COVID-19 & Public Mental Health: Enhancing Resilience for Patients & Healthcare Workers During Prolonged Crisis

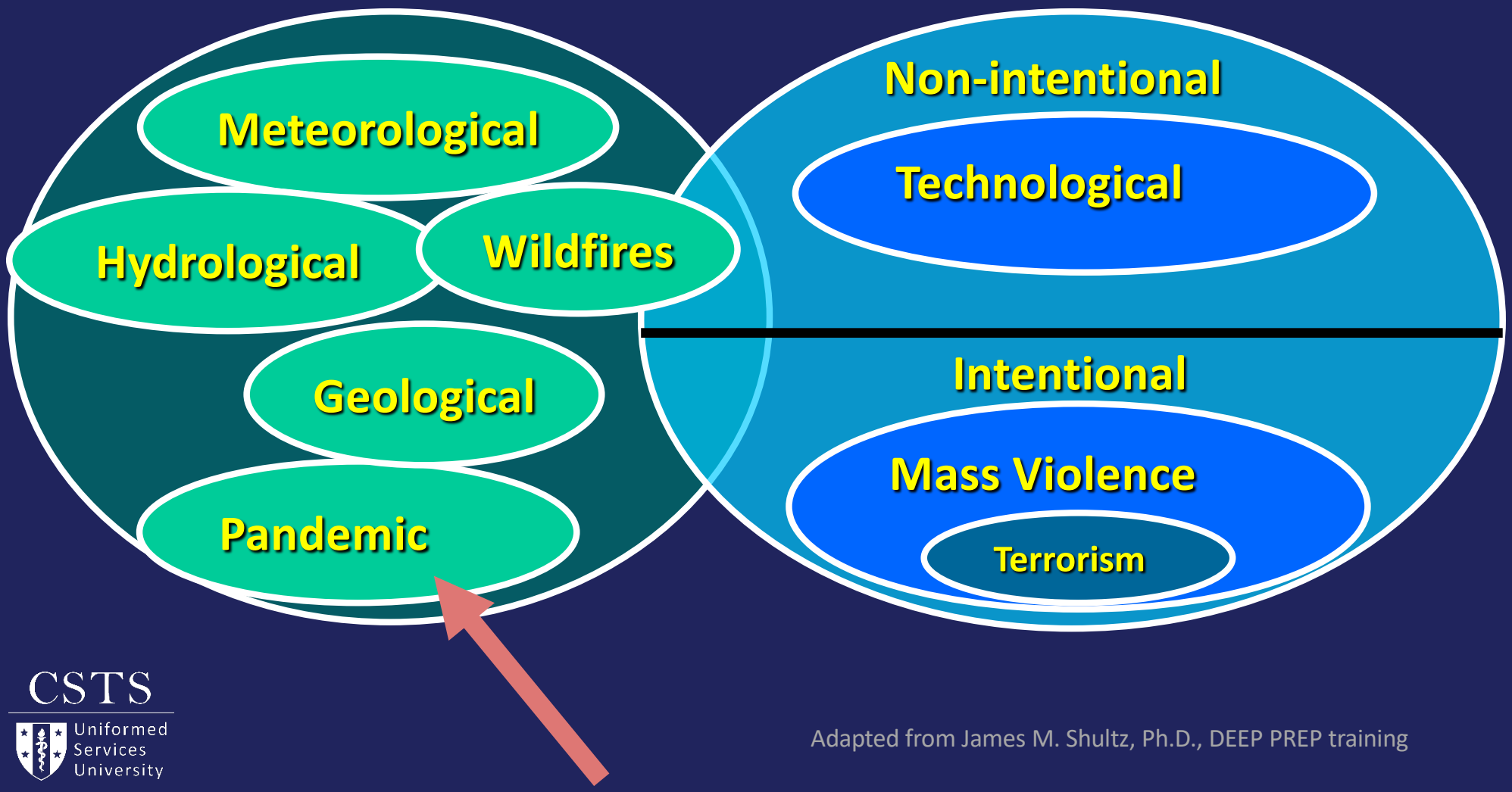
Joshua Morganstein, M.D.
Captain, U.S. Public Health Service
Associate Professor / Assistant Chair, Department of Psychiatry
Assistant Director, Center for the Study of Traumatic Stress
School of Medicine, Uniformed Services University
www.cstsonline.org

CSTS
Uniformed Services University

Disclaimer

The ideas, attitudes, and opinions expressed herein are my own and do not necessarily reflect those of the Uniformed Services University, the U.S. Public Health Service, the Department of Defense, or other branches of the U.S. government. I am not endorsing any of the entities or resources mentioned in this presentation and have no relevant disclosures or conflicts of interest to report.

Categories of Disasters



CSTS
Uniformed Services University

Adapted from James M. Shultz, Ph.D., DEEP PREP training

IMAGE: https://www.smithsonianmag.com/history/journal-plague-year-180965222/)

Army hospital, Camp Funston, Kansas (1918) -- the first victims of the Spanish influenza epidemic that eventually would kill at least 50 million worldwide.

- 1918 – Spanish Flu
- 1957 – H2N2
- 1968 – H3N2
- 1981 – HIV/AIDS
- 2002-2004 – SARS
- 2009 – H1N1
- 2014 – Ebola
- 2015 – Zika
- 2019 – SARS CoV2

CSTS
Uniformed Services University

COVID-19 Global Cases (19Oct2020)

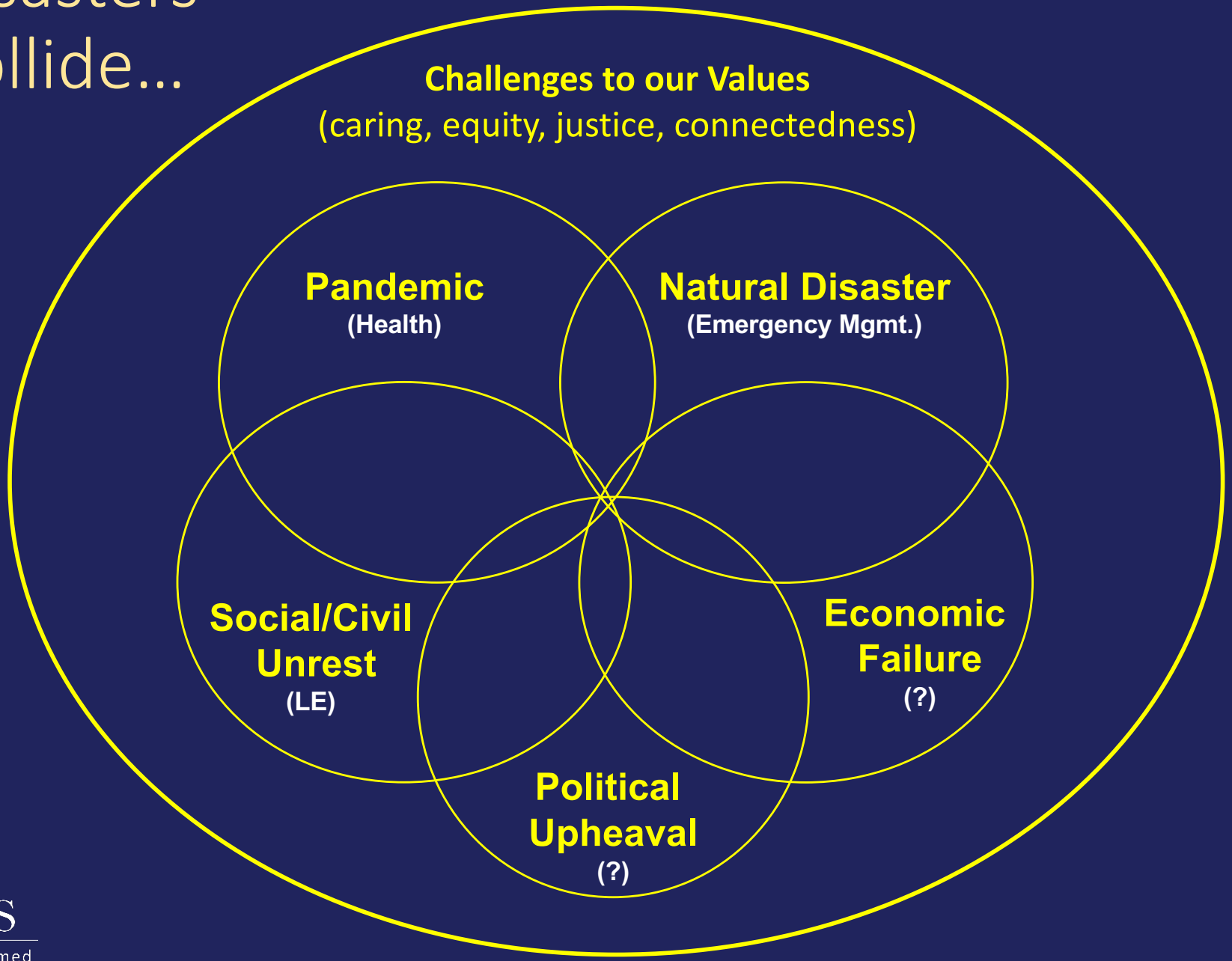
CSTS
Uniformed Services University

https://www.washingtonpost.com/graphics/2020/world/mapping-spread-new-coronavirus/?no_nav=true&p9w22b2p=b2p22p9w00098

National Security Pillars

- Military Power
- Economic Power
- Communications Capabilities
- Health

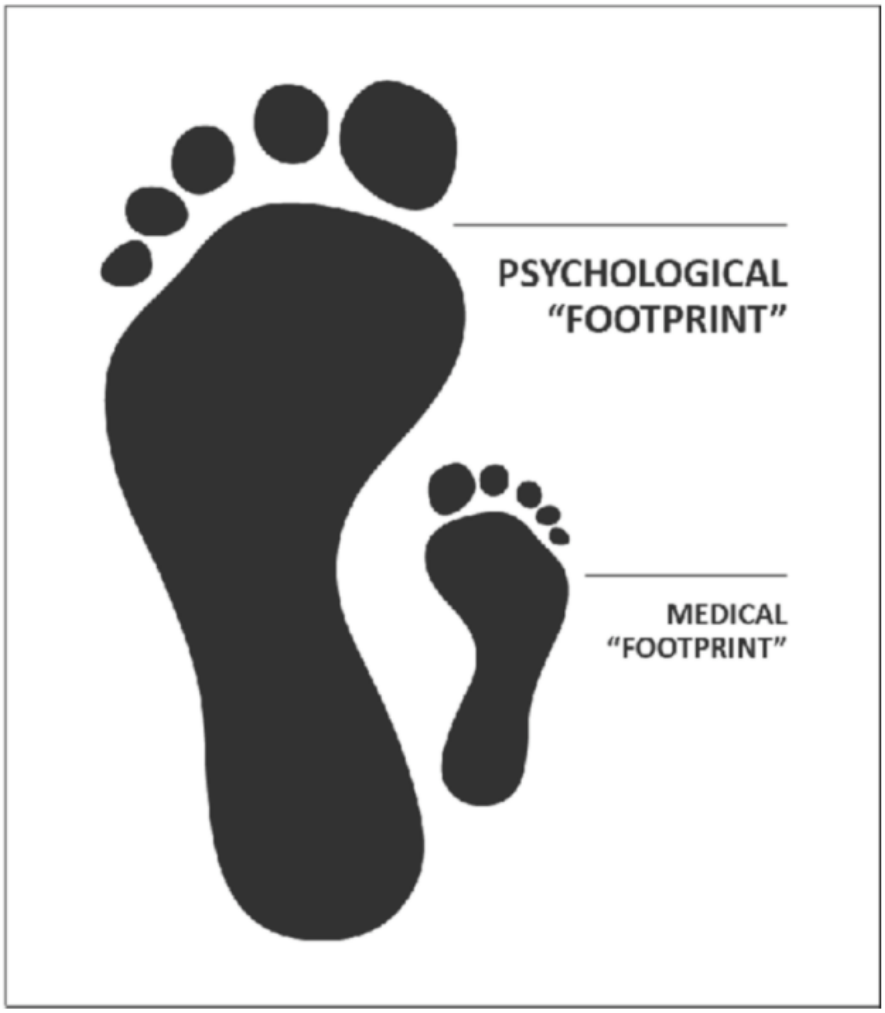
Disasters Collide…



CSTS
Uniformed Services University

PSYCHOLOGICAL AND BEHAVIORAL EFFECTS ON INDIVIDUALS & COMMUNITIES

In a disaster, the size of the psychological "footprint" greatly exceeds the size of the medical "footprint."



