



CREATING RESILIENCE DURING COVID RECOVERY: ANTICIPATE. PLAN. DETER. PSYSTART SELF-TRIAGE 10-28-22 TONA MCGUIRE, PH.D.

Agenda



Behavioral Health Impact of Disasters



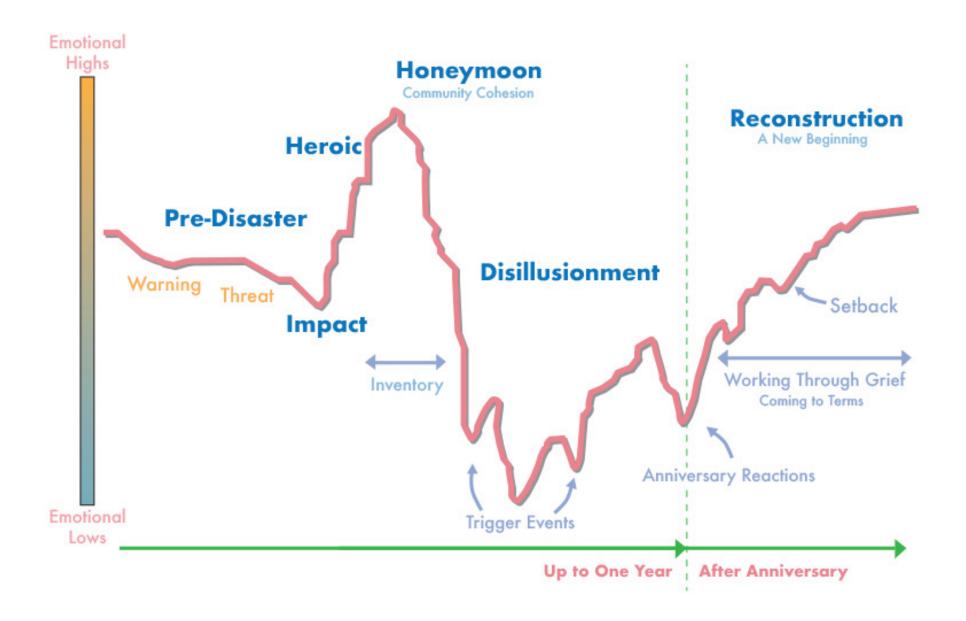
What we are experiencing neurologically



Personal and Workplace Impact of Moral Injury



Enhancing Protective Factors and Vitality



Reactions and Behavioral Health Symptoms in Disasters — COVID-19



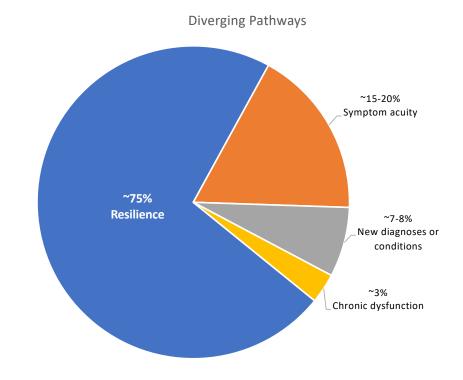
Disaster Cascade Effects

- A disaster cascade is defined as the experience of multiple disaster "Impacts" within a 12-18 month time frame (multiple waves of the same disaster, or different types floods, hurricanes, etc).
- Disaster cascades further tax already depleted emotional, physical, social and economic resources.
- Behavioral Health outcome pathways are in a critical point of divergence.
- Outcome pathways can include resilience (most common) as well as new acute symptoms, new disorders and even chronic dysfunction.

Diverging Pathways

- 1. Resilience
- 2. Symptom acuity
- 3. New diagnoses or conditions
- 4. Chronic dysfunction

Including behavioral health (acknowledgement and support) in our recovery process will increase the shift towards the long-term resilience outcome.



What Does 'Recovery' Right Now Really Look Like?

