs 3% non-SARS)
• Anxiety	45%	na
• Insomnia	34%	37% (vs 10% non-SARS)
• PTSD	na	30% (vs 12% non-SARS)

(Jianbo et al., 2020; Lai et al., 2020; Su et al., 2007; Zhang et al., 2020)

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## Healthcare Provider Resiliency & Support Psychoed re: Trauma Theory

Stephen Porge's  
Polyvagal Framework



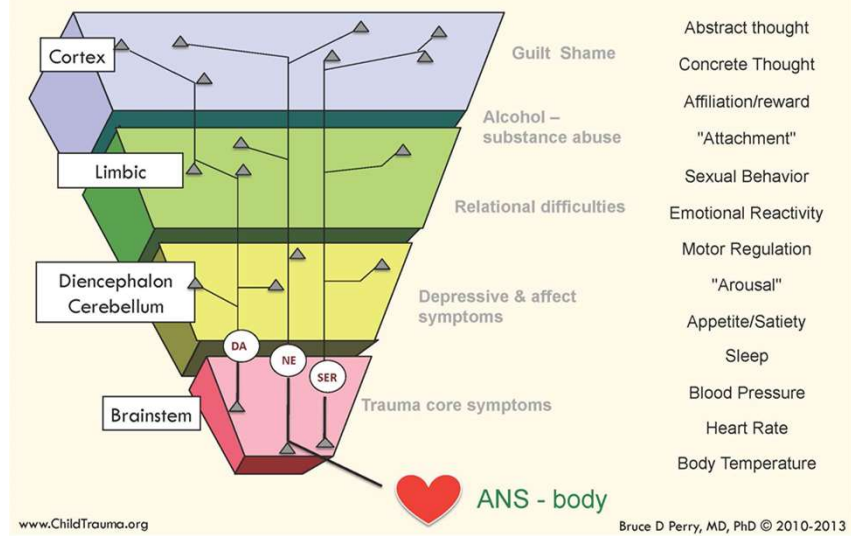
(Walker, 2017)

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## Healthcare Provider Resiliency & Support Psychoed re: Trauma Theory

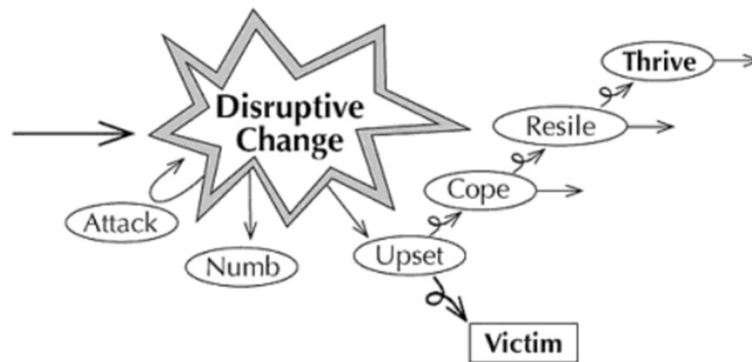
Bruce Perry –  
Neurosequential  
State Dependent  
Functioning

(Perry, 1999)



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## Healthcare Provider Resiliency & Support Resiliency – A Path to Getting Unstuck



© 1993, 1996 Al Siebert

(Siebert, 2005)

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## Healthcare Provider Resiliency & Support

### Resiliency: Definition



**Resiliency is the ability to adapt well when facing tragedy, trauma, stress, or adversity**

- Effectively leverage psychological, social, cultural, and physical resources to sustain personal well-being
- Resilience researcher Galen Buckwalter's definition: "resilience determines how quickly we get back to our 'steady state' after the air has been knocked out of us"
- Resilience can be strengthened with practice

(Buckwalter, 2011; Headington Institute, n.d.)

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## Healthcare Provider Resiliency & Support

### Resiliency: Changes in Conceptualization

	Wave	Description	Outcome	Interventions
1 <sup>st</sup>	First Wave: Resilient Qualities	Identified people's traits and environmental characteristics related to resilience	Provided a list of traits and environmental factors to help people overcome adversity	Interventions were intended to prevent and reduce risk.
2 <sup>nd</sup>	Second Wave: Resilient Processes	Focused on the processes used to overcome stress and regain balance	Established which processes contribute to recovery	Interventions aimed to return people to equilibrium.
3 <sup>rd</sup>	Third Wave: Innate Processes	Identifies the motivational forces within individuals and groups that allow them to self-actualize	Distinguishes experiences that foster and activate growth-producing forces	Interventions tap innate creative and transformational processes.

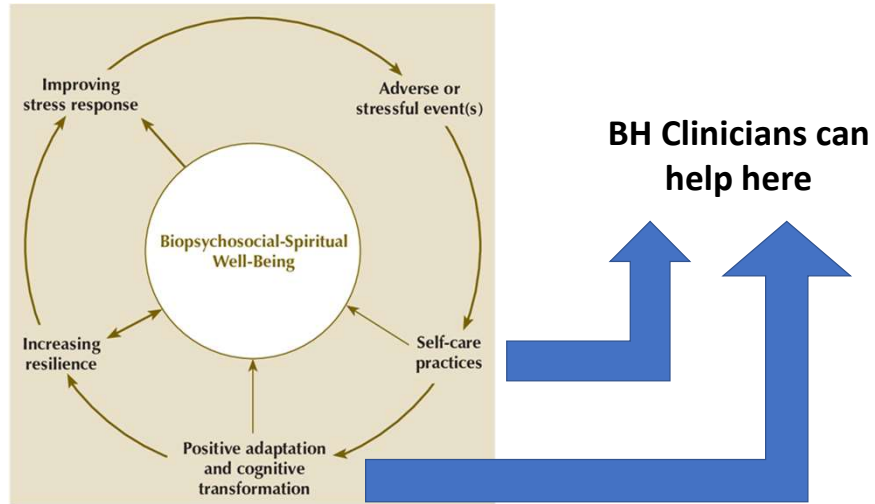
*Source.* Adapted by Greene (2007) from "The metatheory of resilience and resiliency," by G. E. Richardson, 2002, *Journal of Clinical Psychology*, 58, 308.