CSTS
Uniformed Services University

Shultz, J. M., Espinola, M., Rechkemmer, A., & Cohen, M. A. (2016). Prevention of Disaster Impact and Outcome Cascades. In *The Cambridge Handbook of International Prevention Science* (pp. 492–519).

Psychological & Behavioral Responses to Pandemics/Disaster

- Sleep difficulties
- Decreased Sense of Safety
- Physical (Somatic) Symptoms
- Irritability, Anger
- Distraction, Isolation

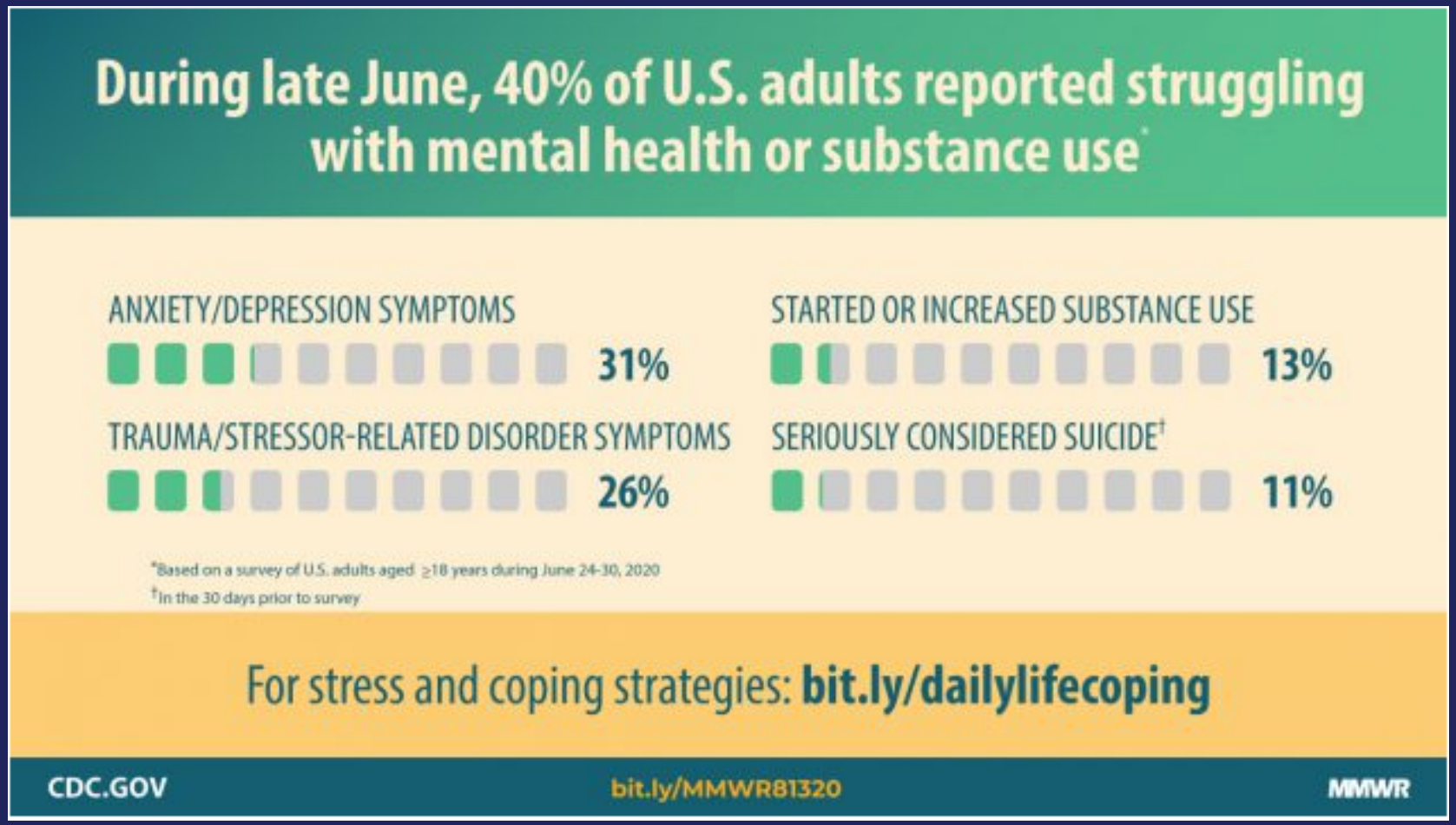
- Depression
- PTSD
- Anxiety
- Complex Grief

- Alcohol, Tobacco, Rx meds
- Family Distress
- Interpersonal Conflict/Violence
- Disrupted Work/Life Balance
- Restricted Activities/Travel

CSTS
Uniformed Services University

Ursano, R., Fullerton, C., Weisaeth, L., & Raphael, B. (2017). Individual and Community Responses to Disasters. In R. Ursano, C. Fullerton, L. Weisaeth, & B. Raphael (Eds.), *Textbook of Disaster Psychiatry* (pp. 1-26). Cambridge: Cambridge University Press.

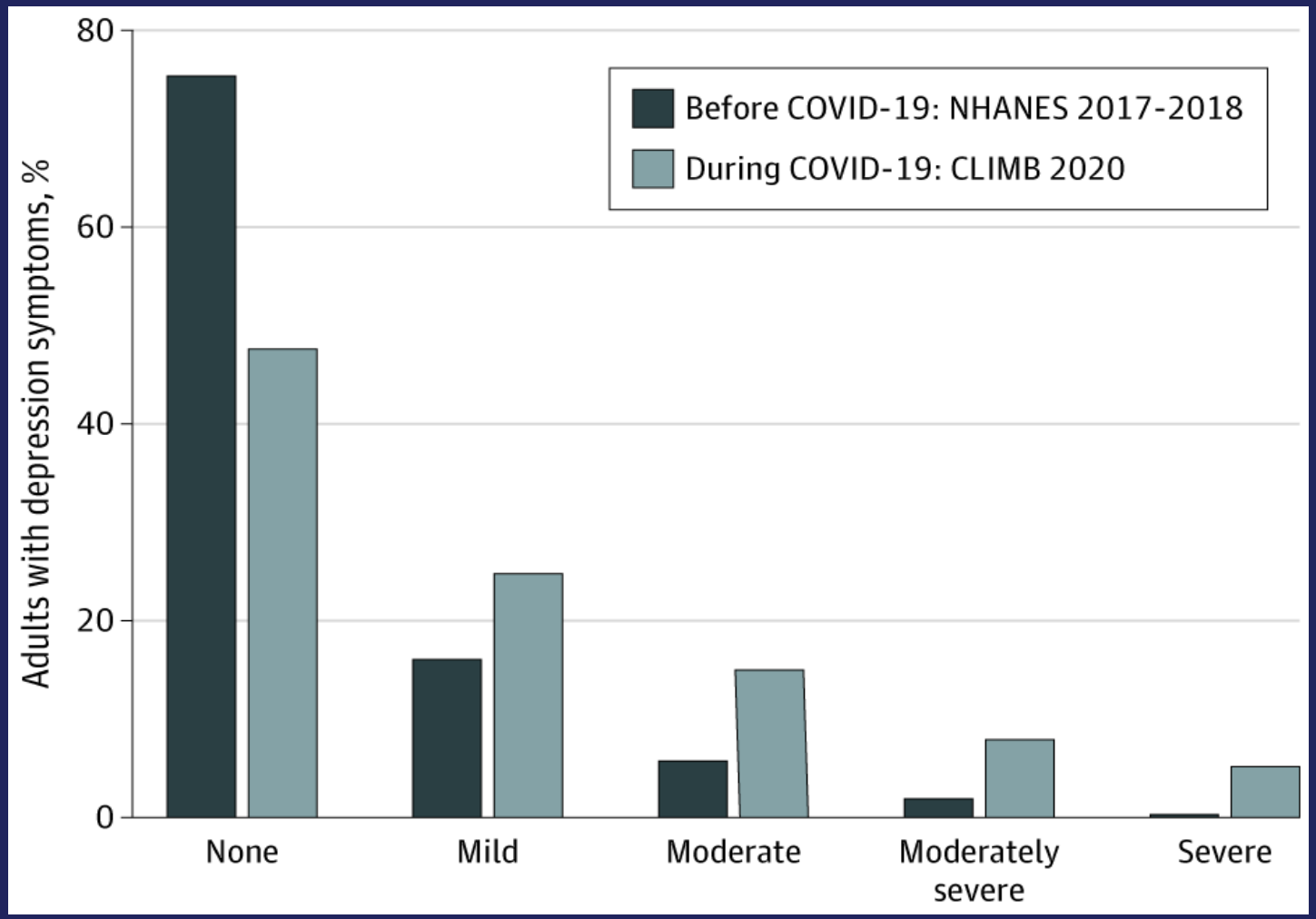
Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — U.S. (June 24–30, 2020)