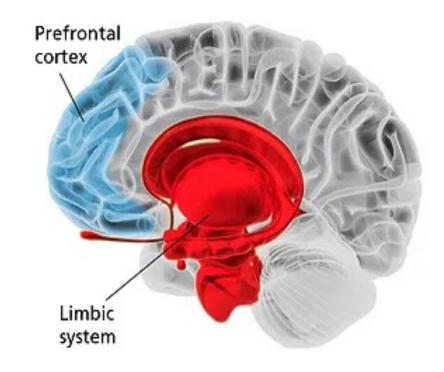
- Challenging when the playbook isn't written
- People have different expectations and levels of comfort
- Social interactions may have changed
- Workplace experiences have changed
 - Communication norms, expectations, some job roles
- Orienting your process (HOW you operate in the world) around your core values will help

Operating in the World Through Your Values

- What parts of life would be better?
- How would it affect your physical & emotional health and your spirit?
- What would happen to important relationships?
- How would it impact your work?

The Neuroscience of Response and Recovery

- Prefrontal cortex: higher-level functioning, planning, organization, details, filtering.
- Limbic system: emotion, impulse, pleasure and safety, memory



Burnout, Compassion Fatigue and Moral Injury

- Burnout: Exhaustion of body, mind, and motivation due to exposure to prolonged and unresolved work stress or frustration. Burnout is often a consequence of perceived disparity between the demands of the job and the resources that an employee has available to them.
- Compassion Fatigue: Emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, also described as secondary traumatic stress.
- Moral Injury: Strong feelings of guilt, shame, or anger due to not being able to provide the kind of care or service you want and expect to provide.

Resilience: The process — involving behaviors, thoughts, and actions — of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Can be developed by focusing on connection, purpose, and flexibility/adaptability.

How to Manage and Reduce Burnout



Bottom line up front:

- Burnout is widespread in the context of a disaster. Our energy is more limited right now.
- Healthy, clear boundaries between work and time off are essential for reducing burnout.



What do DO:

- Establish your "off time" boundaries. Hours, days, or segments of time that are unavailable for workrelated tasks.
- List things you can do during time off that are completely unrelated to work.



What to avoid:

- Professional and social isolation
- Saying "yes" when you need to say "sorry, no, I don't have the capacity to do that right now".
- Feeling guilty for taking some mission critical time off.

How to Manage and Reduce Compassion Fatigue



Compassion rewards are the antidote for compassion fatigue. Take time to recognize the impact your work is having on others and celebrate victories when possible (even

little ones).



What to DO:

- Offer verbal support for colleagues (active listening is great! – when you have the capacity!).
- Call out and attend to the wins, the successes and the "good stuff."
- Engage with others socially



What to avoid:

- Unhealthy coping practices (e.g., drinking too much alcohol)
- Focusing on what "didn't get done."

Resilience Into Vitality

- Set goals that are the right size in order to increase a sense of purpose and experience success
 - Include "fun" goals, not just "achievement" goals
- Prioritize connections- social and professional- that are healthy for you and prevent isolation.
- Establish and maintain healthy boundaries around your "off" or "unavailable" time.
- Practice shifting your thinking from "threat" to "challenge" when something unexpected and negative happens (e.g., another quarantine)
- Look for or recognize the opportunities that may be available even when there is a huge upheaval in work or home life. This is where hope also lives.

PsySTART Psychological Triage

Developed by Merritt Schreiber, Ph.D. **Department of Pediatrics** Lundquist Institute at Harbor-UCLA Medical Center





Why Are We Doing This Training?

- We are used to thinking about an "earthquake kit" because we know we can't assemble the kit after the earthquake.
- Likewise, in terms of our personal preparedness, we want to have a resiliency toolkit ready to go.
- The idea is that we don't think clearly in the middle of a crisis or when highly stressed, so we want to be able to monitor ourselves and implement our coping plan using something we've already created.

Anticipate.Plan.Deter.

A focus on resilience

Anticipate

• What your role is and challenges you may experience, sometimes called "stress inoculation"

Plan

- Develop your personal resilience plan to help you cope
- Build on your personal strengths and social connections
- Consider what else you may need in your coping plan

Deter:

- Activate individual coping and resilience plan
- Self-monitoring: Monitor your exposure risk by monitoring what has happened to the children you help
- Manage "next steps"

Experience Resilience Also!

