



REGION 1

Regional Disaster Health Response System

Healthcare Worker Wellbeing and Resiliency on the Frontlines of COVID-19

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March 30, 2021

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- The speakers have no affiliation or financial interests/relationships to disclose.

Host & Speakers



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Agenda



- Review existing healthcare wellbeing approaches prior to COVID-19
- Discuss the behavioral health burdens faced by front-line healthcare workers during the COVID-19 crisis
- Describe the psychological impact during each phase of disaster and the most common responses experienced due to traumatic events
- Identify actions taken and resources utilized in current healthcare system COVID-19 wellbeing and resiliency efforts.

Psychological Impact of Disaster



Clinician Well-Being Collides with a Global Pandemic



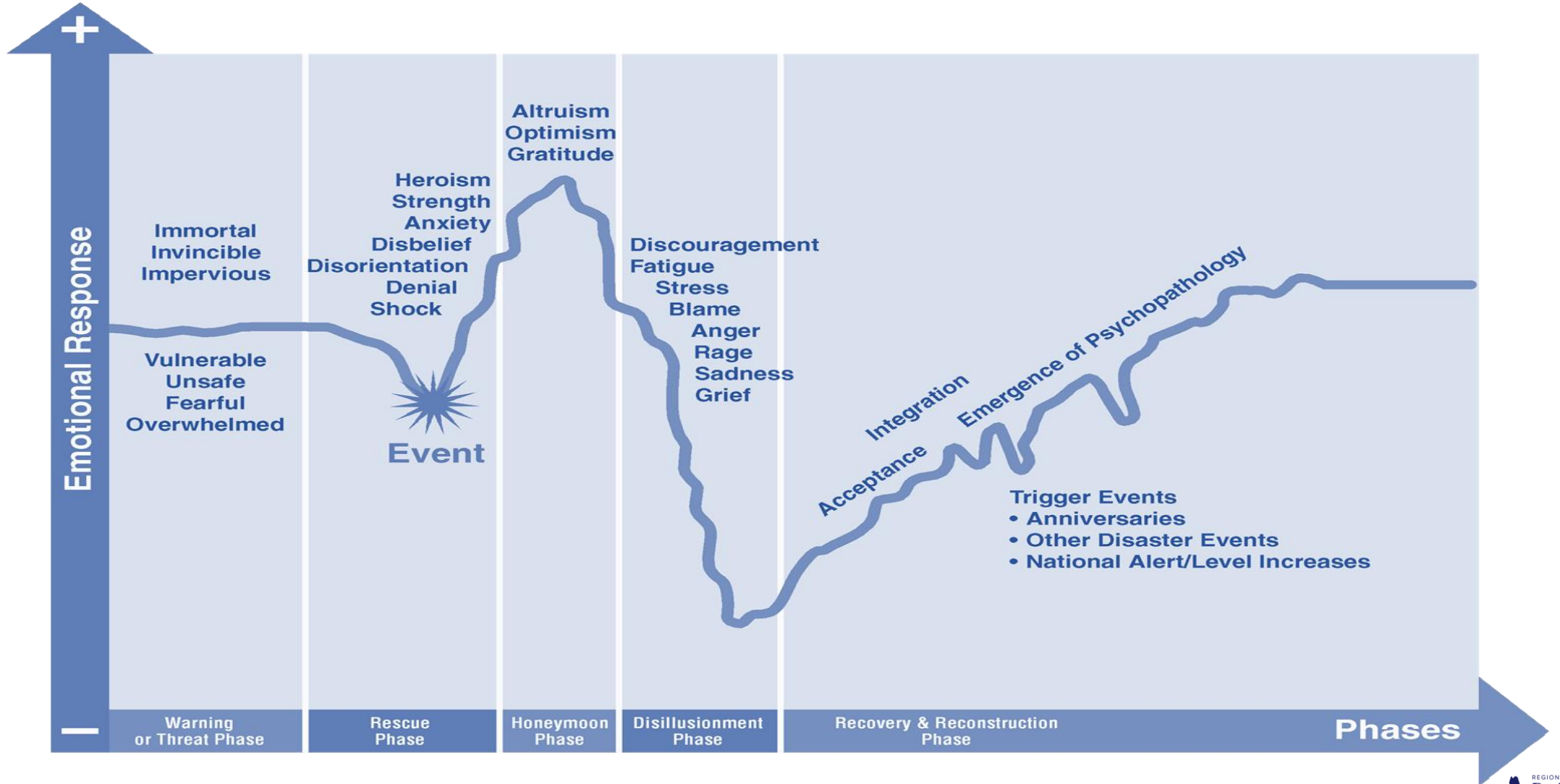
Common Reactions to Disaster Events



Common Responses to a Traumatic Event

Cognitive	Emotional	Physical	Behavioral
<ul style="list-style-type: none">• poor concentration• confusion• disorientation• indecisiveness• shortened attention span• memory loss• unwanted memories• difficulty making decisions	<ul style="list-style-type: none">• shock• numbness• feeling overwhelmed• depression• feeling lost• fear of harm to self and/or loved ones• feeling nothing• feeling abandoned• uncertainty of feelings• volatile emotions	<ul style="list-style-type: none">• nausea• lightheadedness• dizziness• gastro-intestinal problems• rapid heart rate• tremors• headaches• grinding of teeth• fatigue• poor sleep• pain• hyperarousal• jumpiness	<ul style="list-style-type: none">• suspicion• irritability• arguments with friends and loved ones• withdrawal• excessive silence• inappropriate humor• increased/decreased eating• change in sexual desire or functioning• increased smoking• increased substance use or abuse

Phases of Disaster



Adapted from Zunin/Meyers as cited by DeWolfe (2000)

Timeframes and Resilience



- At height of COVID-19, nurses and doctors reported high levels of distress (Shechter et al. 2020)



- Most samples of rescue and recovery workers showed remarkable resilience (Norris, et al. 2002)
- Immediate intense reactions which diminish over time (Galea, et al. 2003; Bonanno, et al. 2010)

Emotional Impact of COVID-19

‘I have never felt so helpless’: Front-line workers confront loss

Doctors, nurses and first responders grapple with the enormity of what they’ve witnessed during the pandemic’s first wave



Caption and Photo Credit: Washington Post, 2020

Potential Sources of Distress in Healthcare



- Burnout
- Empathic Distress
- Moral Distress
- Grief & Loss
- Physical Illness
- Abandonment



