



# **HEALING OURSELVES WHILE HEALING OTHERS:**

**NURSING DURING THE CORONAVIRUS PANDEMIC**

*A Webinar Series with Tools and Resources for Professional Nurses*

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Donna is a psychotherapist, author and educator, has long addressed a wide range of life-altering experiences in the lives of children and families—loss, trauma, and stress. She has counseled professionals, young people and schools in the aftermath of individual and national tragedies — 9/11, Sandy Hook, and Hurricane Katrina. In addition to academic papers, Donna is the author of *The Seasons of Grief, Helping Children Grow Through Loss*. She taught at Columbia University and holds master's degrees from Teachers College, Columbia University; Rutgers University, and a doctorate from the University of Pennsylvania. Her post-doctoral work includes the Prudential Fellowship for Children and the News at Columbia Journalism School. Donna consults for the New York Life Foundation and the Resilient Parenting for Bereaved Families Program at Arizona State University.

Anne holds an Adjunct appointment with the SONM and is a Visiting Professor at Anglia Ruskin University, Cambridge, UK. She is a member of the Royal College of Nursing (RCN) UK and Australian College of Nursing. Her current research is on translating the social neuroscience of empathy and compassion in the context of culture, networks and leadership in nursing and healthcare. Anne holds a PhD and a Master's Degree in Primary Health Care (palliative care specialty) from Flinders University, Australia. Following completion of her PhD in 2002, she was recruited to the Faculty of Nursing, University of Alberta, Canada in 2003. In 2004, she completed an Intensive Bioethics Course at the Joseph P. & Rose F. Kennedy Institute of Ethics, Georgetown University, Washington DC.

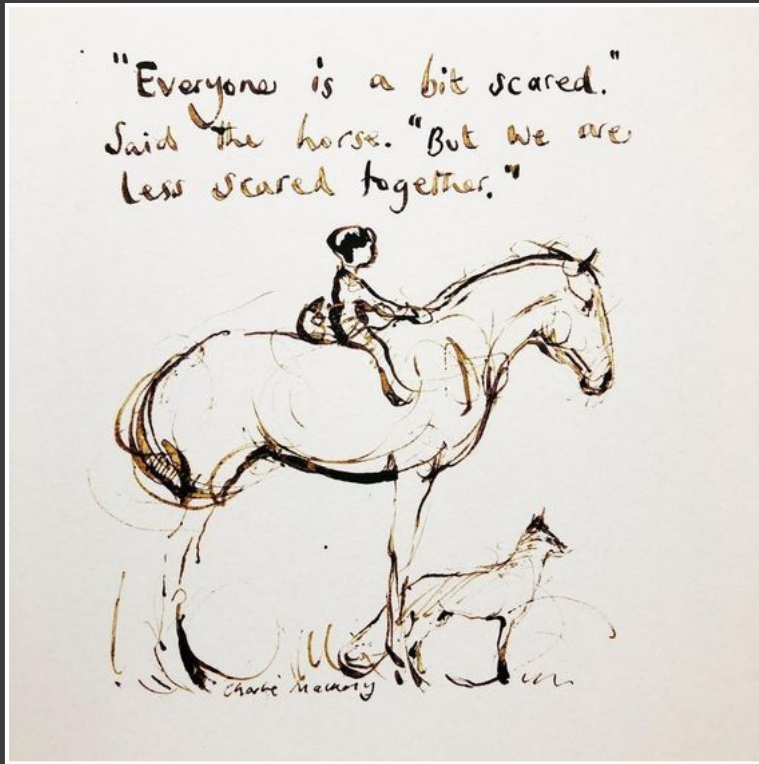
Millie is the founder of M. Elia Wellness, LLC, a service which offers Integrative Health Program Design within local cancer survivorship communities, larger healthcare systems and organizations. She is the proud recipient of the (SIO) Society for Integrative Oncology's 2019 Clinician Stakeholder Award for the impact her services have had, and continue to have, on the cancer survivorship community. She has twenty years of experience as a Nurse Practitioner and received her Master's of Arts from NYU in Advanced Practice Nursing. Additionally, she is a certified Health and Wellness Coach and Yoga Instructor.