Development of new coping skills

Increased self-awareness

Renewed positive relationships

Shifting priorities

Deeper appreciation for life

Personal growth

- Becoming closer to loved ones
- Gaining confidence in one's ability to rebuild a life
- Becoming more spiritual or religious
- Finding deeper meaning and purpose in life
- Discovering inner strength
- Being there when needed



State of the Art: Mental Health Risk in Disasters: Population Level Effects

50-90%= Transitory
Distress Response
(symptoms)

(ex: Insomnia, Fears of recurrence)

Resilience?

30-40% =
New Incidence Disorder:
Ex: PTSD, Depression

Responders: 10-20%

=Triage to care

Based on IoM, 2003



Secondary Trauma

- When working with youth and families who have been traumatized, hearing about what happened to them can be traumatizing for the helper
- That risk is often greater among women and among those who are very empathetic
- People with a history of traumatic events themselves are also at greater risk of Secondary Trauma

Managing Secondary Trauma

- Be aware of your risk factors
- Make time to rest, eat healthy meals, and take breaks
- Set boundaries between your work role and your personal life. When you are "off" do not take on tasks
- Reach out to your colleagues or supervisor if you find yourself struggling.

How to ANTICIPATE?

- Think about the things you believe will be most difficult for you as part of your work or volunteer role and write those challenges down
- What will be most challenging for you to hear about from the youth you are helping?
- Challenge is monitoring and managing stress proactively rather than avoiding thinking about it
- Understand Risk Factors for you in your role

ANTICIPATE: What Are Your Stress Responses?

What is typical for you? How will you recognize when you are stressed? What is the first thing you notice? Write down your common responses.

- Emotional: irritability, anger, sadness, guilt, worry, fear, apathy, grief
- Cognitive: confusion, memory problems, difficulty focusing or attending to details
- Physical: sleep difficulties, exhaustion, increased headache, appetite changes, muscle pain
- Behavioral: expressed anger/irritability, substance misuse, withdrawal from others, overwork, abandonment of self care

PLAN: Build on success: "What works for you?"

- List your resilience factors
 - Identify positive thoughts experiences including those that give a sense of mission or purpose:
 - Making a difference
 - Making someone or yourself proud
 - Being there for those that need us
 - Reducing suffering

PLAN: Build on success: "What works for you?"

- List your positive coping plan
 - Distraction using positive images, thoughts
 - Combine with relaxation breathing with mindfulness
 - Imagery examples: fun family times ahead, trips, your pets, your kids, significant others and family!
 - Pleasant scenes such as beach, mountains, streams, waterfalls, art.
 - Start thinking of your favorites to use when needed

Its preferable to have a "go to" list of specific and general coping ideas ready when you need them

PLAN: Build on Success

Who are your social supports?

List a few people to whom you can turn when you need some support

_

_

-

_



Plan B: What if Your Coping Plan Isn't Enough?

- Paced breathing (app store free)
- Utilize EAP at work
- Breathe2Relax (app store free)
- Mindfulness Coach (app store free)
- PTSD Coach (assist people experiencing symptoms of significant stress), free at: www.ptsd.va.gov/apps/ptsdcoachonline/default.htm
- Faith Leader
- Private Counseling

DETER: Tracking Your Exposure to Psychological Risk

- One way to track your risk is by tracking what has happened to the youth and families you are helping.
- Their stories of experienced traumatic events can be recorded on a form for your use only.
- This form is called PsySTART and is a list of certain events that are more predictive of developing a later psychological disorder.
- By checking off what you've heard about on the triage, you can help track your secondary traumatic risk

DETER: WHEN YOU WANT FURTHER ASSISTANCE

- Consider resources as part of your work setting:
 - Please list those now
- Certain evidence based interventions are recommended when risk factors high and stress does not dissipate
- So what works?:
 - Trauma Focused Interventions
 - Identify concerns and further develop coping tools and strategies
 - PTSD Coach" for distress (not just for PTSD)