Clinician Distress Related to COVID-19

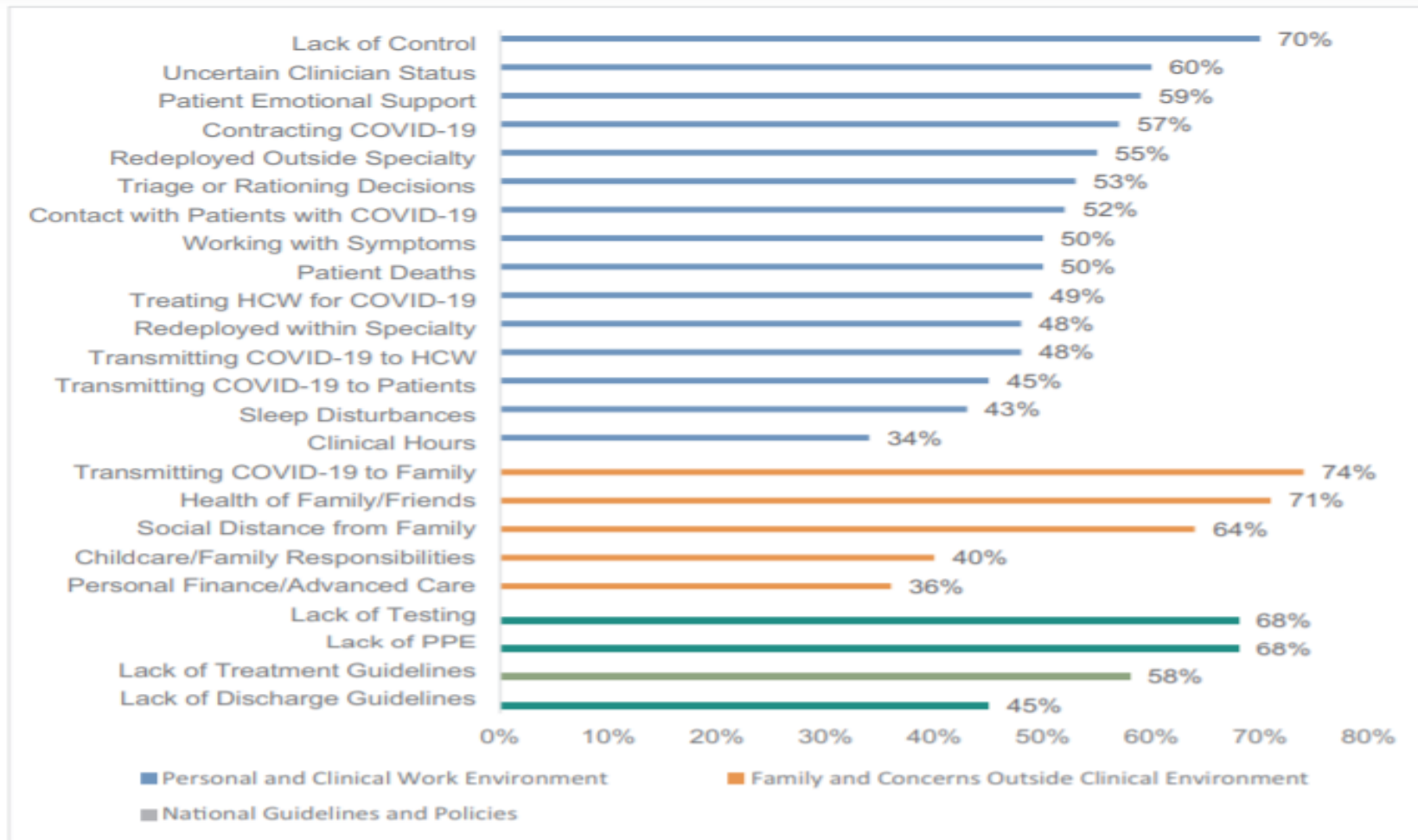


Fig. 1. Percent of participants who endorsed distress due to clinical, family, national, and personal concerns.

The Work is Just Beginning...



Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence

By Jennifer B. Feist, J. Corey Feist, and Pamela Cipriano

August 6, 2020 | Commentary