(Greene et al., 2012; Richardson, 2002)

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## Healthcare Provider Resiliency & Support Resiliency: Cyclic Resilience Development Model

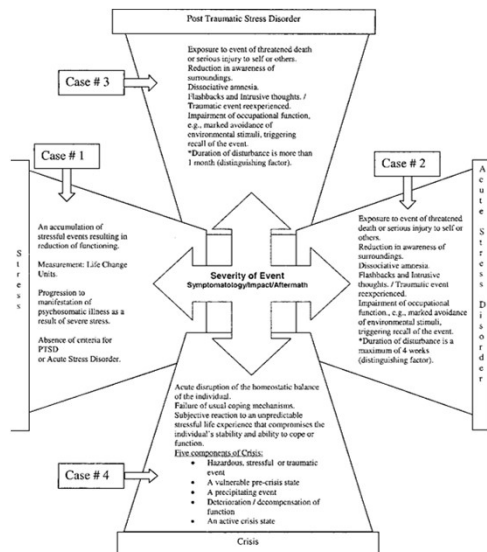


(Grafton et al., 2010)

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## Healthcare Provider Resiliency & Support Stress Response Levels

- Stress
- Acute Stress Response
- Acute Stress Disorder
- Crisis
- Post-Traumatic Stress Disorder



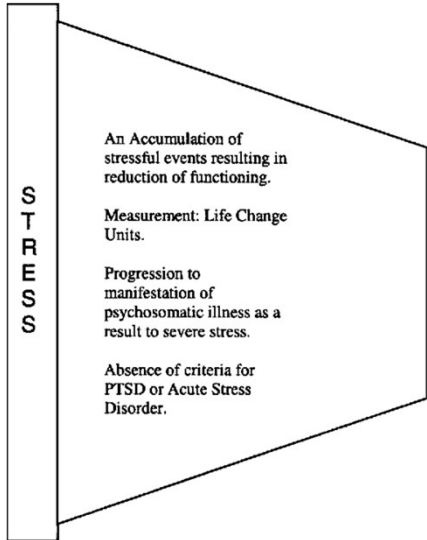
(Yeager & Roberts, 2003)

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## Stress

- Any stimulus, internal state, situation, or event with an observable individual reaction
- Novelty, threat, unpredictability, and lack of control
- Goldilocks Principle – some keeps us safe, too much interferes w/ functioning
- Negative stress is not what is going on in our life, it is our fear we cannot handle it.

### Healthcare Provider Resiliency & Support Stress Response Levels



An Accumulation of stressful events resulting in reduction of functioning.

Measurement: Life Change Units.

Progression to manifestation of psychosomatic illness as a result to severe stress.

Absence of criteria for PTSD or Acute Stress Disorder.

(Simon, 2020; Yeager & Roberts, 2003)

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## Acute Stress Reaction & Acute Stress Disorder

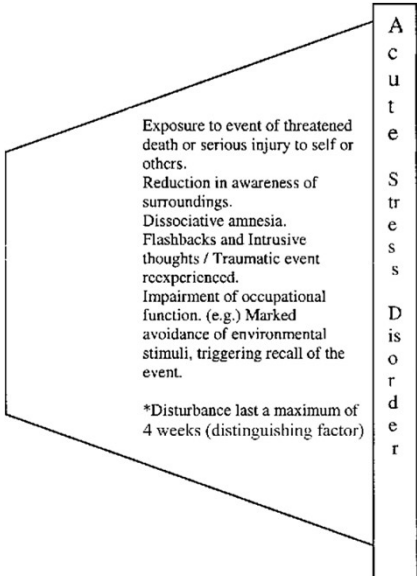
**Acute Stress Reaction (not a dx)**

- Transient condition that often develops in response to a traumatic event. Lasts up to 3 days.

**Acute Stress Disorder (DSM-5 308.3, F43.0)**

- Occurs at least 3 days to one month after traumatic event.
- Same sx as PTSD, but only 9 sx total

### Healthcare Provider Resiliency & Support Stress Response Levels



Exposure to event of threatened death or serious injury to self or others.

Reduction in awareness of surroundings.

Dissociative amnesia.

Flashbacks and Intrusive thoughts / Traumatic event reexperienced.

Impairment of occupational function. (e.g.) Marked avoidance of environmental stimuli, triggering recall of the event.

\*Disturbance last a maximum of 4 weeks (distinguishing factor)

(American Psychiatric Association, 2013; Yeager & Roberts, 2003)

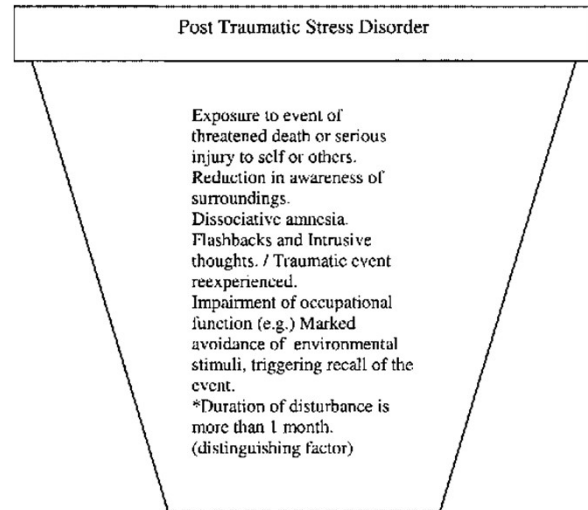
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## Post-Traumatic Stress Disorder

DSM-5 308.3, F43.0

- Occurs at least 1 month
- Can last for years
- ~ Half of patients experiencing PTSD initially presented with acute stress disorder. Dissociative sx are a predictor of future PTSD.

## Healthcare Provider Resiliency & Support Stress Response Levels



(American Psychiatric Association, 2013; Yeager & Roberts, 2003)

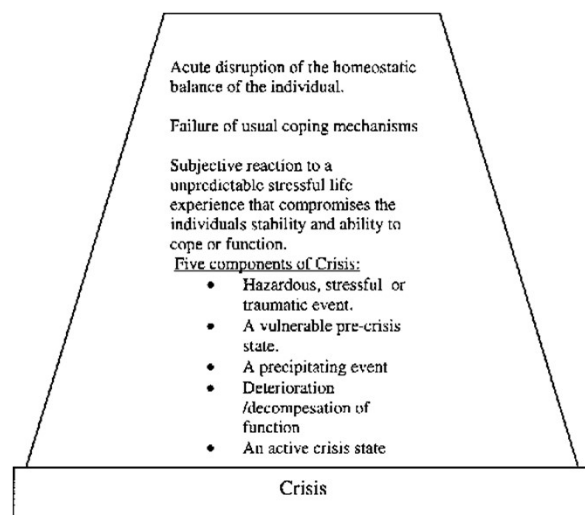
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## Crisis

(Diagnostic Options: Acute Stress Disorder, Adjustment Disorder, PTSD)

- Crisis is a state of emotional turmoil or an acute emotional reaction to a powerful stimulus. Three characteristics of crisis:
  - 1) The usual balance between thinking and emotions is disturbed.
  - 2) The usual coping mechanisms fail.
  - 3) Evidence of impairment in an individual or group.

