

Working on the front lines of a pandemic: Helping those helping others

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Learning objectives

- ▶ Identify challenges & stressors for first responders & their families during the COVID-19 pandemic
- ▶ Overview of adaptive coping and emotion regulation strategies
- ▶ The need for First Responder-specific treatment



Frontline workers: Examples

- ▶ Paramedics
- ▶ Police
- ▶ Firefighters
- ▶ Physicians
- ▶ Nurse practitioners/nurses/registered practical nurses
- ▶ Respiratory therapists
- ▶ Personal support workers (PSWs)
- ▶ Assistants/aides
- ▶ Maintenance staff

He cleans 'COVID rooms' in the ICU – and keeps dying patients company

It sometimes makes LeBlanc feel sad — because he said these patients are largely dying alone. He tries his best to keep them company. Between his cleaning, he'll talk to patients and tell them others are thinking about them.

"It takes a toll on you when you're seeing people die," he said. "It's not that easy to see people die on a regular basis."



Some frontline concerns: Early stages of COVID-19

- ▶ Personal protective equipment (PPE): is there enough for all staff? Is it the proper equipment for this job? What happens if we run out? Re-using PPE?
- ▶ Risk of infection: what if I get sick? What if I get my loved ones sick? Should I stay away from my family? What if I infect my colleagues? My patients?
- ▶ If I get sick: who will care for my family? Will I get paid?
- ▶ Re-deployment: I don't feel confident in my skills if I get re-deployed to different departments.
- ▶ Enough equipment? E.g., ventilators

Healthcare professionals: Requests

- ▶ Shanafelt, Ripp, & Trockel (2020)
- ▶ Requests to their organizations (US):
 - ▶ **Hear me**
 - ▶ **Protect me**
 - ▶ **Prepare me**
 - ▶ **Support me**
 - ▶ Acknowledges human limitations in a time of extreme work hours, uncertainty, & intense exposure to critically ill patients
 - ▶ **Care for me**
 - ▶ Frontline worker & their families

Some frontline concerns: During height of wave

- ▶ Number of patients with COVID-19 symptoms
- ▶ Self-isolating from family: where to stay, for how long, and how to keep connected?
- ▶ Coworkers having self-isolate or quarantine; anxiety about own health; worry about having to work a lot of overtime
- ▶ Responding to emergency situations without time for PPE; risk own or patient's health or safety?
- ▶ Increased physiological stress wearing mask or full PPE for extended periods (e.g., difficulty breathing, overheated, increased heart rate)
- ▶ Lack of access to regular adaptive coping strategies

Systematic review & meta-analysis

- ▶ Pappa et al. (2020)
- ▶ 13 studies: 12 from China (two from Wuhan); one from Singapore
- ▶ Anxiety (23.2%)
- ▶ Depressive symptoms (22.8%)
- ▶ Insomnia (38.9%)

Return to Work: China

- ▶ Full-time employees returning to the workplace
- ▶ No significant increase in depression, anxiety, or stress
- ▶ Factors associated with lower psychological symptoms:
 - ▶ Personal: e.g., frequent hand hygiene; wearing masks
 - ▶ Organizational: e.g., workplace hygiene improvements (good ventilation; social distancing); concern from company on the health status of employees
- ▶ Some recommendations by authors: scheduled rest periods; flexible staffing resources; strengthening peer support

Tam et al., (April 23, 2020)