The Covid-19 HEalth caRe wOrkErS (HEROES) Study (HEROES)

- Multisite & country cohort study, currently about 30 countries from North & South America, Europe, Asia, Africa and Oceania are enrolling participants

The COVID-19 Healthcare Personnel Study (CHPS)

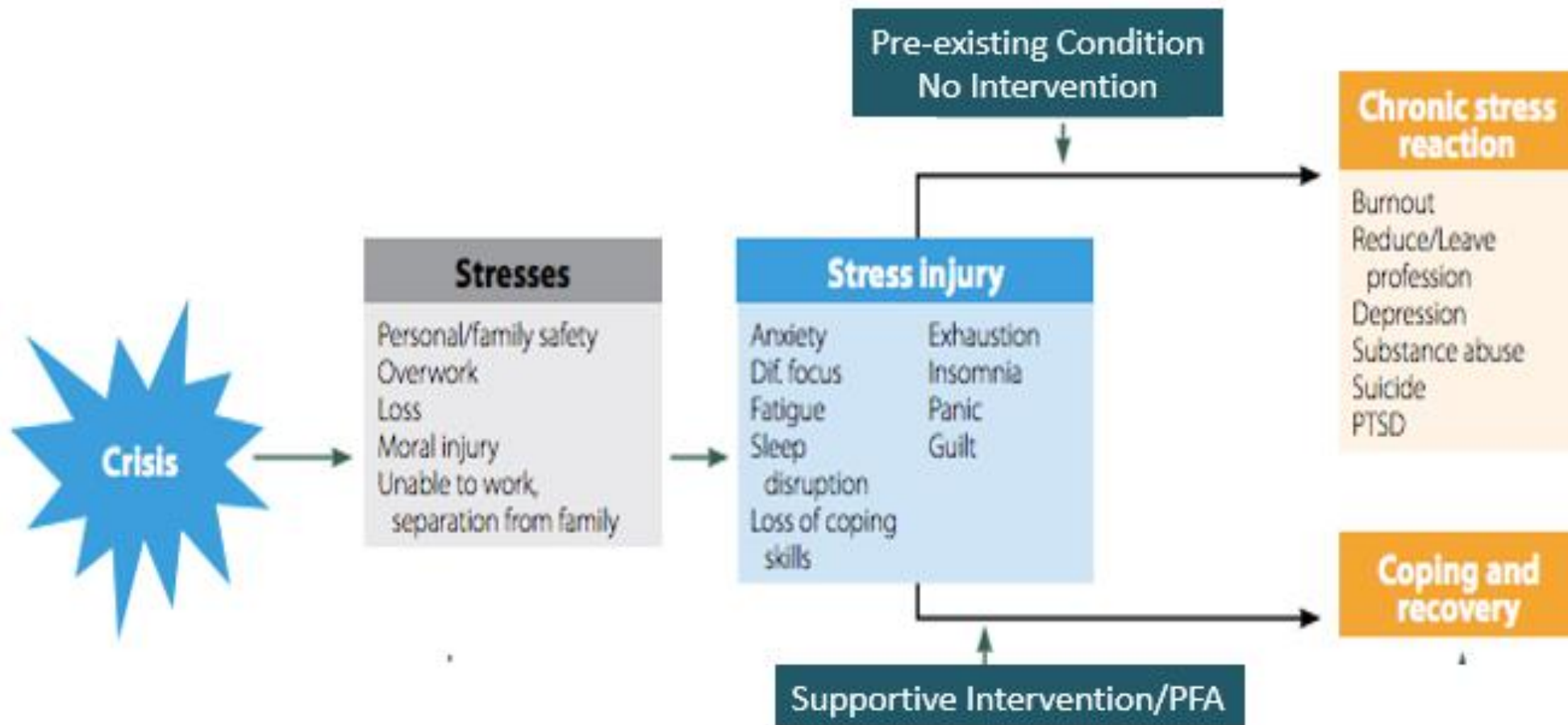
- Study designed to assess and mitigate the adverse health impact of COVID-19 on the health care workforce in New York