## Healthcare Provider Resiliency & Support Stress Response Levels



(Responding to Trauma: Crisis Intervention Models, 2016; Yeager & Roberts, 2003)

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## Healthcare Provider Resiliency & Support Crisis Intervention Models

### Two leading crisis intervention models:

- Albert Roberts' Seven-Stage Crisis Intervention Model
- Mitchell's Critical Incident Stress Management intervention system

### Other widely recognized models include:

- Psychological First Aid
- Mental Health First Aid
- Stress First Aid (self care & peer support)
- ABC Model

(Roberts & Ottens, 2005)



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## Healthcare Provider Resiliency & Support Seven-Stage Crisis Intervention Model

### Consider Phase of Disaster Response

- Phase I - Impact
  - Phase II - Heroic or Rescue phase
  - Phase III - Crisis Intervention
    - Begins 1–4 weeks after the disaster unfolds
- 
- Phases I and II involve the disaster management and emergency relief, meet more immediate needs.
    - Recommend using: Psychological First Aid, Mental Health First Aid & Stress First Aid

(Roberts & Ottens, 2005)



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## Healthcare Provider Resiliency & Support Seven-Stage Crisis Intervention Model

- Phase III - Crisis Intervention
  - This is the phase healthcare providers will approach outpatient settings for support
  - Provides overarching plan for how to proceed
  - Components of the model take into consideration what the persons in crisis bring with themselves to every crisis-counseling encounter—their inner strengths and resiliency



(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Phase Considerations

### Lessons from Wuhan

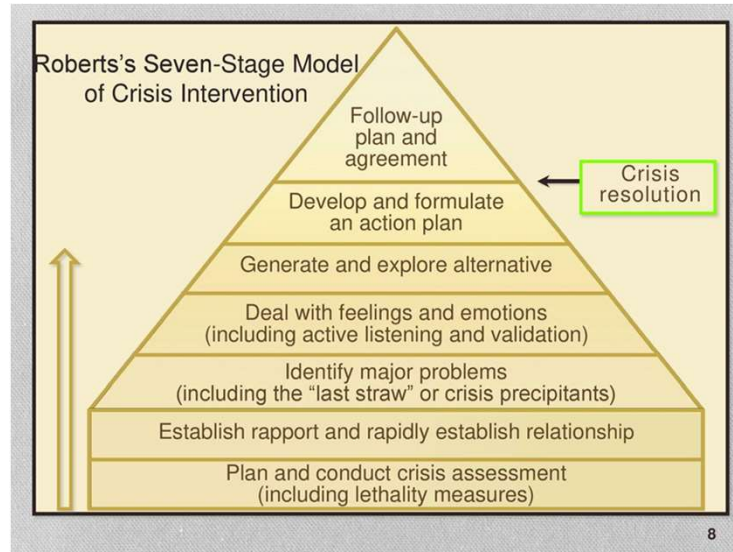
- Chinese Medical and Psychological Disease Clinical Medicine Research Center responded rapidly to the psychological pressures on staff but encountered refusal of help.
- Many staff mentioned that they did not need a psychologist, but needed more rest without interruption and enough protective supplies.
- If possible, they wanted mental health staff to be on hand to directly help these patients.

(Chen et al., 2020)

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## Healthcare Provider Resiliency & Support Seven-Stage Crisis Intervention Model



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## Healthcare Provider Resiliency & Support Seven-Stage Crisis Intervention Model

### Robert's Seven-Stage Crisis Intervention Model

#### 1) Conduct

Conduct biopsychosocial and lethality/imminent danger assessment

- Environmental stressors & supports
- Medical needs and medications
- Current use of drugs and alcohol
- Internal and external coping methods and resources
- Assess SI, safety

#### 2) Establish

Rapidly establish a collaborative relationship

- Rapport is facilitated by genuineness, respect and acceptance
- Use flexibility, positive mental attitude, resiliency, reinforcing small gains, good eye contact, creativity and nonjudgmental attitude

#### 3) Identify

Identify the major problems, including what precipitated the crisis

- What led to that person needing help
- Which problems to work on first
- Determinations coping style

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Seven-Stage Crisis Intervention Model

# Robert's Seven-Stage Crisis Intervention Model

### 4) Exploration

- Exploration feelings and emotions through active listening
- Communicating with warmth and reassurance
- Nonjudgmental statements and validation
- Accurate empathetic statements

### 5) Generate [Resiliency Building]

- Once emotionally regulated, generate new coping & resiliency building strategies
- CBT, DBT, ACT skills
- Explore to ensure the client's safety, MI, programs for treating chemical dependency

### 6) Restore functioning

- An action plan helps provide concrete plans for ultimately restoring cognitive functioning.
- Many have trouble mobilizing and following through on an action plan
- Small, achievable steps that can be tracked

### 7) Plan

- Plan for a follow-up contact after the initial intervention to evaluate the client following the crisis.
- Follow-up contact should include physical condition, cognitive mastery of the precipitating event, assessment of overall functioning, satisfaction and progress with ongoing treatment, any current stressors and how those are being handled, and need for possible referrals.