Peg is an Advanced Practice Psychiatric Nurse and licensed Marriage and Family Therapist. She works with children, individuals and families to help them become more aware of themselves and others through talking and experiencing their feelings. As a Disaster Crisis Counselor and therapist, Peg has counseled individuals after 9/11, hurricanes Rita, Floyd and Sandy. Peg has served as Adjunct Faculty and Guest lecturer in several nursing programs and taught family therapy at Drew University. As a facilitator for the Recovery and Monitoring Program (RAMP), Institute for Nursing, Peg helped nurses whose practice was impaired by drugs, alcohol or other issues. She has a Masters of Arts from NYU in Psychiatric Nursing, is a Graduate of Blanton-Peale Graduate Institute and earned a PHD from Union Institute and University. Peg has a private practice in Cranford, NJ and is a Certified Holotropic Breathwork Facilitator.

# When Bearing Witness is Too Much to Bear



# Goals



Charley Mackesy

- Name Trauma and traumatic Responses in yourself, and environment.
- Recognize secondary trauma.
- Identify when to ask for help.

# Stress, Crisis, Trauma



Jason Leung for Unsplash

- **Stress**- causes physical or emotional “tension”; short term or chronic; effects are alleviated when the stressor is removed.
- **Crisis** - A temporary disruption of coping and problem-solving skills, but it does *not* necessarily present as a life-threatening experience. Resolved (as well as the resulting state of emotional turmoil and disequilibrium) when the crisis event passes
- **Trauma** - More extreme version of stressful events, they are *perceived* as
  - *life-threatening,*
  - evoke negative emotions (*fear, helplessness*)
  - Physical responses and emotions that can last long after the event is over.
  - Memory of the traumatic event lingers on.
  - “Experiencing repeated or extreme exposure to aversive details of... traumatic events (e.g., first responders; police officers , health care providers)” (APA, 2013, p. 271).

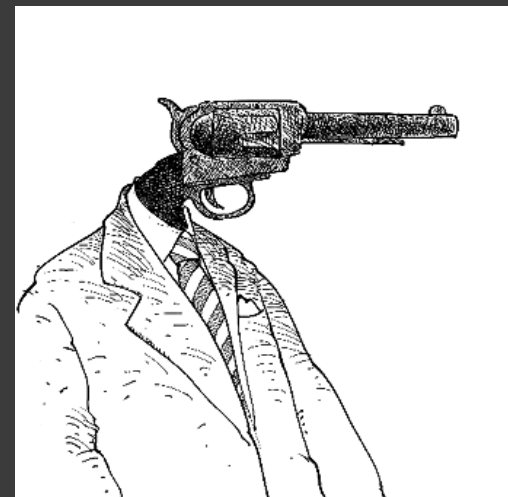


# RECOLLECTION OF MEMORIES

- Recall is better if the context of recollection resembles the context of the event
- “Increasing levels of arousal DIRECT attention to the central features of the arousing event at the expense of peripheral features.”

This is the classic “weapon focus”

Fawcett et al., 2016





# FLASHBULB MEMORIES

- A vivid detailed recollection of circumstances of *the receiver* of information that is surprising and important.
  - These are momentous occasions
  - They can change over time



“Memory for a **directly experienced** shocking event is more stable than a flashbulb memory of hearing about the same event.”

## WHAT IS TRAUMA?

- A shocking, frightening, or dangerous event that often exceeds the standard parameters of the human condition and affects the individual emotionally.
  - Directly experienced
  - Witnessed
  - Learned that the event happened to a family member or friend
  - Experienced first hand repeatedly or extreme exposure to details.