COLUMBIA
UNIVERSITY



Stress Injury and Potential Care Needs



Caring for health care workers during crisis: Creating a resilient organization (American Medical Association [AMA])

Figure 2: Conceptual model: Stress first aid during and after crisis impacts outcomes Adapted from The Schwartz Center, Patricia Watson, PhD, "Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers' Stress."

<https://www.ama-assn.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf>. Further adapted.

Disaster Mental Health Interventions



First Responder Behavioral Health



- First responders overall
 - 30% develop behavioral health conditions
- Regular work duties
- Then layer disaster response work



(Abbot et al., 2015); (Botha, Gwin, & Purpora, 2015; Heavey et al., 2015; Marmar et al., 2006; Patterson et al., 2012; Quevillon, Gray, Erickson, Gonzalez, & Jacobs, 2016); (Mitchell, 2011; Miller, 2011); (Benedek et al., 2007).

Conditions for Healthcare Workers During COVID-19 Pandemic Response



- Healthcare workers continued to provide care for patients during the pandemic
- Pandemic forced ICU or Emergency Settings
- Additional stressors impacting coping ability





Mental Health Conditions in EMS




- Depression
- Post-traumatic Stress Disorder
- Suicide/suicidal ideation



Risk and Protective Factors



	Pre-Disaster	During Disaster	Post-Disaster
Risk Factors			
Protective Factors			

Effective Approaches/Interventions/Preparedness



Institutional Preparedness
and Interventions



Leaders & Managers Support
Their Teams During a Response



Individual Responders
Preparedness



Public Health Interventions



Psychological First Aid (PFA)



- Contact and engagement (listening)
- Safety and comfort
- Stabilization
- Information gathering: assess current needs/concerns
- Practical assistance without intrusion
- Connection with social supports
- Information on coping and calming
- Linkage with collaborative services

Treatment of PTSD



Treatment of PTSD



We recommend individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring to include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), specific cognitive behavioral therapies for PTSD, Brief Eclectic Psychotherapy (BEP), Narrative Exposure Therapy (NET), and written narrative exposure. The treatments that have the best evidence are:



Cognitive Processing Therapy (CPT)

CPT teaches you how to change the upsetting thoughts and feelings you have had since your trauma.



Prolonged Exposure (PE)

PE teaches you to gradually approach trauma-related memories, feelings, and situations you have been avoiding since your trauma.



Eye Movement Desensitization and Reprocessing (EMDR)

EMDR helps you process and make sense of your trauma while paying attention to a back-and-forth movement or sound (such as a light or tone).