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Stages 1, 2, & 3: Assessment, Rapport, and Crisis Precipitants

- Rapid – assume 1 session (BHC model)
- Contained content
- Functioning, coping, and problem/solution focused
- Every session contains intervention

(Roberts & Ottens, 2005)



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# Healthcare Provider Resiliency & Support Stage 1: Assessment

## 1) Conduct

Conduct biopsychosocial and lethality/imminent danger assessment

- Environmental stressors & supports
- Medical needs and medications
- Current use of drugs and alcohol
- Internal and external coping methods and resources
- Assess SI, safety



(Roberts & Ottens, 2005)

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# Healthcare Provider Resiliency & Support Assessment: Patient Stress Questionnaire

## Patient Stress Questionnaire\*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Date: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems? (Please circle your answer & check the boxes that apply to you)

	Not at all	Slightly	Moderately	Very much	Very much
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. <input type="checkbox"/> Trouble falling or staying asleep, or <input type="checkbox"/> sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. <input type="checkbox"/> Poor appetite or <input type="checkbox"/> overeating	0	1	2	3	
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. <input type="checkbox"/> Moving or speaking so slowly that other people could have noticed, or <input type="checkbox"/> the opposite - being so fidgety or restless that you've been moving around a lot more than usual	0	1	2	3	
9. <input type="checkbox"/> Thoughts that you would be better off dead, or <input type="checkbox"/> hurting yourself in some way	0	1	2	3	Total

10. Total score: \_\_\_\_\_

11. Please also complete back side →

Are you currently in any physical pain? No Yes

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?	No	Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
3. Were constantly on guard, watchful, or easily startled?	No	Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	Yes

Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking. These questions are about your drinking habits. We've listed the serving size of one drink below.

Please circle your answer

	0	1	2	3	4
How often do you have one drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times per week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you:					
...found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...needed a first drink in the morning to get yourself going after heavy drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
...been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or someone else been injured as a result of your drinking?	0	1	2	3	4
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year

Standard serving of one drink:  
12 ounces of beer or wine cooler  
1.5 ounces of 40 proof liquor  
5 ounces of wine  
4 ounces of brandy, liqueur or spirit

Total: \_\_\_\_\_

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# Healthcare Provider Resiliency & Support Assessment: Acute Stress

## Severity of Acute Stress Symptoms—Adult<sup>1</sup> National Stressful Events Survey Acute Stress Disorder Short Scale (NSESSS)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

Please list the traumatic event that you experienced: \_\_\_\_\_  
Date of the traumatic event: \_\_\_\_\_

**Instructions:** People sometimes have problems after extremely stressful events or experiences. How much have you been bothered during the PAST SEVEN (7) DAYS by each of the following problems that occurred or became worse after an extremely stressful event/experience? Please respond to each item by marking (✓ or x) one box per row.

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Clinician Use
1. Having "flashbacks," that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2. Feeling very emotionally upset when something reminded you of a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. Being "super alert," on guard, or constantly on the lookout for danger?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6. Feeling jumpy or easily startled when you hear an unexpected noise?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7. Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score: (if 1 item left unanswered)</b>						
<b>Average Total Score:</b>						

Rapaport DH, Resnick HS, Friedman, M. Copyright © 2013 American Psychiatric Association. All rights reserved. This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

### Instructions to Clinicians

The National Stressful Events Survey Acute Stress Disorder Short Scale (NSESSS) is a 7-item measure that assesses the severity symptoms of acute stress disorder in individuals age 18 and older following an extremely stressful event or experience. The measure was designed to be completed by an individual upon receiving a diagnosis of acute stress disorder (or clinically significant acute stress disorder symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual receiving care to rate the severity of his or her acute stress disorder during the past 7 days.

### Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Not at all; 1=A little bit; 2=Moderately; 3=Quite a bit, and 4=Extremely). The total score can range from 0 to 28, with higher scores indicating greater severity of acute stress disorder. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 7 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual's acute stress disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 7).

**Note:** If 2 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 item is left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the NSESS—Acute Stress Disorder (i.e., 7) and divide the value by the number of items that were actually answered (i.e., 6). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{\text{Raw sum} \times 7}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

### Frequency of Use

To track changes in the severity of the individual's acute stress disorder over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

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# Healthcare Provider Resiliency & Support Assessment: PTSD

## PCL-5

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. Repeated, disturbing dreams of the stressful experience?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. Feeling very upset when something reminded you of the stressful experience?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8. Trouble remembering important parts of the stressful experience?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as "I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous")?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12. Loss of interest in activities that you used to enjoy?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13. Feeling distant or cut off from other people?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15. Irritable behavior, angry outbursts, or acting aggressively?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16. Taking too many risks or doing things that could cause you harm?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17. Being "super alert" or watchful or on guard?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18. Feeling jumpy or easily startled?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
19. Having difficulty concentrating?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
20. Trouble falling or staying asleep?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

PCL-5 (11 April 2018)

National Center for PTSD

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[https://www.ptsd.va.gov/professional/assessment/documents/PCL5\\_Standard\\_form.PDF](https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF)

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## Healthcare Provider Resiliency & Support Stage 2: Rapid Rapport Building

- Convey humanity – connection, authenticity
- Use humor as appropriate
- Demonstrate acceptance, flexibility, and positivity
- Normalize negative coping – Attempts to regulate emotion/reactivity
- Model resiliency

### 2) Establish

Rapidly establish a collaborative relationship

- Rapport is facilitated by genuineness, respect and acceptance
- Use flexibility, positive mental attitude, resiliency, reinforcing small gains, good eye contact, creativity and nonjudgmental attitude

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Stage 3: Identify Crisis Precipitant



### 3) Identify

Identify the major problems, including what precipitated the crisis

- What led to that person needing help
- Which problems to work on first
- Determinations coping style

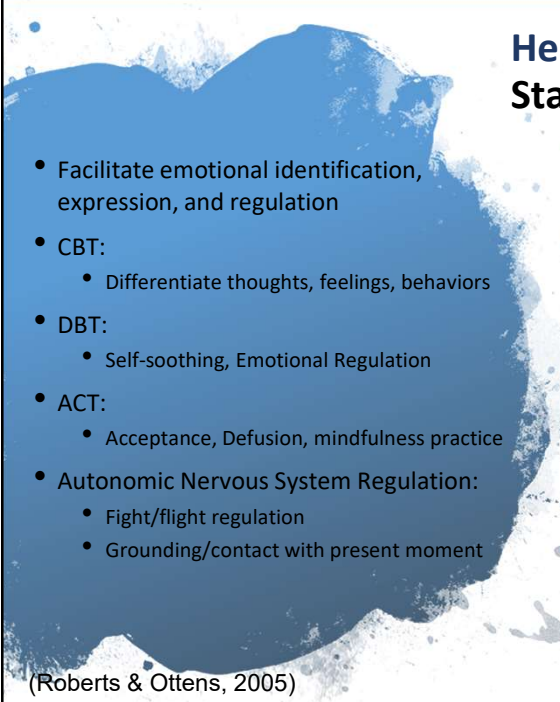


- Focused, brief therapy
- Specific functional therapeutic goals
- Aim to remediate acute distress symptoms

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Stage 4: Deal with Feelings/Emotions