# THE ANATOMY OF FEAR

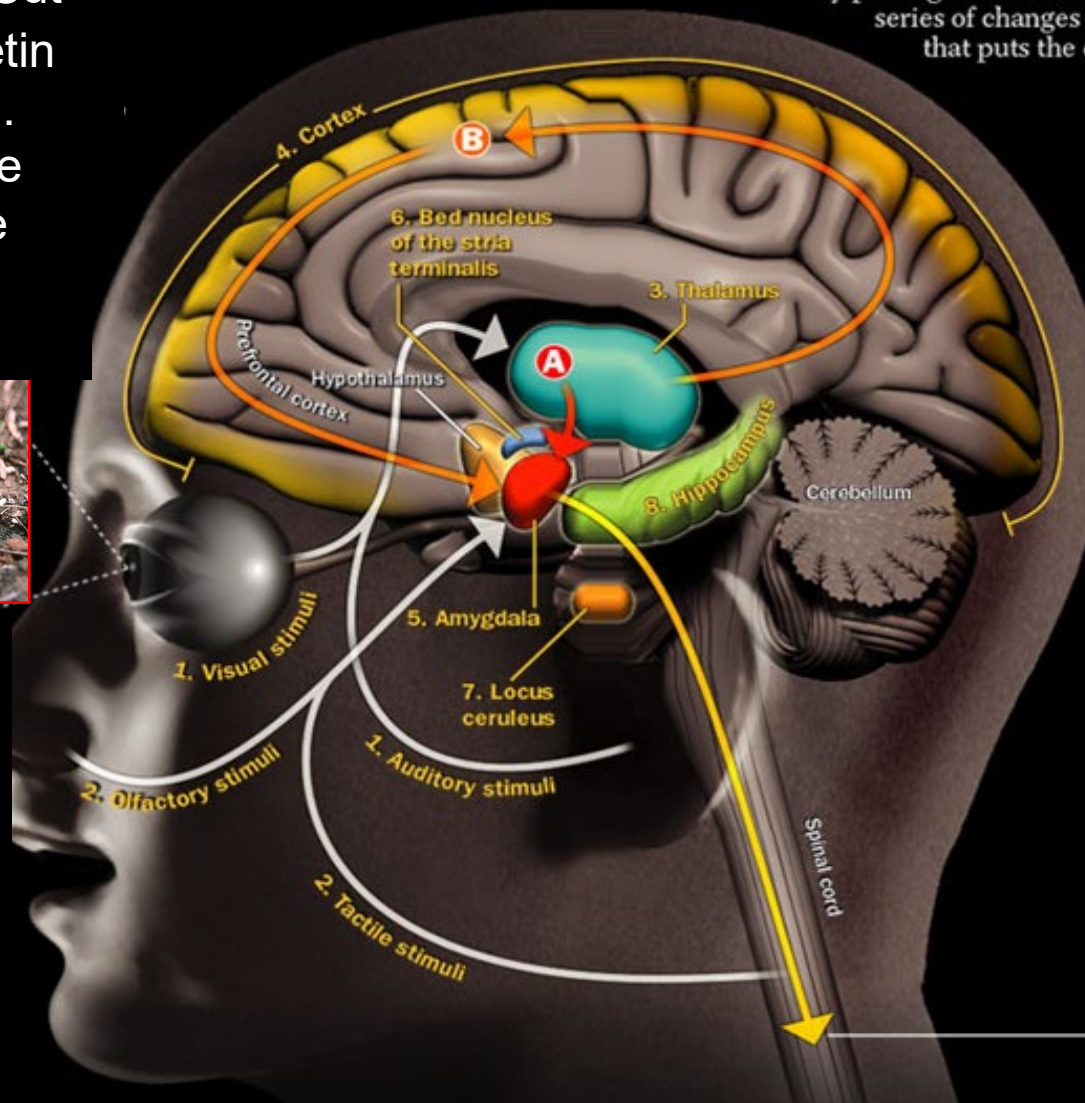
**A**-The Short Cut  
All points bulletin  
to the brain. .  
before we are  
aware of the  
danger!



**B**- The High  
Road  
Information  
analyzed by the  
brain- can shut  
off fear  
response  
(experience and  
memory)

## ... AND HOW THE BODY RESPONDS

By putting the brain on alert, the amygdala triggers a series of changes in brain chemicals and hormones that puts the entire body in anxiety mode