Embedded Disaster Mental Health



- American Red Cross
- Critical Stress Incident Management Teams (CISM)
- Deployable Medical Teams
- Medical Reserve Corps
- MA Responds
- U.S. Military



**American
Red Cross**







Their Mission Is Complete. Ours Has Just Begun.



- **Offering short-term evidence-based trauma therapies to Active Duty, Veterans and their Families**
- **All services free/co-pays waived**

**A RED SOX FOUNDATION AND
MASSACHUSETTS GENERAL HOSPITAL PROGRAM**



**RED SOX
FOUNDATION**



**MASSACHUSETTS
GENERAL HOSPITAL**

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Critical Events & Stress in First Responders



Types of Debriefing Following Critical Events



- Operational debriefing is a routine and formal part of an organizational response to a disaster and is commonly regarded as an appropriate practice.
- Psychological or stress debriefing refers to a variety of practices for which there is little supportive empirical evidence. It is **strongly discouraged** and is not considered an appropriate mental-health intervention.
- Critical Incident Stress Debriefing (CISD)
 - Formalized, structured group method
 - Developed to **assist first responders**, such as fire and police personnel; it was not meant for the survivors of a disaster or their relatives.
 - CISM includes several components including peer support

Coping with Stress



When it comes to managing stress, making simple changes can go a long way in improving your overall health and reducing stress

- Get plenty of rest
- Eat well balanced regular meals
- Exercise regularly (walk, run, swim)
- Practice relaxation
- Find a balance
- Lean on the people you trust
- Be kind to yourself
- Find what's right for you!



Risk and Protective Factors - Fixed



Risk

- Genetics
- Adverse childhood experiences
- Prior trauma exposure
- Past psychiatric history
- Level of stress prior to trauma exposure
- Initial response to trauma
- Trauma caused by people
- Extent of injury
- Dissociation
- Demographic variables (ethnic minority, female sex, older age)
- Physical illness or pain
- Loss



Resilience

- Cultural response to trauma
- Family response to trauma
- Genetics
- Physical safety and stability
- Financial resources
- Cognitive style and ability
- Religious/spiritual affiliation

Risk and Protective Factors - Modifiable



Risk

- Avoidant coping
- Use of drugs and alcohol
- Isolation
- Insomnia
- Internalized stigma
- Access to lethal means



Resilience

- Active, problem-focused coping
- Social support
- Community & religious engagement
- Sense of internal control and efficacy
- Self-esteem
- Healthy self-care
- Diet & exercise

Myths About PTSD



- First responders with PTSD will never recover
Evidence-based psychotherapy can help first responders recover from PTSD; the majority of those who complete a trauma-processing therapy will experience significant improvement in symptoms and functioning
- First responders with PTSD are always unable to do their jobs
While some first responders with PTSD do retire, others successfully continue or resume working and advancing in their departments
- Family members of first responders with PTSD will always suffer
Family members may experience vicarious traumatization, more relationship conflict, and overall family functioning. However, PTSD treatment can include evidence-based couple therapy that can improve both PTSD symptoms and relationships.

Barriers to Seeking Help



- Avoidance
- Stigma
- Being seen as “weak” or untrustworthy
- Poor access due to work schedule
- Fear of compromised confidentiality
- Concern about potential consequences at work

“Only by fundamentally addressing the culture of silence can we ensure that the clinicians who care for us can, in turn, ask for and receive the care they need without fear of consequences that could jeopardize their careers and well-being,”

(Feist, Feist & Cipriano, 2020)

Pathways to Support and Care



- Evidence-based treatment
 - Confidential referrals to accessible treatment options
- Spiritual counseling
- Stress management training
- Trauma & mental health training
- Nutrition and exercise training
- Psychological First Aid
- Peer support
- Family support
- Early assessment
- Support groups
- Organized departmental response protocols
- Private online services, anonymous hotlines, confidential in-person treatment



Workplace Well-being Exemplar



MGH Workplace Well-being Collaborative



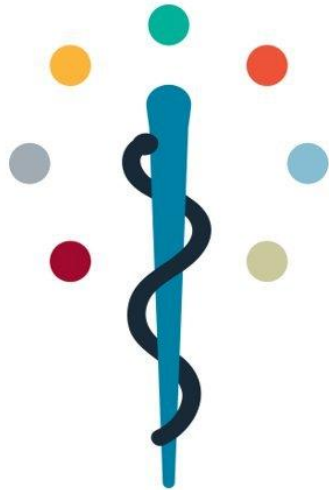
An opportunity to expand impact of well-being efforts across MGH