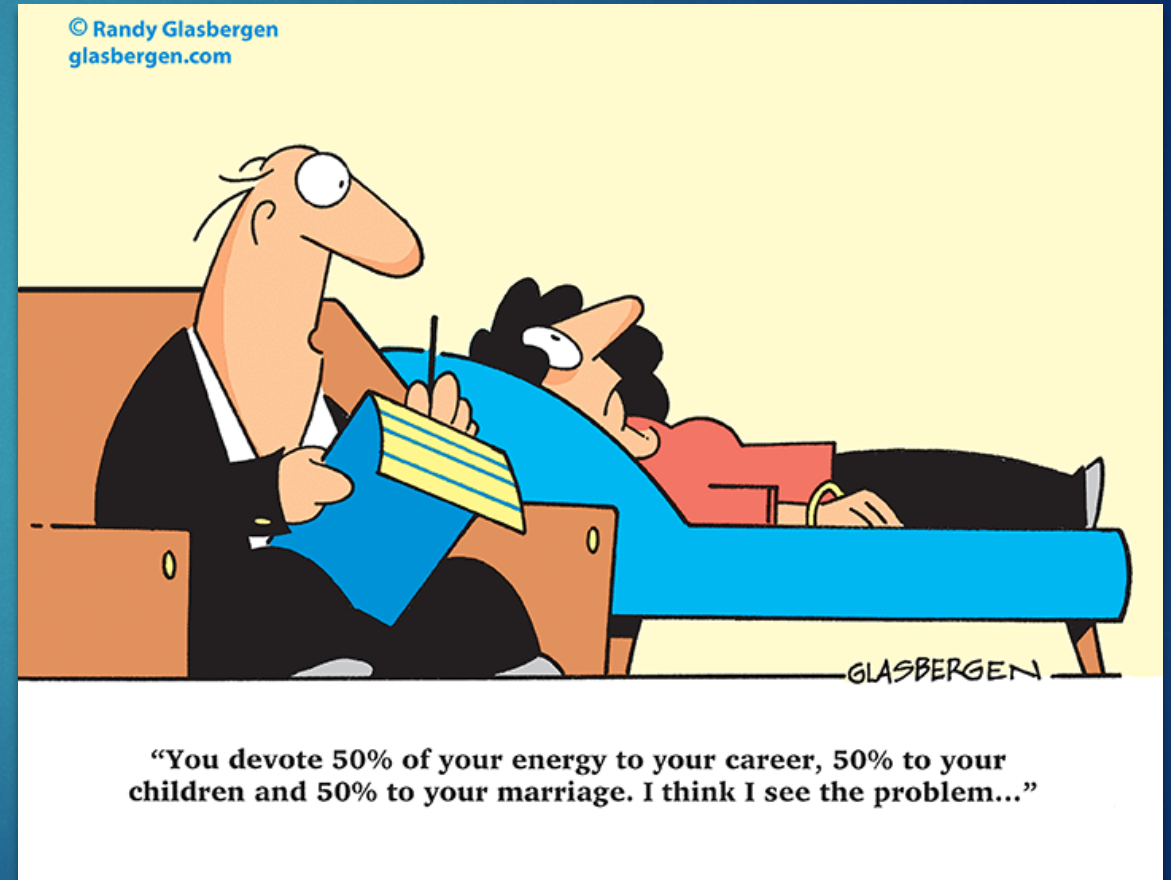
Some frontline concerns: Easing of wave



- ▶ Intensity of Wave 2: as Wave 1 restrictions start to ease, concern that individuals in the community will not follow physical distancing recommendations
- ▶ Will the community/colleagues/organization have let their guard down too much?
- ▶ Will their organization have replenished stock of PPE?
- ▶ How long will I have to isolate from family next time? It was already difficult this time. How can we go through it again?

COVID-19: Family concerns

- ▶ Childcare
- ▶ Schooling
- ▶ Working from home + childcare
- ▶ Not getting a break
- ▶ Helping with child and other family members' stress
- ▶ Worry about medically vulnerable & elderly family members
- ▶ Financial strain
- ▶ Isolation



COVID-19: Coping



- ▶ Many regular coping strategies no longer accessible
- ▶ Exercise
- ▶ Group sports/hobbies
- ▶ Social interactions
- ▶ Community events
- ▶ Vacations
- ▶ Libraries
- ▶ Shopping
- ▶ Children's activities