CSTS
Uniformed Services University

Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

Depression in U.S. Adults Before/During COVID-19



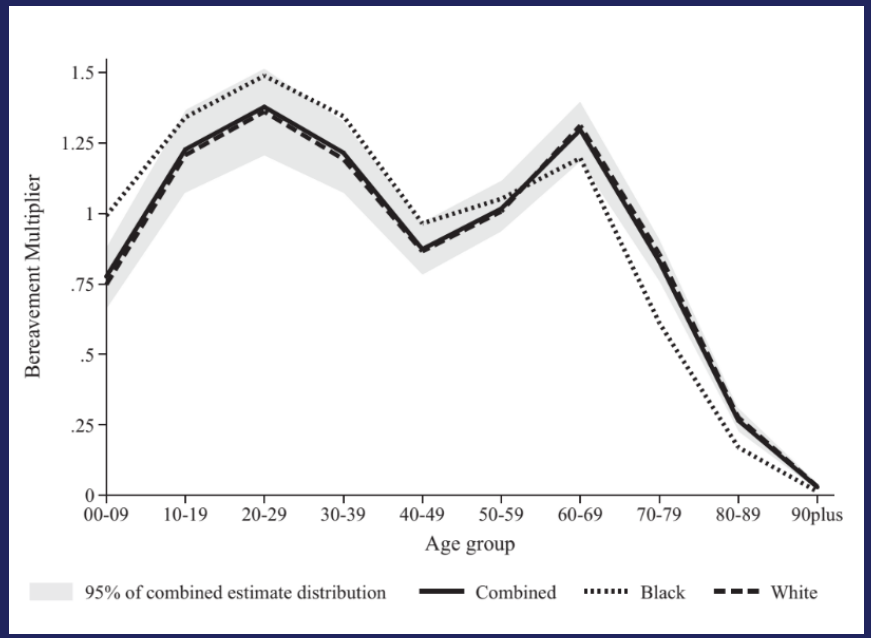
CSTS
Uniformed Services University

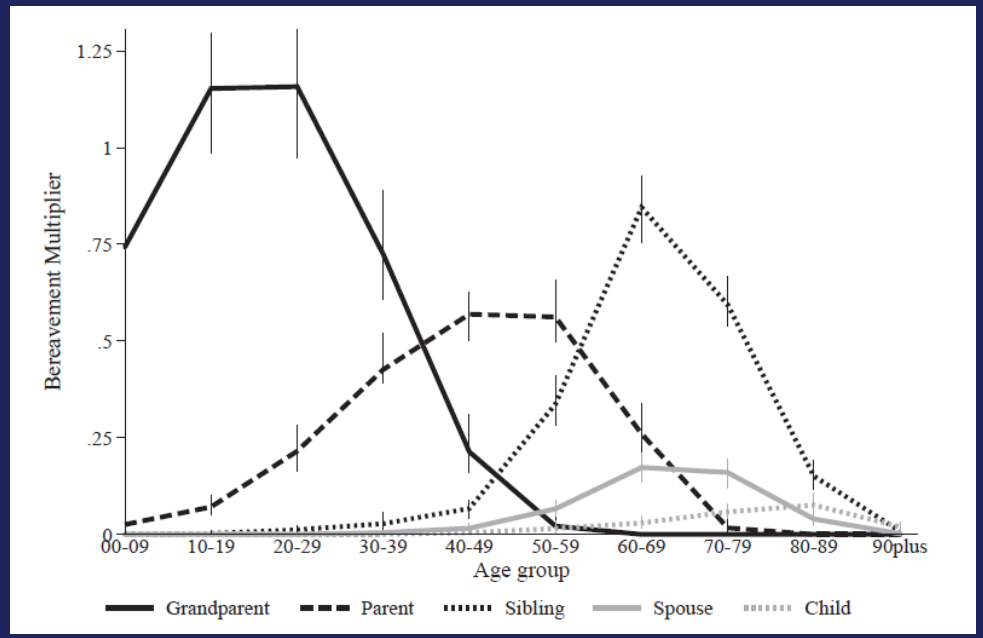
Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Network Open,* 3(9), e2019686.

Bereavement in COVID-19

For every COVID death in the US, roughly 9 Americans will lose a close relative.

This translates to ~1.7 million individuals impacted, if there are 190,000 COVID deaths.





CSTS
Uniformed Services University

Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, *117*(30), 17695–17701.

Unique Public Responses to Pandemics

- Fear and uncertainty
- Potential for isolation and quarantine
- Shortages & scarcity (prophylaxis, treatment)
- Misinformation rapidly spread
- Anger, stigma, scapegoating
- Faltering confidence in govt/institutions
- Surge in healthcare demand
- **Altered *perception of risk* --> health behaviors**

CSTS
Uniformed Services University

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

Children & Adolescents

- Separation from primary attachment figures
- Parental distraction, preoccupation, strife
- Disruption in schedules and routines
- Induction of fear, erosion of safety
- Self blame, helplessness

Regression

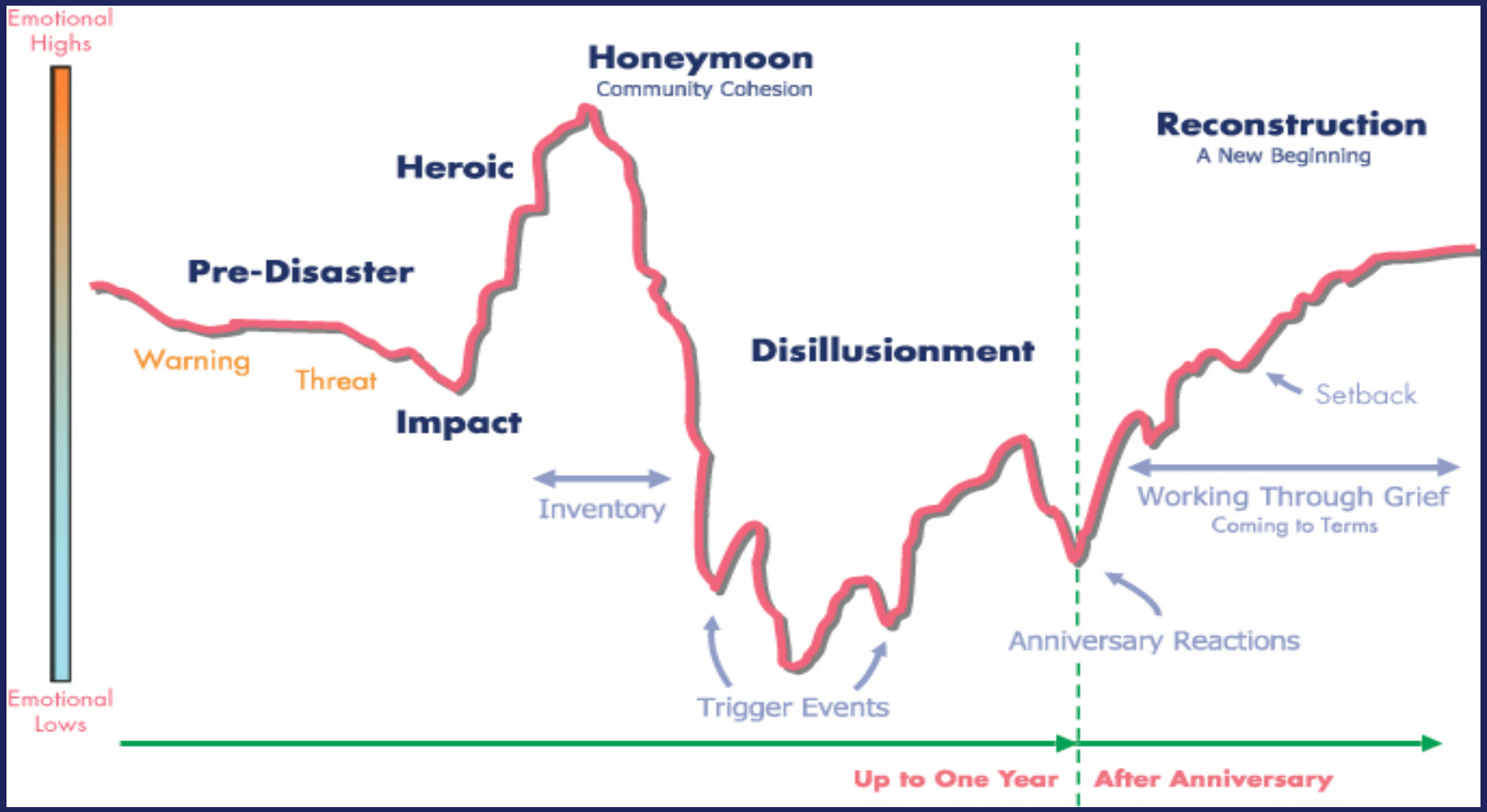
Diminished academic performance

Aggression

Self-blame

CSTS
Uniformed Services University

Community Phases of Disasters

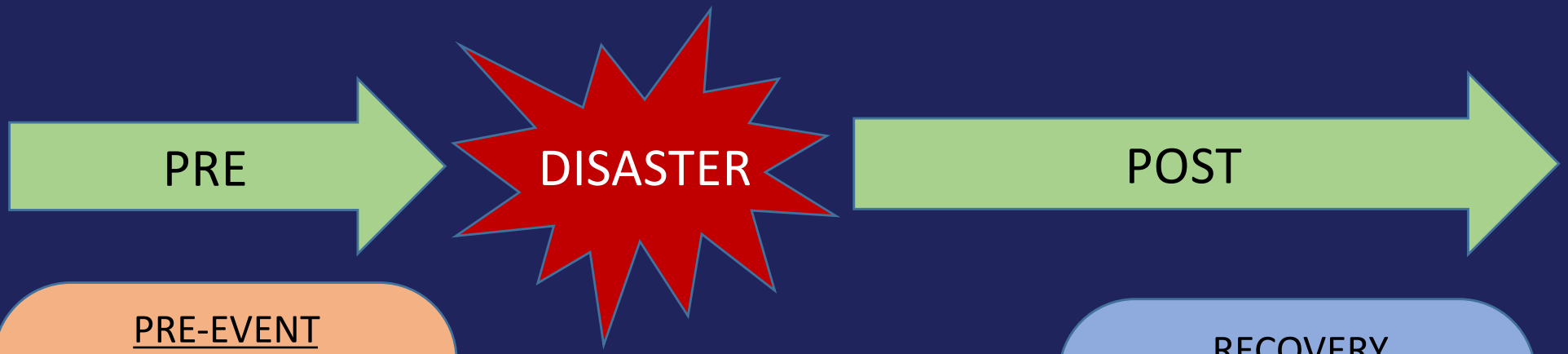


CSTS
Uniformed Services University

DeWolfe, D. J. (2000). Training manual for mental health and human service workers in major disasters. (D. J. Nordboe, Ed.) (2nd ed.). SAMHSA. Retrieved from https://files.eric.ed.gov/fulltext/ED459383.pdf

Gladwell, M. (2000). The Tipping Point: How Little Things Can Make a Big Difference. Little Brown & Company. New York, NY.

Risk Factors during Pandemics/Disasters



PRE-EVENT

- Socioeconomic Status
- Social Support
- Training Status
- Work Environment
- Underlying Health Conditions
- Help-Seeking Behaviors

EVENT

- Duration & Severity of Exposure
- Psychological Identification
- Illness
- Bereavement
- Moral injury

RECOVERY

- Job Loss, Financial Hardship
- Social support Loss
- Low Organizational Support
- Lack of Rest & Recovery

CSTS
Uniformed Services University

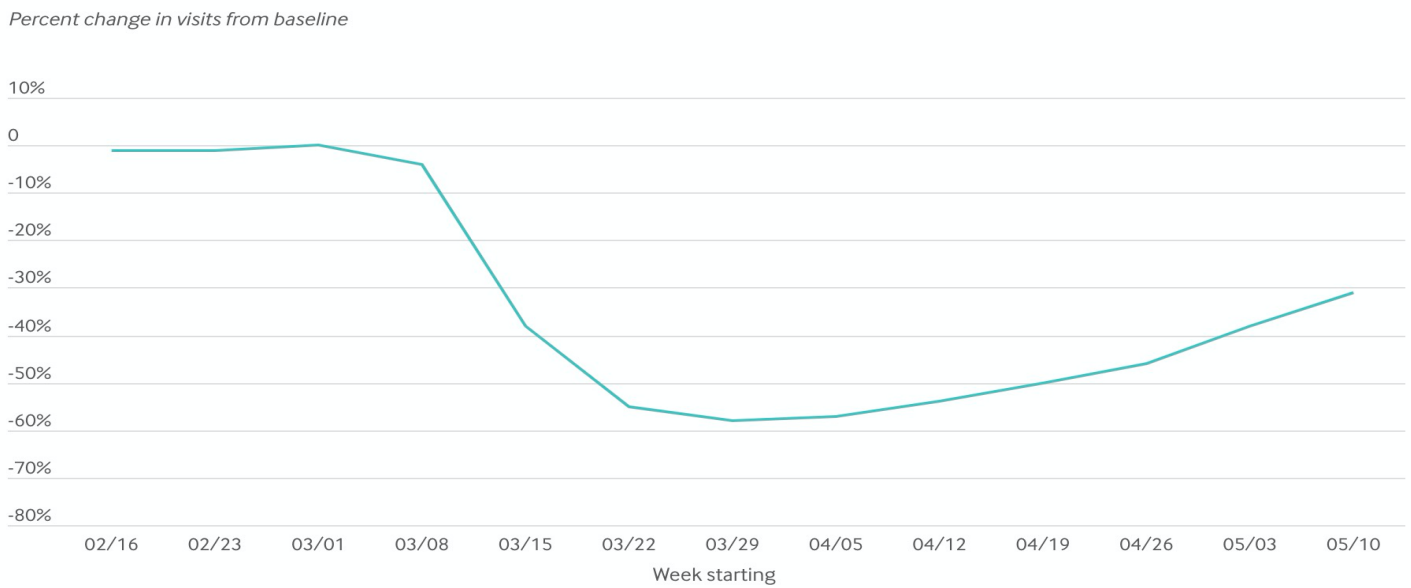
Morganstein, J. C., West, J. C., & Ursano, R. J. (2019). Work-Associated Trauma. In M. B. Riba, S. V. Parikh, & J. F. Greden (Eds.), *Mental Health in the Workplace* (pp. 161–180). Springer International Publishing.