Purpose, Mission, Vision



- Purpose
 - Align those engaged in well-being work on behalf of MGH employees, faculty, and staff to streamline communication and messaging, catalog well-being offerings, and develop new needs-based content
- Mission
 - Promote well-being among all who work at MGH in a cohesive, coordinated, and easily accessible way
- Vision
 - Communication and messaging are clear, coherent, and aligned-people know what is going on, what resources are available to them, and how to access them
 - Available resources are catalogued across the hospital and MGB and kept up to date in a central place
 - The Workplace Well-being Collaborative works together to share resources and develop initiatives to reach all employees based on gaps and needs identified, while also continuing to serve those employees within their scope.

Participants



MASSACHUSETTS
GENERAL HOSPITAL

PATIENT CARE SERVICES

Employee Assistance Program

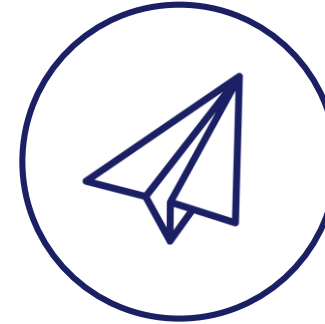


MASSACHUSETTS GENERAL
PHYSICIANS ORGANIZATION

Goals



Build Apollo site that is a one-stop centralized resource and landing page for well-being initiatives. Each group links from that page to their specific site. One standardized format, cross-cataloging, updated regularly.



Deliver weekly updates in a Workplace Well-being Update in MGH/MGPO emails – where to go, what is available, what is new.



Implement an MGH Buddy Program for all employees by 2021.



Initiate a support program rooted in positive psychology for employees during the surge.

MGH Well-being Apollo Site



The screenshot shows the 'Employee Well-Being Work-Life Resources' page. At the top, there is a teal header with the title 'Employee Well-Being Work-Life Resources'. Below this, a navigation bar includes the Apollo Home logo, a 'Coronavirus Homepage' link, a search bar, and a language dropdown set to 'English'. The main content area features a search box and a 'Pages' sidebar with a link to 'Employee Well-Being and Work-Life Resources'. The central navigation tabs are 'About', 'Well-Being' (highlighted), 'Work-Life', 'Depts/Centers', and 'Contact'. A large orange banner with the text 'WELL-BEING' is positioned below the tabs. Underneath, a vertical list of blue buttons provides access to various resources: 'Support for Individuals', 'Mindfulness and Meditation', 'Stress Management', 'Mental Health', 'Physical Health', and 'Substance Use Disorders and Addiction'.

MGH Buddy Program



Buddy Program

Connecting employees with each other to build community and reduce loneliness

Through this program, buddies are connected by text, phone, or video to catch up on whatever is on the mind. Already have a buddy? Make it official by signing up! Need a buddy? We can help



How it Works

- Touch base 2-3x a week or daily if needed
- 1-10 minutes per check in
- Connect via text, phone call, video or in person



Benefits of the Buddy Program

- Gain support from a colleague who understands working in healthcare
- Identify and share your stress to help let it go
- Offer and receive suggestions on ways to address work place concerns while at work
- Help leave work issues at work



READY TO GET STARTED?

Scan the QR code (<https://redcap.link/MGHBuddy>) to complete the survey to get or confirm a buddy!

Questions can be emailed to cfpwb@partners.org.

- Inspired by Battle Buddy program from military, implemented at many hospitals across the country.
- Employees can request a buddy or formalize an existing buddy relationship.
- Given guide and resources
- Along same spectrum as peer support - differences are 1) no training, 2) not incident-triggered, 3) longitudinal relationship
- Buddies encouraged to refer to peer support, other EAP resources.

MGH Buddy Program



Mass General Hospital Buddy Program

The COVID-19 pandemic has increased anxiety, stress and grief reactions for many. The MGH buddy program is meant to promote understanding and emotional safety and to create a sense of community by connecting with your co-workers. Below are some ways you can support your buddy.

Invite your buddy to share

Being proactive when it comes to checking in with your buddy shows you care about their wellbeing.

Listen empathetically

Give your full attention when your buddy is sharing and really hear what they are saying and going through.

Reflect with your buddy about their experience or emotions.