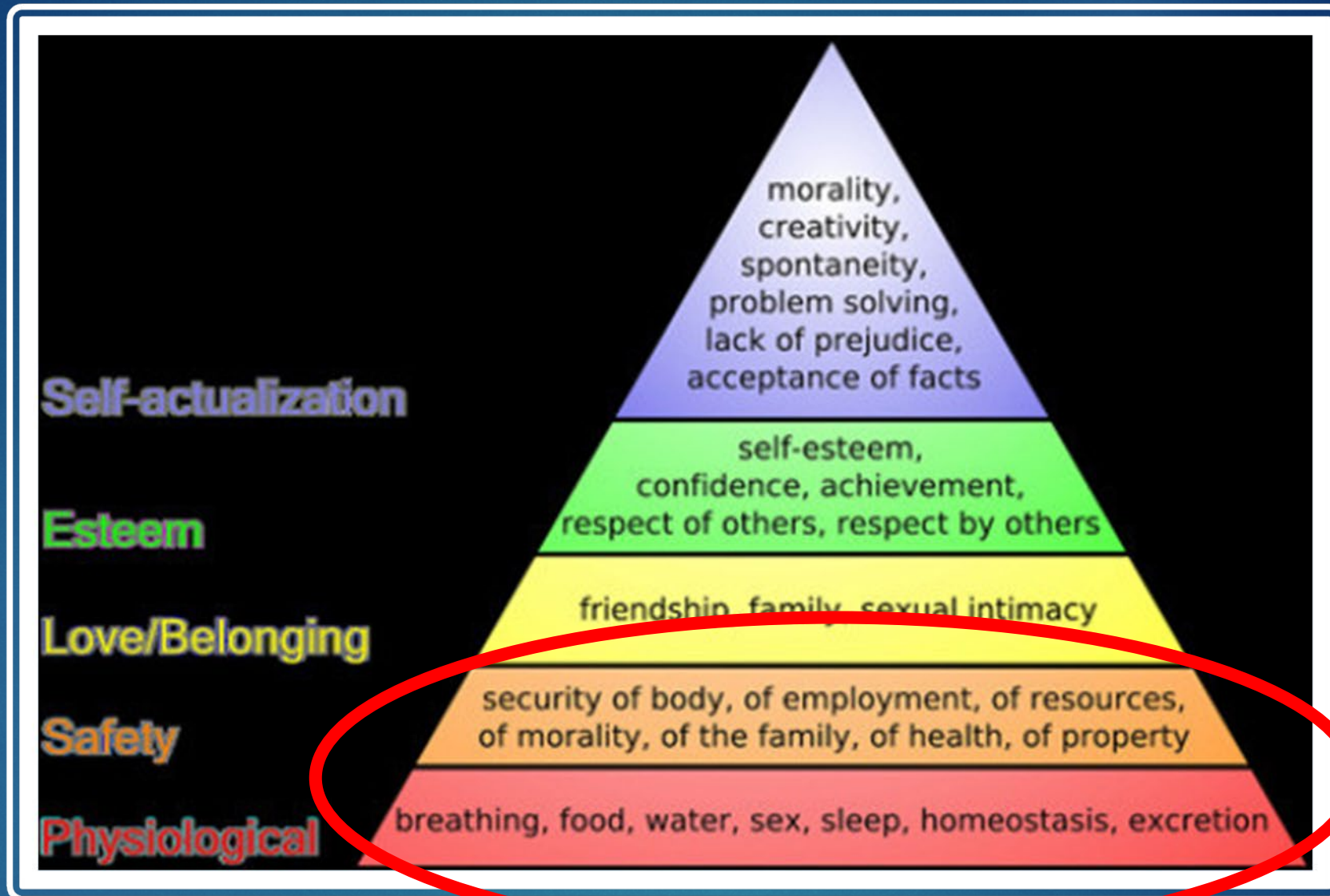


- ▶ News
- ▶ Work
- ▶ Social media
- ▶ Conversations
- ▶ General public

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Physiological stress response