DETER: Triage and Track Your Exposure

Go to:

Www2.psystart.net/psyped

Select your site from the dropdown list (OTHER)

185720 is your registration code

- Do not share this code with others
- Create your own personal account/password

Works on any smart phone, tablet or laptop

Remember: NO INDIVDIUAL INFO VISIBLE -except to you

Risk Factors



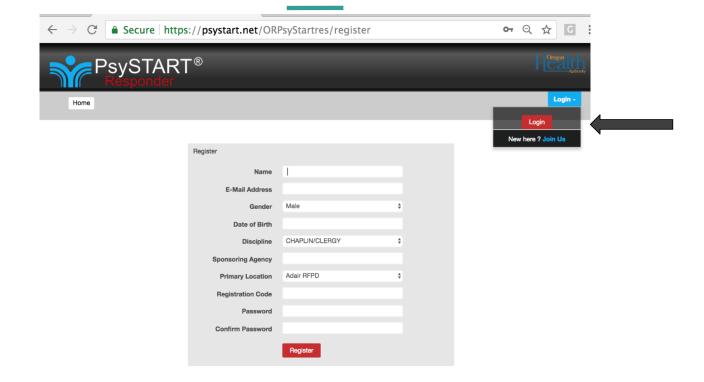
Acute Incidents



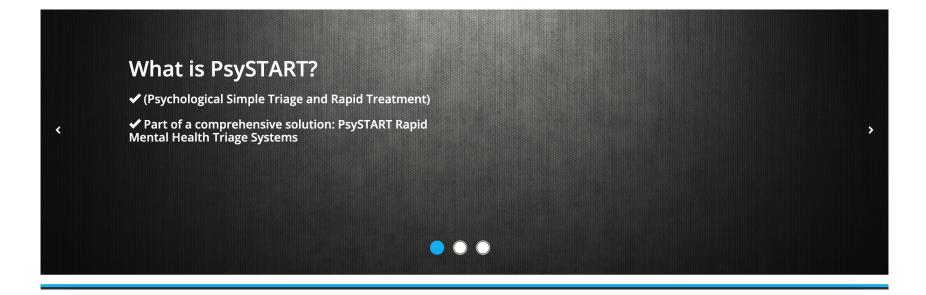
Chronic Incidents/SDH/ACES

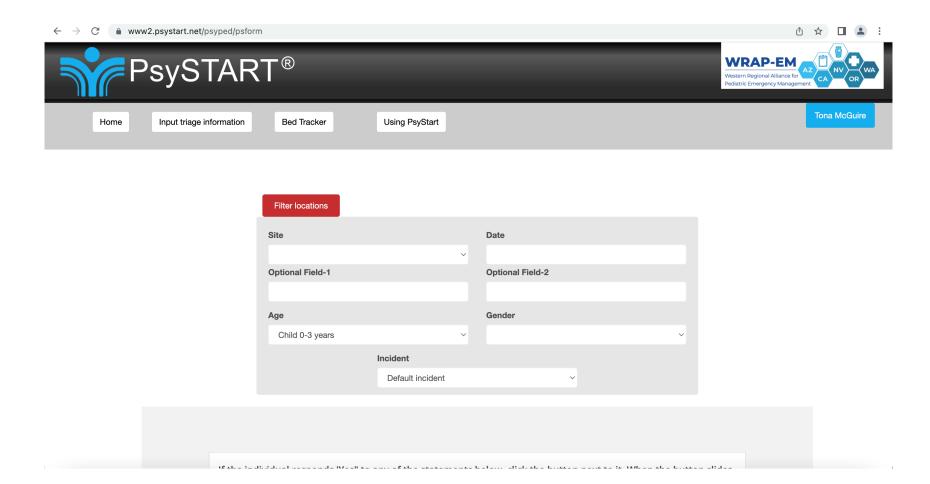
- Acute danger or life threat
- Disasters or terrorism
- Traumatic death of loved ones and friends
- Displaced from home or home not livable
- Saw others who were severely injured or dead including mutilating injuries or burns
- Severe injury or illness
- Felt as if their life was in danger