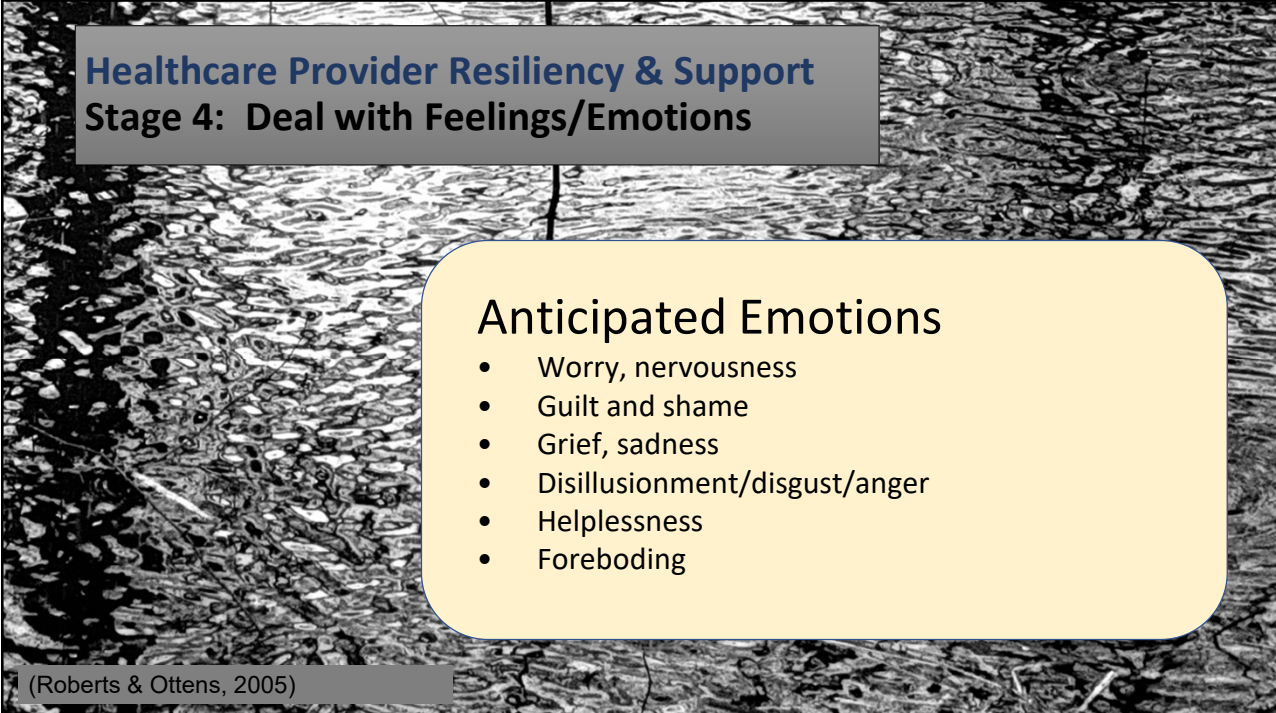
- Facilitate emotional identification, expression, and regulation
- CBT:
  - Differentiate thoughts, feelings, behaviors
- DBT:
  - Self-soothing, Emotional Regulation
- ACT:
  - Acceptance, Defusion, mindfulness practice
- Autonomic Nervous System Regulation:
  - Fight/flight regulation
  - Grounding/contact with present moment

### 4) Exploration

- Exploration feelings and emotions through active listening
- Communicating with warmth and reassurance
- Nonjudgmental statements and validation
- Accurate empathetic statements

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Stage 4: Deal with Feelings/Emotions

### Anticipated Emotions

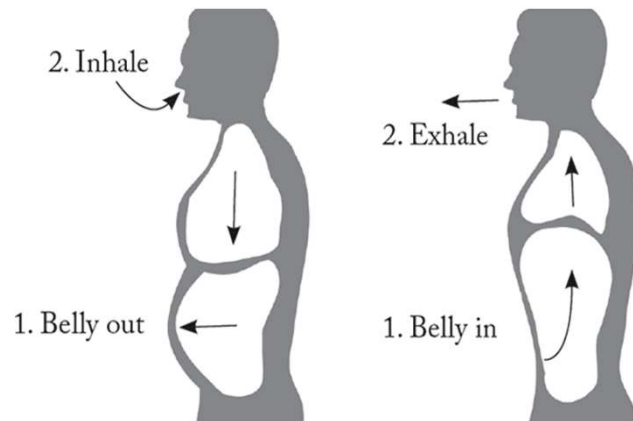
- Worry, nervousness
- Guilt and shame
- Grief, sadness
- Disillusionment/disgust/anger
- Helplessness
- Foreboding

(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support ANS Regulation: Diaphragmatic Breathing

- Counteracting fight/flight/freeze
  - Parasympathetic NS activation
  - Present-moment body focus
- Training tips:
  - Imagine belly is a balloon – inflate the balloon
  - Start with small sips of air – watch belly movement, increase volume as ready
  - Begin with exhale
  - Push belly out hard to feel diaphragm flex
  - Laying down is easier – use book or box
  - Apply pressure with chest hand – reminder to stay still



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## Healthcare Provider Resiliency & Support ANS Regulation: Body-Focused Mindfulness



- Simple physical sensation awareness
  - Psychoeducation – why focus on body
  - Guided attention to body
- Turn emotion into observed physical sensation
- Progressive Muscle Relaxation
- Body scan
- Yoga: YouTube videos

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## Healthcare Provider Resiliency & Support

### ANS Regulation: Grounding

- Direct exit from emotional dysregulation
  - Focus on immediate, external environment (HERE and NOW)
  - Focus on immediate safety/current integrity
  - Generate increased stimulation to turn attention to present moment



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## Healthcare Provider Resiliency & Support

### ANS Regulation

#### 5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.



**What are 5 things you can see?** Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.



**What are 4 things you can feel?** Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.



**What are 3 things you can hear?** Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.



**What are 2 things you can smell?** Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.



**What is 1 thing you can taste?** Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

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## Healthcare Provider Resiliency & Support ANS Regulation: Grounding Resources

- <https://www.therapistaid.com/worksheets/grounding-techniques.pdf>
- <https://www.winona.edu/resilience/Media/Grounding-Worksheet.pdf>
- <http://www.lifestonecenter.com/resources/Container K. Murray.pdf>

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## Healthcare Provider Resiliency & Support Stage 5: Generate and Explore Alternatives (a.k.a. Interventions)