You can do so by *honoring* their experience, *validating* their feelings, *normalizing* their emotions, and *sharing* similar experiences when appropriate.

Reframe your buddy's emotions

Work with your buddy in reframing their emotions to help create a different way of looking at their situation in a positive or constructive way. This allows them to put their emotions in context. Try not to minimize their emotions, but help them see all the good that they are doing.

Encourage learning and teaching

Sharing new information can promote growth, scholarship, and help uplift spirits during difficult



Identifying coping mechanisms

Work with your buddy to identify the coping and support systems they've used in the past so they can use it in their current circumstances.

Offering resources

Offer to connect your buddy to appropriate resources if they are feeling extremely overwhelmed, burned out, or have expressed interest for further support.

Close with a thank you

It is not always easy for people to share what's on their mind. End check-ins with an expression of appreciation for the work your buddy does and for sharing their circumstances, emotions and thoughts with you.

Adapted from the work of Dr. Jo Shapiro, Associate Professor of Otolaryngology—Head and Neck Surgery, Harvard Medical School.



What does a typical Buddy Check-In look like?

Logistics

- 2-3 times weekly, daily if needed.
- Duration: 1-10 minutes.
- Mode: a quick text, phone call, video or in-person meeting.

What are some of the benefits of the Buddy Program?

- Obtain support from a colleague who understands healthcare.
- Identify stress and the ability to share your stress and move on.
- Offer and receive suggestions on ways to address work place concerns while at work.
- Helps to leave work issues at work.

What makes an ideal buddy?

- Listen without interruption
- Offer support in an objective way
- Identify ways to support coping skills
- Help identify hospital resource to address concerns

Sample Check-in Questions

- What went well today?
- How are things at home?
- What is hardest right now?
- What worried you today?
- What challenges are you facing with sleep/rest, exercise, healthy nutrition?
- How are you coping?

Next Steps

- Listen, validate, provide feedback and support.
- Identify if additional support/attention is needed.
- Offer info on Peer Support or Employee Assistance Program - (866)724-4327



Going Home Checklist



Going home checklist

- Take a moment to think about today.
- Acknowledge one thing that was difficult on your shift, then let it go.
- Be proud of the care you gave today.
- Consider three things that went well.
- Check on your colleagues before you leave: Are they OK?
- Are you OK? Your colleagues are here to listen to and support you. Never worry alone.
- Now switch your attention to home: **Rest and Recharge.**

- Plan to hang in eating areas, elevators, break rooms, locker rooms
- Also have badges with resources on the back
- Distributed to floors and units, mailed to off-site locations

Next Steps



Develop Suite of Resources Using the Stress Continuum Model



READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <p>FEATURES</p> <ul style="list-style-type: none"> At one's best Well trained and prepared In control Physically, mentally, and spiritually fit Mission focused Motivated Calm and steady Behaving ethically Having fun 	<p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or loss of functioning Always goes away Low risk for illness <p>CAUSES</p> <ul style="list-style-type: none"> Any Stressor <p>FEATURES</p> <ul style="list-style-type: none"> Feeling irritable, anxious, or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	<p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or loss of function Leaves a "scar" Higher risk for illness <p>CAUSES</p> <ul style="list-style-type: none"> Life Threat Loss Inner Conflict Wear and Tear <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Panic, rage, or depressed mood Substance Abuse Not feeling like normal self Excessive guilt, shame, or blame Diminished sense of purpose, meaning, or hope in the future 	<p>DEFINITION</p> <ul style="list-style-type: none"> Unhealed stress injury causing life impairment Clinical mental disorder <p>TYPES</p> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance Dependence <p>FEATURES</p> <ul style="list-style-type: none"> Symptoms persist and worsen over time Sever distress, social or occupational impairment
<p>Unit Leader Responsibility</p>	<p>Individual, Peer, Family Responsibility</p>		<p>Caregiver Responsibility</p>