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001. *Psychiatry*, *65*(3), 207–239.

Somasundaram and van de Put (2006). Management of Trauma in Special Populations after a Disaster. J Clin Psychiatry;67(suppl 2):64-73

Decreased Ambulatory Care Visits

The number of visits to ambulatory practices declined nearly 60 percent by early April. Since that time a rebound has occurred, but the number of visits is still roughly one-third lower than what was seen before the pandemic.



Download data

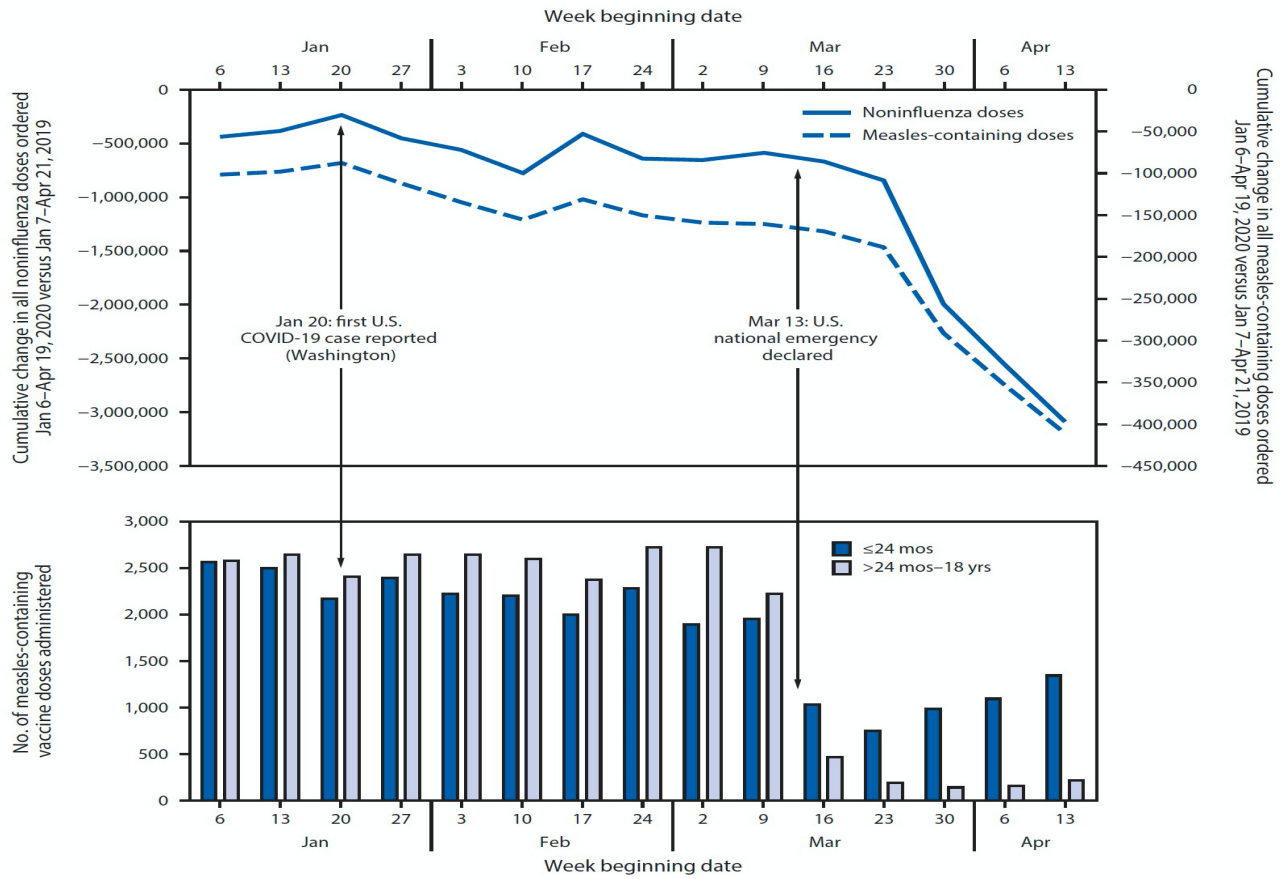
Note: Data are presented as percentage change in number of visits in a given week from the baseline week (March 1–7).

Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

CSTS
Uniformed Services University

Reduced Vaccinations for Children

FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020



* VFC data represent the difference in cumulative doses of VFC-funded noninfluenza and measles-containing vaccines ordered by health care providers at weekly intervals between Jan 7–Apr 21, 2019, and Jan 6–Apr 19, 2020.
† VSD data depict weekly measles-containing vaccine doses administered by age group (age ≤24 mos and >24 mos–18 yrs).

CSTS
Uniformed Services University

Santoli, J. M., Lindley, M. C., DeSilva, M. B., Kharbanda, E. O., Daley, M. F., Galloway, L., et al. (2020). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration - United States, 2020. *MMWR. Morbidity and Mortality Weekly Report*, *69*(19), 591–593.

MENTAL HEALTH INTERVENTIONS TO SUPPORT FORCE PROTECTION DURING COVID-19

CSTS
Uniformed Services University

Public Health Approaches to Fostering Community and Workplace Resilience

- Early Intervention
- Public Health Education
- Leadership
- Mental Health Surveillance
- Workplace & Community Preparedness

CSTS
Uniformed Services University

Ursano, R.J., Fullerton, C.S., Weisaeth, L., Raphael, B. (Eds.). (2017). Textbook of Disaster Psychiatry, 2ED. London, UK: Cambridge University Press

CSTS COVID-19 Infographic (2020)

CSTS Uniformed Services University

COURAGE TO CARE

USU Uniformed Services University

Talking with Children about Coronavirus

HELP CHILDREN UNDERSTAND
by providing basic information so they can make sense of the changes they see around them.

CONSIDER A CHILD'S AGE
when deciding the amount, type and complexity of information to provide.

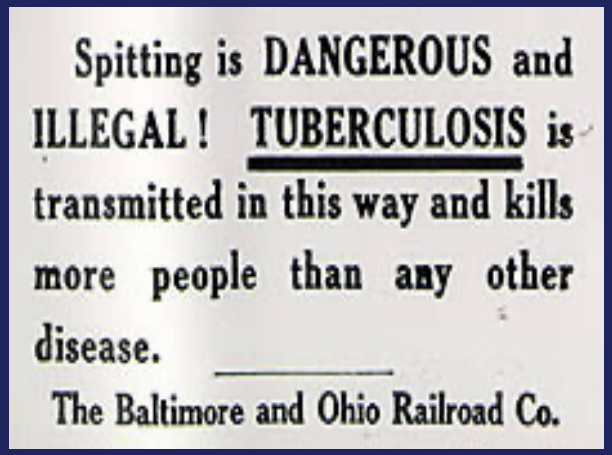
BE CALM and CLEAR
and children will remain calm and clear in their understanding of COVID-19.

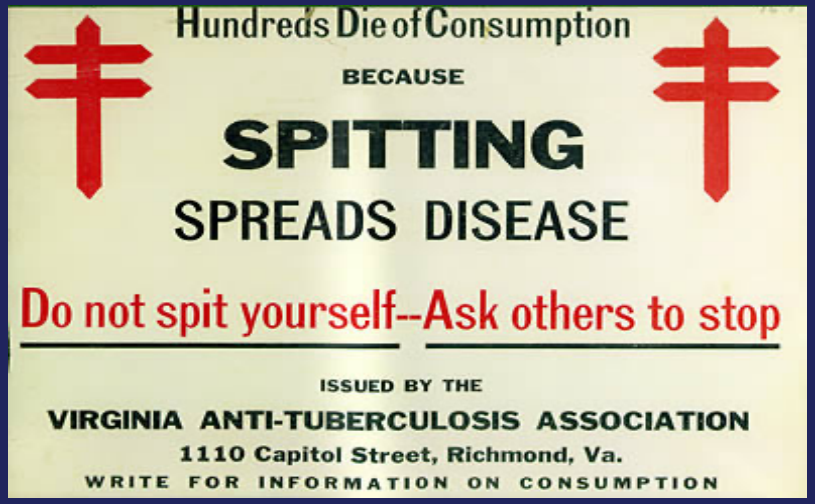
CREATE A SHARED UNDERSTANDING
about what your family can do to be safe e.g., "coronavirus is a germ that spreads between people so we wash our hands often and don't stand close to others."

Access the full fact sheet, "Discussing Coronavirus with Your Children"
Center for the Study of Traumatic Stress | www.cstsonline.org

CSTS Uniformed Services University

Tuberculosis Public Health Education (1920s)