# THE ANATOMY OF FEAR . . .

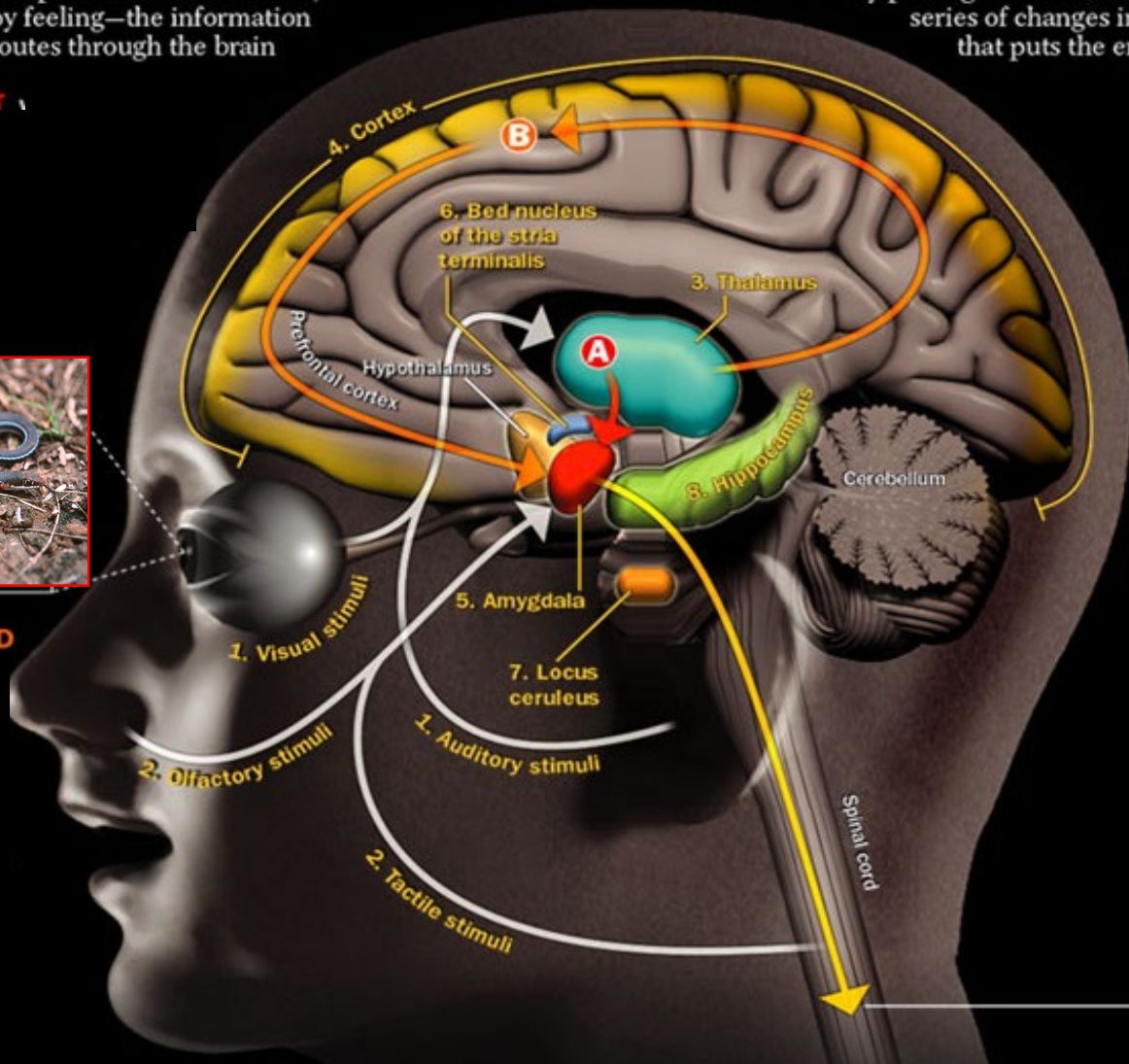
## WHAT TRIGGERS IT . . .

When the senses pick up a threat—a loud noise, a scary sight, a creepy feeling—the information takes two different routes through the brain

### A THE SHORTCUT



### B THE HIGH ROAD



## . . . AND HOW THE BODY RESPONDS

By putting the brain on alert, the amygdala triggers a series of changes in brain chemicals and hormones that puts the entire body in anxiety mode



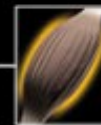
### STRESS-HORMONE BOOST

Responding to signals from the hypothalamus and pituitary gland, the adrenal glands pump out high levels of the stress hormone cortisol. Too much cortisol short-circuits the cells in the hippocampus, making it difficult to organize the memory of a trauma or stressful experience. Memories lose their context and become fragmented



### RACING HEARTBEAT

The body's sympathetic nervous system, responsible for heart rate and breathing, shifts into overdrive. The heart beats faster, blood pressure rises and the lungs hyperventilate. Sweat increases, and even the nerve endings on the skin tingle into action, creating goose bumps



### FIGHT, FLIGHT OR FRIGHT

The senses become hyperalert, drinking in every detail of the surroundings and looking for potential new threats. Adrenaline shoots to the muscles, preparing the body to fight or flee