CHRONIC STRESS



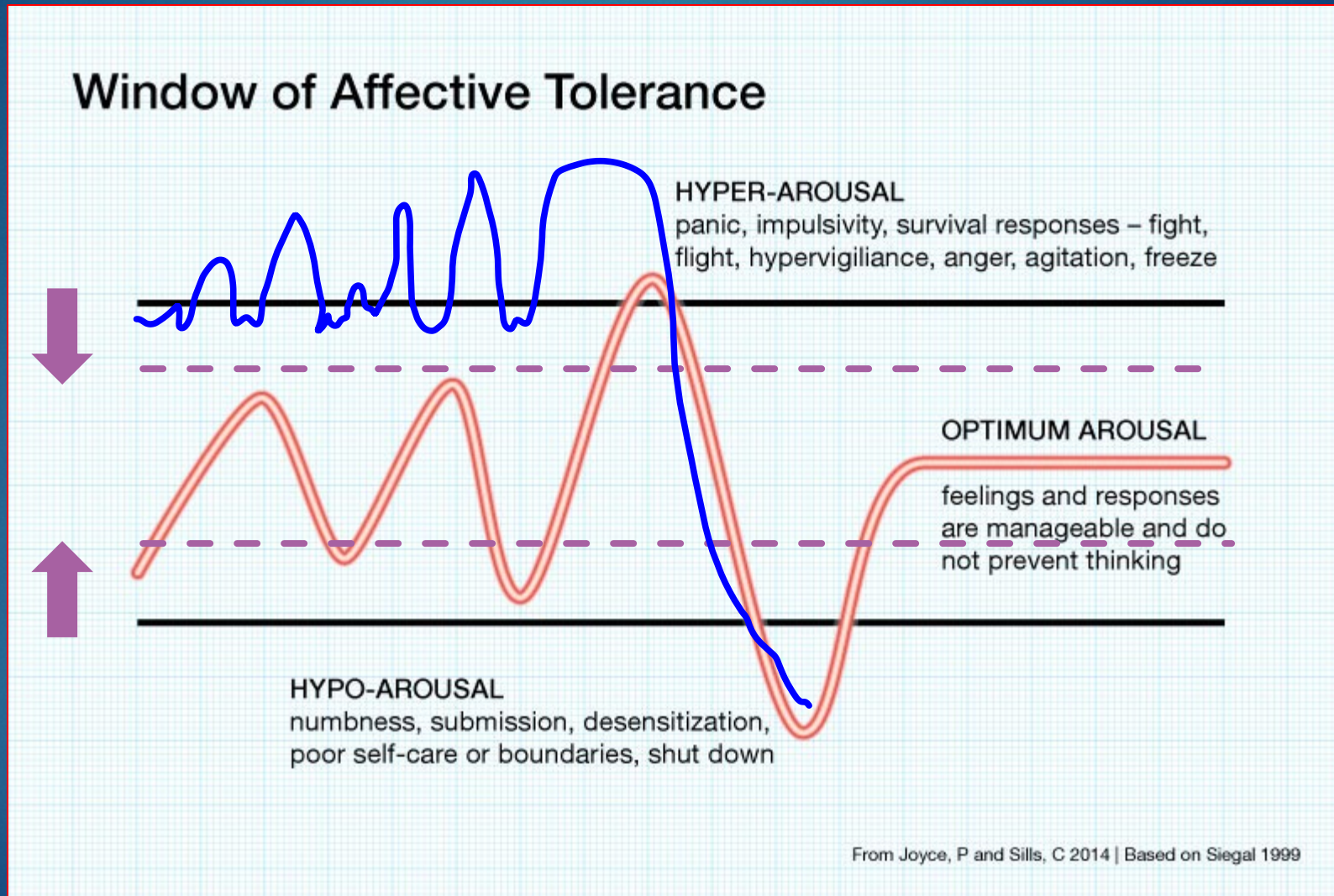
Maslow's Hierarchy of Needs

Realistic Expectations

- ▶ Physiological stress response
 - ▶ Physical (e.g., increased heart rate, tension, shortness of breath)
 - ▶ Emotional: e.g., anxiety, nervousness, stress
 - ▶ Cognitive: focus on threat; can be difficult to focus or sustain attention
- ▶ **Flexibility** will be key as we all continue to learn and adapt to a continuously evolving situation