CSTS
Uniformed Services University

IMAGES: http://exhibits.hsl.virginia.edu/alav/campaigns/

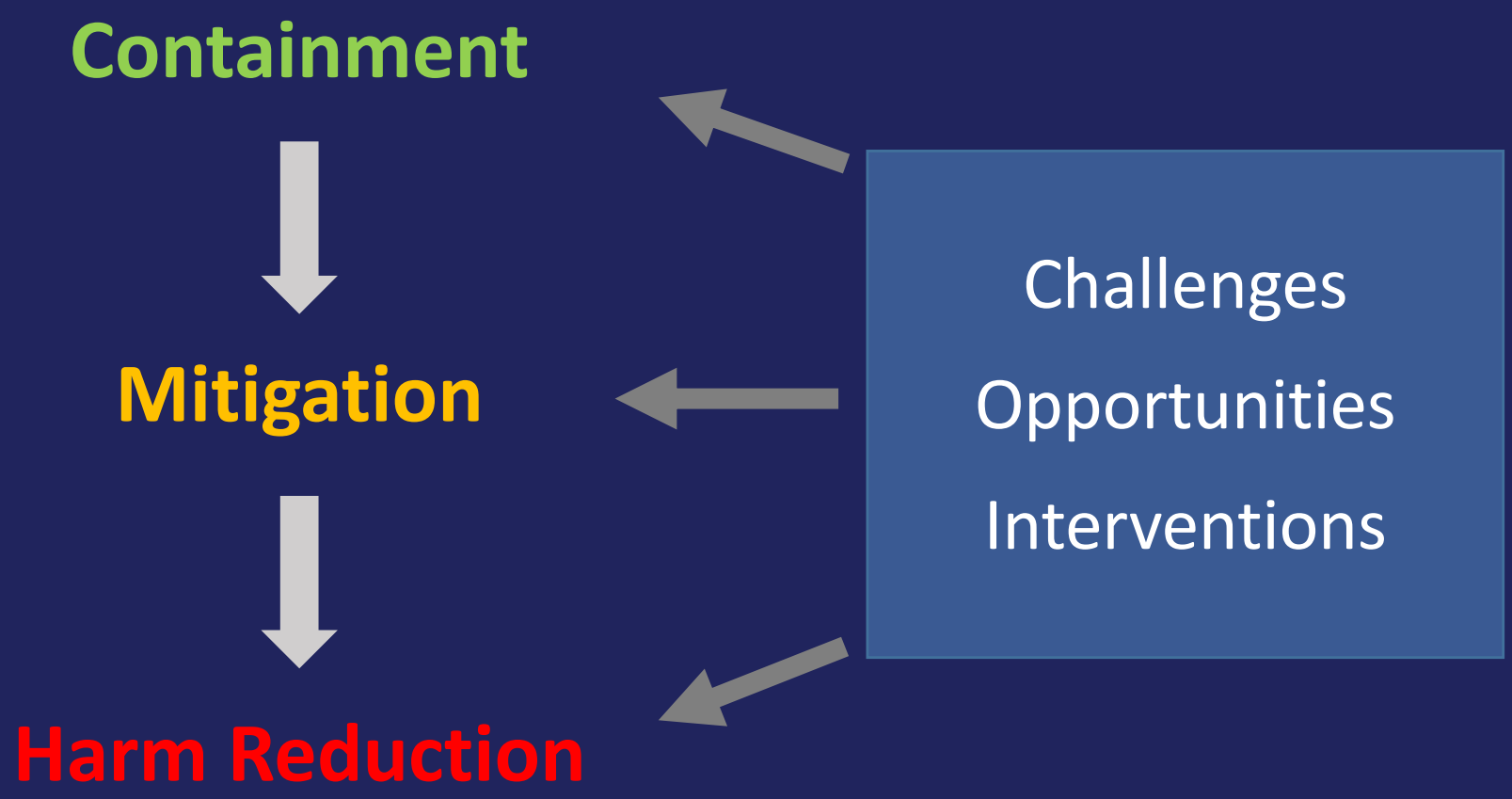
Broad Focus

MENTAL HEALTH	DISASTER MENTAL HEALTH
Individual	Populations
Disease/Disorder	Wellness
Treatment	Prevention
Medical Consultation	Leadership Consultation
Interpersonal Comm	Health Risk/Crisis Comm
Fixed/known facilities	Whenever & wherever

Psychological/Behav Intervention Matrix

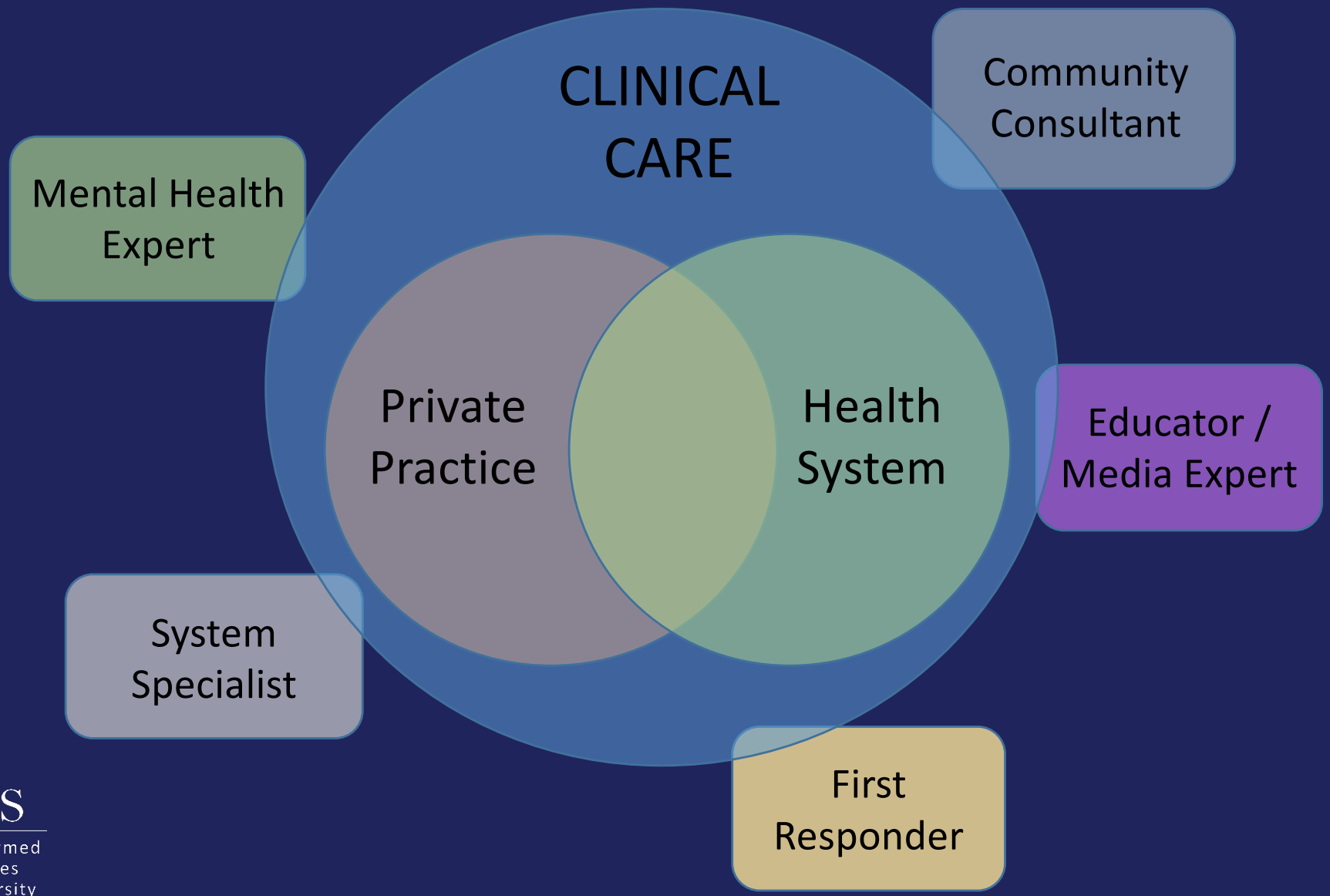
	HOST	AGENT/ VECTOR	PHYSICAL ENVIR	SOCIAL ENVIR/ ORG CULTURE
PRE-EVENT	-Risk Assessment -Risk Communication -Surveillance -Primary Prevention -Training	-Fear -Uncertainty -Misinformation	-Existing care services -Proximity to exposures	-Culture of readiness -Knowledge of roles -Baseline trust -Culturally based risk perceptions
EVENT	-Crisis & Risk Communication -Prophylaxis	-Exposure to illness, death -Isolation -Loss -Stress	-Identification of risk indicators -Knowledge of care services (where/how) -Barriers to care	-Comm/Org response to communication -Grief leadership -Access to crisis resources
POST-EVENT	-Lessons learned -Surveillance -Mitigation/Care	-Decreased access to care -Loneliness	-Availability of resources -Application of lessons learned	-Help-seeking -Comm/Org trust in health/other

Public Health Interventions…
Coronavirus, substance abuse and others



CSTS
Uniformed Services University

Roles for Behavioral Health Personnel… Individual & Population Health



CSTS
Uniformed Services University

Disaster Cycle / All Hazards Planning

CSTS
Uniformed Services University

IMAGE: https://aretehs.com/images/Emergency-management-diagramCOLOR.png

Psychological First Aid (PFA)

The Five Elements:

Safety
Calming
Self/Community Efficacy
Connectedness
Hope/Optimism

- Analogous to "First Aid"
- Population-based "framework"
- "Do no harm" approach
- Resilience-focused
- NOT a cure/tx for illness
- MAY mitigate illness/dz

CSTS
Uniformed Services University

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, *70*(4), 283–315– discussion 316–69.

Resources: Education Tools

CSTS COVID-19 Response page

https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response

Pandemics: Health Care Emergencies (FREE from Cambridge Press)

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/478824C480288A8935798FBF151D96FA/9781316481424c18_p270-284_CBO.pdf/pandemics_health_care_emergencies.pdf

CSTS
Uniformed Services University

Resource: PFA Training & App

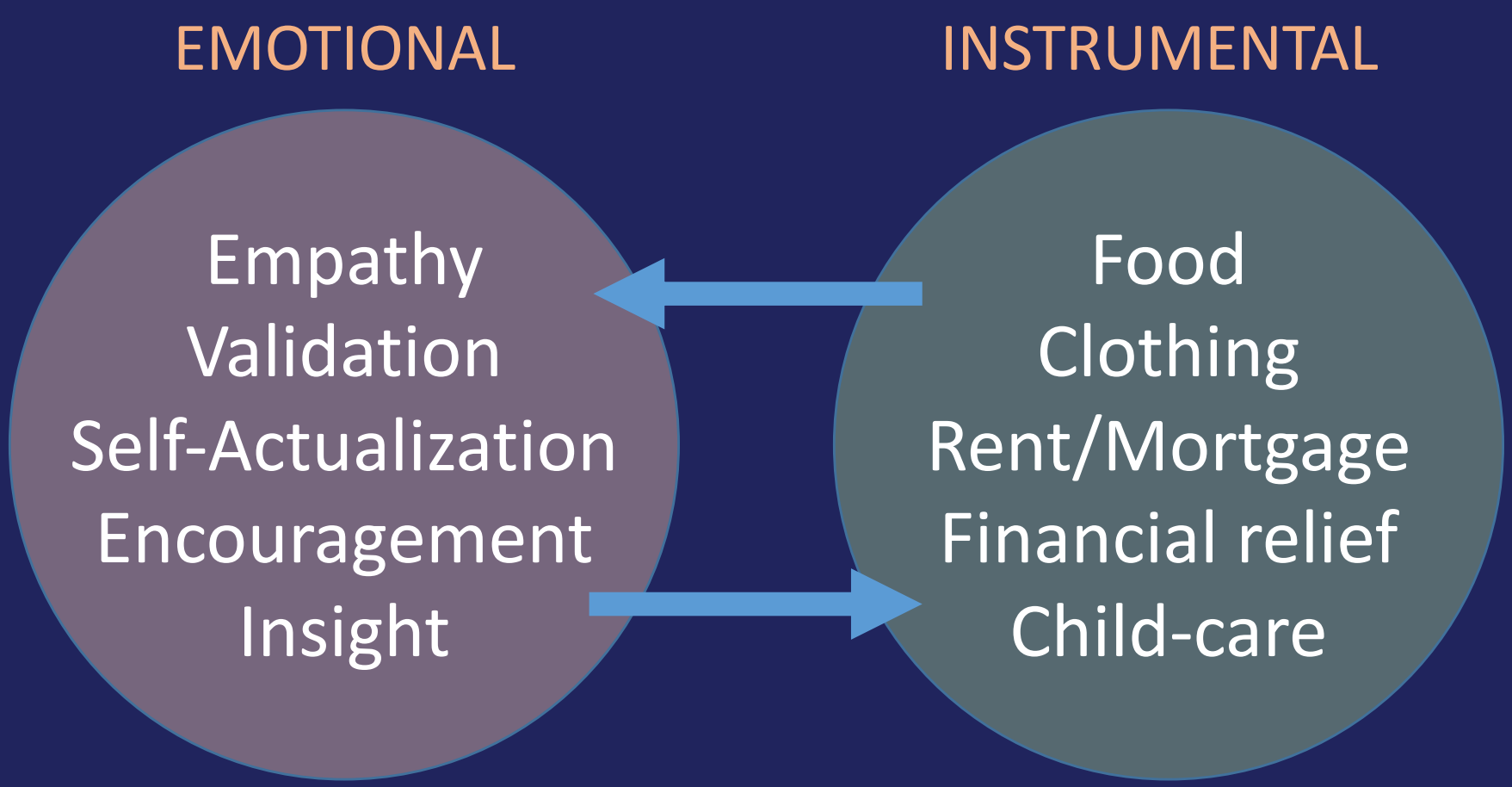
- Mobile App
  - Summarize 8 core PFA actions
  - Tips for applying PFA in the field
  - Self-assess to determine
  - Assess and track needs/referrals

IMAGE: https://www.ptsd.va.gov/professional/materials/apps/pfa_mobile_app.asp

- Online Training
  - Supervisors & Leaders
    - https://www.pathlms.com/naccho/courses/4592
  - Community/Patient work
    - Free CE
    - https://learn.nctsn.org/enrol/index.php?id=38

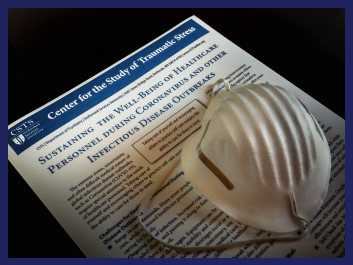
CSTS
Uniformed Services University

What Supports and When?