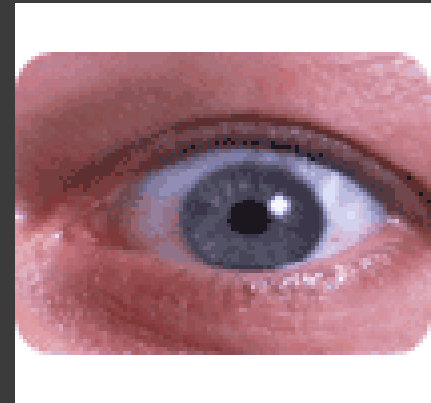


### DIGESTION SHUTDOWN

The brain stops thinking about things that bring pleasure, shifting its focus instead to identifying potential dangers. To ensure that no energy is wasted on digestion, the body will sometimes respond by emptying the digestive tract through involuntary vomiting, urination or defecation

# THE BRAIN RESPONDS TO THREAT

- There is *one* goal:  
To prepare for survival
  - **Freezing** – an instant check.  
Identify location of danger  
and if one can escape.



# NEXT, FIGHT OR FLIGHT



When the danger passes or one escapes, blood pressure, respiratory rate and hormone flow **return** to normal levels as the body settles into **homeostasis**, or equilibrium, once more.

# TRAUMA DISRUPTS . . .

- **PHYSIOLOGY**

- Tachycardia, increased respirations, dilated pupils, dry mouth, sweating, shaking, dizziness



# EMOTIONAL PROCESSING

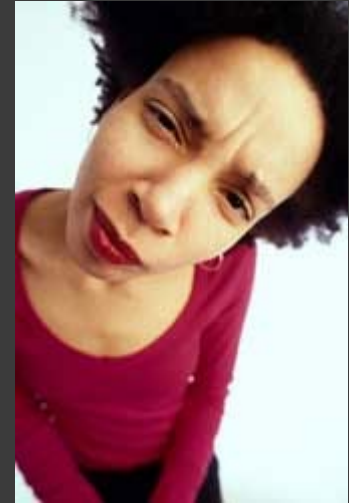
- A negative emotional state —fear of dying, fear of losing emotional control, emotional distress, horror, anger and disgust.





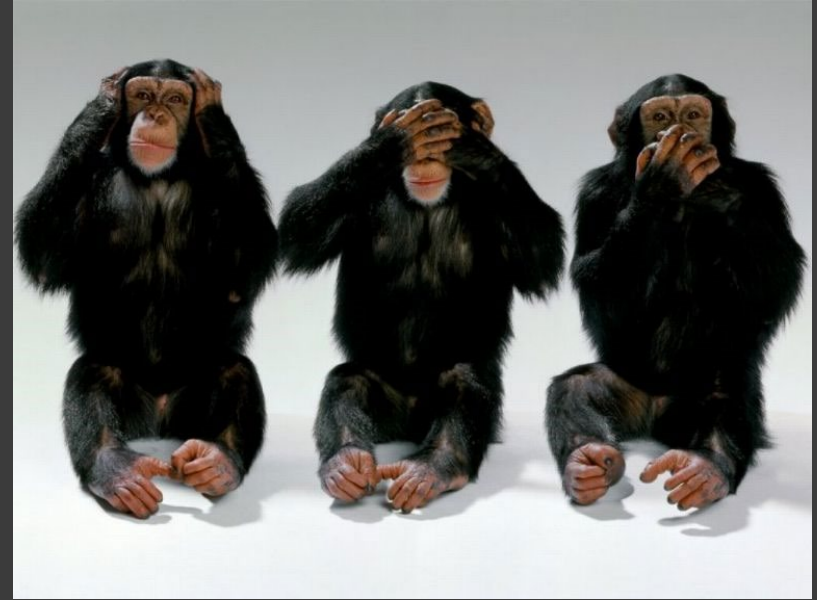
# COGNITIVE PROCESSING

- Memory - fragmented,  
out of sequence
- Inability to attend/focus
  
- Time is distorted



# SUPPRESSING & AVOIDING TRAUMA THOUGHTS

- Research studies show that suppressing memories of any type result in a rebound effect.
- “ Although not thinking about painful thoughts seems to be a reasonable way to cope . . . trying to forget actually makes it worse.”



Wang, 2020; Wegner, 1994

# COVID-19 SOURCES OF ANXIETY

- Access to PPE
- Exposure to COVID-19
- Taking infection home to family
- Unavailability for rapid testing
- Uncertainty of organizational support (personal/family)
- Access to childcare (increased work hours, schools closures)
- Material support (food, hydration, lodging, transportation)
- Ability to provide competent care of deployed to a new clinical settings
- Lack of access to up-to-date and accurate information and communication.