### 5) Generate [Resiliency Building]

- Once emotionally regulated, generate new coping & resiliency building strategies
- CBT, DBT, ACT skills
- Explore to ensure the client's safety, MI, programs for treating chemical dependency



(Roberts & Ottens, 2005)

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## Healthcare Provider Resiliency & Support Stage 6 & 7: Implementation / Action Plan and Follow-up

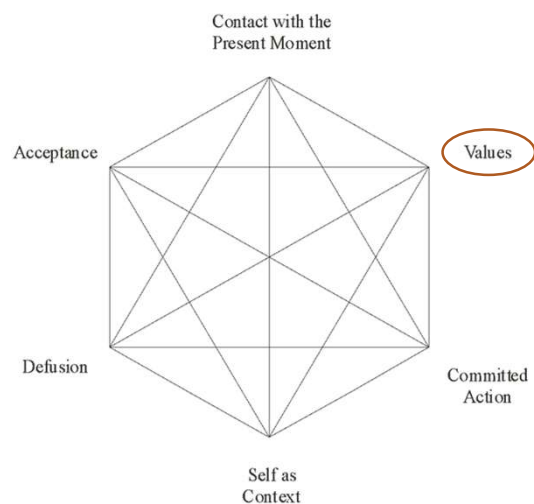
- Create a plan for change that addresses presenting issue(s)
- Restore/stabilize functioning
- Brief therapy for post-crisis adjustment/restabilization
- Consider post-tx assessment – Patient Stress Questionnaire, etc.



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## Healthcare Provider Resiliency & Support Psychological Flexibility: A Model of Health Despite Adversity

“...the ability to experience thoughts, feelings, sensations, and memories without needless defense; as they are, not as what they say they are; and (based on what the situation affords) to persist or change in behavior in the service of chosen values.”



(Hayes & Lillis, 2012)

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## Healthcare Provider Resiliency & Support Values: Defining Direction and Meaning

“Verbally constructed, global, desired, and chosen life directions.” (Dahl, Wilson, Luciano, & Hayes, 2005)

At the end of the day, who do you want to be? What are you about?

Adversity has meaning if in service of one’s values.



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## Healthcare Provider Resiliency & Support Managing Thoughts

- Values as an anchor

I should have done more to help.

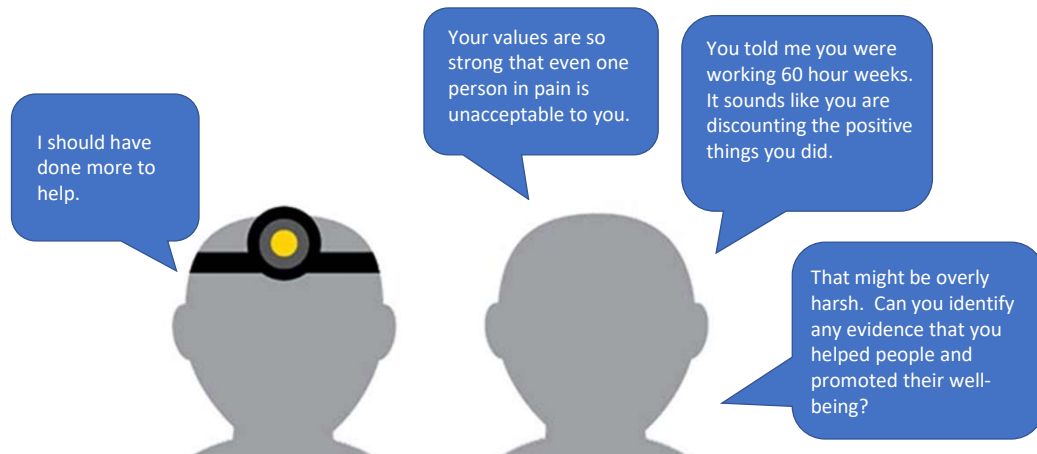
Caring for others is the most important thing to you. It makes sense you would want to do as much as possible.



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## Healthcare Provider Resiliency & Support Managing Thoughts

- CBT: Reframing, identifying distortions, seeking evidence



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## Healthcare Provider Resiliency & Support Managing Thoughts

- Values as an anchor
- ACT: Acceptance, Defusion, Utility over Truth



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## Healthcare Provider Resiliency & Support Managing Behaviors

- Anchor in VALUES
- Build behaviors that promote positive coping/emotional regulation
- Challenge behaviors that promote destabilization
- Avoid avoidance
- Special importance of social connection



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## Healthcare Provider Resiliency & Support Self-Care/Resiliency Building Behaviors

- Maintain or normalize routine
- Eat healthy food, drink enough water
- Limit alcohol, caffeine, other substance use
- Get outside
- Keep and prioritize social connections
- Pace yourself –take breaks
- Sleep – Teach sleep hygiene, CBT-I
- Seek humor, change emotional tone
- Mindfulness practice

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## Healthcare Provider Resiliency & Support Sleep / CBT-I

- Sleep disruption is normal
- Maintain routine
  - Keep "sleep window" - try to go to sleep between 7 and 10:30 when cortisol is lowest
- Turn off screens 1 hour before bed
- Warm shower/bath 30-60 minutes before bed
- Try not to nap
- Get up after 20 minutes awake – boring activity, no screens
- Reinforce associations: Night is for sleep, bed is for sleep
- Meditation tracks for sleep

<https://www.med.unc.edu/neurology/files/2018/05/jdedingrCBTManual.pdf>



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## Healthcare Provider Resiliency & Support DBT

- DBT
- Balance Acceptance and Change Efforts
- Behavioral tools
  - Enhance ANS regulation
  - Address interpersonal relationship disruption
  - Increase tolerance for pain/negative emotion states
  - Increase awareness of self distinct from context

**Mindfulness**  
(being aware of the present moment without judgment)

**Emotion regulation**  
(understanding and reducing vulnerability to emotions, changing unwanted emotions)

**Distress tolerance**  
(getting through crisis situations without making things worse and accepting reality as it is)

**Interpersonal effectiveness**  
(getting interpersonal objectives met, maintaining relationships, and increasing self-respect in relationships)

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**Healthcare Provider Resiliency & Support DBT**

**When we are STRESSED we find ways to cope**

Sometimes we cope with a problem behavior. Looking at the **PROS & CONS** of our coping behaviors, we can decide if we want to change the way we cope.