- Housing insecurity
- Food insecurity
- Victim of interpersonal violence
- Food insecurity
- Housing insecurity
- **Child Neglect**
- Previous history of trauma, mental illness or substance use disorder







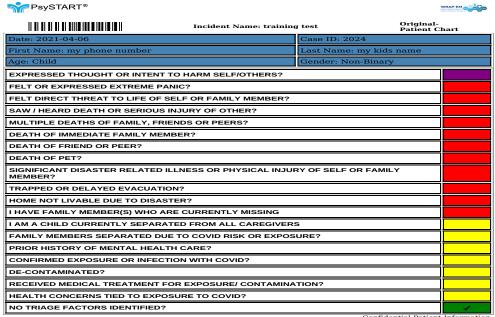


Washington State Department of Health | 34

If the individual responds 'Yes" to any of the statements below, click the button next to it. When the button slides to the right and vibrant color is visible, the statement has been selected.

EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
I HAVE FAMILY MEMBER(S) WHO ARE CURRENTLY MISSING	
I AM A CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	
FAMILY MEMBERS SEPARATED DUE TO COVID RISK OR EXPOSURE?	
PRIOR HISTORY OF MENTAL HEALTH CARE?	
CONFIRMED EXPOSURE OR INFECTION WITH COVID?	
DE-CONTAMINATED?	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/ CONTAMINATION?	
HEALTH CONCERNS TIED TO EXPOSURE TO COVID?	
NO TRIAGE FACTORS IDENTIFIED?	

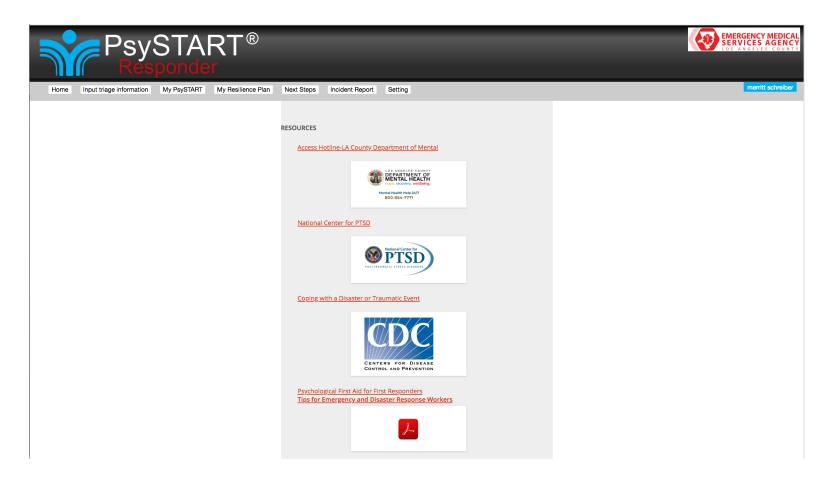
Events and Risk Factors



© Copyright 2020 M.Schreiber all rights reserved.

Confidential Patient Information

Additional Resources







In Review:

Anticipate your challenges, develop your coping plan, deter risk by monitoring exposure to traumatic stories, and implement your coping plan

- Engage in self care
- Pay attention to your feelings of stress
- Monitor your risk factors for secondary trauma using the PsySTART Triage system to track what you hear and are exposed to from the youth and families with whom you are working
- When risk factors occur:
 - Deploy your "personal coping plan" as first line of defense
 - Select positive coping options
 - Use your social support system
 - Use the next steps tab for additional resources Monitor regularly- once a month, and more often if you are hearing about many traumatic events.



THANK YOU!

PsySTART Operations:

psystartoperations@gmail.com

Technical support, consultation on use of PsySTART triage system in real or actual events available 8 a.m. – 5 p.m. Pacific Standard Time

Emergency contact: 202 630-5577



Merritt Schreiber, Ph.D.
PsySTART Ops
PsySTART Triage Systems



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.