CSTS
Uniformed Services University

Organizational Sustainment



ORGANIZATIONS

INDIVIDUALS

Self-care
Take Breaks
Peer (Battle) Buddy
Stay Connected
Do Self Check-ins
Honor Service
Speak Up

Training

Equipment

Education

Policies

Procedures

Resources

LEADERS

Presence
Communication
Encouragement
Be an example
Normalizing
Hope/optimism
Grief

CSTS
Uniformed Services University

Brooks, S. K., Dunn, R., Amlôt, R., Rubin, G. J., & Greenberg, N. (2018). A Systematic, Thematic Review of Social and Occupational Factors Associated With Psychological Outcomes in Healthcare Employees During an Infectious Disease Outbreak. *Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine*, *60*(3), 248–257.

Birkeland, M. S., Nielsen, M. B., Knardahl, S., & Heir, T. (2015). Time-lagged relationships between leadership behaviors and psychological distress after a workplace terrorist attack. *International Archives of Occupational and Environmental Health*.

Wood, M. D., Walker, T., Adler, A. B., Science, C. C. O. H., & Jahangiri, K. (2020). Post-Traumatic Growth Leadership: Mitigating Stress in a High-Risk Occupation. *Occupational Health Science*.

Challenges for Pandemic Workers, Responders, and Others

- Society
  - Self-care
  - Personal & family safety
  - Disrupted dying rituals
  - Community grief
  - Fatigue
- Responders & Workers
  - Exposure to human remains
  - Death notifications
  - Guilt (moral injury?)
  - Resentment
  - Reintegration

CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Fight COVID-19 with Better Sleep Health: A Guide for Hospital Workers

In the face of a global pandemic, the health and safety of hospital workers is critical to our ability to mitigate the impact of a new coronavirus, COVID-19.

Hospital workers often get less than the recommended 7–9 hours of sleep per night and may need to work

Sleep is a tool that you can utilize to help your body fight off infection, maintain health and perform at its best, which will have a positive impact on the health and well- … r patients.

or extending sleep can make up for lost sleep or prepare you for anticipated sleep loss with a difficult shift.

- **Use caffeine judiciously.** It can help keep you awake when tired, but those effects remain for hours and can interfere with your ability to fall sleep. Therefore, try not to consume caffeine within ~6 hours of your desired bedtime. Also, caffeine may become less effective when consumed too often, which means it won't be as useful at times when you really need it.
- **Limit alcohol before bed.** It may be sedating at first, but it disrupts your sleep quality.
- **Keep a regular sleep and wake-time schedule** as much as possible, even on your days off. This helps keep your sleep and circadian systems in sync and minimizes a physiological "jet-lag."
- **Create a regular bedtime routine** of quiet activities, like taking a warm shower, reading, brushing your teeth and ending with relaxation exercises, to get your mind and body ready for sleep.
- **Limit alerting activities close to bedtime**, especially light (e.g., screens), caffeine, exercise & work.
- **Optimize your sleep environment.** Keep it DARK, cool, quiet & comfortable. Use eye masks or dark-out curtains, and turn your screens off to foster a biological night.

Source: Information provided by the Chronobiology, Light and Sleep Lab within the Department of Psychiatry at Uniformed Services University of the Health Sciences.

ents by taking care of yourself.

the Study of Traumatic Stress

799

CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Information for Healthcare Providers in Body Recovery from Mass Death

As a healthcare provider at the site of mass death you may be supervising a team of workers recovering bodies or you may be working directly with human remains. Working with or around human remains may arouse strong feelings of pity, horror, repulsion, disgust, and anger in spite of your expectations that you should be able to cope with the experience more easily than others. A commonly held belief is that human and animal corpses pose an urgent public health risk. As a medical expert you may need to take a leading role in addressing concerns about the risks of handling dead bodies.

As a medical expert you may need to take a leading role in addressing concerns about the risks of handling dead bodies.

Helpful Insights

- Understanding the local culture, healthcare practices, and beliefs about death … positive response to m…
- Myths, superstitions an… run counter to sound …
- Most organisms in the … unlikely to infect healt… agents may be transmit… contact with blood, bo… that died with infectio…
- Microorganisms involv… (putrefaction) are not p…
- Dead bodies do not ca… situations of overcrowd… degraded drinking wat… of endemic disease, de… cofactor in a developin… salmonellosis.
- Transmission of infecti… to a living person may … previously ill. Infectiou…

include tuberculosis, group A streptococcal infection, gastroenteritis, transmissible spongiform encephalopathies (such as Creutzfeldt-Jakob disease), hepatitis B, hepatitis C, HIV infection, Ebola, meningitis and septicemia (especially meningococcal), and hemorrhagic fever. (Morgan O. Infectious disease risks from dead bodies following natural disasters. Rev Panam Salud Publica. 2004;15(5):107–12.)

Recommendations for Workers Recovering the Dead After Natural Disasters:

- Use universal precautions for blood and body fluids

CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Notifying Families after a COVID-19 Death

A large number of deaths from the novel coronavirus (COVID-19) is expected throughout the world. Many of these deaths are likely to occur within healthcare facilities treating the most seriously ill. The large number of critically ill patients, overwhelmed healthcare systems, and separation of patients from their loved ones create unique challenges when informing family members when their loved one dies. Although we cannot lessen the loss of a loved one, we can provide family members with clear, concise, and accurate information about the death, and access to helpful resources, in a way that is professionally responsible, empathic and culturally sensitive. These actions facilitate the healing process for family members. The following information can assist with the difficult process of death notification under these very complicated circumstances.

Although we cannot lessen the loss of a loved one, we can provide family members with clear, concise, and accurate information about the death, and access to helpful resources…

1. **Who should notify?** — This should be someone who represents the health care system, ideally someone experienced in communicating difficult information to families and who was involved in the patient's hospital care. Because circumstances may not allow for this, it is most important that the notifier is someone who can calmly and clearly communicate with the family. The task of death notification during large casualty events is highly stressful, and those given the responsibility require support, especially those less experienced.
2. **Be prepared** — Before contacting the family member, ensure you know the name of the patient, and the name and relationship of the family member(s) you will be speaking with. Providing a personal context such as knowing the patient's age, hometown, and occupation is important.
3. **Delivering the news** — Although there is no good way to tell a family member their loved one has died, it is important to be clear, unambiguous and empathic. Begin by preparing the family member ("*I have very sad news to share with you*"). Use simple words to share the news ("*While we were caring for your father, he died today in our hospital from coronavirus*"), while also being empathic ("*I'm so sorry for your loss*"). Do not use euphemisms for death such as "passed away" or "departed"; simply say that the loved one has died.
4. **Choose which details to share** — Although families are likely to want details about their loved one's death, carefully choose which details would be helpful for the family to hear. Important details may include "they were not alone" or "they did not suffer"; but only if true. Use simple, straightforward statements to describe these details. Also, describe any last thoughts the deceased wished to be communicated. Be cautious about sharing complicated medical treatment information that may overwhelm, rather than help, family members.
5. **Be prepared for responses** — Be prepared for a range of responses from family members, including sadness, rage, guilt, and blame. Simply be present with the family member. Don't judge them for their feelings, take potential accusations personally, argue, or become defensive. Be consoling and guide them to resources that are available within their communities (e.g., grief support, logistic, administrative, pastoral). Know your facility's policies for managing human remains and resources families can contact to discuss options for receiving remains, so families can plan to mourn in ways that are consistent with their culture and religion.
6. **Follow up** — If possible, take the opportunity to convey the health care team's sympathy to the family through a personal note that simply and genuinely expresses sorrow for their loss. The family will appreciate receiving it.

CSTS Uniformed Services University

Self Care (Put on Your Oxygen Mask First)

HOME

- Sleep, Nutrition, Hydration
- Calming strategies
- Stay Informed
- Use Media Wisely
- Establish “new” or “for now” normal
- Develop routines

WORK

- Take breaks
- Encourage colleagues
- Speak up
- Communicate constructively
- Self/colleague check-ins
- Honor your service

CSTS
Uniformed Services University

HOPE

Restore Normal Activities
Encourage Problem-Solving
Leverage Opportunities
Focus on Strength/Growth

SAFETY

Training
Equipment
Information
Protect Family
”Buddy Up”

CALMING

Ensure Sleep & Meals
Use Media Wisely
Provide Information
Normalize Reactions
Breaks, Rest Cycles
Listen to People

EFFICACY

Community-derived Activities
Recognize Service
Helping Resources
Buddy Checks

CONNECTEDNESS

Team Huddles
Buddy Checks
Camaraderie Activities
Technology

CSTS
Uniformed Services University

Media Exposure

Enhances dissemination of timely & accurate information

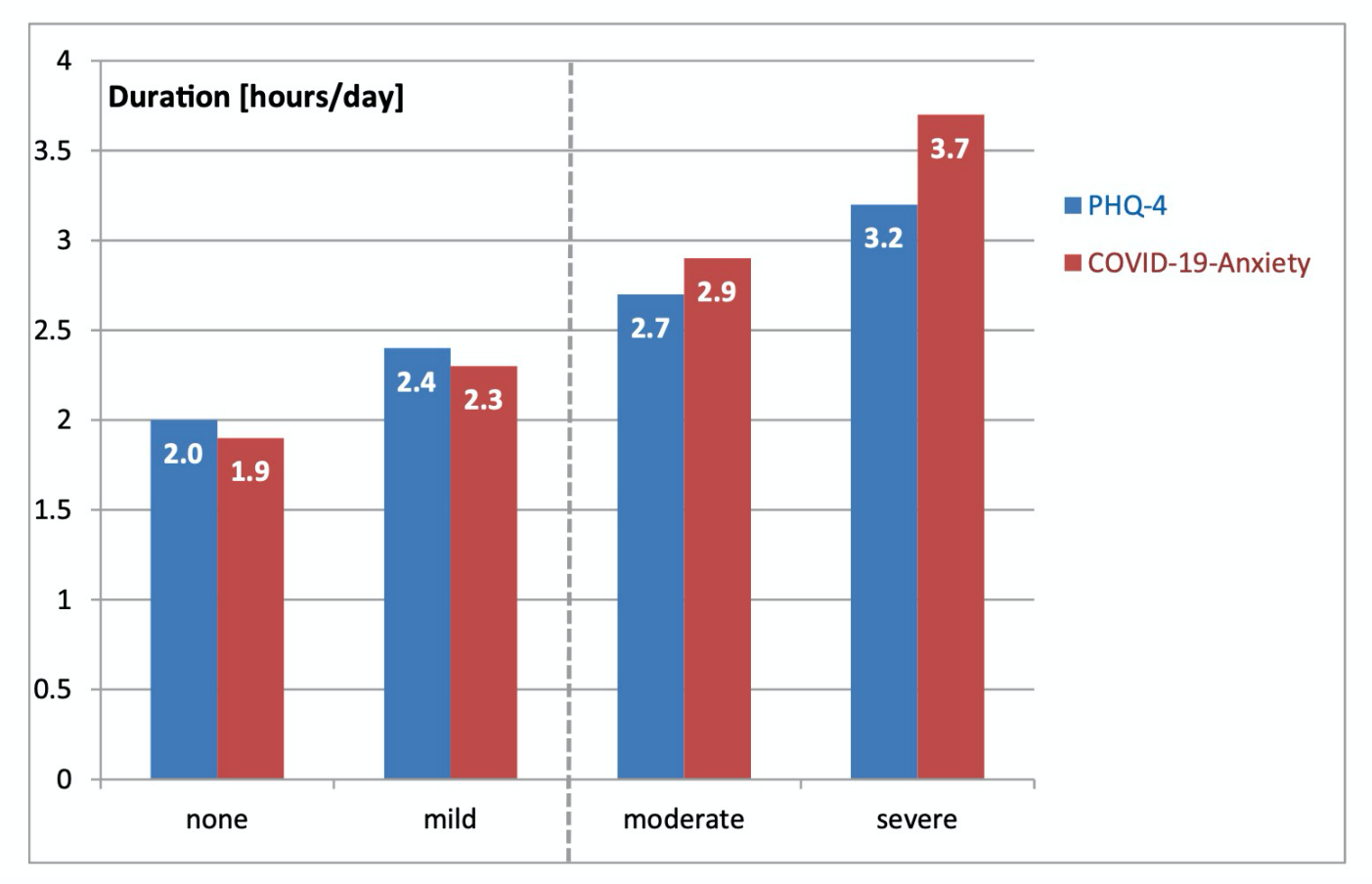
Enhances transmission of fear & distress