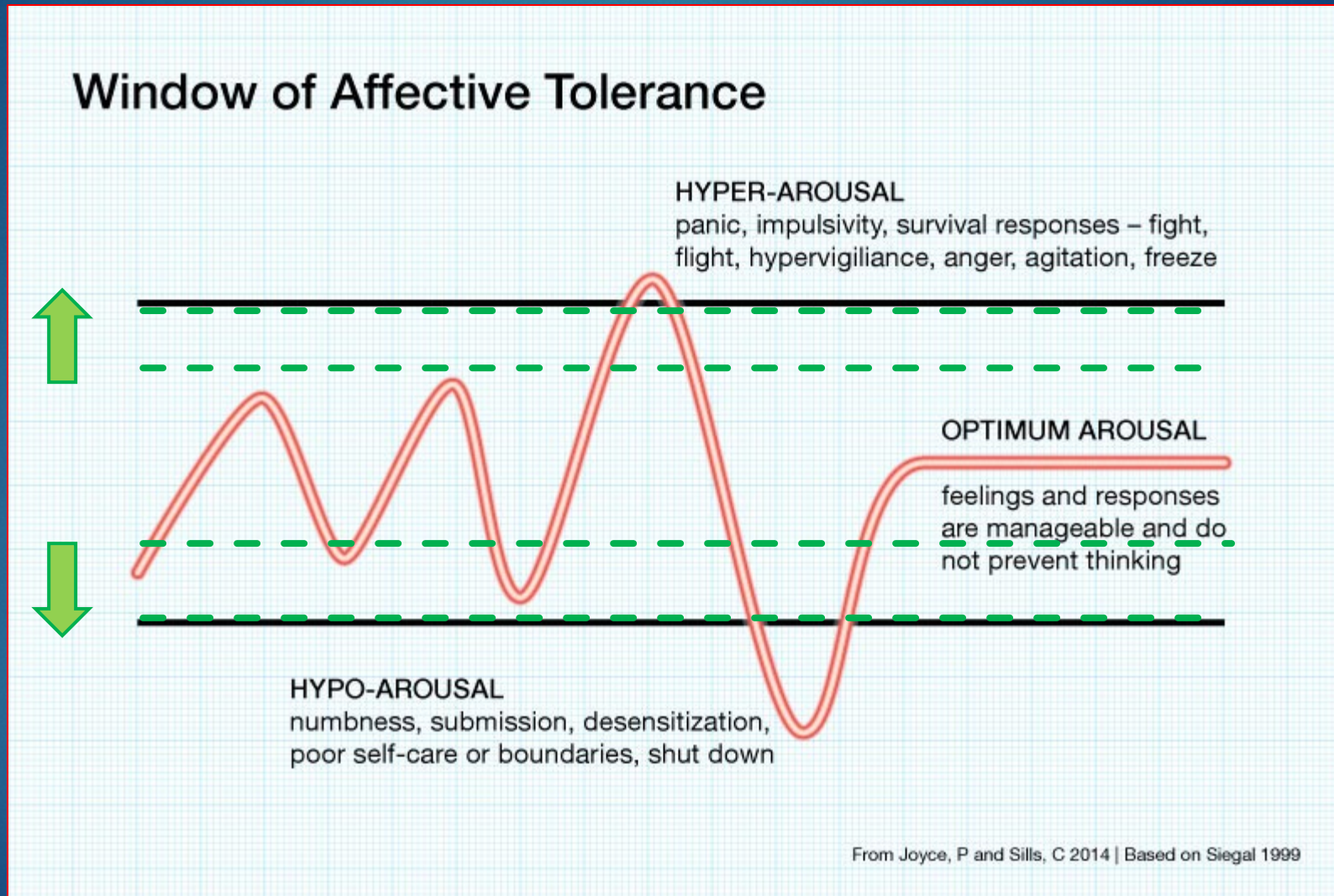


Zones of Arousal





Zones of Arousal: Adaptive Coping



Compassion & Moral Distress

Compassion Satisfaction & Fatigue

- ▶ Compassion – bearing the suffering of others
- ▶ Compassion Satisfaction – refers to the positivity involved in caring; the ability to receive gratification from caregiving
- ▶ Compassion Fatigue / Secondary Trauma – work-related, secondary exposure to extremely stressful events