Push Ourselves to Help by Subtraction, Not Just Addition

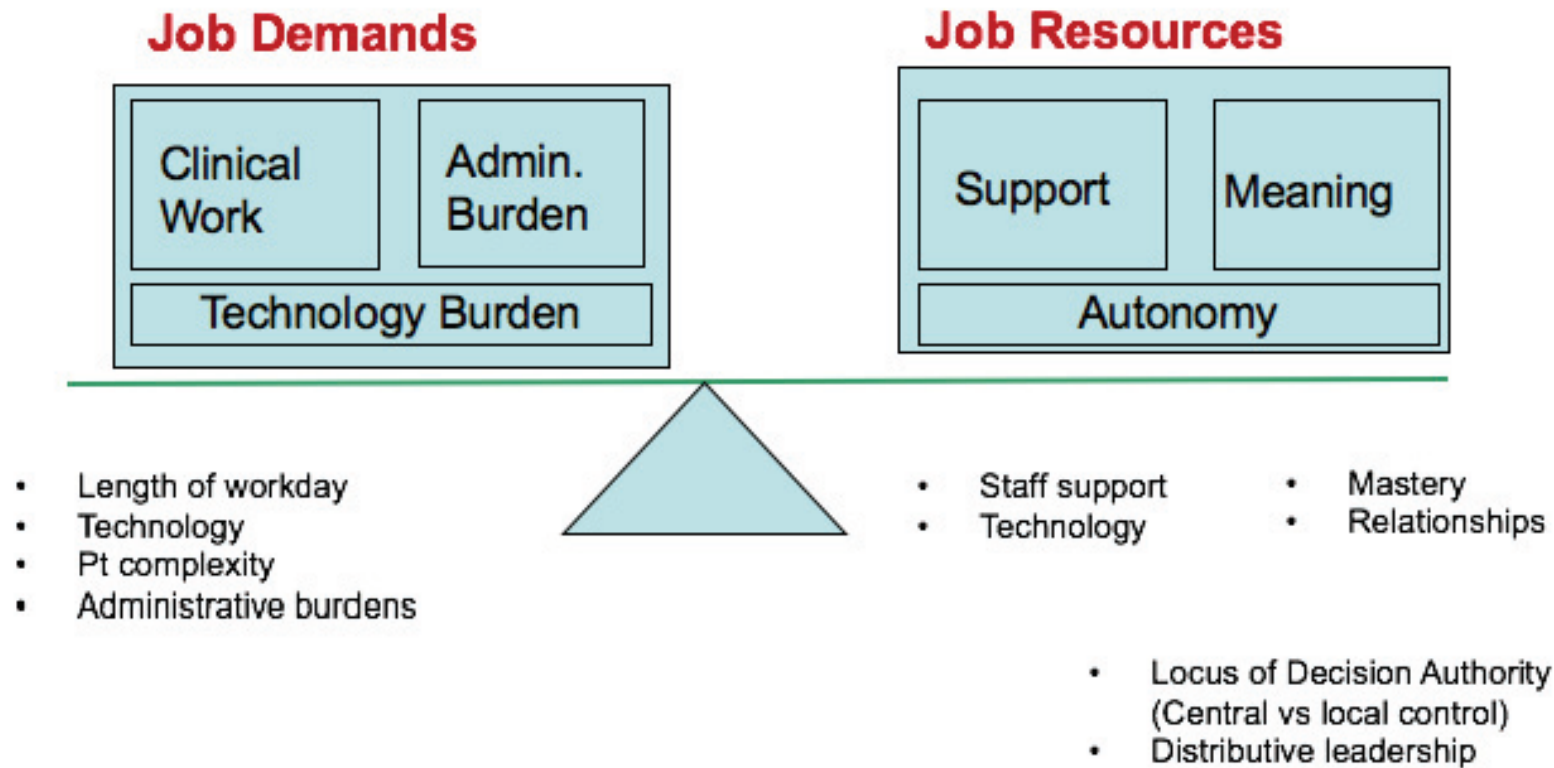


Figure 1 | Job Demands and Job Resources Conceptual Model of Clinician Well-Being
SOURCE: Developed by Christine Sinsky and Mark Linzer.

Summary



- Intense reactions to traumatic events in the early phases of a disaster are common and are expected to reduce over time.
- Psychological First Aid is designed to mitigate the initial effects of disaster and fosters adaptive functioning and coping.
- Institution-sponsored programs can express value and appreciation, while also supporting employees and their well-being needs. Working across role groups can maximize expertise and impact.
- There is help and support available – you are not alone.

Questions?





REGION 1

Regional Disaster Health Response System

THANK YOU!

To contact the Region 1 RDHRS:

Region1RDHRS@mgh.harvard.edu

www.rdhhs.org