Fullerton, C. S., Mash, H. B., Morganstein, J. C., & Ursano, R. J. (2018). Active Shooter and Terrorist Event-Related Posttraumatic Stress and Depression: Television Viewing and Perceived Safety. *Disaster Medicine and Public Health Preparedness*.

Pfefferbaum, B., Newman, E., Nelson, S. D., Nitiéma, P., Pfefferbaum, R. L., & Rahman, A. (2014). Disaster Media Coverage and Psychological Outcomes: Descriptive Findings in the Extant Research. *Current Psychiatry Reports*, *16*(9), 464.

CSTS
Uniformed Services University

COVID-Related Media Consumption and Association with Depression and Anxiety



CSTS
Uniformed Services University

Bendau, A., Petzold, M. B., Pyrkosch, L., Maricic, L. M., Betzler, F., Rogoll, J., et al. (2020). Associations between COVID-19 related media consumption and symptoms of anxiety, depression and COVID-19 related fear in the general population in Germany. *European Archives of Psychiatry and Clinical Neuroscience*, 1–9.

Communication & Messaging

- An antidote for distress
- ”Concern” vs “Panic”, ”Being Prepared” vs “Hoarding”
- Normalizing of experiences is calming & connecting
- Recognizes varied expressions of uncertainty
- Influence community behaviors and recovery
- Encourages recognition that “we are in this together”

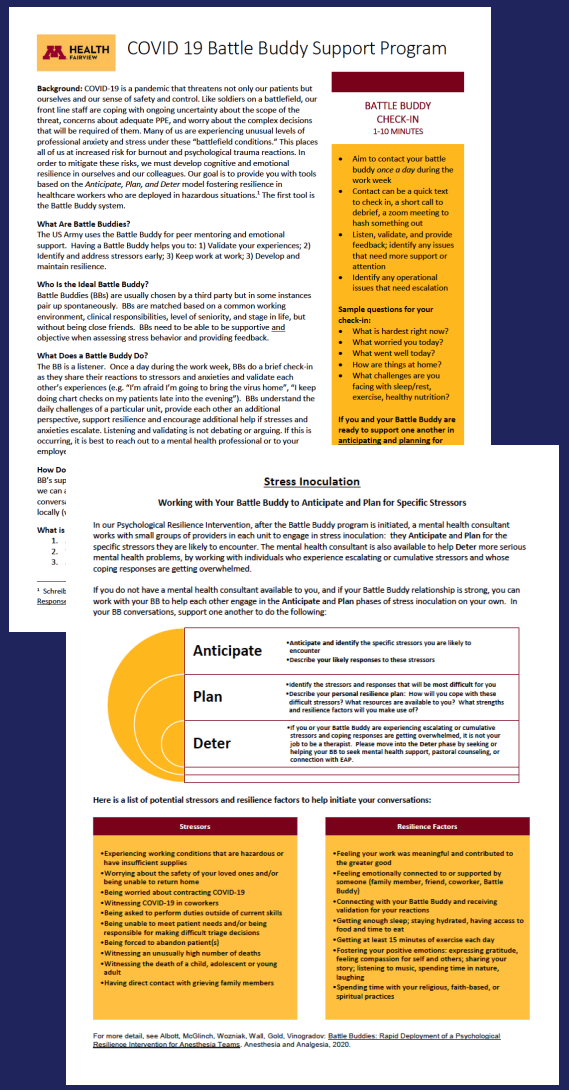
Eyre, A. (1999). In remembrance: post-disaster rituals and symbols. *Austrailian Journal of Emergency Management*, (Spring), 23–29.

Fischhoff, B. (2013). The sciences of science communication. *Proceedings of the National Academy of Sciences of the United States of America*, *110 Suppl 3*, 14033–14039.

Reynolds, B. S., & Seeger, M. (2012). Crisis and Emergency Risk Communication. Centers for Disease Control and Prevention.

Battle Buddies

- Buddy systems (swim buddy, high risk work "buddy checks", 12-step pgms)
- Safety, social support, efficacy
- Formal (vs ad hoc) peer support
- Collaborative selection process
- Daily check-ins: self-care, emotional health, camaraderie



HEALTH FAIRVIEW

COVID 19 Battle Buddy Support Program

Background: COVID-19 is a pandemic that threatens not only our patients but ourselves and our sense of safety and control. Like soldiers on a battlefield, our front line staff are coping with ongoing uncertainty about the scope of the threat, concerns about adequate PPE, and worry about the complex decisions that will be required of them. Many of us are experiencing unusual levels of professional anxiety and stress under these "battlefield conditions." This places all of us at increased risk for burnout and psychological trauma reactions. In order to mitigate these risks, we must develop cognitive and emotional resilience in ourselves and our colleagues. Our goal is to provide you with tools based on the *Anticipate, Plan, and Deter* model fostering resilience in healthcare workers who are deployed in hazardous situations.[1] The first tool is the Battle Buddy system.

What Are Battle Buddies?
The US Army uses the Battle Buddy for peer mentoring and emotional support. Having a Battle Buddy helps you to: 1) Validate your experiences; 2) Identify and address stressors early; 3) Keep work at work; 3) Develop and maintain resilience.

Who Is the Ideal Battle Buddy?
Battle Buddies (BBs) are usually chosen by a third party but in some instances pair up spontaneously. BBs are matched based on a common working environment, clinical responsibilities, level of seniority, and stage in life, but without being close friends. BBs need to be able to be supportive and objective when assessing stress behavior and providing feedback.

What Does a Battle Buddy Do?
The BB is a listener. Once a day during the work week, BBs do a brief check-in as they share their reactions to stressors and anxieties and validate each other's experiences (e.g. "I'm afraid I'm going to bring the virus home", "I keep doing chart checks on my patients late into the evening"). BBs understand the daily challenges of a particular unit, provide each other an additional perspective, support resilience and encourage additional help if stresses and anxieties escalate. Listening and validating is not debating or arguing. If this is occurring, it is best to reach out to a mental health professional or to your employe

How Do
BB's sup
we can
conversa
locally (

What is
1.
2.
3.

[1] Schreib
Respons

BATTLE BUDDY
CHECK-IN
1-10 MINUTES

- Aim to contact your battle buddy *once a day* during the work week
- Contact can be a quick text to check in, a short call to debrief, a zoom meeting to hash something out
- Listen, validate, and provide feedback; identify any issues that need more support or attention
- Identify any operational issues that need escalation

Sample questions for your check-in:
- What is hardest right now?
- What worried you today?
- What went well today?
- How are things at home?
- What challenges are you facing with sleep/rest, exercise, healthy nutrition?

If you and your Battle Buddy are ready to support one another in anticipating and planning for

Stress Inoculation

Working with Your Battle Buddy to Anticipate and Plan for Specific Stressors

In our Psychological Resilience Intervention, after the Battle Buddy program is initiated, a mental health consultant works with small groups of providers in each unit to engage in stress inoculation: they **Anticipate** and **Plan** for the specific stressors they are likely to encounter. The mental health consultant is also available to help **Deter** more serious mental health problems, by working with individuals who experience escalating or cumulative stressors and whose coping responses are getting overwhelmed.

If you do not have a mental health consultant available to you, and if your Battle Buddy relationship is strong, you can work with your BB to help each other engage in the **Anticipate** and **Plan** phases of stress inoculation on your own. In your BB conversations, support one another to do the following:

Anticipate	•**Anticipate and identify** the specific stressors you are likely to encounter •**Describe your likely responses to these stressors**
Plan	•Identify the stressors and responses that will be most difficult for you •Describe your **personal resilience plan**: How will you cope with these difficult stressors? What resources are available to you? What strengths and resilience factors will you make use of?
Deter	•If you or your Battle Buddy are experiencing escalating or cumulative stressors and coping responses are getting overwhelmed, it is not your job to be a therapist. Please move into the Deter phase by seeking or helping your BB to seek mental health support, pastoral counseling, or connection with EAP.

Here is a list of potential stressors and resilience factors to help initiate your conversations:

Stressors	Resilience Factors
•Experiencing working conditions that are hazardous or have insufficient supplies •Worrying about the safety of your loved ones and/or being unable to return home •Being worried about contracting COVID-19 •Witnessing COVID-19 in coworkers •Being asked to perform duties outside of current skills •Being unable to meet patient needs and/or being responsible for making difficult triage decisions •Being forced to abandon patient(s) •Witnessing an unusually high number of deaths •Witnessing the death of a child, adolescent or young adult •Having direct contact with grieving family members	•Feeling your work was meaningful and contributed to the greater good •Feeling emotionally connected to or supported by someone (family member, friend, coworker, Battle Buddy) •Connecting with your Battle Buddy and receiving validation for your reactions •Getting enough sleep; staying hydrated, having access to food and time to eat •Getting at least 15 minutes of exercise each day •Fostering your positive emotions: expressing gratitude, feeling compassion for self and others; sharing your story; listening to music, spending time in nature, laughing •Spending time with your religious, faith-based, or spiritual practices

For more detail, see Abott, McGlinch, Wozniak, Wall, Gold, Vinogradov: Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Anesthesia Teams. Anesthesia and Analgesia, 2020.

CSTS
Uniformed Services University

Ramsberger, P. F., Mills, L., & Legree, P. (2002). *Evaluation of the Buddy Team Assignment Program* (p. 60). United States Army Research Institute for the Behavioral and Social Sciences.

Resetting

IMAGE: https://www.nursingtimes.net/news/workforce/training-nurses-in-de-escalating-violence-does-not-reduce-attacks-07-08-2019/

RECOVERY???

IMAGE: https://www.ebony.com/exclusive/black-women-in-medicine-film/

CSTS
Uniformed Services University

Reintegration

- Loss of meaning and purpose
- Tight knit teams dissolve
- Lack of a shared experience
- Others don’t understand
- Previous life ”problems” seem trivial/irritating
- Family expectations collide

IMAGE: https://www.usslibertyinquiry.com/top-five-moving-tips-military-wife/

CSTS
Uniformed Services University

Creech, S. K., Hadley, W., & Borsari, B. (2014). The Impact of Military Deployment and Reintegration on Children and Parenting: A Systematic Review. *Professional Psychology: Research and Practice*, *45*(6), 452–464.