Moral Injuries/Distress

- ▶ Participating in or witnessing an action that goes against the individual's deep moral beliefs
- ▶ General examples:
 - ▶ Dealing with intoxicated driver in collision that killed others
 - ▶ Pediatric VSAs
 - ▶ Causing harm to individual for resuscitation or protection of public or own safety
- ▶ COVID-19 related examples:
 - ▶ Deciding which patients in need will be put on a ventilator
 - ▶ Watching patients die without loved ones with them
 - ▶ Transporting ill patients to hospital without family members



Moral Injuries/Distress

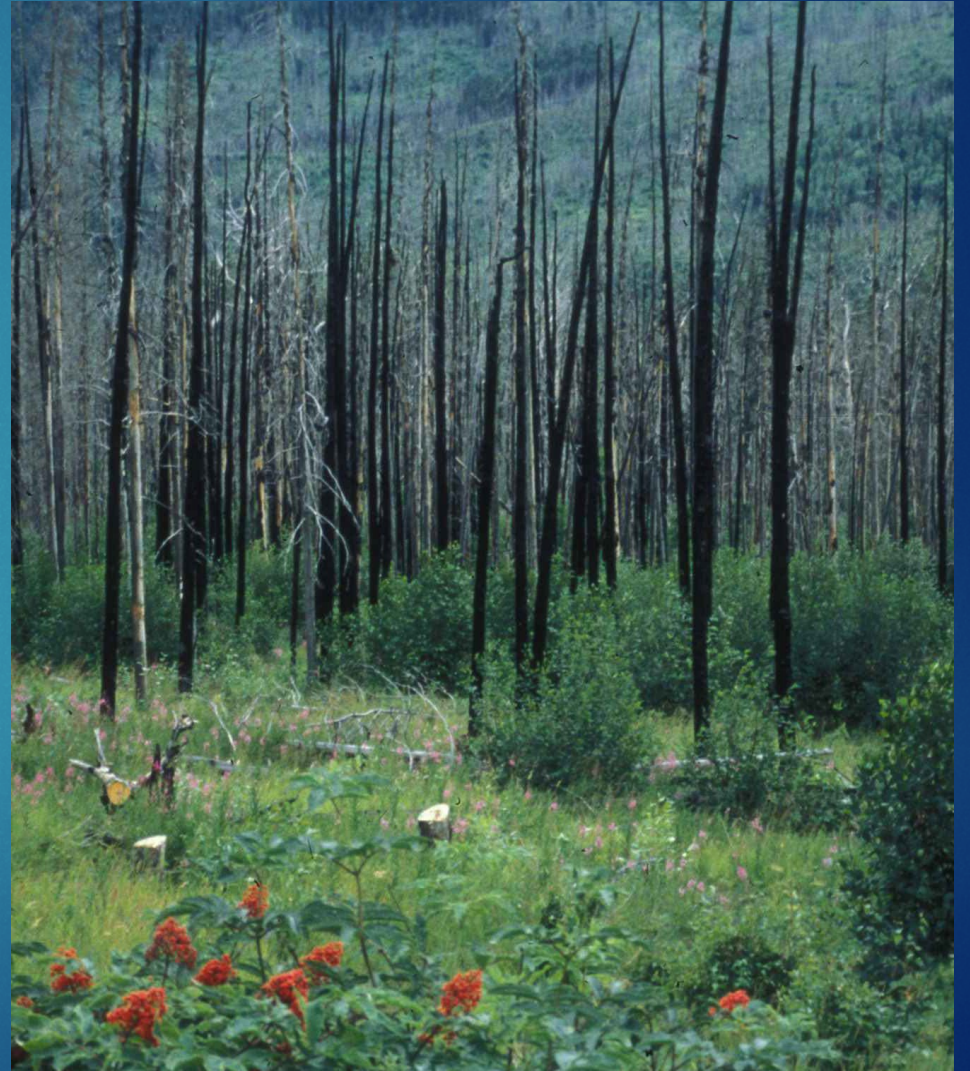
- ▶ Other COVID-19 related examples that can cause distress:
 - ▶ Inability to comfort an individual who lost a family member
 - ▶ Interviewing/comforting a distressed or traumatized child
 - ▶ Perception that organization is not protecting them – e.g., directive to reuse masks
 - ▶ Having to cancel other patients' surgeries