Pros	Cons
<b>Doing Problem Behavior</b> (doing it) What do I like about doing it? (instant relief)	<b>Not Doing Problem Behavior</b> (Healthy Coping) What do I like about coping with skills? (long term benefits) What don't I like about coping with skills? (long term effects)

If we decide to do something different we can use these three sets of skills:

When you need to distract from people, events or feelings that are difficult to handle remember **ACCEPTS**

- A**ctivities  
Do something else: work on a hobby, go for a walk
- C**ontributions  
Do something for someone else: compliment someone, do something nice
- C**omparisons  
Think about how it's better than other situations, a time you felt worse
- E**motions  
Do something that feels different: watch a movie, listen to music
- P**ush Away  
Put the problem away: focus on something else, yell NO! to the problem
- T**houghts  
Distract your thoughts: count, sing a song
- S**ensations  
Feel something else: Hold ice, squeeze a ball

When you need to make yourself feel better to prevent problem behaviors, self-soothe with your senses

- V**ision  
Look at something pretty  
Watch something on TV  
People watch  
Window shop
- H**earing  
Listen to soothing music  
Pay attention to sounds  
Sing your favorite song  
Play an instrument
- S**mell  
Use a favorite soap  
Burn a scented candle  
Make popcorn  
Smell roses
- T**aste  
Chew your favorite gum  
Eat a favorite food  
Eat mindfully  
Drink hot chocolate
- T**ouch  
Take a hot bath  
Pet your dog or cat  
Hug someone  
Put on a comfy shirt

If you are in **crisis** and can't think straight, or your **body is distressed- TIP your body chemistry!**

- T**emperature  
Face in ice water  
Cold/hot shower
- I**ntense Exercise  
Running/walking fast  
Expend your energy
- M**uscle Relaxation  
Tense each muscle for 10 seconds, then release each muscle for 15 seconds

- I**magery  
Imagine a safe place  
Imagine life is going well  
Imagine a relaxing place
- M**eaning  
Find a reason for it  
Focus on the positive  
Think of how you'll be better
- P**rayer  
Ask for strength  
Turn it over to a higher power  
Ask your wise mind for help
- R**elaxing  
Listen to a relaxation tape  
Massage your neck  
Practice yoga
- O**ne thing at a time  
Be mindful  
Focus attention on one thing  
Breathe!
- V**acation  
Take a break  
Get in bed for 5 minutes  
Take a breather from work
- E**ncouragement  
Cheerlead yourself  
"It will get better!"



A few thoughts about avoidance





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## Healthcare Provider Resiliency & Support Avoidance vs Committed Action

- ACT, ERP: Avoidance is self-reinforcing
- Experiential avoidance = attempts to avoid contacting an unwanted experience, trying to control away the pain
- Committed action = Acting in service of values while accepting that pain, discomfort will occur.
- Practice small values-guided committed actions to learn to hold/accept/manage distress

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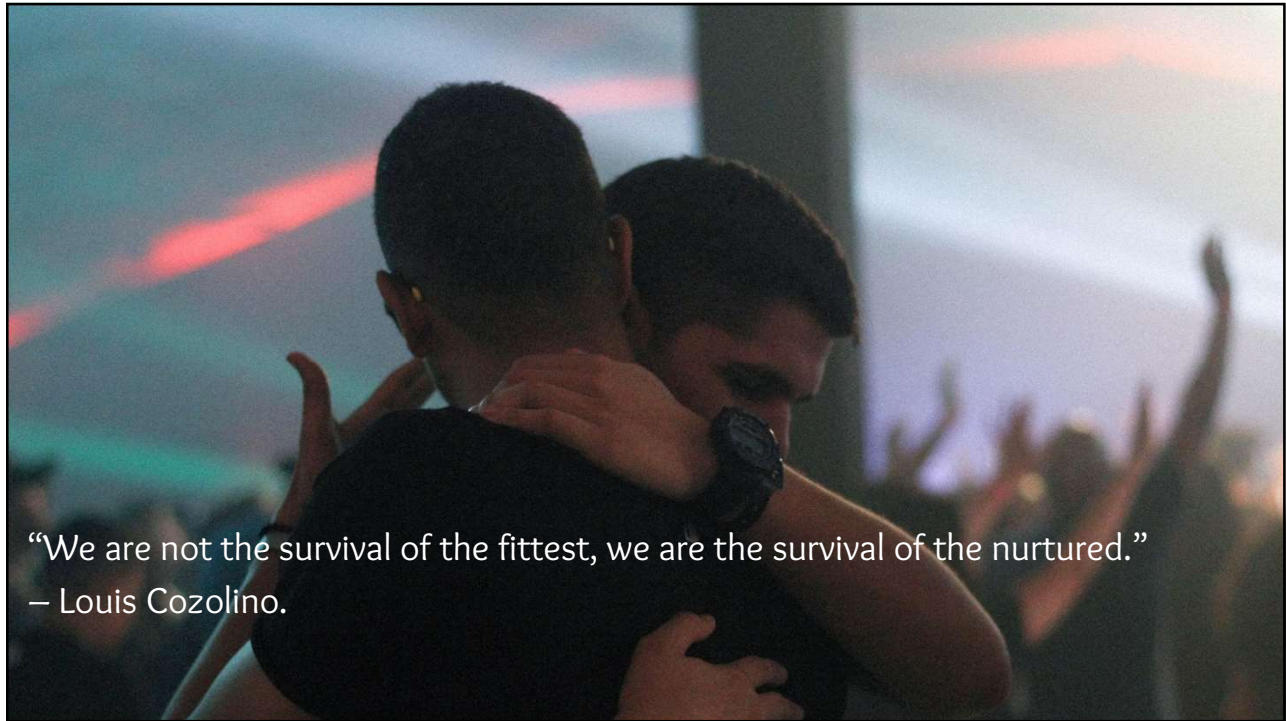