Danish, S. J., & Antonides, B. J. (2013). The challenges of reintegration for service members and their families. *American Journal of Orthopsychiatry*, *83*(4), 550–558.

THE ROLE OF LEADERSHIP IN TIMES OF CRISIS

CSTS
Uniformed Services University

Leadership in Crisis

- Be present – Connect, communicate, reassure
- Communicate effectively – Share info, get answers
- Ensure equipment – Obtain, train, advocate
- Encourage self-care – Improves performance, cohesion
- Take care of yourself – Lead by example
- Normalize reactions – Talk openly, respect differences
- Provide resources – Peer/org support; encourage use
- Address grief – Anticipate, recognize, honor
- Forward thinking – Be realistic, but hopeful

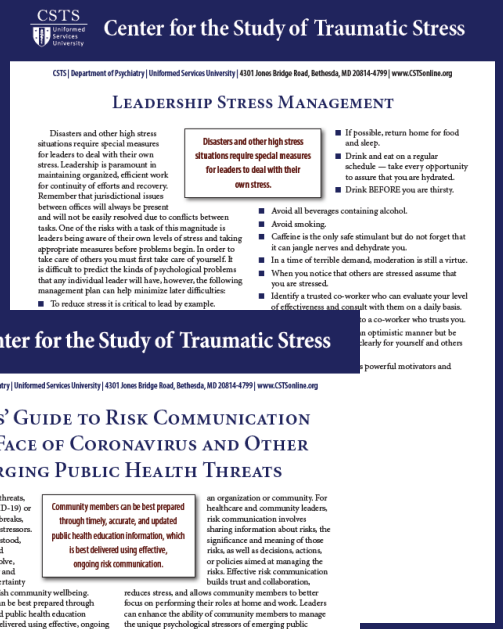
CSTS
Uniformed Services University

Birkeland, M. S., Nielsen, M. B., Knardahl, S., & Heir, T. (2016). Time-lagged relationships between leadership behaviors and psychological distress after a workplace terrorist attack. *International Archives of Occupational and Environmental Health*, *89*(4), 689–697.

Wood, M. D., Walker, T., Adler, A. B., Science, C. C. O. H., & Jahangiri, K. (2020). Post-Traumatic Growth Leadership: Mitigating Stress in a High-Risk Occupation. *Occupational Health Science*.

Leadership Challenges & Opportunities

- Stress Management / Self-Care
  - ”Put on your oxygen mask first”
- Communication
  - What, when, how
- Balancing present w/ future
  - Getting real + sustaining hope
  - Managing present problems + seeking opportunities



CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Leadership Stress Management

Disasters and other high stress situations require special measures for leaders to deal with their own stress. Leadership is paramount in maintaining organized, efficient work for continuity of efforts and recovery. Remember that jurisdictional issues between offices will always be present and will not be easily resolved due to conflicts between tasks. One of the risks with a task of this magnitude is leaders being aware of their own levels of stress and taking appropriate measures before problems begin. In order to take care of others you must first take care of yourself. It is difficult to predict the kinds of psychological problems that any individual leader will have, however, the following management plan can help minimize later difficulties:

Disasters and other high stress situations require special measures for leaders to deal with their own stress.

- To reduce stress it is critical to lead by example.
- If possible, return home for food and sleep.
- Drink and eat on a regular schedule — take every opportunity to assure that you are hydrated.
- Drink BEFORE you are thirsty.
- Avoid all beverages containing alcohol.
- Avoid smoking.
- Caffeine is the only safe stimulant but do not forget that it can jangle nerves and dehydrate you.
- In a time of terrible demand, moderation is still a virtue.
- When you notice that others are stressed assume that you are stressed.
- Identify a trusted co-worker who can evaluate your level of effectiveness and consult with them on a daily basis.

CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Leaders’ Guide to Risk Communication in the Face of Coronavirus and Other Emerging Public Health Threats

Emerging public health threats, such as Coronavirus (COVID-19) or other infectious disease outbreaks, creates many psychological stressors. Some are known and understood, allowing for preparation and training. As these events evolve, novel mechanisms of injury and harm increase fear and uncertainty and can significantly diminish community wellbeing.

Community members can be best prepared through timely, accurate, and updated public health education information, which is best delivered using effective, ongoing risk communication. Risk communication is a critical tool for optimizing the psychological and behavioral response of an organization or community. For healthcare and community leaders, risk communication involves sharing information about risks, the significance and meaning of those risks, as well as decisions, actions, or policies aimed at managing the risks. Effective risk communication builds trust and collaboration, reduces stress, and allows community members to better focus on performing their roles at home and work. Leaders can enhance the ability of community members to manage the unique psychological stressors of emerging public health threats through the following:

Community members can be best prepared through timely, accurate, and updated public health education information, which is best delivered using effective, ongoing risk communication.

- Utilize effective risk communication principles, including provide information on a regular and timely basis, share what is known about the threat, avoid speculation, always be truthful, avoid false promises, provide updated information when available, and anticipate the need to repeat messages.
- Provide health education and resources that enable community members to take basic steps to prepare at home and in the workplace for new and emerging threats; this will enhance self- and community-efficacy and reduce fears.
- Encourage families and community members to work together on planning and preparing, so they can understand risks and share accurate information that provides reassurance and reduces uncertainty.
- Provide a mechanism for people to share concerns about new and emerging threats and get questions answered; the use of an 800-number information line and online resources, shared broadly and repeatedly, can reduce distress and empower community members to engage in self-care behaviors.
- Deliver education on risk communication as part of leadership training at all levels. Provide community leaders with tools and information on the current status of emerging public health threats and resources to assist with effective communication.
- Educate family members on the potential adverse effects of continuous or ongoing exposure to media coverage of the emerging threat, which increases stress, particularly for children.
- Anticipate that distress over new threats presents a particular challenge to individuals who have not previously experienced them; targeted messaging and education may enhance wellbeing for these individuals.

Additional Resources

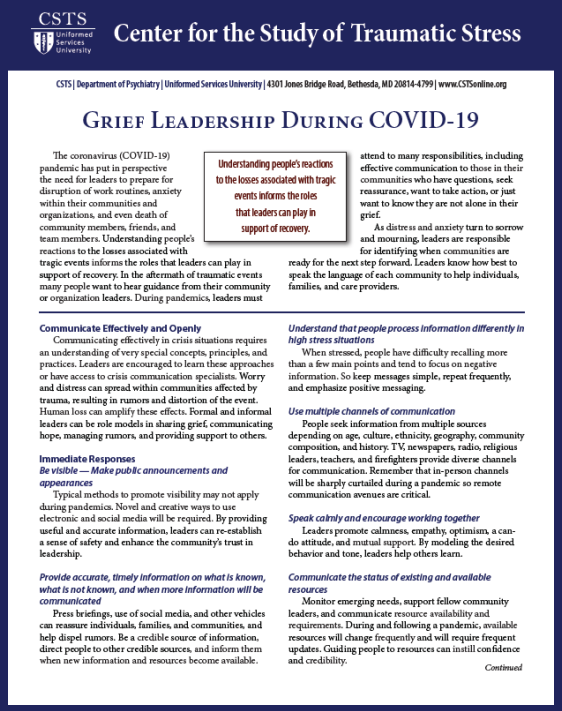
Leadership Communication: Anticipating and Responding to Stressful Events. Center for the Study of Traumatic Stress.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_Communication_Anticipating_Responding_to_Stressful_Events.pdf

CSTS Uniformed Services University

Flynn, B.W., Bushness, P., Lurie, N. (2017). Leadership in Disasters. In *Textbook of Disaster Psychiatry* (2nd ed., pp. 285-297). Cambridge University Press.

Grief Leadership

- Communicate effectively and openly
- Being visible and present
- Provide accurate and timely info
- Encourage working together
- Promote cohesion
- Anticipate and acknowledge grief
- Use rituals (memorials, etc) to honor losses
- Look to the future
- Encourage growth and a “new normal”



CSTS Uniformed Services University — Center for the Study of Traumatic Stress

CSTS | Department of Psychiatry | Uniformed Services University | 4301 Jones Bridge Road, Bethesda, MD 20814-4799 | www.CSTSonline.org

Grief Leadership During COVID-19

The coronavirus (COVID-19) pandemic has put in perspective the need for leaders to prepare for disruption of work routines, anxiety within their communities and organizations, and even death of community members, friends, and team members. Understanding people's reactions to the losses associated with tragic events informs the roles that leaders can play in support of recovery. In the aftermath of traumatic events many people want to hear guidance from their community or organization leaders. During pandemics, leaders must attend to many responsibilities, including effective communication to those in their communities who have questions, seek reassurance, want to take action, or just want to know they are not alone in their grief.

> Understanding people's reactions to the losses associated with tragic events informs the roles that leaders can play in support of recovery.

As distress and anxiety turn to sorrow and mourning, leaders are responsible for identifying when communities are ready for the next step forward. Leaders know how best to speak the language of each community to help individuals, families, and care providers.

Communicate Effectively and Openly

Communicating effectively in crisis situations requires an understanding of very special concepts, principles, and practices. Leaders are encouraged to learn these approaches or have access to crisis communication specialists. Worry and distress can spread within communities affected by trauma, resulting in rumors and distortion of the event. Human loss can amplify these effects. Formal and informal leaders can be role models in sharing grief, communicating hope, managing rumors, and providing support to others.

Immediate Responses

Be visible — Make public announcements and appearances

Typical methods to promote visibility may not apply during pandemics. Novel and creative ways to use electronic and social media will be required. By providing useful and accurate information, leaders can re-establish a sense of safety and enhance the community's trust in leadership.

Provide accurate, timely information on what is known, what is not known, and when more information will be communicated

Press briefings, use of social media, and other vehicles can reassure individuals, families, and communities, and help dispel rumors. Be a credible source of information, direct people to other credible sources, and inform them when new information and resources become available.

Understand that people process information differently in high stress situations

When stressed, people have difficulty recalling more than a few main points and tend to focus on negative information. So keep messages simple, repeat frequently, and emphasize positive messaging.

Use multiple channels of communication

People seek information from multiple sources depending on age, culture, ethnicity, geography, community composition, and history. TV, newspapers, radio, religious leaders, teachers, and firefighters provide diverse channels for communication. Remember that in-person channels will be sharply curtailed during a pandemic so remote communication avenues are critical.

Speak calmly and encourage working together

Leaders promote calmness, empathy, optimism, a can-do attitude, and mutual support. By modeling the desired behavior and tone, leaders help others learn.

Communicate the status of existing and available resources

Monitor emerging needs, support fellow community leaders, and communicate resource availability and requirements. During and following a pandemic, available resources will change frequently and will require frequent updates. Guiding people to resources can instill confidence and credibility.

Continued

CSTS Uniformed Services University

Wright, K. S., Sparacino, L., Bartone, P., Cervantes, R. A., Jr, & Ingraham, L. H. (1987). *The human response to the Gander military air disaster: A summary report* (p. 60). Defense Technical Information Center.

https://www.washingtonpost.com/lifestyle/wellness/covid-grief-leadership/2020/09/16/51210be4-f444-11ea-bc45-e5d48ab44b9f_story.html

The Stockdale Paradox

"You must never confuse faith that you will prevail in the end — which you can never afford to lose — with the discipline to confront the most brutal facts of your current reality, whatever they might be,"

Enduring: A Delicate Balance…

Challenges are real,
Problems to be managed,
Losses to be counted,
Pain needs to be felt,
Grief to be honored

Eventually this will end,
Most will do well,
Recognize & amplify good,
Seek opportunities,
Maintain hope in the future

Community

(Healthcare organizations, neighborhoods, families)

CSTS
Uniformed Services University

QUESTIONS?

www.cstsonline.org

CSTS
Uniformed Services University