Photo: UK DID

# RESPONSES TO TRAUMATIC STRESS

- Initial symptoms are varied, complex, and unstable. They can include
  - exhaustion,
  - Confusion,
  - sadness,
  - anxiety,
  - agitation,
  - numbness,
  - dissociation,
  - disorientation,
  - depression,
  - physical arousal, and
  - blunted affect.



Photo: FEMA

# WHAT WE CAN LEARN FROM SARS (2003)

Significant distress in 30-50% health care providers

- Quarantine
- Fear of contagion
- Perceived stigma
- Treating colleagues with SARS
- Concern for family health
- Social isolation

## APPROACHES

- Fostering individual resilience
- Fostering organizational resilience



# SECONDARY TRAUMATIC STRESS

COLLEAGUES, PEERS AND FAMILY MEMBERS, NOT ONLY ON THE FRONTLINES . .  
BUT IN THE TRENCHES, CLASSROOMS, HOMES

- Parallels the DSM-5 symptoms of PTSD, that is:
  - Intrusive reexperiencing,
  - Avoidance,
  - Alterations in arousal and reactivity,
  - Alterations in cognitions and mood, and dissociation.
- Indirect exposure to traumatic stressors or stress reactions extend beyond the above symptom categories.
  - moral distress,
  - decreased empathy,
  - diminished professional self-efficacy, and
  - feeling stigmatized



Nik Shuliahin for Unsplash

## STAYING BALANCED IN THE FACE OF SECONDARY TRAUMA

- Psychological needs related to the trauma situation:
  - Trust/dependency
  - Safety
  - Power
  - Esteem
  - Intimacy
  - Independence
  - Frame of reference



Loic Leray for Unsplash

# RISK FACTORS FOR SECONDARY TRAUMA

- A personal trauma history
- Level of education
- Trauma training
- Supervision
- Balance in clinical population



TAKE A BREATH.....



Photo: D Gaffney

AND ANOTHER BREATH. . .



Photo: P Gassner

# RESILIENCE

- “Capacity to cultivate strengths to positively meet the challenges of life.” (Silliman, 1994)
- “Ability to bounce back from adversity” (Stuart, 2004)
- “Capacity to *bounce forward* from adversity, strengthened and more resourceful” (Walsh, 1998)



# RESILIENCE

- Associated with the ability to **cope** under adverse circumstances.
- A pattern of **adaptive behaviors**.
- Not a personality characteristic.
- Not a static or permanent state,
- **A dynamic process**, associated with—but not identical to—personality features.
- A quality **found at all levels**--from the individual to the family to the work place to the community.



andrzej\_b

# SELF-ASSESSMENT

“Symptom” identification

Recognize empathic distress and secondary trauma triggers

Identify and use your resources

Review your personal and professional history to the present day





## ACTION GOALS

Learn and practice arousal/anxiety reduction skills

Learn grounding skills and containment strategies

Contract with yourself for life enhancement

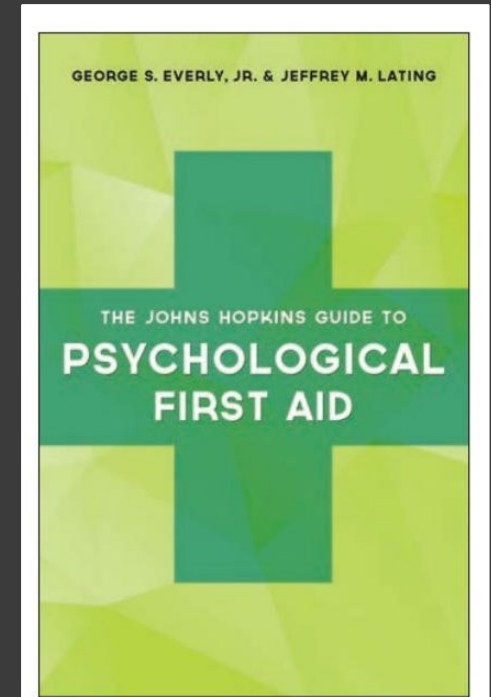
Resolve barriers to success

Initiate conflict resolution

Implement a supportive aftercare plan

# PSYCHOLOGICAL FIRST AID (PFA)

- Reach out to those who need help and provide comfort care.
- Recognize basic needs and support problem-solving.
- Validate feelings and thoughts.
- Provide accurate and timely information.
- Connect individuals with support systems.
- Provide education about stress responses.
- Reinforce strengths and positive coping strategies.