Posttraumatic Growth

Posttraumatic Growth

- ▶ Traumatic events can shatter prior goals, beliefs, and methods to cope with distress
- ▶ Growth, or positive psychological changes resulting from one's struggle to deal with psychological effects of trauma

Tedeschi & Calhoun (1996, 2004);
Tedeschi (2013)



Important Factors to Posttraumatic Growth

- ▶ Emotion regulation and anxiety reduction
- ▶ Cognitive processing
- ▶ Reactions of others to self-disclosures
- ▶ Sociocultural context in which trauma and processing occurs
 - ▶ Support of the unit
 - ▶ Support of partner & loved ones
- ▶ “Expert companionship”
 - ▶ Someone who understands what the occupational stress is like
 - ▶ Someone who understands the experience of trauma and aftermath



Maintaining Resilience:

INDIVIDUALS

Maintaining resilience: Individuals

- ▶ Taking the “work hat” off before walking through the door
- ▶ Time/space to decompress before or soon after getting home
- ▶ Communicating needs to those around you
- ▶ Processing or talking through tough experiences is crucial
 - ▶ Peer support
 - ▶ Family/friends
 - ▶ Clinician
 - ▶ OPA-DRN and 211: up to six sessions with a psychologist during COVID-19 pandemic (www.211ontario.ca)



Getting through the Day-to-Day

- ▶ General routine/structure
- ▶ Physical activity
- ▶ Mastery, pleasure
- ▶ Social connection
- ▶ Nutrition
- ▶ Healthy sleep habits
- ▶ Limiting information overload
- ▶ Relaxation or grounding strategies



Maintaining Resilience:

FAMILIES

Maintaining resilience: Families

- ▶ Often don't want to traumatize loved ones by talking about their day
- ▶ Don't need to talk about details of calls
- ▶ Family members don't want to add more stress
- ▶ **Emotional experience**
- ▶ Daily "temperature check"
 - ▶ Each partner: 1/10 how *connected* do I feel to you right now?

Talking to the Kids

- ▶ Your children (& other family members) will likely hear about COVID-19 & other issues (e.g., protests against police, systemic racism, etc.) from somewhere
- ▶ Kids tend to imagine all kinds of worst case scenarios if they don't know what's happening
- ▶ Provide developmentally-appropriate information
- ▶ Give them space to talk about their own thoughts and worries; let them ask uncomfortable questions
- ▶ It's ok to say, "I don't know"
- ▶ Reassure that you'll do everything you can to keep them safe





Maintaining Resilience:

ORGANIZATIONS



“Whole-of-organization” – requires responses at the individual, team, and organization levels

Centre of Excellence – PTSD; Phoenix Australia (2020)

Maintaining resilience: Organizations

- ▶ Preparation, training
- ▶ Team cohesion
- ▶ Strong empathic leadership
- ▶ Supportive teams and appreciation from all levels of the organization
- ▶ Foster sense of purpose and service
- ▶ Provide guidance on tough decisions – don't make front line take on all the responsibility

Mental Health & Occupational Stress

- ▶ When perceived social support is low, occupational stress in firefighters is more strongly associated with suicidal thoughts
 - ▶ No association between occupational stress and suicidal thoughts when social support is high (Carpenter et al., 2015)



*“Show me a hero and I’ll write
you a tragedy”*

~F. Scott Fitzgerald



Summary

- ▶ Frontline workers were suddenly thrust into a pandemic with sometimes little preparation
- ▶ Continuously evolving situation with little certainty and predictability
- ▶ Increase in mental health symptoms during first wave
- ▶ Moral distress and injuries may manifest as workload and stress improve
- ▶ Frontline stressors + family + individual stressors – adaptive coping
- ▶ Resilience & growth can be fostered by individuals, families, peers, & organizations
- ▶ *We rise by lifting others*

Recommended reading

<https://www.moralinjuryguide.ca/>



Moral Stress Amongst
Healthcare Workers
During COVID-19:

A Guide to Moral Injury



Questions?



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