## Healthcare Provider Resiliency & Support

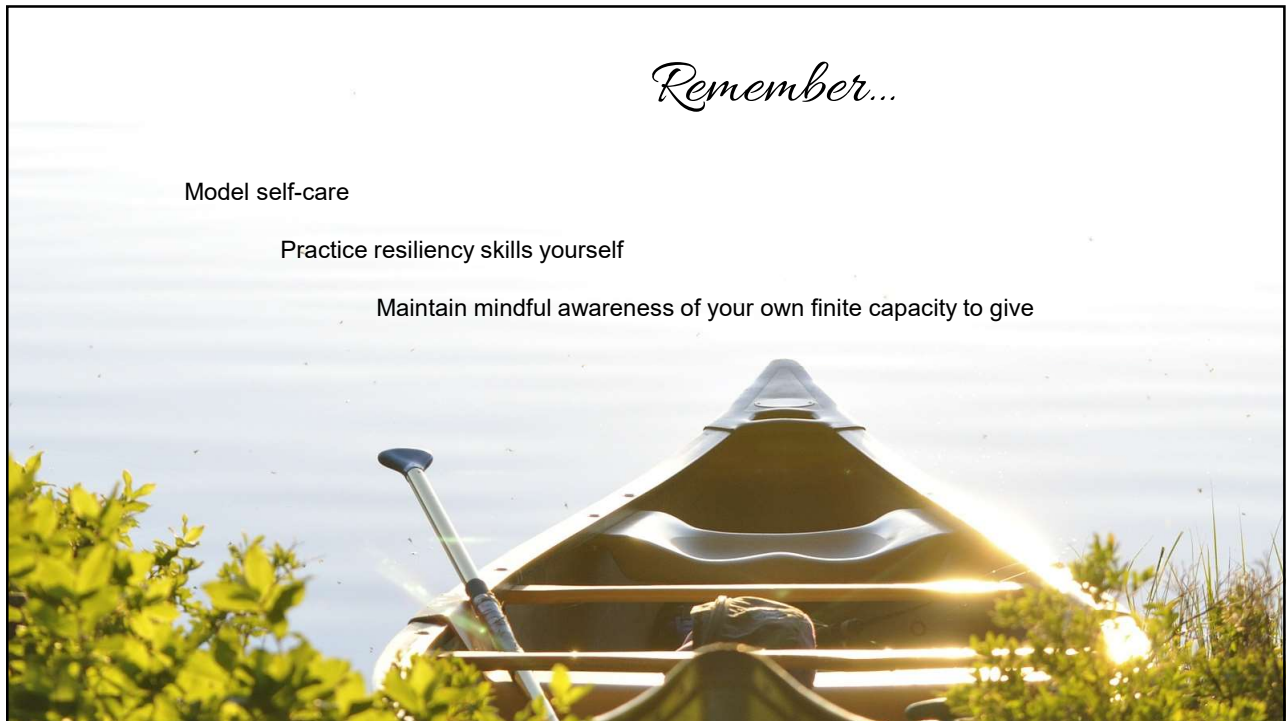
- The longing for a “felt sense” of connection to key others is primary in terms of the hierarchy of human goals and needs. Humans are most acutely aware of this innate need for connection at times of threat, risk, pain, or uncertainty. (Johnson, 2019, p. 6)
- Seeking proximity to and engagement with significant others is a fundamental tool for emotional soothing, arousal regulation, and well-being.

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## Healthcare Provider Resiliency & Support Additional Resources

- <https://www.medpep.org/>
- [https://www.ptsd.va.gov/appvid/mobile/cbticoach\\_app\\_public.asp](https://www.ptsd.va.gov/appvid/mobile/cbticoach_app_public.asp)
- <https://drive.google.com/file/d/117HY4z4mY5izJpR44ejuZ8rhTyoWEGEG/view>
- <https://www.crowdcast.io/caringforclinicians>
- <https://www.cbtforinsomnia.com/>
- <https://www.youtube.com/watch?v=A3IDK2H-8oI&t=345s>

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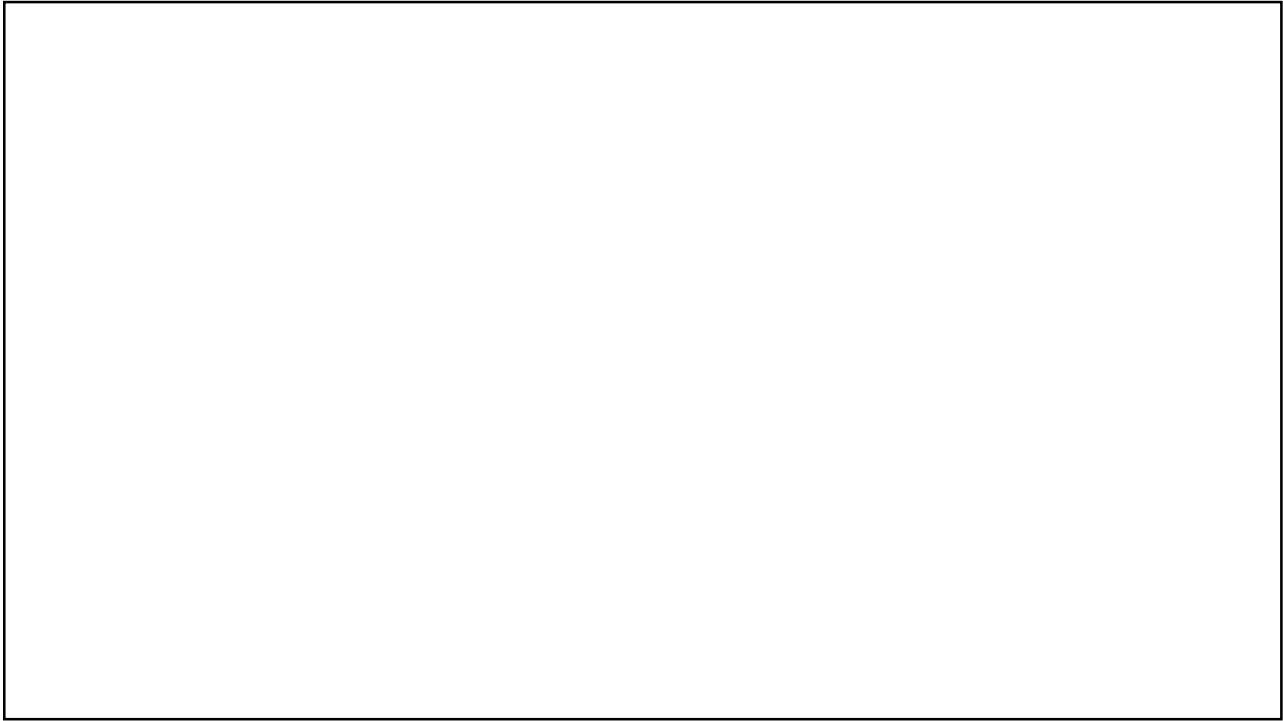
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