Everly Jr, G. S., & Lating, J. M. 2017

# ORGANIZATIONAL RESILIENCE

Hospitals, Clinics, Public Health Organizations, Schools and Universities



## 1. Establishing reserves

- Material
- Relational

## 2. Effective leadership

## 3. Training and Education

## 4. Supportive, collaborative, interdisciplinary relationships which can provide the basis for formal and informal support during a crisis.

## 5. Characteristics of magnet hospitals

## 6. Organizational justice

- supervisors take their employees' viewpoints into account,
- suppress their own biases and deal with subordinates in a fair and truthful manner (relational justice), and
- fairness



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

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

# PREVENTION

- Psychological
  - Life Balance
  - Relaxation
  - Humor



Photo: Bentley Waters

# PREVENTION



- Professional
  - Balance
  - Boundaries
  - Getting support
  - Plans for coping
  - Ongoing education
  - Evaluate healing
  - Skill development

## DON'T BE A SPONGE . . .



- When we completely take on other people's suffering as our own, we are at risk.
  - Personal distress, feeling threatened, and overwhelmed.
  - It may lead to burnout.
  - Try to be receptive to other people's feelings *without* absorbing those feelings as your own.

# FINDING SANCTUARY

A physical and emotional place of safety and security.

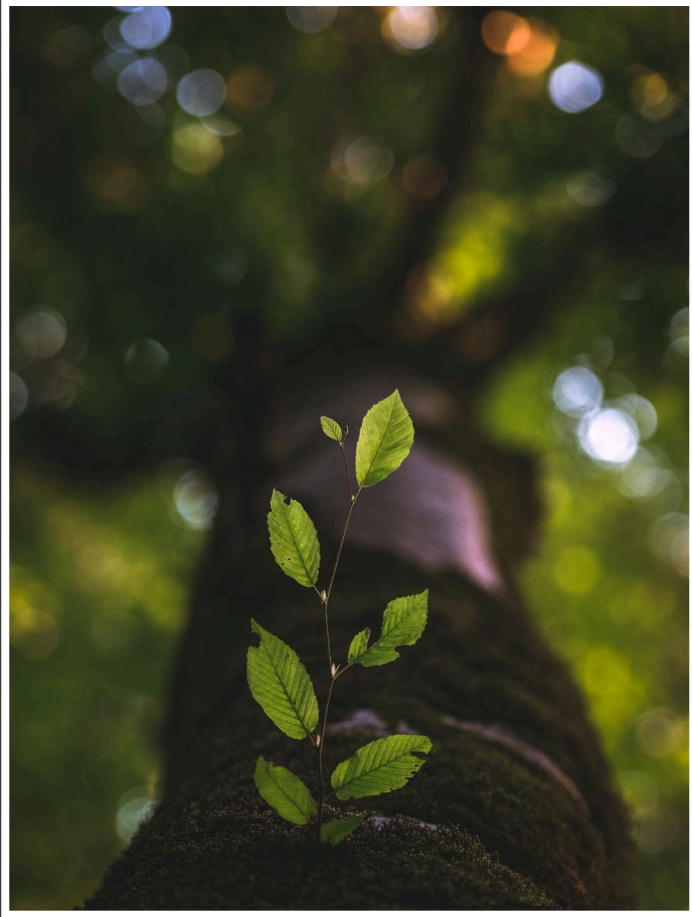
Respite from outside threats.

Offers comfort and familiarity.

Facilitates healing and growth.



# Post Traumatic Growth



Taha Mazandarani for Unsplash

“Posttraumatic Growth does not deny the distress associated with highly challenging experiences at the time, and at certain times after. The evidence supporting posttraumatic growth does, however, demonstrate the unique capacity for many people to learn and grow from extreme adversity.”

Tedeschi et al., 2018, *Posttraumatic growth: Theory, research, and applications*. Preface.

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# RESOURCES

Psychological First Aid for Health Care Providers

[https://omh.ny.gov/omhweb/disaster\\_resources/pfa/healthcare.pdf](https://omh.ny.gov/omhweb/disaster_resources/pfa/healthcare.pdf)

# Let us know how you are doing!

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